

# South London – Maternity and Neonatal Safety Improvement Programme QI Network Series - Session 3

## Planning: Developing strategies and change ideas

8<sup>th</sup> December 2022



@HINSouthLondon



healthinnovationnetwork.com

# Welcome!

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- Please mute your microphone
- Please change your name to the **number matching your Trust and full name** – you can do this by hovering over your name on the participants list and clicking more.

1 = Guys and St Thomas  
2 = Kings College Hospital  
3 = Lewisham and Greenwich  
4 = Kingston  
5 = St Georges  
6 = Epsom and St Helier  
7 = Croydon  
8 = Other

## Agenda:

- Welcome and introductions
- Aim Statement
- Stakeholder Mapping
- Measurement method
- Sharing knowledge – Case studies
- Next steps

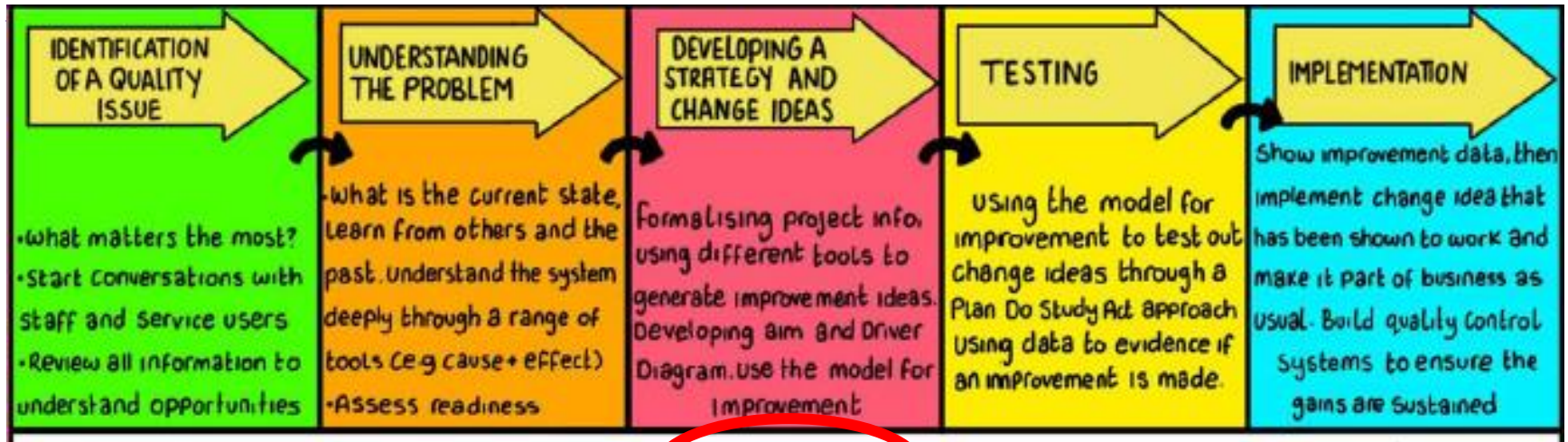
# Conversation Café

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*"What are you looking forward to with Christmas coming?"*



# Your journey



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## Diagnosis

- Looking at data
- Reviewing complaints/serious incidents
- Talking to staff and patients

- Process mapping
- RCAs
- 'Deep dives'

## Planning

- Write your aim statement
- Stakeholder mapping
- Measurement
- User journeys
- Driver Diagrams

## Iterative testing

- PDSAs!

## Refine and scale up

- Spread and adopt

Communication and involvement

Measurement



## Planning:

- **Aim Statement**
- **Stakeholder Mapping**
- **Measurement method**

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# Setting an aim for your project – your Aim Statement

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What

Where

How Good

By When

Improve the number of babies admitted below 32 weeks gestation achieving optimal normothermic range (between 36.5-37.5 degrees Celsius)

At Croydon NHS Trust

By X%

By July 2023



# Stakeholder mapping

- Understand techniques around stakeholder identification, analysis and management
- Learn why effective stakeholder engagement and management is critical
- Think about the three I's – Involvement, influence, impact



# Different types of stakeholders - *In the chat please list a few stakeholders for your project*

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leadership

Project team

Clinical expertise –  
which types?

