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Background

- Over 50% of NICU babies not returning to clinic for developmental follow-up.
- Failure to follow-up on developmental status of high-risk neonates limits early interventions to promote optimal growth and development.

Purpose

- Examine why NICU babies were not returning to their appointments at the Newborn Follow-up clinic

Methods

- Retrospective chart review of NICU patients
- Discharged from January 1, 2011 to June 30, 2012
- 60 bed level IV NICU

Data Analysis

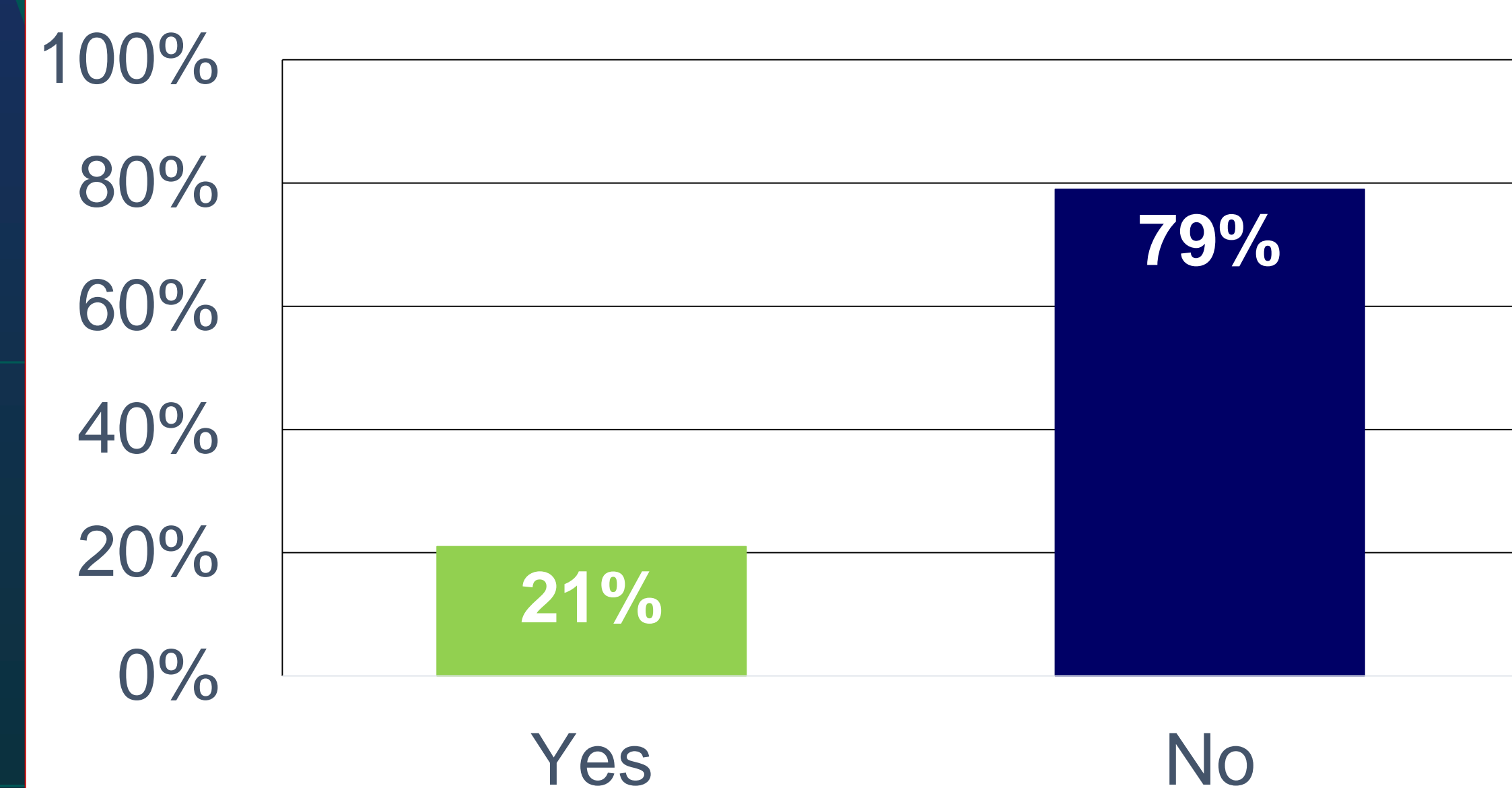
- Data were dichotomized for analysis using logistic regression

