

Neonatal Transport

*The Newsletter of the Maryland Regional Neonatal Transport Program
December 2010*

NRP Changes

The NRP Update is due out in spring 2010. Webinars were held in October and November. They did not address the clinical changes but rather the class format and use of online examinations. The entire focus is changing to simulation based education. Simulation based education has been used in other industries since the 1950s. Simulation education does not replace skills stations and basic skill acquisition. Participants must have skills in order to participate in simulation education. Simulation education is scenario based and guided by specific learning objectives. Simulation incorporates cognitive abilities and technical skills with behavioral skills and critical thinking, teamwork and communication. Simulation education is also helpful in preparing for difficult interpersonal situations, for example: unexpected outcomes or any highly emotionally charged situations.

Have you ever rehearsed an anticipated conversation in your head? I will say this and then if she says that, I will say... or do you even think, I wish I had said? Simulation education gives you an opportunity to practice difficult situations and be more prepared for them. The Joint Commission has reported that up to one third of adverse outcomes are due to lapses in communication.

Using simulation education is more consistent with Adult Learning Theories that suggest adults learn best from active learning settings. The new format places the responsibility for the learning on the student not the instructor. For example, the online examination that must be completed before the student and the instructor interact.

Simulation allows the student to learn from their mistakes and practice problem solving skills in a realistic setting. As stated previously, simulation education does not replace skills stations and basic skill acquisition. The simulation will not be productive and can be counterproductive unless participants have skills and an initial comfort level. With proper preparation, simulation incorporates cognitive abilities and technical skills with behavior skills and critical thinking and teamwork.

- Cognitive skills
 - What we know: drug dosing
- Technical skills
 - What we do with our hands: intubation
- Behavioral skills
 - How we use our cognitive and technical skills in working with patients and colleagues: communication.

Participants will be evaluated on the following:

- Know your environment
- Anticipate and plan
- Assume the leadership role
- Communicate effectively
- Distribute work load optimally
- Allocate attention wisely
- Utilize all available information
- Utilize all available resources
- Call for help early enough
- Maintain professional behavior

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Many changes are in store for Neonatal Resuscitation Program Instructors too. The eligibility requirements include ongoing delivery room experience and clinical responsibility. The NRP Instructor DVD will be a required purchase for each NRP Instructor. There is a post test included on the DVD that must be completed by January 2012. The instructors are required to pass the online exam no later than January 2013 and continue to take the exam every two years. The instructor to learner ratio will be 1:3-4. The one person quick renewal is discouraged and difficult to complete with the simulation requirement. Each class must include performance skills station (based on the skill set of participants), integrated skills stations with simulation and debriefing (required).

The NRP Instructor DVD will include information on how to plan and provide NRP instruction with both low tech and high fidelity situations. There are tips on how to transition from "teaching to facilitating learning by asking content and reflective questions instead of giving feedback. Instructions on how to develop scenarios and how to provide accurate physiological clues are on the DVD. Examples of the use of simulation and debriefing are provided. NRP instructors are encouraged to begin to utilize these strategies NOW before the new scientific guidelines are changed.

References

1. American Academy of Pediatrics (2010), NRP Instructor Webinar.
2. American Academy of Pediatrics (2009), NRP Instructor Update. Vol18, #1, Spring/Summer
3. American Academy of Pediatrics (2009), NRP Instructor Update. Vol17, #2, Fall/Winter
4. Halamek, L. P. (2007). Journal of Pediatrics. 15(4)329-30.

MRNTP Practice Initiative

The Maryland Regional Neonatal Transport Program (MRNTP) has continued to pursue a practice initiative to strengthen the collaboration between referral hospital staff and the transport team with the ultimate goal of optimizing patient stabilization. As you may know, the S.T.A.B.L.E. program developed by Dr. Kris Karlsen and endorsed by the March of Dimes provides an evidenced based curriculum to bridge the gap between the post-resuscitation and pre-transport phase of care. A portion of that curriculum is the Pre-Transport Stabilization Self-Assessment tool (PSSAT). The tool had not been previously utilized but has the capability to serve as a quality improvement measure for the pre-transport stabilization process. The tool is available in the S.T.A.B.L.E. Learner's Manual and can also be accessed on line at:

http://www.stableprogram.org/docs/pssat_for_m.pdf

One measure on the PSSAT is the tracking of glucose values, which is the first focus of the practice initiative given the importance of maintaining appropriate glucose homeostasis in the critically ill neonate. A retrospective audit of 134 neonatal transports completed in 2008 revealed deficits in the frequency of glucose monitoring in the pre-transport phase of care. Five hospitals have signed a letter of agreement and began participating in the pilot phase of the initiative in late August/early September after Institutional Review Board (IRB) approval was obtained.

