

**Scottish Patient Safety Programme
Maternity and Children's Quality Improvement Collaborative
Neonatal Care
Overall Driver Diagram**

Overall Aim:
To improve outcomes and reduce inequalities in outcomes by providing a safe, high quality care experience for all infants and families across neonatal care settings in Scotland.

Outcomes:
1. Reduce avoidable harm and morbidity in neonates by 30% by March 2019
(as defined by the sub aims below – how much by when to be determined locally.)

Sub aims:
1a. Reduce neonatal mortality.
1b. Reduce harm from ventilation
1c. Reduce harm from invasive lines and late onset Sepsis
1d. Reduce harm from neurological injury.
1e. Reduce harm from unrecognized clinical deterioration including Hypothermia.

Primary Drivers

Deterioration & Harm

System Enablers

Medicines

Secondary Driver

Safe effective and reliable care

Teamwork, Communication and collaboration

Person Centred Care

Leadership And Culture

Change Package

- Reliable risk assessment and appropriate support for infants.
- Reliable processes for the early recognition of deterioration using an early warning score system where appropriate, linked to an effective response system and supporting escalation processes & policies
- Reliable implementation of the best known evidence using care bundles.
- Reliable processes to prevent late onset sepsis.
- Infants are cared for in the most appropriate care environment for their clinical condition.

- Reliable communication and collaboration between GPs, maternity service teams, Public Health Nurses/Health Visitors and families across all care settings particularly at critical transition points in the care journey.
- Effective use of standardised communication processes (e.g. visual cues, safety briefings, de-briefings and safety huddles)
- Use of structured communication tools e.g. SBAR
- Multi- disciplinary team reviews.

- Develop a process for capturing user feedback to improve person-centred care
- Opportunities are taken to optimise parent – newborn infant bonding
- Parents are actively involved in decision-making and provision of care for their newborn infant
- Care should be delivered as close to the family home as possible

- Build an infrastructure to support quality improvement
- Create a culture of safety
- Clinical leadership to drive improvement
- Develop a systematic process for learning from errors/failures
- Develop a measurement framework to guide improvement
- Engage GPs /Clinicians/ Public Health Nurses/Health Visitors/ in quality improvement