Findings

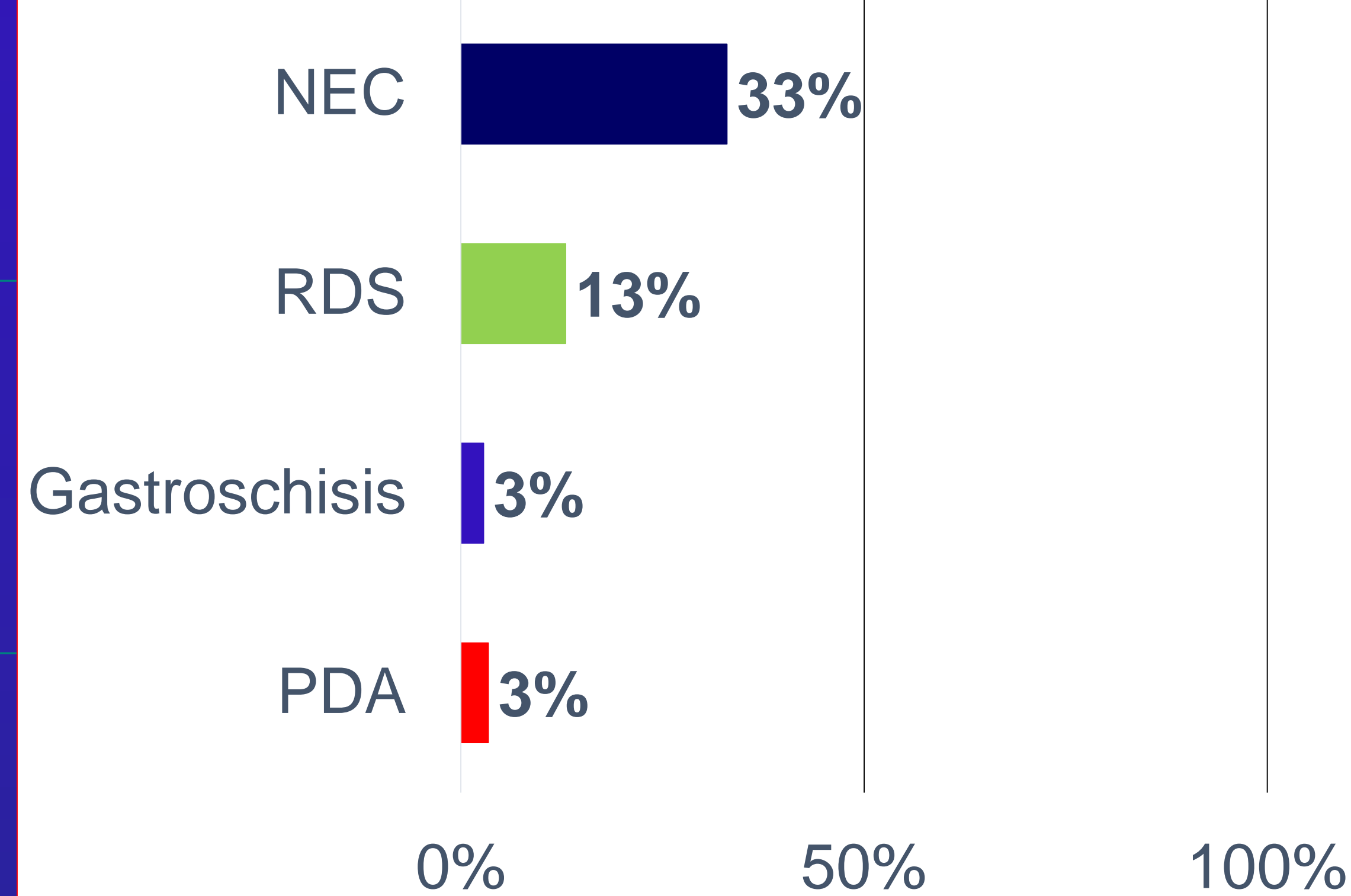
- 527 patients were discharged from NICU
- 27% of NICU babies had follow-up clinic appointment
- 80% had appointment to a specialty clinic.

