ENSURING ACCURACY IN DELIVERY ROOM RESUSCITATION A BIRTH RECORD INITIATIVE.

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BACKGROUND/PROBLEM

Frequent NICU admissions following delivery room resuscitations revealed gaps in documentation, limiting our ability to identify and address issues effectively. Inaccurate or incomplete records hinder understanding of delivery room challenges and impact efforts to improve neonatal care and outcomes.

AIM

To enhance the quality of delivery room documentation and resuscitation practices by implementing a standardized birth record tool, identifying key barriers to comprehensive documentation, and improving adherence to neonatal protocols.

STRATEGY FOR CHANGE

PLAN | DO | STUDY | ACT

PDSA 1 (Nov 2023 – Mar 2024)

Assess quality of resuscitation records.

- Evaluate current neonatal resuscitation quality.

Develop user-friendly resuscitation records.

- Share findings with staff and conduct mock codes to improve timely interventions.

Reviewed charts of newborns (≥34 weeks, ≥2000 grams).

Collected data from Dec 2022 – Oct 2023 on documentation completeness and resuscitation quality.

Resuscitation records available: 82%

Complete documentation (Resuscitation records filled, chest rise and heart rate): 48%

- Timely application of PPV: 68%
- MRSOPA in indicated cases: 64%
- Timely application of MRSOPA: 55%

- Identified barriers including outdated records and the layout of documentation forms.

PDSA 2 (Apr – Nov 2024):

PDSA 1 identified need for user-friendly updated resuscitation records and improved quality of neonatal resuscitation.

Identified targets:

Complete documentation - 75%.

Raising PPV and MRSOPA metrics to 80%.

Timely application of MRSOPA – 80%

Share positive outcome with staff.

- Edit resuscitation record, remove "A" box.
- Reinforce the importance of documenting chest rise after PPV.
- Continue weekly mock codes.

Staff educated on new resuscitation records.

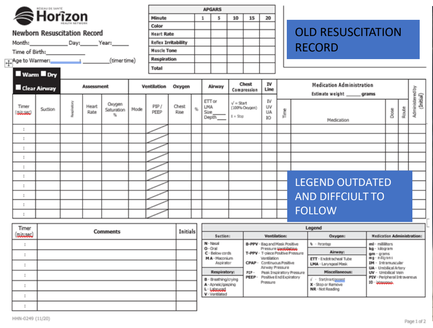
- Audits and feedback to address documentation gaps.
- Education sessions on MRSOPA and LMA use.

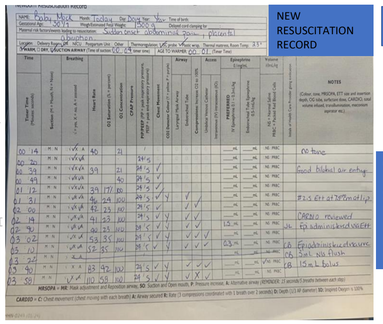
Outcomes (August to November 2024):

- Complete documentation: 82%. Timely application of PPV: 88%
- MRSOPA in indicated cases: 86%. Timely application of MRSOPA: 86%
- LMA use: 1 case, 1 intubation.

- **Issues Identified:**
- In cases of PPV, chest rise is not documented.
- "A" box in breathing column is confused with Apnea.
- Missing signature.
- Delays in PPV/MRSOPA due to prolonged stimulation and suctioning.

STEPS TAKEN TO TACKLE IDENTIFIED BARRIERS



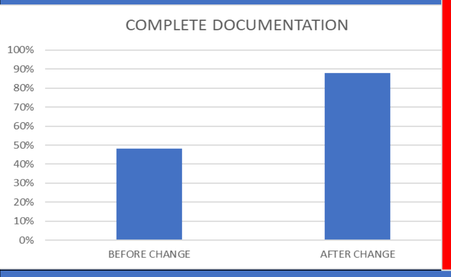


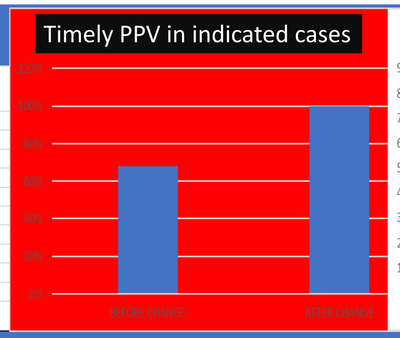
Nov –Dec 2023: Chart review, data collection and analysis. → Jan – March 2024: New resuscitation chart. → Apr – Jul 2024: Staff trained; mock codes focused on NRP algorithm. → Aug- Nov 2024: Data collected and analysed.

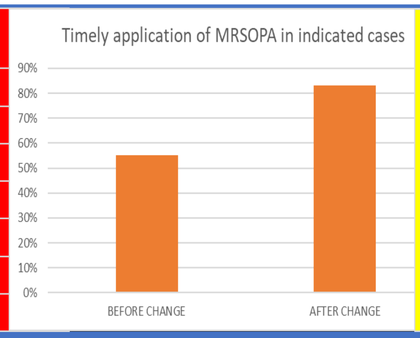
Adherence to NRP: Mock codes focused on preventing PPV delay, identifying need for and preventing delay of MRSOPA.

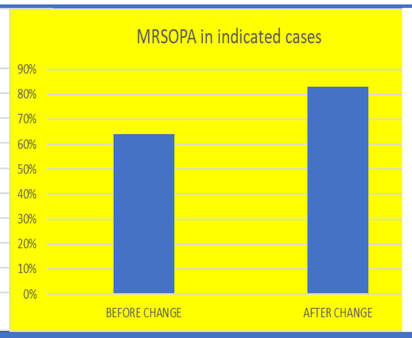
Mock codes also emphasized documenting chest rise after PPV, heart rate, and use of note column as needed for further clarification. Though not included in analysis, importance of signing the document was highlighted.

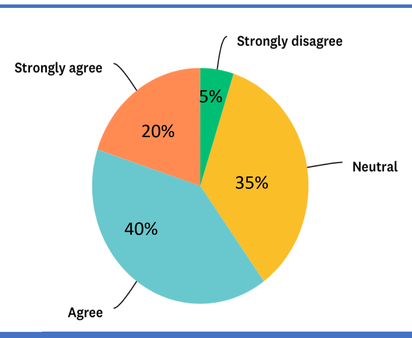
RESULTS

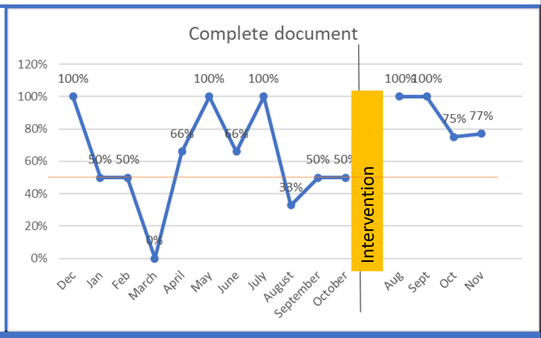












NEXT STEP: ☑ Foster a culture of accountability for documentation.☑ Implement mini mock codes to address identified delay issues. ☑ Conduct workshops on LMA. ☑ **Survey on staff satisfaction.**

CONCLUSIONS: The ongoing quality improvement project aims to enhance neonatal resuscitation through better documentation practices and timely interventions. Continued engagement, training, and feedback will be vital for maintaining high standards and adapting practices, as necessary.