British Association of Perinatal Medicine and Neonatal Society

711 BABY IT'S COLD OUTSIDE! REDUCING ADMISSION HYPOTHERMIA FOR NEWBORN BABIES QIP

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Background Newborn babies are regularly admitted to neonatal units hypothermic (<36.5°C). Hypothermia is associated with an increased risk of morbidity and mortality. Baseline data from January-June 2019 at our unit showed that 16% of premature (<36/40 gestation) and 6% of term (≥36/40 gestation) neonates were admitted hypothermic.

Objectives We initiated a QIP to reduce the number of hypothermic admissions in November 2019. Our primary aim was to reduce the number of premature babies admitted with hypothermia from 16% to 5% by the end May 2020. Our secondary aim was to reduce term hypothermic admissions from 6% to <5%.

Methods We included all premature and term babies admitted to SCBU for their first episode of care. We excluded all second episodes and external place of delivery.

Our outcome measure was the first axillary temperature on admission recorded on BadgerNet. Our balancing measure was to monitor the number of hyperthermic (≥37.5°C) admissions.

We ran a series of PDSA cycles over a 6-month period from November 2019-May 2020 (table 1).

Results There was a reduction in hypothermic admissions for all premature babies from 15% to 12% (table 2). When sub-categorised into very preterm (<32/40) we noted a marked reduction from 24% to 11%. We reduced hypothermic admission for term babies from 6% to 4%. Overall, we did not see an increase in hyperthermic admissions.

Conclusions Our QIP has led to a reduction in the number of hypothermic admissions for term and preterm infants, with the most notable decrease for very preterm infants.

Abstract 711 Table 1 PDSA cycles tested from November 2019–May 2020

PDSA Test	Date	Plan	Do	Study	Act
1	03/11/19	Thermal care education	Targeted teaching session to junior doctors	Improvement- likely transient	Again - at new starters induction
2	17/01/20	Reduce evaporation as form of heat loss using hats	Appropriately sized hats on resuscitaire for premature babies	No improvement- lack of appropriately sized hats readily available	Adapt- find a supply of hats
3	03/03/20	Ensure supply of appropriately sized hats	Red Hats initiative. Social media campaign for supply of knitted red hats. MDT collaboration.	Improvement	Continue

Abstract 711 Table 2 Admission temperatures before and after PDSA cycle interventions

Gestational age	Data set	Total number of eligible babies	Temperature on admission:			Average percentage of hypothermic admissions
			<36.5°C	36.5–37.5 °C	>37.5 °C	
All preterm (<36/40)	Baseline data	102	16 (16%)	80 (78%)	6 (6%)	15%
	PDSA 1	28	3 (11%)	25 (89%)	0 (0%)	11%
	PDSA 2	13	2 (15%)	10 (77%)	1 (8%)	15%
	PDSA 3	32	4 (13%)	26 (81%)	2 (6%)	12%
	Cumulative PDSA	73	9 (12%)	61 (84%)	3 (4%)	12%
Very preterm (<32/40)	Baseline data	21	5 (24%)	13 (62%)	3 (14%)	24%
	Cumulative PDSA	9	1 (11%)	6 (67%)	2 (22%)	11%
Term (≥36/40)	Baseline data	219	13 (6%)	196 (89%)	10 (5%)	6%
	PDSA 1	48	3 (6%)	44 (92%)	1 (2%)	6%
	PDSA 2	22	1 (5%)	20 (91%)	1 (5%)	5%
	PDSA 3	88	2 (2%)	82 (93%)	4 (5%)	2%
	Cumulative PDSA	158	6 (4%)	146 (92%)	6 (4%)	4%

Quality Improvement and Patient Safety

715 THE DEVELOPMENT OF A FAMILY LIAISON TEAM TO IMPROVE COMMUNICATION BETWEEN ICU PATIENTS AND THEIR FAMILIES DURING THE COVID-19 PANDEMIC

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Background High quality family centred care is an integral part of how sick patients are managed in modern healthcare systems, and remains imperative in times of crisis. However in the 2020 COVID-19 pandemic the necessity of isolation and social distancing prevented families accessing the support they usually would when a relative is on ICU, exacerbating the family's worries and feelings of fear about their loved one.

Additionally, in order to increase capacity 4 fold, ICU teams were not able to prioritise communication with families due to clinical pressures.

Objectives Paediatricians with pre-existing transferable skills developed and embedded a communication strategy within ICU for the duration of the COVID-19 surge.