IP - QI Storyboards

In Progress QI or Ideas for Change

QI Expert or QI Novice? Use these templates to share your work, what you are currently working on, or what you want to work on!

Introduction - Who are you?

Describe your role, what setting you practice in, your experience with QI, and any other details you'd like to share!
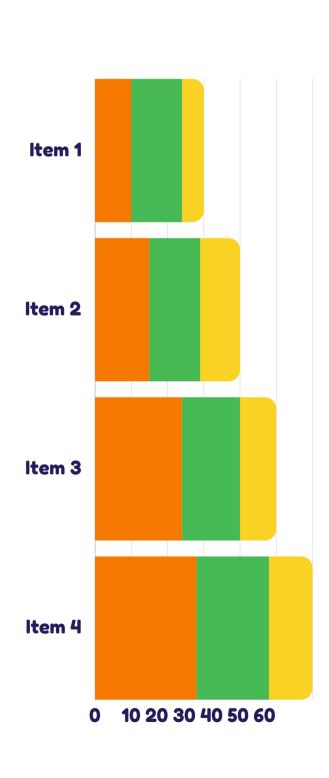
What are you trying to improve

What is your idea for change?

Tell us about what QI journey you are interested in learning more about, or what challenge you would like to see improved upon.

Where are you in your QI work?

What stage are you in the QI process? Are you having success or challenges with stakeholder engagement or disseminating findings?

Item 1

Item 2

Item 3

Item 4

0   10 20 30 40 50 60

Asks for collaboration

Feel free to include any "asks" for collaboration or connection with someone who has embarked on a similar QI journey!

Your Contact Info

Make sure others can reach out to you!

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QI Expert or QI Novice? Use these templates to share your work, what you are currently working on, or what you want to work on!

Introduction

We hope you will share your QI journey with us, novice QI

Methodology

It describes your research methods and how the research problem was addressed. Include the materials and other strategies used to get the results.

Data and Results

It contains the data gathered and how it relates to the research problem. It usually contains graphs, tables, and diagrams to support the discussion.

Conclusion

Summarize the results and answers to the research problem. Describe the significance of the results and the next steps you are planning to take.

References

Briefly list your research sources.

Acknowledgments

If there's space in your poster, why not thank the people involved in your study?

Grow Baby Grow!

Evidence-based tools for improving consistency of care and neonatal nutrition

Introduction

Extrauterine growth restriction from inadequate nutrition remains a significant morbidity in very low birth weight infants. Participants in the California Perinatal Quality Care Collaborative Quality Improvement Collaborative, Grow, Babies, Grow! developed or refined tools to improve nutrition and reduce practice variation.

Methodology

Five Neonatal Intensive Care Units describe the development and implementation of nutrition tools. Tools include Parenteral Nutrition Guidelines, Automated Feeding Protocol, electronic medical record Order Set, Nutrition Time-Out Rounding Tool, and a Discharge Nutrition Recommendations. 15 of 22 participant sites completed a survey regarding tool value and implementation.

Data and Results

Reduced growth failure at discharge was observed in four of five NICUs, 11–32% improvement. Tools assisted with earlier TPN initiation (8 h) and reaching full feeds (2-5 days). TPN support decreased by 5 days. 80% of survey respondents rated the tools as valuable.

Conclusion

Evidence and consensus-based nutrition tools help promote standardization, leading to improved and sustainable outcomes.

Authors

Mindy Morris, Stacie Bennet, Liz Drake, Maria C. Hetherton, Robin Clifton-Koeppel, Holly Schroeder, Courtney Breault, and Kimberly Larson

Reference

Morris, M., Bennett, S., Drake, L., Hetherton, M. C., Clifton-Koeppel, R., Schroeder, H., Breault, C., & Larson, K. (2024). Multidisciplinary evidence-based tools for improving consistency of care and neonatal nutrition. Journal of Perinatology, 44(5), 751–759. https://doi.org/10.1038/s41372-024-01963-x

Contact Info

Mindy Morris - email
Courtney Breault - email

Date: _____ Date of birth: _____ PMA: _____
MR#: _____

Grow Babies Grow weekly CHECKLIST

1st 7 Days
- Amino Acid administration by 2 h of life
- Colostrum: oral immune therapy (OIT) or oral colostrum care by 12 h of life
- Initiate IV fat 1-2 gm/kg/day by 24 h of life
- Achieve 3 gm/kg/day amino acid by day 2
- Initiate minimal enteral feeds w/ human milk via standardized guideline by 24-48 h of life
- Achieve 80-100 kcal/kg/day in 1st 5 days of life
- Breastmilk education/pumping by 24-48 h
- Skin to skin holding

