

# **A New Beginning at Newport Hospital Noreen Stoner Drexel Birthing Center**

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## **Introduction**

Newport Hospital's Birthing Center is a Magnet / Baby Friendly designated facility which represents two percent of the country's hospitals. The 10 bed birthing center was established in 1995. The initial software (1997) utilized for fetal monitoring, birth /postpartum documentation was Hill Rom Watch Child. In 2008, the Noreen Drexel Foundation granted \$275,000 for the purchase of new software and hardware.

Goals:

1. Implement Maternal and Newborn Documentation System to support nursing and physician documentation.
2. Support evidence based care, SBAR communication and care planning

## **Methods**

### PEOPLE

Interdepartmental team of Nursing leadership, direct care Registered Nurses, Physicians, Network Services, IS Analysts, and Clinical Informatics regularly met to establish project plan. The team defined the project scope: Fetal monitoring (remote), Mother and Newborn assessments, ADT and Lab interface, Care Planning, Patient Education, Discharge Instructions, electronic records with HIS; Out of project scope: PHM interface, Medication Administration/ Reconciliation, Anesthesia/OR, MU.

### PROCESS

Request for proposals were sent to and received from GE Centricity, Hill Rom and Philips. Subsequent demonstrations eliminated GE Centricity due to these deficiencies: depth of clinical content, ease of use and staff support. Concurrent with vendor solicitations and presentations, current workflows were identified and documented. After the new software training the current workflows were adjusted to reflect key changes in process. A site visit was made to a similar size birthing center who utilized Philips. No site visits were available for Hill-Rom's Navicare however we are currently using Hill Rom WatchChild. Hardware and cabling became a major issue due to the age of the current equipment. Two different ergonomic wall units were installed and tested by the end users.

### TECHNOLOGY

Hill-Rom's Navicare and Philips were the key vendors chosen along with a potential remote monitoring vendor Airstrips. The key components in evaluating the software vendors were available documentation modules, evidence based updates, allergy, ADT and lab interface specifications, national coding, remote fetal monitoring support, archive function, security, service track record, meaningful use certification and hardware requirements. (A matrix with the vendor comparisons will be included in the poster presentation.)

## **Results**

Contract was signed with Hill Rom Navicare. Project timeline: Commenced on 2/27/2011 with go live on 2/28/2012. Remote fetal monitoring with Airstrips was pushed to potential Phase 2; Fetal monitoring is available to physician offices via VDI. Enovate ergonomic wall units were installed in all delivery areas.

## **Discussion**

EMR documentation was not new to the nursing staff or OBS MD's. It was totally new for the Pediatricians. Newborn documentation was a potential major challenge but we experienced a smooth transition for those involved. Success was the result of engaged clinical staff from project inception and consistent/persistent workflow discussions. All the current and future workflows were documented and thoroughly reviewed with Information Services, Clinical Informatics, direct care clinicians and Nursing leadership. We are one month post go live and minor customization continues. Our issues list is now down to issues which will be addressed in the next release. Hill Rom has proven to be a customer centric vendor.