Women & birthing  
people, partners,  
Patient safety  
partners

Collaborators

IT or technical  
expertise

Primary care

Third sector

Quality and  
Governance teams

Local  
authority/public  
health

support staff on  
the ground

Board, ICB, NHSE  
– External  
partners



# Involving people

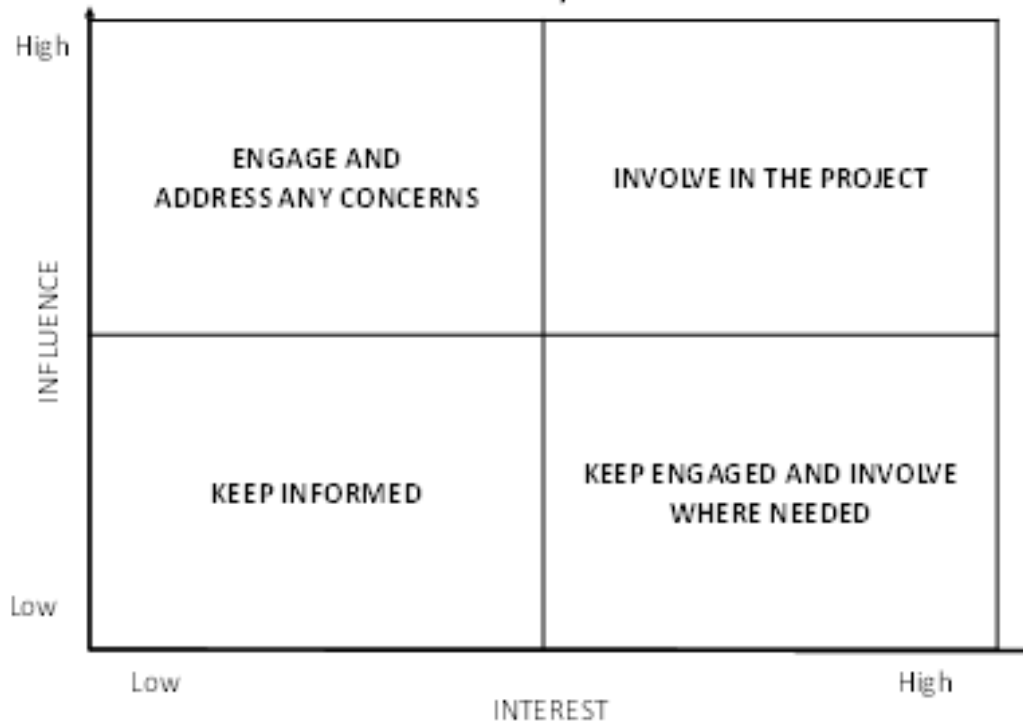
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# Stakeholder mapping

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## Stakeholder analysis



# Lots of examples and templates

The screenshot shows an Excel spreadsheet with the following data:

Project Aspect	Focus	Organisation	Do we have a contact?	Have we made contact with them re. project?	Invited to PSN?	Accepted invite to PSN?	Stakeholder name	Lead stakeholder email	Level of Knowledge	Level of Support	Level of Impact	Level of Influence	Monitor	Keep Satisfied
ALL	Academia	Goldsmith University	Yes	No	No	No								
ALL	Academia	Greenwich University	Yes	No	No	No								
ALL	Academia	King's College London	Yes	No	No	No								
ALL	Academia	Kingston University	Yes	No	No	No								
ALL	Academia	Roehampton University	Yes	No	No	No								
ALL	Academia	South London ARC	Yes	No	No	No								
ALL	Academia	Southbank University	Yes	No	No	No								
ALL	Academia	St George's University	Yes	No	No	No								
ALL	Academia	St Mary's University Twickenham	Yes	No	No	No								
ALL	CCG	CCG - Bexley	Yes	No	No	No								
ALL	CCG	CCG - Bromley	Yes	No	No	No								
ALL	CCG	CCG - Croydon	Yes	No	No	No								

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# Stakeholder Mapping

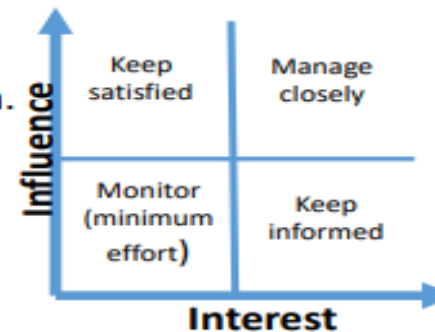
## The Three i's

Identify who the key stakeholders are for your chosen population:

1. Who is *influential*?
2. Who will be *impacted* by the work?
3. Who is/will be *involved* in the work?

## Stakeholder Grid

Plot your stakeholders on the graph. This tool will help you identify the suitable approach



## Stakeholder Involvement Plan

The table below is an example of how you can log who your stakeholders are, their level of involvement and how you plan to communicate with them.