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The five facilities are:

- Baltimore-Washington Medical Center,
- Carroll Hospital Center,
- Memorial Hospital of Easton,
- Maryland General Hospital and
- Upper Chesapeake Medical Center.

Prior to the pilot phase, educational sessions were held for the staff regarding utilization of the PSSAT. Basically, the PSSAT form, a checklist of sorts, prompts the care provider to check the blood glucose at three distinct points in time; the time of the initial call for transport, the time the transport team arrives at the facility and the time the transport team departs from the facility. This frequency is recommended by the S.T.A.B.L.E. curriculum and allows for the early recognition and treatment of hypoglycemia. Since neonatal hypoglycemia can be asymptomatic, blood glucose monitoring is the only effective manner in which to ascertain the glucose value.

To date, a total of 20 transports have been completed from these facilities utilizing the PSSAT tool. The pilot phase will continue until late January 2011 until at 30 transports have been completed from the pilot facilities. After the pilot phase has been accomplished and the data analyzed, the project will be reaching out to the entire referral hospital network. This project was recently highlighted in an American Academy of Pediatrics (AAP) news brief. If you have any questions about the initiative, please contact the project leader, Beth Diehl-Svrjcek, (bdiehls1@jhmi.edu) neonatal transport nurse

or MRNTP transport coordinator, Webra Price-Douglas (wpdougl@jhmi.edu). Stayed tune for more details!

If you or your facility are interested in future practice initiatives with Maryland Regional Neonatal Transport Program, please contact Webra Price-Douglas (wpdougl@jhmi.edu).

MRNTP Community Initiative

As 2010 comes to a close, the staff of the MRNTP would like to take this opportunity to thank the medical and nursing staffs all of the referring hospitals for their continued efforts to optimize neonatal care within the State of Maryland. We wish all of you and your families a very safe, prosperous and Happy New Year.

To help celebrate the season, the JHH nurses of the MRNTP team have "adopted a family" that was identified by the social work department that is in need of assistance. They will be donating clothing and gifts to a mother and her five children, ages 2 to 9, that are seen in the Harriet Lane Clinic at Johns Hopkins Hospital and will be providing the family with a holiday dinner. This will be in lieu of exchanging gifts with one another.



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MRNTP Outreach Education

NRP Instructor Course

January 21, 2011- COMPACT Center

NRP

12.22.10-COMPACT Ctr- Maryland Express
Care

STABLE

2.10.11 - Memorial Hospital of Easton

2.25.10- City Hospital of Martinsburg, WVA

3.23.11-Chester River Hospital

STABLE CARDIAC

3.17.10- Mount Washington Conference Ctr

Not too Hot or Cold

Transport Chart Review

For more info contact Webra Price-Douglas
wpdougl@jhmi.edu



MRNTP Welcomes Adam Cole

Adam was born in Millington, TN and moved to Maryland's eastern shore when he was 10 years old. He graduated from Queen Anne's County High School in 2004. Completed his EMT in 2003 and was the youngest in his class. He was married in June of 2010, which he defines as the most exciting part of the past year. He has been a Volunteer Fireman since 2004 at Bladensburg Fire Department, PG County, where he remains active. He plays rugby during the fall season for the Severn River Rugby Club. He plays in the position of "Tight Head Prop". He enjoys fishing, hunting and spending time with family. He was attracted to the MRNTP because of the non-traditional EMT practice with specialized population- critically ill neonates. He finds it challenging and rewarding. His long term goal is to receive a Bachelors Degree in Emergency Management and is currently enrolled for spring semester at Anne Arundel Community College.

Revised Guidelines for the Prevention of (GBS) Disease

Revised Guidelines for the Prevention of Perinatal Group B Streptococcal (GBS) Disease were published in the Morbidity and Mortality Weekly Report (MMWR) on November 19, 2010. These 2010 guidelines were developed using an evidence-based approach in collaboration with several professional associations. They received formal endorsements from:

- American Academy of Family Physicians ([AAFP](#))
- American Academy of Pediatrics ([AAP](#))
- American College of Nurse-Midwives ([ACNM](#))
- American College of Obstetricians and Gynecologists ([ACOG](#))
- American Society for Microbiology ([ASM](#))

The guidelines are available at :

<http://www.cdc.gov/mmwr/pdf/rr/rr5910.pdf>