7 Days – TPN End
- Human milk fortification by 80 ml/kg/day
- Intake meeting estimated requirements
  - Combined Enteral/Parenteral:
    - Calorie minimum 100 kcal/kg/day
    - 3 g/kg/day minimum Protein
- Feeds are being advanced via protocol
- Any feeding interruption is guided by intolerance algorithm
- Positive oral experiences provided
- CL discontinued when enteral nutrition reaches established goal

Full Enteral
- Non-nutritive breastfeeding introduced between 32-34 weeks
- Is current feeding order meeting estimated needs
- Intake meeting estimated requirements
  - Calorie minimum 120 kcal/kg/day
  - 4 g/kg/day Protein
- Meeting growth metrics & growth chart reviewed:
  - Weight
  - Head Circumference
  - Length
- Oral feeding opportunities per readiness
- First feed via breast (for breastfeeding neonates)
- Plan for breast feeding supplementation
- Vitamin and iron supplementation

Discharge Planning
- Discuss parent's goals for home feeding
- Review breast milk supply
- Determine supplementation of breastfeeding and fortification
- Determine timing of transition to discharge formula
- Vitamin and iron supplementation

UCSF – TRAUMA INFORMED DEVELOPMENTALLY SUPPORTIVE CARE IN THE INTENSIVE CARE NURSERY (ICN) VIA THE BRAVE SPACE: DIVERSITY, EQUITY & INCLUSION INITIATIVE

Alissa Gumbs-Fells, MSN, RN, TIP   Myra Joy Quilitan, MSN, RN, TIP   Kim Bean, RN, TIP

UCSF Benioff Children's Hospitals
Oakland | San Francisco

The UCSF ICN initiated the BRAVE SPACE Diversity, Equity, and Inclusion (DEI) initiative in 2020 to address the impacts of systemic racism and promote trauma-informed care (TIC) within the unit. A cross-sectional survey revealed gaps in staff education and practice regarding TIC, highlighting variations in care, the need for additional resources like mental health support, and embodiment of a trauma-informed unit culture. Future efforts will focus on continued education, promoting trauma-informed professional training, and evaluating progress in unit culture.

Vision for the DEI Initiative
To create a safe, supportive, empathetic, equitable, & anti-racist environment for staff, patients & families.

BACKGROUND

Trauma-informed developmental care has principles that help guide practitioners themselves and the patients they serve.

Knowledge of trauma informed care (TIC) concepts and application of these principles are directly and indirectly affected by unit culture.

Our regional care unit ICN has been transforming unit culture through our nurse-led Diversity, Equity & Inclusion (DEI) initiative since 2020.
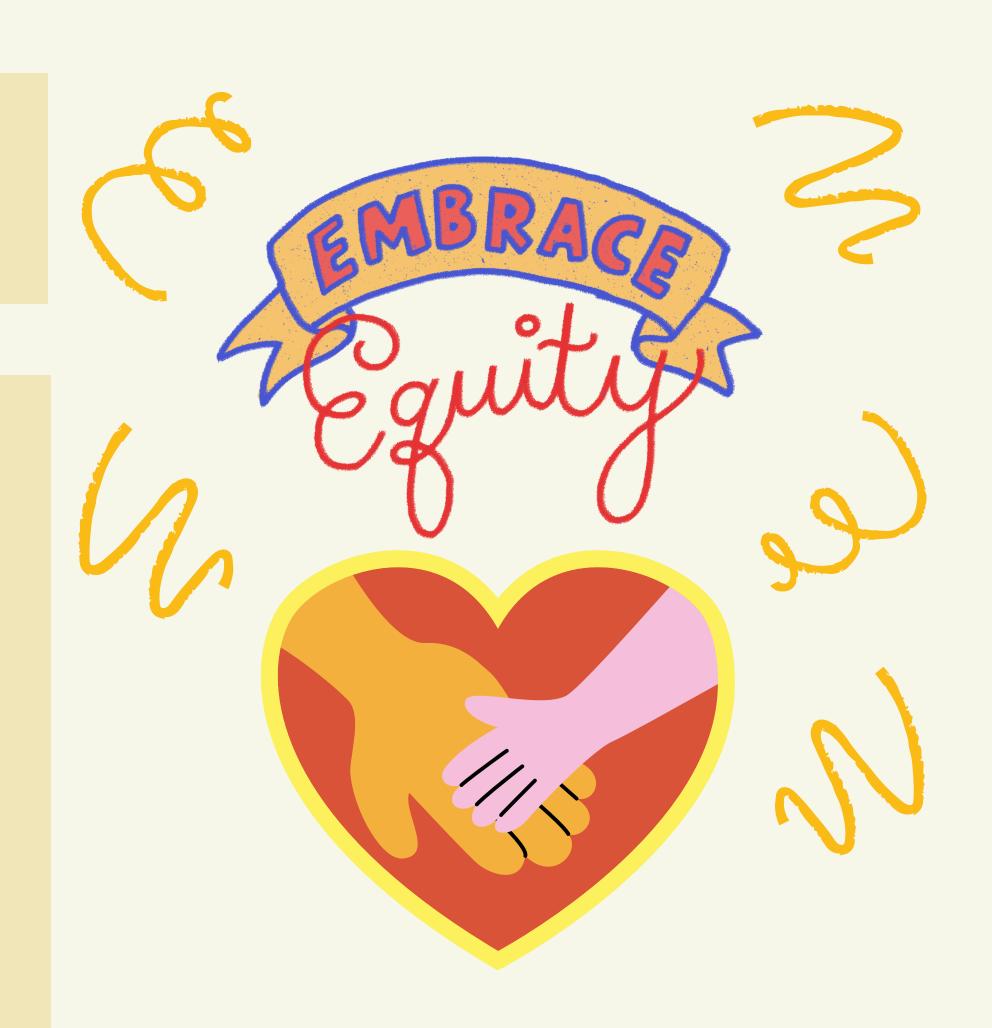
OBJECTIVE

