

Pediatric Newborn Medicine Clinical Practice Council



AUGUST 2015



Establishing Standardized Clinical Care



Challenge:

- To provide care to newborns and their families, that is uniformly excellent, consistent and evidence based in a complex clinical setting

Solution:

- To develop a Clinical Practice Council, made up of multidisciplinary caregivers, to create clinical practice guidelines via a process that is rigorous, inclusive, transparent and facile

Clinical Practice Guidelines: What, Why, How



WHAT

Institute of Medicine defines clinical practice guidelines as, “systematically developed statements to assist clinician and patient decisions about appropriate health care for specific clinical circumstances.” (IOM, 1992)

WHY

These guidelines will assist the clinical team to provide optimal care for a specific clinical circumstance. The clinical practice guidelines (CPGs) implemented will ensure that the care provided in our NICU, newborn nurseries, and in the Center for Labor and Birth is uniformly excellent, consistent and evidence based.

The CPGs will be documents that are reviewed and revised regularly based on new findings from the literature and ongoing monitoring via quality improvement or research activities.

HOW

Department of Pediatric Newborn Medicine Clinical Practice Council

The Two Types of Documents that Emerge from the Clinical Practice Council



Clinical Practice Guideline (Track 1)

- A multidisciplinary team creates a guideline to approach a specific aspect of newborn clinical care. This document is 1) approved by the CPC for review and 2) is sent out for a Staff Review period for department-wide feedback prior to implementation
- This document is evidence based and should be followed for the majority of infants who require the clinical care encompassed by the guideline (inclusion and exclusion criteria will often be included)
- When clinical judgment and / or new evidence favors an alternative plan of care, the rationale for deviation should be communicated among the team members and documented in the patient's medical record.

Clinical Practice Policy (Track 2)

- These documents are developed by a smaller team or a few individuals with specific expertise on an aspect of newborn care.
- These documents are evidence based and approved by the CPC membership, but do not require a Staff Review period as they typically encompass a more specific aspect of practice where less variability is anticipated.
- The CPP does not include the clinical judgment language in the preamble to the document. This is not because clinical judgment is not necessary, but because the CPP is a “*policy*” document, where there should be little to no variation in practice.