- Greater number NICU babies returned for follow-up if:
 - No other clinic referrals
 - Maternal age 13-24
 - Gestational age less than 37 weeks
 - Discharge diagnosis of necrotizing enterocolitis.

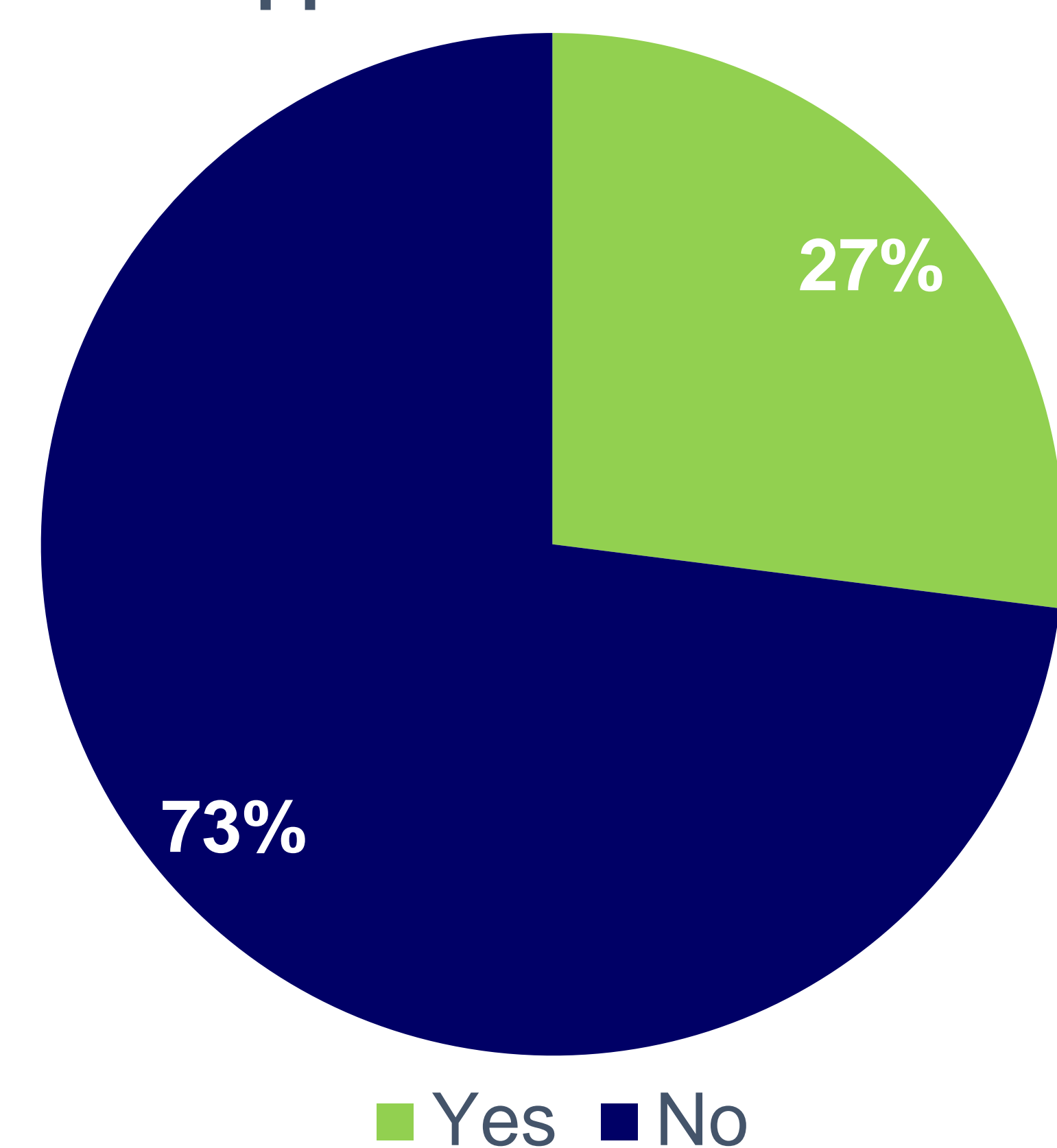
NICU Babies Who Returned for Appointments in Follow-up Clinic