The tool will help you review your stakeholders and identify those who may not be involved but are highly influential.

## Empathy Map

Brainstorm the perspectives of your stakeholders, what could be affecting their thoughts. Map each stakeholder individually.

Worries? Aspirations? Colleagues/peers thoughts? Perspectives of those senior/junior to them? Public attitude? Environment?  
 Who influences them? Fears? Frustrations? Obstacles?  
 Behaviour? Wants/needs? Success to them? What matters?  
 What do they see, do, hear, think and feel?

Stakeholder	Type	Level of impact	Level of influence	Current commitment	Engagement Plan	Communication plan
Name	Influenced Impacted Involved	High Medium Low	High Medium Low	High Medium Low	e.g. invite to next project team meeting, invite to next project board	e.g. include in group mailing list to ensure always informed.



# Key take aways

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1

Stakeholder mapping is a critical part of your project planning – miss it at your peril but don't worry too much about which template or process you use

2

Analysis without action is not helpful. Consider how to work with your stakeholders to engage their support and review regularly

3

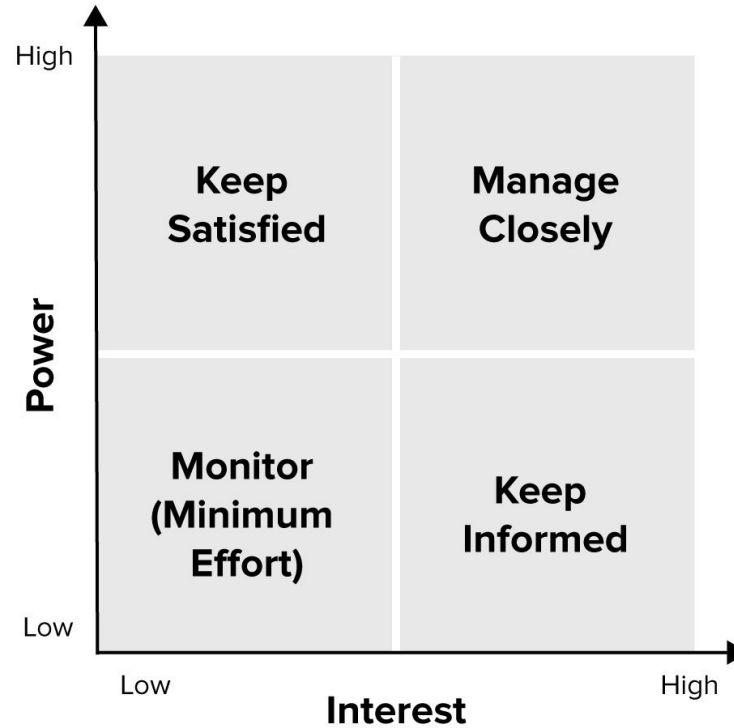
Always consider how you can actively involve people in your work

# Breakout Rooms

Over to you... Time to think about your stakeholders in your projects. Test out the stakeholder grid on Google Jamboard in your breakout room:

<https://jamboard.google.com/d/1U47d7pRZUeu8WTXmGuzsIRW2eAkfKymUc7blla0c440/edit?usp=sharing>

- 1 = Guys and St Thomas
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- 8 = Other



**Joining Breakout Rooms...**

Breakout Room 1

It may take a few moments.

# Measurement for Improvement

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1. Why measure?
2. What to measure?
3. How to measure it?
4. The seven steps to measurement



# Measurement for Improvement

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# Outcome, Process and Balancing Measures

## Outcome Measures

Is the intervention getting the right outcome?



Are we making things better?

Are we on track to achieve our aim?

Is the additional raising awareness and education on delayed cord clamping helping to improve the number of babies who's umbilical cord is cut after 1min resulting in better outcomes of preterm babies?

## Process Measures

Is the system working as planned?



Are we doing the right things at the right time, every time?

Are we reviewing the right documentation (review of Badgernet/Care plans)? Have they been acted on?

Do we have enough babies and staff involved to make this a valid study?

## Balancing Measures

What about the bigger picture?