CPC Committee Membership- BWH

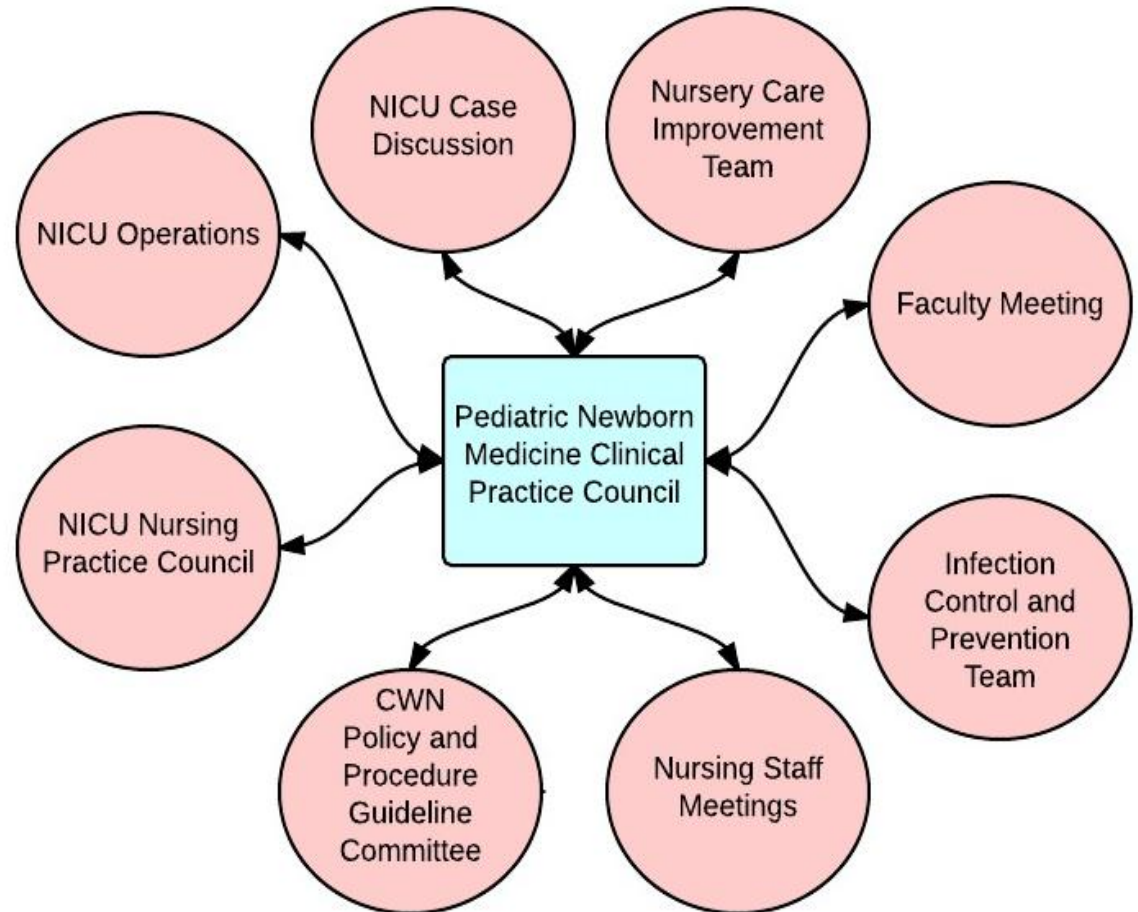


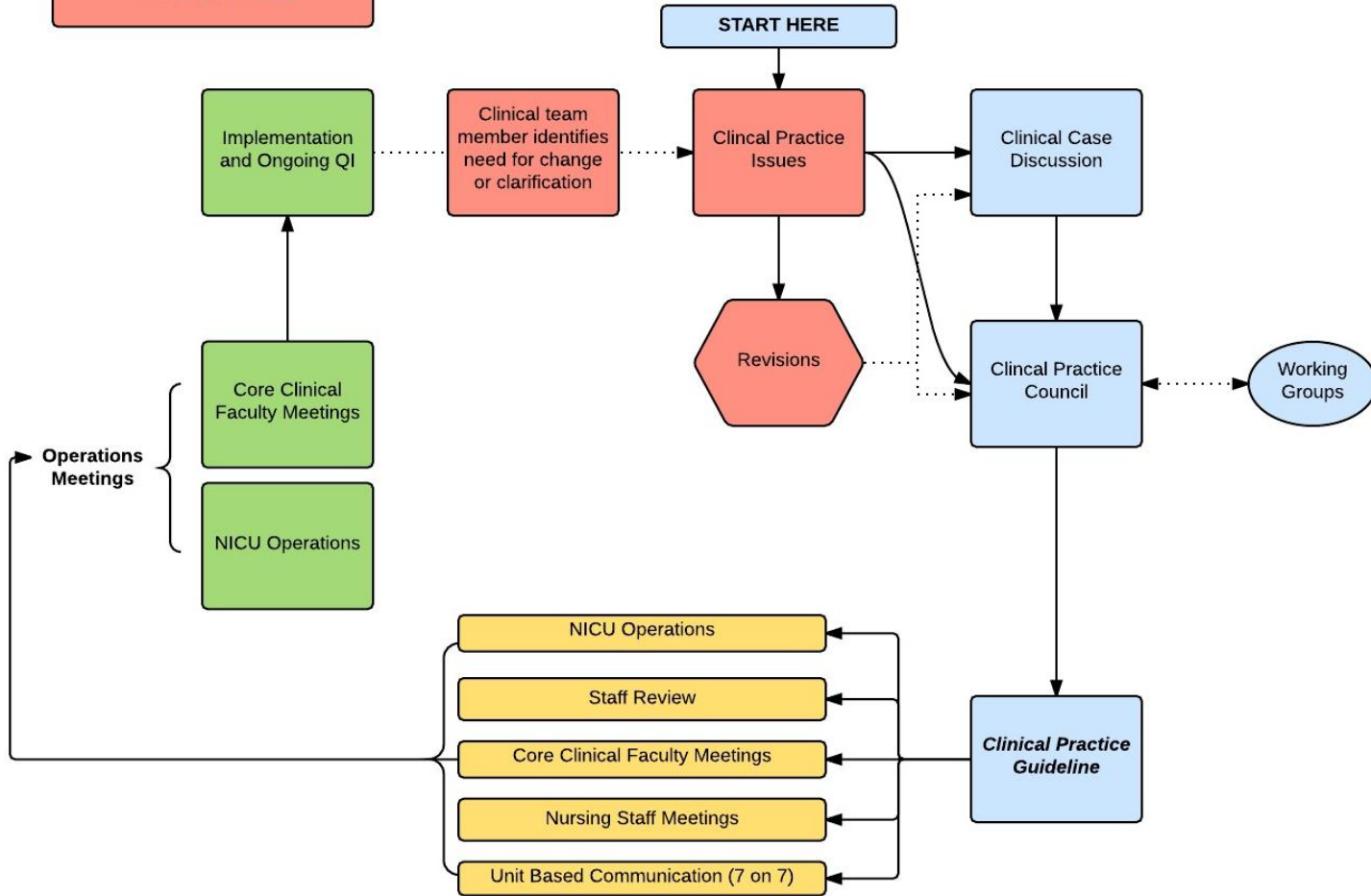
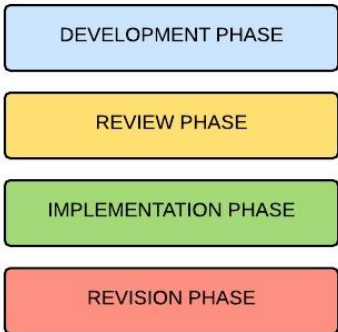
- Susan Caffery (or designee): Kate McGovern, Ginny Silva (L&D Nursing)
- Margaret Chisholm (SW)
- Marianne Cummings (or designee): Julianne Mazzawi, Christina Meehan, Rita Patnode (NICU Nursing)
- Deirdre Ellard (Nutrition)
- Maureen Fagan (CWN Nursing Leadership)
- Kerry Franey (representative from CWN PPG Committee)
- Keith Hirst (RRT)
- Terrie Inder (Chair)
- Lise Johnson (Division Chief- Well Baby Pediatrics)
- Paul Lerou (Neonatology, NICU Medical Director)
- Joan McColgan (or designee): Marty Doherty, Claire Zaya (Postpartum/Well-Baby Nursing)
- Chris McPherson (Pharmacy)
- Gayle Schumacher (Parent specialist)
- Nicole Smith (Therapy Services)
- Linda Van Marter (Vice Chair)

