

Implementing a Maternal Newborn Service Excellence Program: Lessons Learned (Poster)

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Implementing a Maternal Newborn Service Excellence Program: Lessons Learned

Lehigh Valley Health Network, Allentown, Pennsylvania

Getting Started

- Formation of a diverse obstetrical and pediatric council.
- Council members identified overall system functions and expected outcomes for all mothers and newborns.
- The council developed a list of all patient care needs related to quality, education, access, and network philosophy.
- From this single council six task forces were formed specific to the patient care needs:

Patient Safety

Patient Family Centered Care

Lactation Services

Patient Education

Capacity & Throughput

Post Partum Depression

- Members were identified for each task force. Consideration of individual membership was based on professional role and clinical practice arena. Each task force identified a chair and co-chair to lead and facilitate specific group activity.
- Each task force has identified it's current condition of practice and has generated a specific problem list. Goals and targets specific to the task forces have been identified.
- The individual task forces performed with an analysis focused on the relationship between what is current and what is actually desired.
- The task force chair or co-chair provide a report back to the M-N-S-E Council on a quarterly basis.



Background

- Network initiative to implement a patient and family centered care model.
- Recognizing the need to develop a comprehensive maternal – newborn continuum of care.
- Opportunity to take our multidisciplinary approach to care to an elevated level of practice.
- Examination of both service and clinical quality outcomes; identifying the interdependency and related effect on cost, access, and quality of care measures.
- Focus on continuity of education through the patient's obstetrical and pediatric care.
- Identified concerns related to patient access to care and special services following discharge from the hospital.
- Incidence and frequency of patient volumes exceeding bed capacity; impact on overall patient flow.

Lessons Learned

- The importance of identifying a good cross section of team members was reinforced throughout our process of task force development.
- The work on each task force had the potential to be overwhelming. The perspective taken by the MNSE council was so broad in nature, it was seemingly easy to break topics down into their department focus – that is when we discovered some of our more significant breakdowns and how clinical silos occurred in the past.
- Each task force needed to examine their levels of decision making and practice autonomy within the scope of the entire department. In some specific instances, the task force members formulated plans of recommendation to be approved at a higher clinical level.
- Each task force has had the opportunity to be creative with overcoming barriers related to environment, physical space restrictions, and financial constraints.
- There is a chair and co-chair designated to lead each task force. This experience has given staff exposure to leadership roles and opportunity to work with different leadership styles.

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