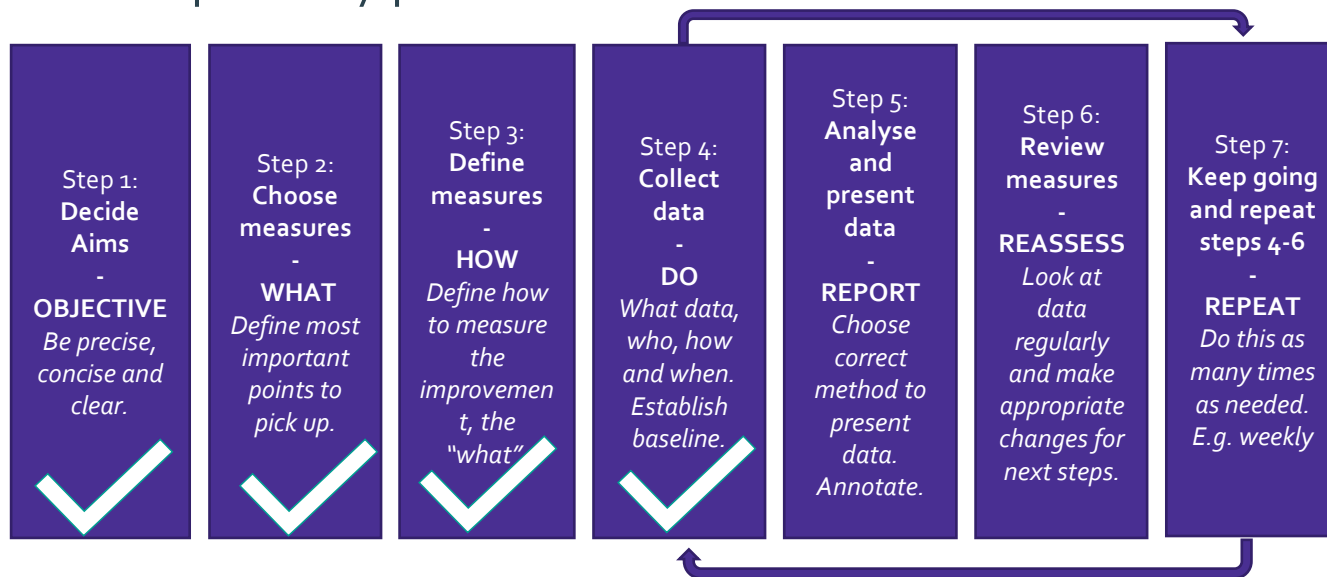


Are we looking at the system from different dimensions?

Does improving one thing cause problems elsewhere? e.g. the number of babies admitted with a temperature outside the normothermic range

# Steps to measure improvement

## Preparatory phase



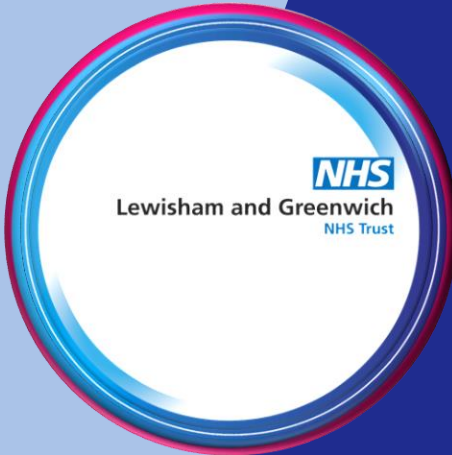
Collect, analyse, review cycle

# OPTIMAL CORD CLAMPING

Queen Elizabeth Hospital,  
Woolwich

Moustafa Eldalal  
Paediatric Clinical Fellow

8<sup>th</sup> Dec. 2022

The logo for NHS Lewisham and Greenwich NHS Trust, featuring the NHS logo and the text 'Lewisham and Greenwich NHS Trust' inside a circular frame with a blue and red border.

**NHS**  
Lewisham and Greenwich  
NHS Trust



# OBJECTIVES

Start of QI project

Overview on the retrospective data

Outcomes & recommendation

Progress

Next step



# **BEFORE THE START**

## **USEFUL RESOURCES**

- ❖ **Course (Neonatal stabilization with intact cord)**  
<https://learning.bloodtobaby.com/p/neonatal-stabilisation-with-an-intact-cord>
- ❖ **BAPM Optimal Cord Clamping Toolkit**
- ❖ **Data collection Jan. – Sep. 2022**

# AIM

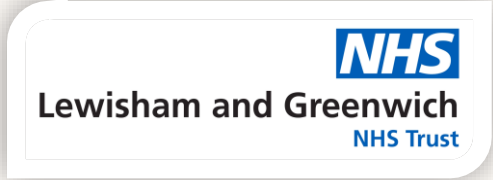
- ❖ Identify our unit's current progress.
- ❖ Determine causes of Immediate cord clamping.
- ❖ Identify areas for improvement.
- ❖ Use these information to determine a reasonable aim and recommendations for improvement.