Chair: Kate Gregory

Project Manager: Olivia Rodriguez

Input to the CPC is interdisciplinary and represents all stakeholders on CWN.

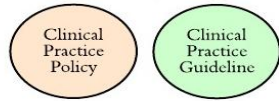




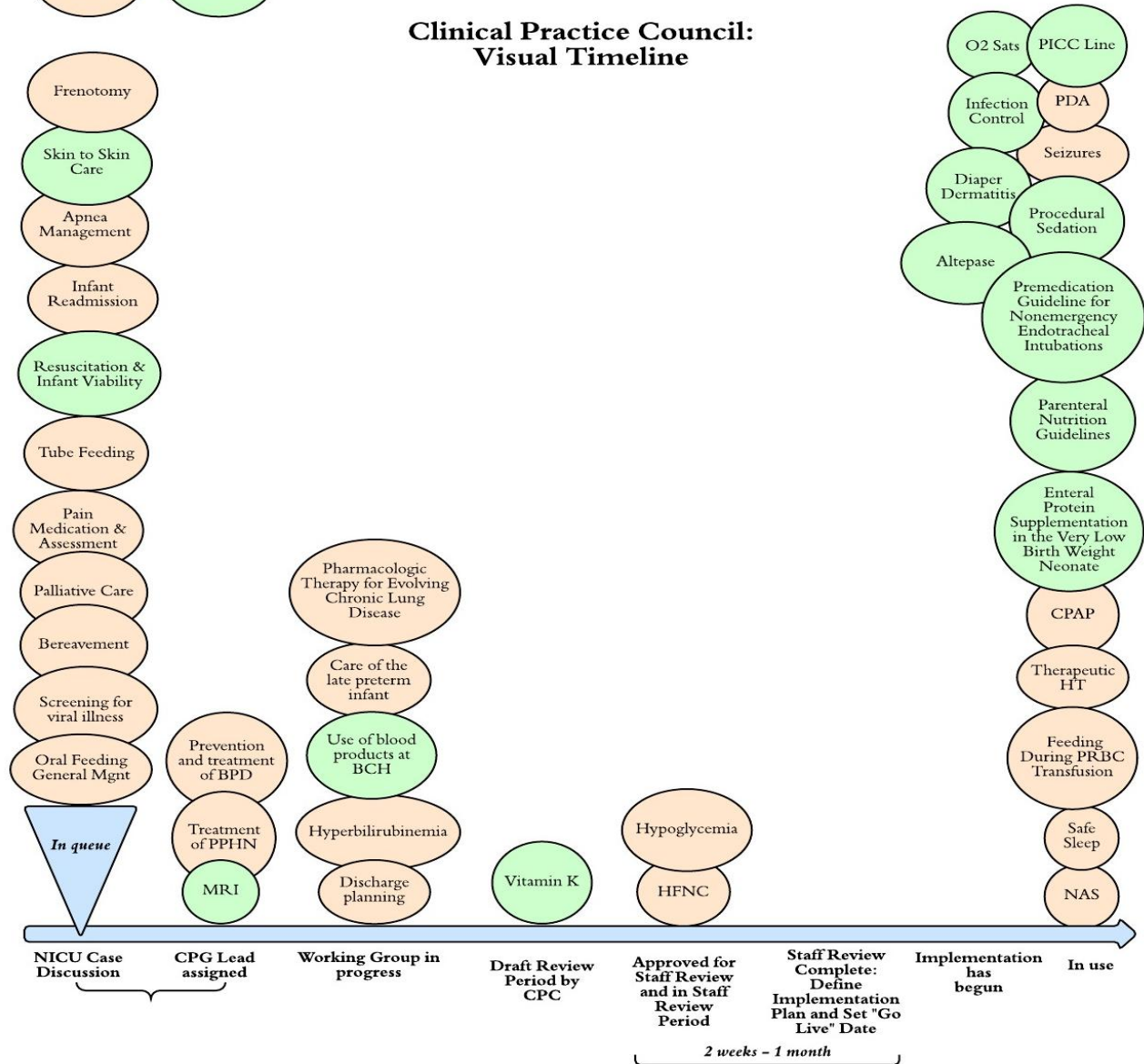


CPGs and CPPs listed in no particular order and are subject to change.

Key:



**Clinical Practice Council:
Visual Timeline**



List of Guidelines Completed: As of August 2015



Clinical Practice Guideline (Track 1)

1. Feeding During Packed Red Blood Cell (PRBC) Transfusion
2. Care of the Neonate with Neonatal Abstinence Syndrome
3. Continuous Positive Airway Pressure (CPAP) in the Birthing Rooms and NICU
4. Therapeutic Hypothermia
5. Pharmacologic and Surgical Therapy for Hemodynamically Significant Patent Ductus Arteriosus (PDA)
6. Infant Sleep and Therapeutic Positioning
7. Neonatal Seizures

Clinical Practice Policy (Track 2)

1. Target O2 Sats for Infants in the NICU
2. Administration of Alteplase via a Peripherally Inserted Central Catheter (PICC)
3. Peripherally Inserted Central Catheter (PICC) Insertion
4. Diaper Dermatitis
5. Enteral Protein Supplementation in Human Milk-fed Very Low Birth Weight Infants
6. Premedication for Nonemergent Endotracheal Intubations
7. Procedural Sedation
8. Infection Control

Where are the guidelines?



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Linda Van Marter, MD, MPH, Vice Chair, Department of Pediatric Newborn Medicine
Paul Hughes, Department Administrator

Lise Johnson, MD, Division Chief, Newborn Pediatrics
Joann McColgan, RN, MS, Newborn Pediatrics Nurse Manager
Claire Zaya, RN, MS, Newborn Pediatrics Assistant Nurse Director

Paul Lerou, MD, NICU Medical Director
Michael Prendergast, MD, NICU Associate Medical Director
Marianne Cummings, RN, MS, NICU Nurse Director

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