ONL – Dale – Marie Parenteau

Testimonial Case Presentation for the utilization of NICU based acuity profiles

The Davis Neonatal Intensive Care Unit is situated in the Baystate Children's Hospital of Baystate Health. Its 55 licensed level 3 beds serve the community of Western Massachusetts. This covers the areas of Berkshire, Franklin, Hampden and Hampshire counties including 2779 miles and a population of > 800,000 people. There are 7 birthing centers within the region yielding over 900 admissions to our NICU annually.

Our Mission of the Baystate CH is to put patients first in delivering quality care throughout the region. The NICU reviews staffing and assignments every 4 hours, utilizing an acuity tool to assure teams are ready to attend our own high risk deliveries as well as assignments which include participation of specially trained transport nurses who are part of the team that goes out to the regions' birthing centers when infants are in need of transport.

An example of this decision tree: September 18th. Baystate Medical Center NICU (BMC) received a phone consultation from Berkshire Medical Center to transfer a 7month pregnant infant due to be born eminently secondary to bleeding. (placenta separating from the uterus causing hemorrhage). This situation presents too high of a risk to transfer mother.

Baby was delivered shortly after and received Neonatal resuscitation including intubation and fluids. Although the 6 community hospitals in Western Massachusetts are equipped to resuscitate and intubate extremely premature babies, the skill level of the Level 3 center is necessary to provide ongoing care.

The BMC transport team was deployed to bring this baby to our NICU. The staffing model of our NICU is to assess that NICU level babies are 1 RN:2 patients or1RN:3patients for intermediate level babies. There is an out of the count triage nurse who covers the assignment for the transport nurse when she/he leaves the unit. This triage nurse also makes out the assignment based on an acuity system and discusses bed availability with the attending physician and the obstetrical service. We always have to have beds available for any in house delivery that needs NICU.

The discussion on September 18th included that we had limited open bed space for an extremely premature baby. The triage nurse would be pulled tight as the assignments were already full. Also included in this discussion was that we were already going to be moving this baby an hour + away from his parents to the nearest level 3 nursery. We included U-Mass Memorial hospital in our conversation because they had more bed availability. The resulting travel time for parents would be over 2 hrs each way.

This baby was born to a married, professional couple with one other child. This mother as is recommended by all mothers is providing breast milk to her baby. Someone needs to deliver this milk daily, providing nourishment as well as physical skin to skin contact. NICU care is not exclusive to caring for 1 patient in the bed. The dynamics of the entire family must come in to play. Many of our families rely on public transportation and cannot be available if the bus lines don't run near their homes. The mission of our Children's Hospital is to provide the care in the community. This baby, as well as most of

our transports stay in our nursery until ready for discharge. There are not services available in the community hospitals to care for infants who need 24 hour monitoring or higher levels of care.