# POPULATION

Babies who are

- ❖ Born at <34 weeks (62 babies)
- ❖ Born in QEH (50 babies)

# DEMOGRAPHICS

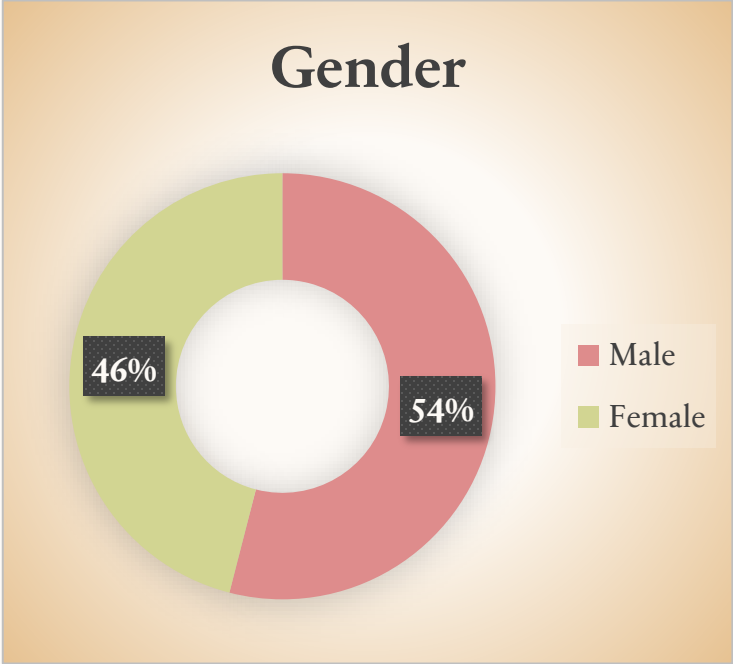


## Gestation

- 22 weeks to 33 weeks
- Median 31 weeks
- 7 babies (14%) at or < 28 weeks

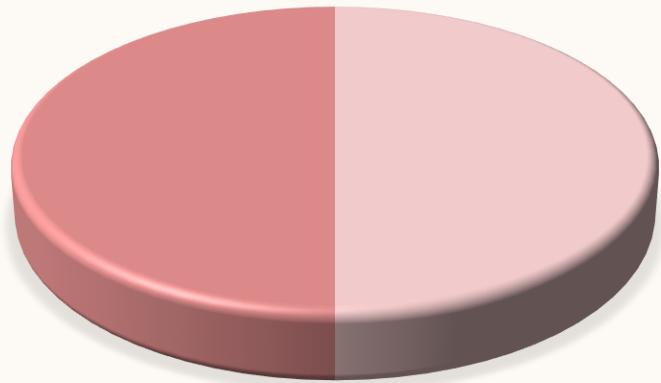
## Weight

- Median weight is 1483 grams
- 27 babies (54%) were < 1500 g



# OUTCOMES

## PROGRESS FROM JAN - SEP 2022



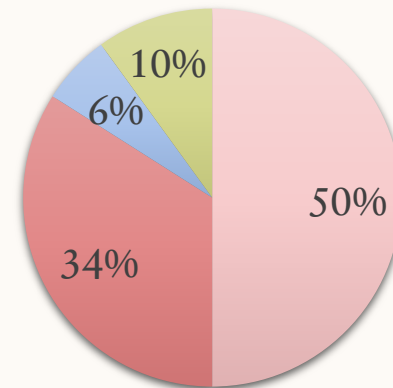
**ICC**

*Immediate cord clamping*

**DCC**

*Delayed cord clamping*

## Causes of Immediate Cord Clamping



■ DCC

■ Poor condition

■ Hemorrhage

■ Good condition

# POSITIVE FINDING

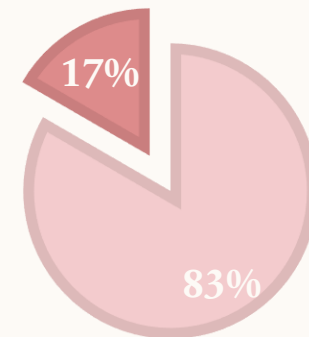
## ❖ Clear documentation in Badger and Resuscitation Summaries

- 1- Whether DCC was done or not.
- 2- Cause of immediate cord clamping.

