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

Judith Pfeiffer BSN, RNC
Lehigh Valley Health Network, Judith_L.Pfeiffer@lvhn.org

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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

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.