

Indiana Perinatal Network – St Vincent Women’s Hospital – PCEP 2009 Lessons Learned

Host Tertiary Hospital: St Vincent Women’s Hospital, Indianapolis

Participating Hospitals: Fayette Regional Health System & Hospital, Connersville (Level 1)
Reid Memorial Hospital, Richmond (Level 2)

Modifications from Previous PCEP Efforts

1. Hospitals applied to participate versus being asked to participate, resulting in more ownership
2. Requiring one physician champion at each participating hospital
3. Meeting with OB Nursing Manager after acceptance into the Program to discuss the identification and role of the two nurse hospital coordinators, timeline of coordinator workshop and physician involvement

Coordinator Workshop Modifications

1. Extended length from 2 days to 3.5 days
2. Coordinators were certified as instructors in newborn resuscitation using the NRP Hospital Based Program

Curriculum Modifications - incorporated the following:

1. Adult learning principles
2. Simulation training every day including debriefings
3. Components of the STABLE neonatal stabilization program
4. NICHD fetal monitoring terminology
5. Importance of team communication
6. More email communication with coordinators during the PCEP cycle

Outcomes

1. Identifying the optimal location to resuscitate a neonate
2. Exposing staff to new and necessary equipment for neonatal resuscitation
3. Improving communication, i.e., where to call, when to call, who to call for a neonatal emergency
4. Building relationships between internal perinatal staff
5. Reviewing updating and developing perinatal policies, protocols and best practice standards
6. Building relationships between Level 1 & 2 hospitals with Level 3 referral hospital (St V)
7. Improving clinical knowledge (See attached

Recommended Next Steps – Lessons Learned

1. Continue the following practices:
 - hospital application for participation
 - requiring participation from a physician champion
 - including NRP Hospital Based Instructor certification in the coordinator workshop
 - simulation techniques in neonatal resuscitation skills and team communication
2. Target participating hospitals in different geographic regions to minimize the potential for competition
3. Increase site visits with participating hospitals with less reliance on e-mail communication
4. Further clarify the role of IPN, St V, participating hospital, and as the hospital coordinators
5. Include management of neonates born to substance abusing mothers in coordinator workshop curriculum
6. Include participating hospital CNO in initial meeting