## ❖ Good baseline to start with.

## COMPARISON BETWEEN ELIGIBLE BABIES

- DCC in Eligible babies
- Immediate CC in Eligible babies





## AREAS FOR IMPROVEMENT

- ❖ Aim for all babies who are eligible to have DCC.
- ❖ Explore more about those who were born in poor condition.
- ❖ Ensure **thermal regulation** is maintained.

# OPTIMAL CORD MANAGEMENT

## What is Optimal Cord Management (OCM)?

It is waiting for at least 60 seconds before clamping the cord, which connects the baby to the placenta. This is beneficial as it allows time for extra blood & oxygen to be transferred to the baby.

## What are the benefits of OCM?

The European Resuscitation Council mention

- Better blood pressure stability and red blood cell count (and hence oxygen pressure).
- Lower requirement for any blood transfusion.
- Improve survival.

These benefits are related to that extra blood which makes the blood pressure more stable as the immediate cord clamping can cause drop in the blood pressure.

## Are there any risks associated with OCM?

OCM has been widely studied and it is safe and recommended by many organisations such as the European Resuscitation Council (ERC) and NICE guideline.

## When OCM is not recommended?

OCM is safe & effective intervention in almost all situations such as:

- Twins who are sharing the same placenta from one baby to the other during birth.
- Any sort of tear to the cord or to the placenta. Cord clamping will be needed to stop the bleeding.



# Delayed Cord Clamping



Allow smooth transition to extra-uterine life by allowing time for extra blood to be transferred to baby while waiting for their lungs to be fully expanded.

### Idea



1- Reduce mortality by third  
2- Improve cardiovascular stability (inotropes less used)  
3- Improve haematological indices  
4- Lower need for blood transfusion.

### Benefits



> Twin-to-twin transfusion  
> Compromised cord integrity e.g. snapped cord  
> Haemorrhage

### Potential Contra-indications



**If the placenta delivered with baby**  
Hold the placenta above baby with gentle pressure (with cord milking if > 28 weeks)

### Special situation



## Aim

To wait for **at least 60 seconds** before clamping the cord for all preterm babies < 34 weeks

### Evidence

**NICE (2014)**  
"Do not clamp the cord earlier than 1 minute from the birth unless there is concern about the integrity of the cord or the baby has a heart rate below 60 beats/min that is not getting faster"

### Be mindful

Thermal regulation by using (sterile) plastic bag  
Stabilisation during DCC: > 90% of preterms will start breathing with/without stimulation. Optimising head position, opening airway and gentle stimulation is usually enough. Less than 5% will need inflation breath.

### What if ...

Oxytocic needed for 3rd stage labour.  
Oxytocin can be given and will not affect the placental blood transfusion.

### What if ...

The cord is immediately clamped.  
The venous return to the heart, which the placental provides, will be reduced by 30-50% → reduced cardiac output and risk of reduction in the HR.



Illustration from NLS (Newborn Life Support) 5th Edition.

...re to assess both you and your baby to ...ly done.

...ial for preterm babies to help to

...r will be closely observed to check ...ked as well. The initial support can be ...needs additional support, decision

...w minutes for the placenta to be ...is already separated.



High quality of care for every patient every day

References: BAPM optimal cord management toolkit, NLS 5th addition & NICE guidelines.

## Causes of Immediate Cord

- ✓ Increase awareness  
Teaching session for  
both Doctors and Nurses
- ✓ Clear conversation with  
Obstetricians



■ DCC

■ Hemorrhage

■ Good condition

# TIMELINE

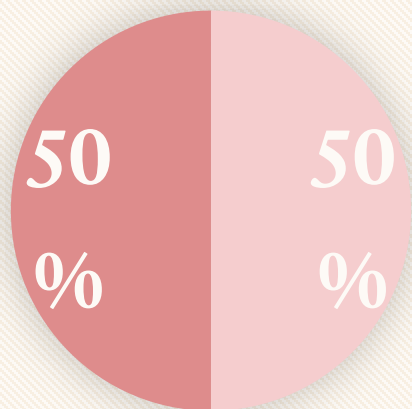
DEC 2022

- Teaching sessions & increase awareness **on 04/10/2022**
- Review Proforma to Identify areas for improvement
- **Check Progress**