Top 4 Admission Diagnosis



Appointments Made



Discussion

Limited number of follow-up appointments made suggests one explanation for low number of NICU babies returning for developmental follow-up.

Implications

Consequences of lack of follow-up assessments on NICU high-risk graduates include:

- Failure to identify and treat early developmental delays
- Costly re-hospitalizations

Logic Model

Inputs

- Interdisciplinary team formed with key stakeholders from NICU and Clinic to identify barriers
- Garnered support from executive leadership for project

Strategies/Activities

- Consulted Neonatologist & Discharge Coordinator
- Determined selection sample – 100% retrospective chart review

Outputs

- Identified factors common to patient no show
- Insufficient clinic staff available to support follow-up
- Discharge Coordinator referring 100% of qualified infants
- IRB approval August 30, 2012
- Follow-up Clinic compliance data reviewed monthly

Short-Term Outcomes

- Increased awareness of project within facility
- Baseline data used for HRSA Grant submission
- Involved clinic business director and leadership team in project barriers
- Limited number of clinic appointments available

Mid-Term Outcomes

- Incorporated LeBonheur Early Intervention and Development (LEAD) into interdisciplinary team
- Refer to LEAD for home follow-up as appropriate
- Placed LEAD team member in the NICU to establish relationships with families to ensure future referral

Long-Term Outcomes

- Improved developmental outcomes and parental compliance with options to include; appropriate clinic referrals, and/or community based resources (LEAD)

MCH Nursing Leadership Journey

Challenge the Process

- Identified barriers to newborn follow-up clinic access
- Redefined criteria for clinic follow-up
- Requested more clinic access
- Searched opportunities/resources for a better way to provide follow-up

Inspire a Shared Vision

- Increased awareness of need for follow-up developmental assessments of NICU graduates.
- Collaborated with hospital based community resources to bridge the gap between inpatient and follow-up care.

Enable Others to Act

- Strengthened relationships between Inpatient and LeBonheur Early Intervention and Development (LEAD)
- LEAD members triaged newborns prior to discharge for developmental needs

Model the Way

- Led the charge to make a difference in the outcome of NICU discharged infants.
- LEAD incorporated into NICU team with daily rounding, discharge planning and involvement in monthly service line meeting.

Encourage the Heart

- Acknowledgment of team members contributions
 - notes of appreciation
 - gifts from the heart.

Interdisciplinary Team Members:

- Bobby Bellflower, DNSc, NNP, NICU Lead NNP
- Dr. Dhanireddy MD, NICU Medical Director
- Mary Gaston MSN, RN, CNML, NICU Clinical Director
- Rick Kuykendall, Admin. Director Clinic Operations
- Leslie Taylor, BSN, RN NICU Staff Nurse
- Martha Thomas Clinic Manager, Outpatient Care Clinics
- Danielle Keeton, Director Early Intervention Dev.

