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The journey toward optimal neonatal nutrition through quality improvement initiatives

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Abstract

Quality Improvement (QI) initiatives can greatly impact clinical care in the neonatal intensive care unit (NICU). Historically, the provision of both parenteral and enteral nutrition in the NICU can be an inconsistent practice, with provider preference being the key driver. A knowledge gap was found in our practice between the literature evidence and practice. A SMART aim to increase growth velocity of infants' _ 1500 grams was planned. A multidisciplinary team formulated a plan after performing a needs assessment. Based upon the current literature and best practice models, multiple Plan-Do-Study-Act (PDSA) cycles were accomplished. The PDSA cycles included: creation of standardized TPN and enteral feeding guidelines, unit wide education, guideline compliance monitoring, team discussion on daily rounds with dietitian, and electronic report development for ongoing outcomes measurement. Key factors in the success were ongoing education of all staff and consensus building. QI initiatives aimed at standardization of practice resulted in improved growth velocity. Improvement culture change is difficult, but can be accomplished with patience and persistence.

Biography

Steven L. Olsen, MD is an Associate Professor of Pediatrics at the University of Missouri, Kansas City School of Medicine. He is an Attending Neonatologist in the Division of Neonatology at The Children's Mercy Hospitals and Clinics in Kansas City, MO. His interests include nutrition, chronic lung disease, and neonatal management of congenital heart disease.