

Improving The Ability Of Home Care For Caregivers Of Very Low Birth Weight Premature Infants

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Introduction

Since 2015, the neonatal team of E-DA Hospital. has embarked on a plan to improve the continuous medical care service and quality of newborns in the mountains areas, and its results have been good and sustainable. Statistics show that in 2020, a total of 18 very low birth weight premature infants were discharged from the hospital to assess the home care ability of the primary caregiver, which seriously affected the healthy growth of premature infants. It is hoped that through the brainstorming and use of various tools and techniques of the Quality Control Circle team, the target value will be set at 85%, so as to improve the home care of caregivers of very low weight premature infants, and then optimize the quality of home care, and continue the medical care service concept of the neonatal team of E-DA Hospital.

Methods

Through Fishbone Diagram, problem analysis according to the four conditions of people, things, processes and environment in the hospital. Through brain stimulation, the characteristics and factors inside and outside the hospital were discussed, 11 factors were circled for true cause verification, and four major countermeasures were categorized, which were to improve nursing staff, patients, caregivers, environment and processes.

Nursing staff : 1. plan on-the-job education for new personnel. 2 .Reward nursing staff mechanism.

Patients :
Discharge health education electronic and new special needs programs for premature infants. Very low birth weight preterm infants discharge education schedule to review the effectiveness of caregiver response. The neonatal care team discusses and formulates a discharge plan.

Family :
Build AI intelligence, the Baby Action Library " Preterm Children", develop an electronic learning and education manual, invite family members to participate together, and design a collection card game, and those who complete it will be rewarded.

Environment and procedures :
Develop a flow chart for home visits and telephone visits for premature infants. Create a preterm children home environment sanitation classroom.



Results

First, tangible results
(1)Target compliance rate $(100-16)/(78-16) \times 100\% = 135\%$
(2) Rate of progress $(100-16)/16 \times 100\% = 530\%$
Second, additional benefits
(3) Inpatient satisfaction increased to 4.9 points.
(4) Horizontal unfolding.

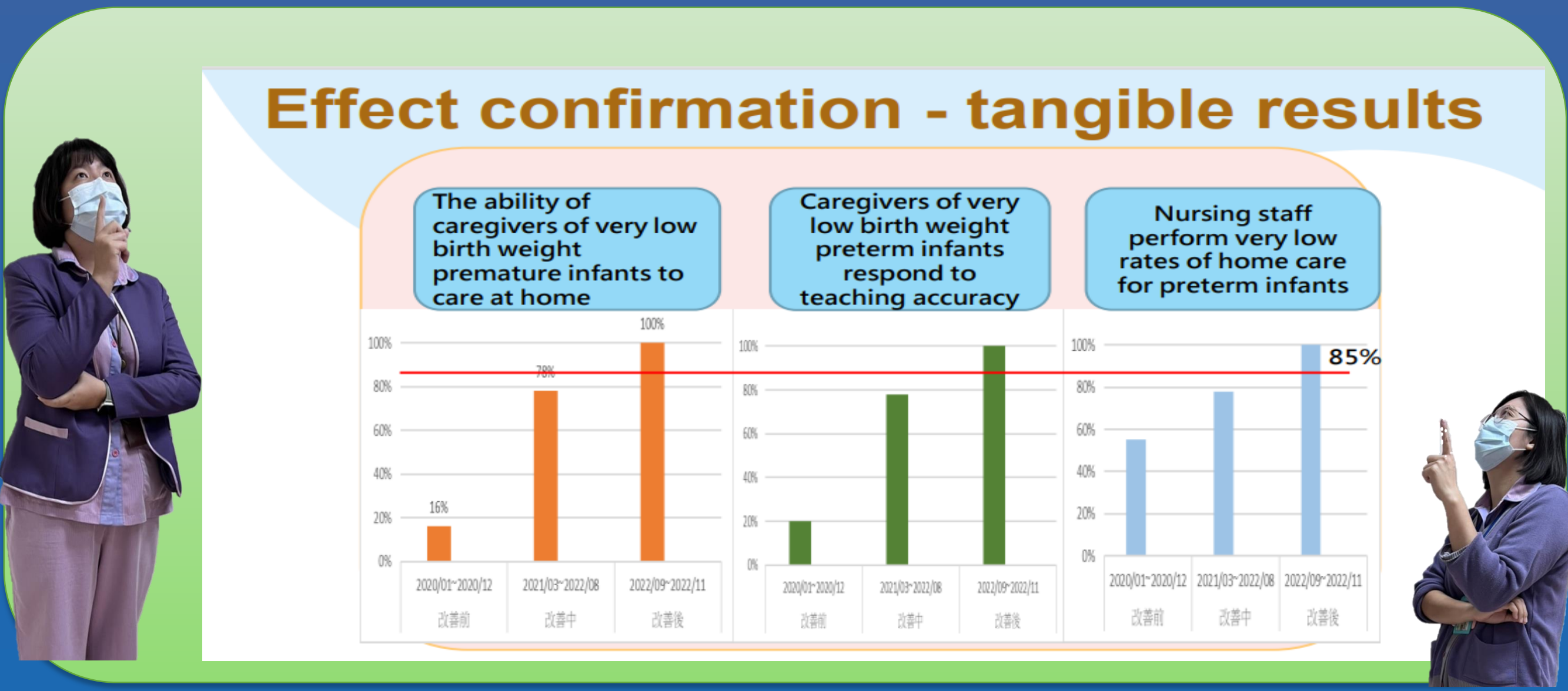
Pediatric intensive care unit and nursery ward nurses participate in a flipped in-service education session. Continuous follow-up in the outpatient clinic found that the family members of very low birth weight premature infants gave good feedback.

Conclusion

The data shows that in 2020, there were a total of 18 cases of very low weight premature infants, and the home care ability of the main caregivers was obviously insufficient, and members of the quality control circle began to use various quality control tools to analyze the problem, categorize the four major implementation countermeasures, and actually apply them to clinical units and nurses, and their satisfaction feedback was good, and the process was standardized. According to statistics, the home care capacity of caregivers of very low birth weight premature infants increased to 88% in October, and it was launched in parallel, and nurses from the pediatric intensive care unit and baby room were invited to participate in one of the new in-service education courses.

References

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