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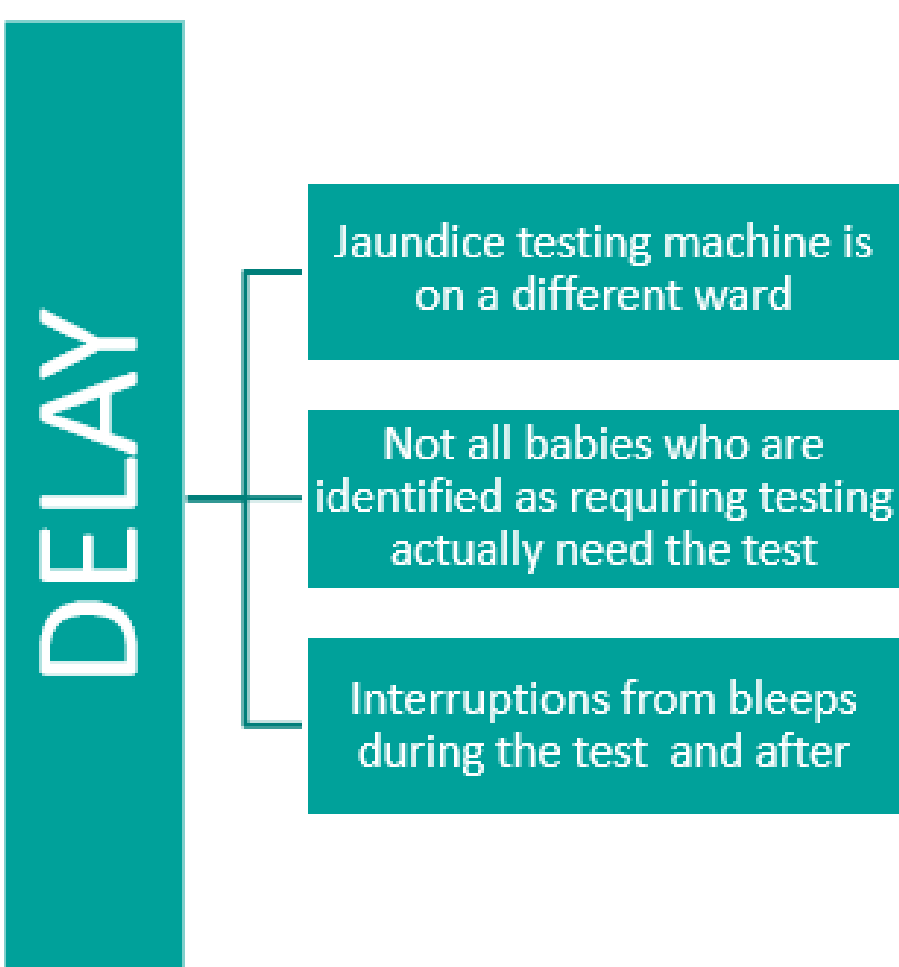
1. Why are there delays?

Wrong babies identified as requiring testing.
Long journey to run the test.
Doctors have to take the sample and run it on a different ward.
They get numerous interruptions during that journey.

