

Background

Organizations today are looking for innovative, cost-effective ways to promote high quality programs and services; hospital partnerships and collaborations are attractive options. Texas Children's Hospital (TCH) and Houston Methodist Hospital (HMH) executed a systems-level agreement to ensure the right level of neonatal coverage is provided by TCH.

Original Neonatal Coverage Model

- 24/7 neonatal provider on site at HMH

New Neonatal Coverage Model

- M-F neonatal provider on site
- On-call neonatal coverage off-shift with 30-min response time
- Back-up TCH Response Team (MNRT)

Project Aim

Provide safe, efficient and comprehensive management of the neonate during deliveries at HMM utilizing an innovative educational approach to support a new collaborative neonatal coverage model.

Project Timeline

- Stakeholder Meetings Began
- Decision to Change
- Planning Began

- Staff Education

- Skills Check-off

- Algorithm Finalized
- Gold Standard Video
- Simulation Planning

- Simulation Training

- Plan Notification Process
- TCH MNRT Education
- In Situ Drills
- Decision to Go-live

- Go-Live with Dual Coverage
- Processes Refined

- Go-Live without Dual Coverage

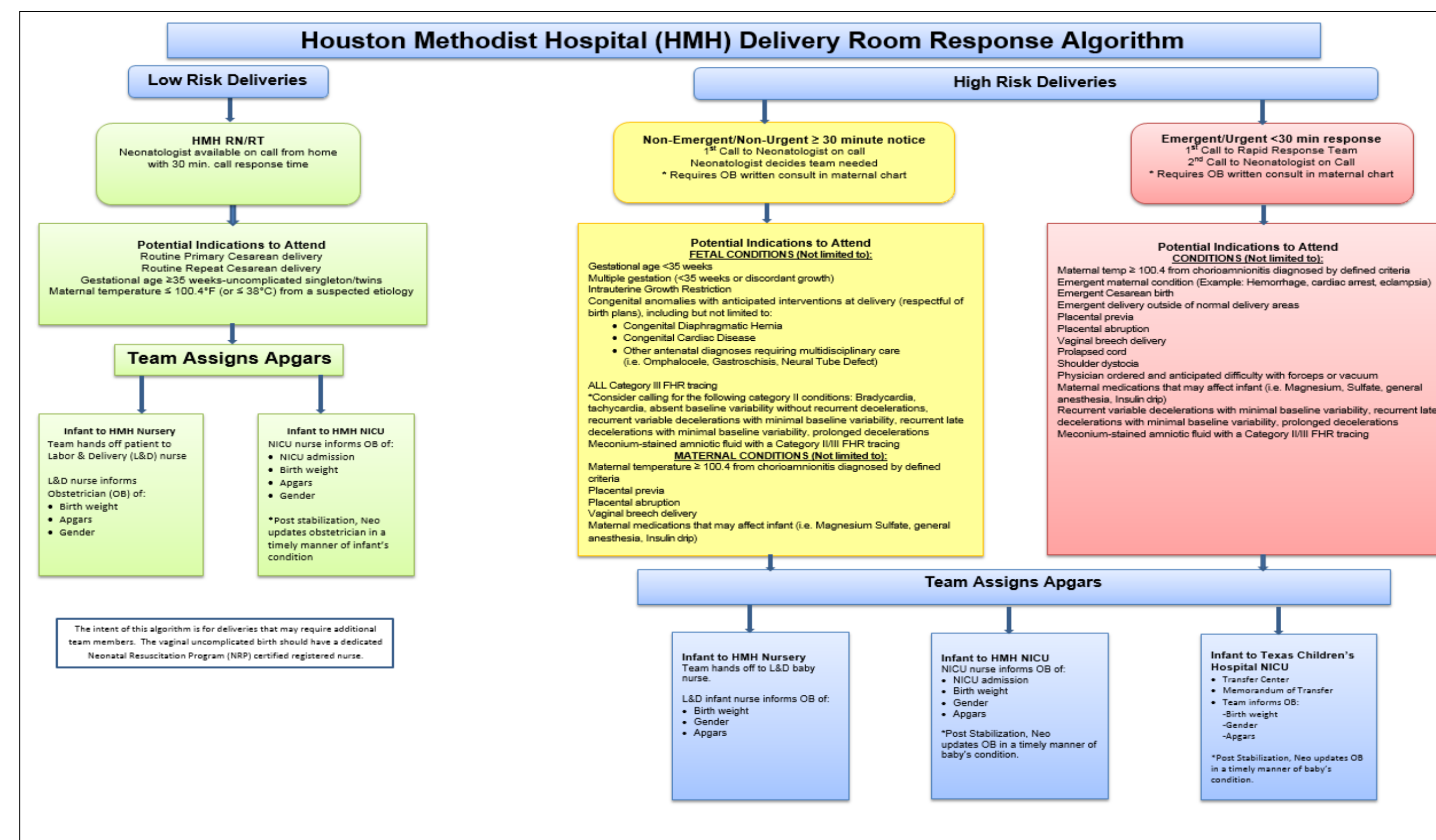
Methods

Multidisciplinary teams with representatives from TCH and HMM collaborated to plan and implement processes needed to support a new model of neonatal coverage for deliveries at HMM. Methods included:

- Developing a Delivery Room Response Algorithm and “Gold Standard” Video for use by clinicians in decision making.
- Planning and implementing an education plan, which included both didactic and simulation lab components.
- Evaluating existing processes and structures and modified where needed.
- Performing in situ drills to test the new coverage model, which included team debriefing in order to revise and modify the plan as needed.



Delivery Room Response Algorithm



Post Simulation Summary & Survey Comments

TCH Facilitators (MD, NNP, RN, RT, Simulation Techs)	22
HMH Learners (OB RNs, Neo RNs, RTs)	36
Simulation Training Sessions at TCH (4-hr time period)	3
Delivery Room Scenarios	4
14-Item Survey Results Post-Training (5 point scale)	4.8 (mean 4.7 - 4.9)

Enhanced Communication Skills

TEAM PLAY

Defined Roles

Pulled Team Together

Learned Shortcomings

Increased Awareness

More Practice

Communication Skills

Comfortable With Self-Expectations

Team Play

More Efficient Practice

More Simulation

Communication Skills

Clinical Outcomes

Metric	Pre Go-Live (Jun–Nov 2014)	Post Go-Live (Dec 2014–May 2015)
Births	559	493
Level II NICU Admissions	74	52
Level II NICU Admission Rate	13.2%	10.5%
Deliveries Attended by Provider	115	86
Deliveries Attended by Provider	21%	17%
Transports to TCH (≤ 24 hours)	11	5*
Transports to TCH (≤ 24 hours)	2%	1%
*Includes 1 transport after hours by MNRT		

Next Steps

Reevaluate
clinician
perceptions
1 year after
implementation

Periodic in situ drills to further performance enhancement

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