

Abstract Title:

Attempting to Decrease NICU Length of Stay via a Quality Improvement Project

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Introduction: Background: Increased length of hospital stay has adverse effects on preterm infants, their families, and society. Objective: Reduce the length of stay by 3 days for babies who were born prematurely from 27 to 31+6 weeks of gestational age and who were admitted to the neonatal intensive care unit at Rady Children's Hospital Palomar.

Methods: Design/Methods: Rady Children's Neonatal Intensive Care Unit (NICU) at Palomar Hospital enrolled in this collaborative study through the California Perinatal Quality Care Collaborative (CPQCC). Data was collected prospectively on total length of stay for infants who were born prematurely from 27 to 31+6 weeks gestational age and admitted to the NICU. Data was also retrospectively collected on length of stay to determine the baseline length of stay for the period 18 months prior to the start of the study. At the start of study there was a nutritional, respiratory and discharge planning intervention that was incorporated into the standard care of practice. The respiratory intervention was to initiate caffeine if 5 or greater significant events were noted or in order to assist in extubation. The nutritional

intervention was to initiate feedings early. The discharge planning intervention was to have parents demonstrate competence in caring for their child within 2 days of discharge. The data was analyzed to assess if there was a reduction in the length of stay from the 18 months prior to the start of the intervention to the 18 month period after the start of the intervention.

Results: Results: 26 infants met the inclusion criteria for the study at the Palomar NICU. The interventions started in June 2013. The average length of stay prior to the intervention was to a post menstrual age (PMA) of 35.3 weeks for Palomar. The average length of stay for the 26 infants at Palomar was 35.9 weeks PMA. Palomar had an increase in 0.6 weeks or 4.2 days.

Conclusion: Conclusions: Despite 3 interventions to decrease length of stay, an increased length of stay of 4.2 days was noted. The lack of improvement was probably due to an already short average length of stay compared to the other NICUs and to the small sample size.