MARCH 2023

Re-check the progress

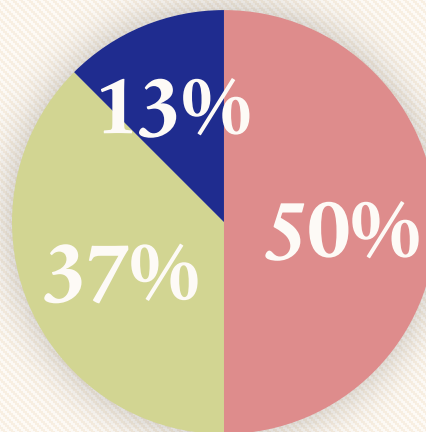
# October 2022 DCC Progress



■ DCC ■ ICC

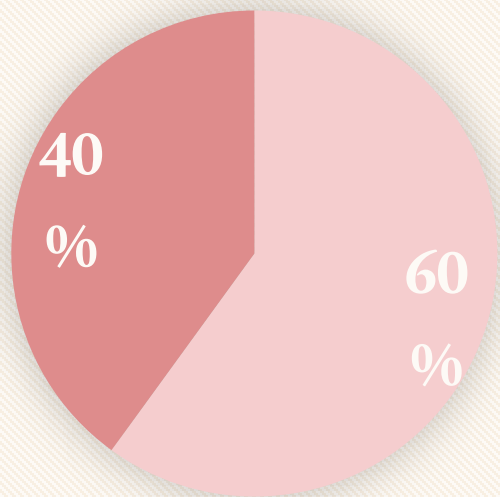
**8 babies in  
October 2022**

# October 2022 results



■ DCC  
■ poor condition  
■ hemorrhage

# Nov. 2022 DCC Progress

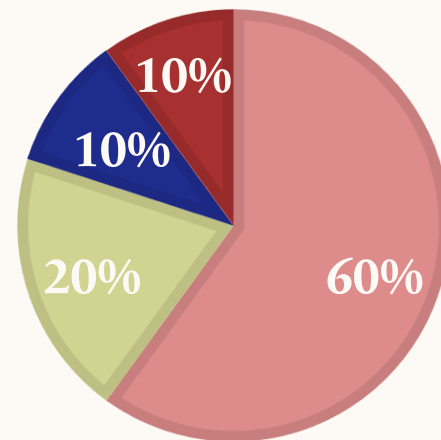


■ DCC ■ ICC

**10 babies in  
November**

# NOV. 2022 CAUSES OF ICC

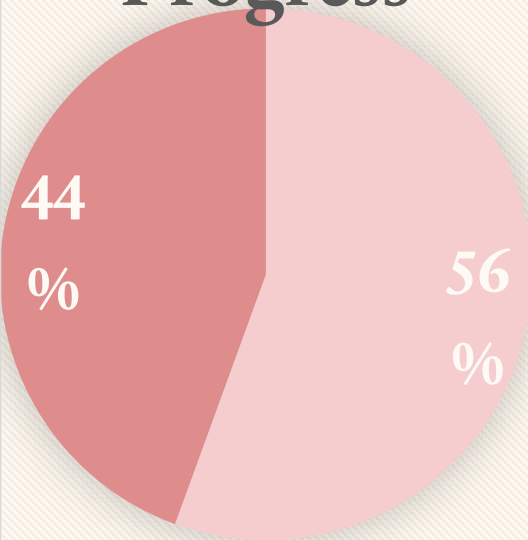
- DCC
- Poor condition
- Hemorrhage
- Twin two needs immediate birth