Gather baseline data surrounding staff awareness, attitudes, and current TIC practices before formal dissemination of trauma-informed developmental care principles.

METHODOLOGY

A cross-sectional online survey was conducted at UCSF Benioff Children's Hospital Mission Bay – ICN, a 58-bed, university regional care center.

Multidisciplinary respondents were asked about current unit practices and culture as well as if staff have received TIC education and training.

Responses were collected using a 5-point Likert scale, and open-ended questions. Qualitative and quantitative analysis were performed on responses.

EMBRACE Equity

RESULTS

132 people completed the survey from a multidisciplinary background, with staff nurses representing 74%.

Staff disagreed that they received training and education surrounding traumatic stress, its impact on the body, and its impact of staff delivering care, 41%, 42% & 44%, respectively.

Themes regarding providing safe physical, emotional, and environmental spaces included: practices being **"provider dependent"**, **"resource and staffing dependent"**, and acknowledged **"variations in personal practice."**

Notable findings include a lack of mental health support and services for families and staff.

PARTICIPANT RESPONSES

SAFE PHYSICAL ENVIRONMENT

"We need to appreciate that some parents are comfortable with less privacy or staff entering the room when breastfeeding or pumping. However, we must recognize this is not the norm and we need to discern parents' preference for caregivers' presence in rooms during these times."

SAFE EMOTIONAL ENVIRONMENT

"No NICU psychologist. We depend a lot on social workers."

"Lack of consistent access to interpreters makes this challenging."

"No mental health support for staff on night shift."

SAFE PRACTICE ENVIRONMENT

"Providers need to coordinate with nurses on touch times and not walk into a patient's room without notifying the nurse."

"Many parents feel like they're in the way or their views on their child's likes/dislikes are disregarded."

UNIT CULTURE

"Some families seem to have more space to exercise choice and control."

"Depends on the caregiver on shift and the personality of the parent."

"Parents regularly share that they await "permission" to parent."

CONCLUSION

Culture change in healthcare happens gradually and is hard to measure. Our survey revealed a significant gap in mental health support for both staff and families, highlighting the need for TIC education, and allocation of resources to support staff and families. Promoting self-regulation and trauma awareness helps avoid re-traumatizing patients and families. Our unit's strategies to address these gaps include debriefing sessions, employee wellness programs, and utilizing our DEI BRAVE Space meetings to tackle health inequities, biases, and increase cultural awareness.

WHAT'S NEXT

- Send out a follow-up study to see progress in unit culture practices.
- Promote staff to be trained as trauma informed professionals.
- Utilize trauma informed professionals to help shift the unit culture towards inclusivity and promote health equity.
- Continue to educate staff and families of patients about TIC via DEI BRAVE SPACE meetings, during initial training upon hire, and upon admission to the unit.

For references please scan the QR code.

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