

Abstract Title:

Team-based Care for ELBW Infants Improves Feeding Practices and Reduces Blood Transfusions

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Introduction: Background: There is growing evidence supporting the delivery of complex care via multi-professional, interdisciplinary teams to improve safety and quality of care. Team-based care improves clinical performance and clinical outcomes. Objective: The care of extremely low birth weight (ELBW) infants presents complex and unique challenges. A cohesive, consistent, and well-communicated plan of care utilizing evidence-based practices is supported by team-based care.

Methods: Setting: Level IV NICU Children's Hospital, Small Baby Unit (SBU) Patients: ELBW (< 28 6/7 weeks, < 1000 grams birth-weight, < 1 month age at time of admission Intervention: SBU Core Team members were selected from current, experienced NICU team members based on interest and expertise. Interdisciplinary team members completed independent study, attended an eight hour didactic and skill workshop, and continue to participate in ongoing education, updates, and team-based training.

Results: Results: Standardized Feeding Guidelines have been utilized in the study NICU for ten years and the SBU Core Team has been active for five years. A trend over time and since initiation of the SBU demonstrates improvement in: days to feeding initiation, central line days, and growth restriction at discharge. A significant reduction in the number of laboratory specimens (blood gas, chemistry panel and complete blood count) was realized with the implementation of the SBU Core Team. This has naturally resulted in a decrease in blood transfusions (with inherent risks) and an increased percentage of patients receiving no transfusion. Limitations: Results are presented from a single center in a children's hospital with 50-60 annual ELBW admissions and may not be generalizable.

Conclusion: Conclusions: A team-based inter-professional model of care improves standardization of processes, reduces risk, and improves outcomes at discharge for ELBW infants.