Facts FAX
for the Women & Children’s Hospital Medical Staff

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FRIDAY, SEPTEMBER 22, 2017
8:00 a.m. Storm Eye Auditorium
Topic: “Want to get better results with your adolescent patients? Understanding the Teen Brain”
Speaker: Janice Key, MD
Professor of Pediatrics
Division Chief, Adolescent Medicine
Director, the Boeing Center for Children’s Wellness, MUSC

Pediatric Grand Rounds

Facts and Figures about Neonatal services at MUSC Children’s Hospital

- **Advanced Fetal Care Center (AFCC):** Often the introduction to our services, multidisciplinary consultation provides families with an opportunity to visit us before delivery and plan with us for subsequent care.

- **Neonatal Stabilization Unit:** The Neonatal Stabilization Unit, or “Stab,” is located in Labor and Delivery, directly adjacent to our obstetrical ORs, and across from LDRs. We completely stabilize ill neonates in this unit, prior to transfer to the NICU. Our approach is based on a Neonatal “Golden Hour” philosophy – accomplish the initial care of all infants prior to moving away from L&D. This can span minutes to hours.

- **Admissions:** We average ~1000 admissions a year including 200-250 Very Low Birth Weight (VLBW: <1.5 kg) patients annually. Of the VLBW patients, about 90-100 are Extremely Low Birth Weight (ELBW: <1kg).

- **Quality Improvement:** In a nearly 15-year joint effort with our state QI collaborative, the South Carolina Neonatal Consortium, we are addressing quality initiatives aimed at reducing complications of prematurity. These efforts have been quite effective:

  - **Outcomes:** ...worth a thousand words...
    1. **Our length of stay is below the 25th %ile nationally:**

      LOS is a marker for quality of neonatal care: Without the support of our community of pediatricians and other health care providers, the results illustrated in this graphic would not be possible.

    2. **We are at the 75th %ile in having babies survive to discharge without the common complications seen during NICU hospitalization compared with national benchmark**

- **Survival to discharge without major complications:** Survival without major complications takes into account mortality and major morbidities common in VLBW infants.

- **The Future:** The state of the art Shawn Jenkins Children’s Hospital and Pearl Tourville Women’s Pavilion will open in late 2019, with enhanced clinical space for obstetrical and neonatal care:
  - Three stabilization beds, two ECMO-ready rooms, an exam room
  - 82 neonatal beds emphasizing family centered care, comprised of 55 single patient rooms, 10 twin patient rooms and 7 couplet rooms: joint obstetrical and neonatal care rooms in which post-partum care to mom and NICU care to her child is provided by NICU and OB teams.