

How's It Evidenced?

(If it's not documented it didn't happen)

Hypoxic Ischaemic Encephalopathy (HIE): how a newly launched neonatal QI aims to maintain consistency in documentation and information sharing

Background : HIE remains a major cause of mortality and morbidity in the term population of Neonatal Intensive Care and is one of the most costly medical malpractice lawsuits. Approximately 13% of infants with neonatal encephalopathy develop cerebral palsy (CP) despite Therapeutic Hypothermia (TH). In the United Kingdom between 2012 and 2013, trusts spent £482 million on 'maternity negligence' which led to neonatal brain damage- a fifth of the total maternity health expenditure ⁽¹⁾.

Legitimate documentation of the resuscitation of infants with potential HIE, their clinical status and how it evolves and treatment decisions are of crucial importance. Moreover, information sharing with parents about the condition, the expectations and the prognosis should be transparent, consistent and trustworthy.

Method: We collated 2 years worth of HIE related data. We reviewed documentation, mainly focusing on the consistency of neurological examination from time of admission to end of TH, compliance with network guidelines and documentation on our national database (Badgernet).

Results: We extracted from Badgernet 39 babies with HIE diagnosis, from which 11 were excluded as they suffered from another neurological condition (not HIE). Of the remaining 28, we found there was consistency in documentation of neurological examination in 70% of cases but significant variation in the examination itself. The network proforma (based on Sarnat staging) was used in 30% of cases and almost 30% of babies did not have the appropriate admission bloods. However, neuroimaging was done within timeframe in 90% of cases and all babies had follow up as per local guidance.

Conclusion: We created a new 'HIE proforma' based on the network's guidelines, which was added to the ICU ward round sheet and a teaching session on HIE was given. Further teaching around the importance of documentation will be organised and a new parent information leaflet is under design.

References:

1. Martinello K, *et al.* *Arch Dis Child Fetal Neonatal Ed* 2017;**102**:F346–F358.
doi:10.1136/archdischild-2015-309639- Management and investigation of neonatal encephalopathy: 2017 update