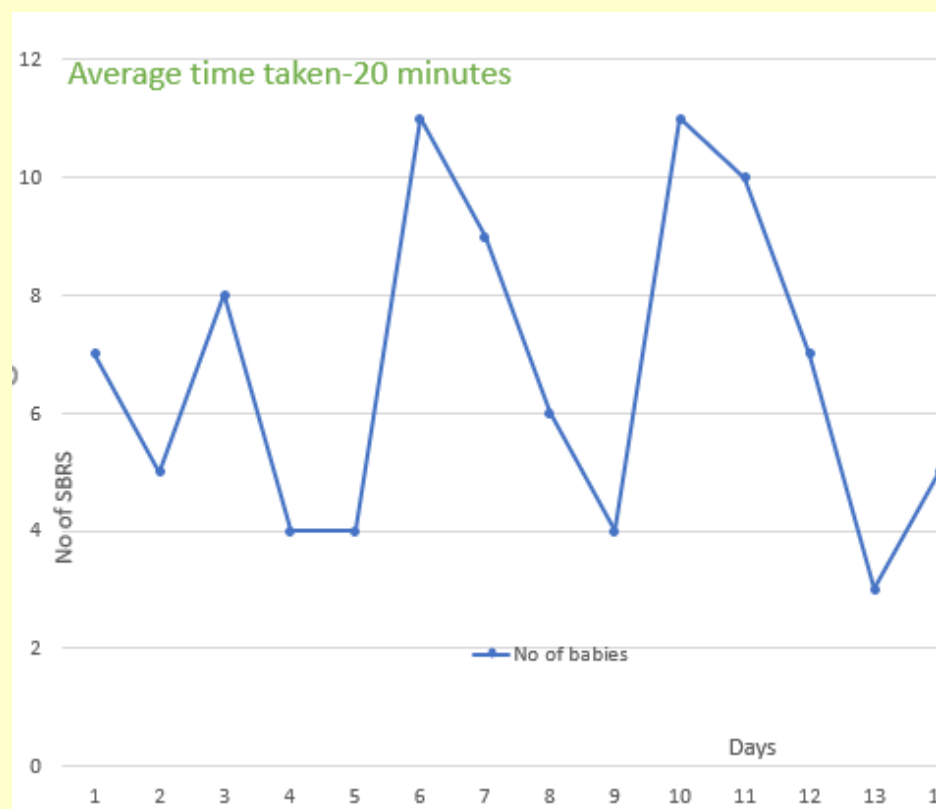
2. What is the evidence supporting jaundice testing?

NICE has guidelines on the frequency of testing and which babies require to be tested.
Failure of treatment of jaundice can cause kernicterus with neurodevelopmental problems for babies.
These cases are also of high interest litigation.

3. Understanding the problem



4. Baseline data-no of tests done and average time



5. Aim

- Reduce the time taken to run a jaundice test.
- Correctly identifying babies requiring jaundice testing thereby have less numbers.
- Ideal time for jaundice testing when tested without interruptions was 7 minutes.

LESS TIME FOR THE TEST, LESS BABIES TO TEST, MORE TIME TO OPTIMISE DISCHARGES

6. Change ideas

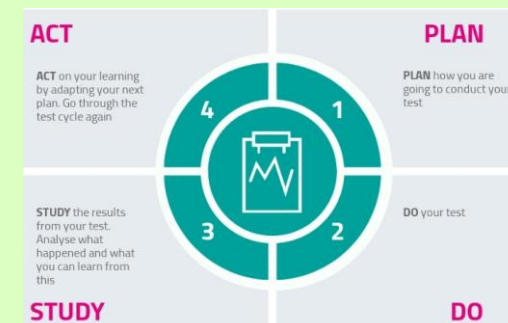
- Teaching and experience will improve the outcomes of both the time taken to run a test and identifying the correct babies for jaundice testing.
- This can reinforce the need for better teaching at induction programmes for junior doctors.
- This will also form the basic platform for putting forward a plan procure a jaundice testing machine on the postnatal ward.

7. PDSA cycles

Cycle-1
Revisiting
jaundice
guidelines

Cycle-2
Teaching and
experience

Cycle-3
Implementing a
jaundice testing
machine on the
postnatal ward
To be done in the
future.



8. Reflections & learning

- There were challenges in obtaining values because of shift work.
- Ideally, for every SBR, the time taken from testing to plotting the result would be a good measure.
- This was practically impossible and out of scope in a busy work environment so only a few values were available.
- A few times were taken over a number of days and an average timing taken.
- There was one adverse event recorded during this time.

9. Conclusion

- No improvement in jaundice testing times or no of tests, highlighting that these are beyond the scope of experience and training.
- Possibly cycle 3 after the implementation of a new machine may help.
- Other cycles that can be tested includes midwifery training to help out with minimising discharge delays.