Oct. & Nov.  
2022

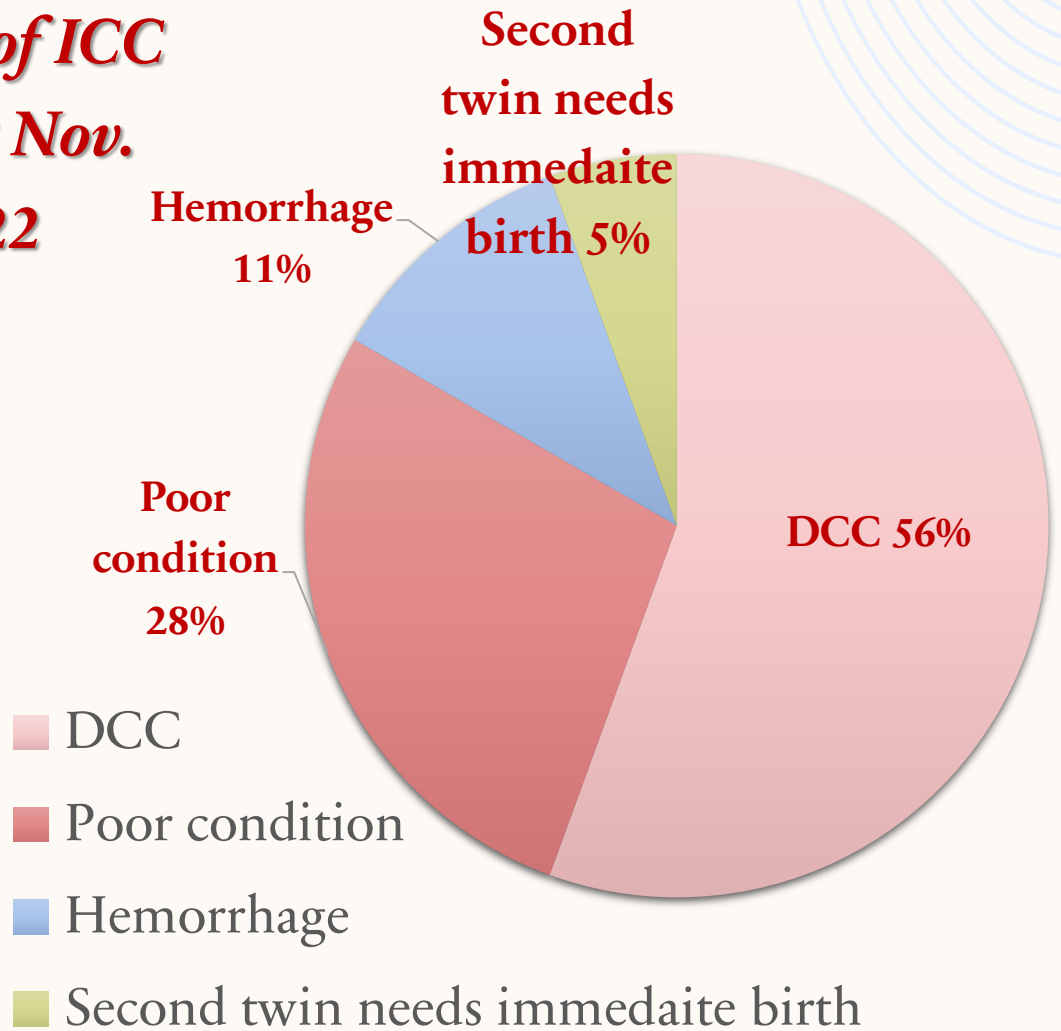
Progress



DCC

18 babies in  
October &  
November 2022

*Causes of ICC*  
Oct. & Nov.  
2022



# POSITIVE FINDING

- ❖ All babies born in good condition received DCC.  
[ In previous data, 10% ]
- ❖ Still good documentation either in Badger or Proforma sheet.

# AREAS OF IMPROVEMENT

- ❖ Continue teaching sessions for new team members.
- ❖ Babies born in poor condition.  
[28% recently compared with 34% previously]

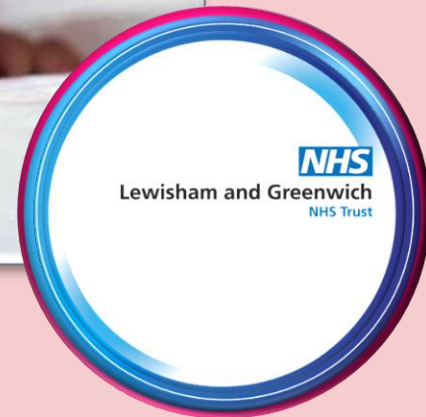
✓ Clinical assessment  
Proper stimulation and assessment  
before cord clamping  
✓ LifeStart trolley



- ❖ Video of LifeStart  
[https://www.youtube.com/watch?v=o\\_DaLHBR9zw](https://www.youtube.com/watch?v=o_DaLHBR9zw)

# THANK YOU

Moustafa Eldalal  
Paediatric Clinical Fellow



# Next steps

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- The next QI workshop is on 16<sup>th</sup> March 2023, 12.30-2pm
- Your task to complete by the next collaborative session is to:
  - **Implement your change idea and start to measure your data (including gathering baseline data)**
- If you have any questions please reach out to the MatNeoSIP lead – Gemma.dakin@nhs.net

# Close and Thank you



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