Neonatal Intensive Care Unit (NICU) Standard Care
Establish routine care to assure safety and effectiveness in the neonatal intensive care unit.

Domain
Patient Care Processes:
Clinical processes that ensure delivery of high-quality care to individual patients

Aims
Effective:
An evidence-based practice that produces better outcomes than its alternative

Patient Centered:
Care throughout a patient’s experience that is coordinated, informed, and grounded in respectful interactions with care providers that are consistent with the patient’s values, expectations, and care decisions

Process Attributes

Cost to Implement
The monetary resources required to implement this process

Minimal: Just the cost of the improvement effort itself

Time to Implement
The amount of time, from months to years, it will take on average to establish this process

Fewer than 12 months

Difficulty to Implement
The challenges of implementing this process

Moderately Challenging: Either involves multiple units or disciplines OR requires a substantial shift in culture and/or operations, but not both of these

Level of Evidence
The degree to which the actions in this process are supported by research and experience; based on the Cochrane scale

Some Evidence: Level III — Studies published with some control included
Details

Elements

- Incorporate performance of evidence-based practices into routine care:
  - Resuscitation and stabilization of the newborn
  - Respiratory care
  - Nutritional care
  - Prevention of hospital-acquired infection (central line care, group B strep prophylaxis, HIV prophylaxis)
  - Early detection and treatment of common complications
- Develop and support excellent teamwork and communication between care teams (perinatal, L&D and NICU) to ensure collaboration and smooth hand-off of patients
- Begin discharge management planning on admission and continue regularly during NICU stay
- Develop communication tool (Daily Goals and Plan of Care Form) to identify patient’s goals for that day and to reinforce application of best practices
- Involve families in care, decisions, and improving NICU processes

Outcomes

- Mortality (HSMR): Decreased mortality (hospital standardized mortality ratio, or HSMR)
- Patient Satisfaction: Increased patient satisfaction (e.g., HCAHPS Willingness to Recommend, HCAHPS Hospital Rating)
- Cost of Care: Decreased cost per inpatient case
- Readmissions within 30 Days: Decreased readmissions within 30 days

Service Lines and Critical Functions

- Obstetrics
- Pediatrics

Key Measures

- Percent of neonatal ICU admissions with appropriate evidence-based guidelines applied to care
- Percent of neonatal ICU patients with discharge planning initiated on admission and updated regularly during inpatient stay

Reasons and Implications

Importance for Patients and Families
Providing excellent NICU care improves survival and reduces the risk of long-term complications and disabilities.

Requirement, Standards, Policies, and Guidelines

- Agency for Healthcare Research and Quality (AHRQ)
- National Quality Forum (NQF)
  National Voluntary Consensus Standards for Perinatal Care
- The Joint Commission (TJC)
Financial Implications

- Expense reduction can occur due to decreased complications (infections and other diseases), decreased length of stay in NICU, and appropriate recognition of futility.

Prerequisites

None for this process

Resources

Additional Resources

- National Institute of Child Health and Human Development (NICHD)
- American Academy of Pediatrics (AAP)
- Vermont Oxford Network

IHI.org Resources

- Improvement Map Discussion Boards
  Join the Improvement Map Discussion Groups to help IHI build dynamic communities of learning and support. Pose questions, offer new ideas, describe your improvement success stories and experiences, and share tips with your peers for taking full advantage of all the Improvement Map has to offer.

Information Compiled By

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