



Maine Medical Center

MaineHealth

Newborn Lateral Transfer to CCN

A Toolkit for Newborn Attending Providers



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Introduction and F.A.Q.

The lateral transfer of newborns from the Mother Baby Care Unit (MBC) to alternate units after maternal discharge has been a culture change for all of us at MMC. We appreciate your continued cooperation and positive attitude during this time. We developed this toolkit to help answer your questions and provide a roadmap to make the process easier.

1. *Why are newborns being transferred to the Continuing Care Nursery (CCN)?*
 - High census at MMC resulted in boarded patients (waiting for long periods of time) in the Emergency Department and adult patients being placed in off-unit beds (satellite units). This resulted in the development of East Tower 1 and relocation of the prenatal center to the 4th floor with MBC, now known as the Mother Baby and Prenatal Center.
 - This change has resulted in fewer total beds available for the Mother Baby and Prenatal Center combined. As a result, NAS/ESC newborn (Neonatal Abstinence Syndrome/Eat, Sleep, Console) bed transfers have been standardized within the Coulombe Tower (East Tower). NAS/ESC newborns are on and remain on the Pediatric and Family Medicine service.

2. *Will other newborns be transferred to the CCN, or only NAS/ESC newborns?*
 - If the census allows, our goal is to keep newborns (non-NAS/ESC) on the Mother Baby Care Unit, especially if the length of additional stay is anticipated to be no more than 24 hours.
 - Occasionally, based on bed needs, newborns without NAS/ESC that need to stay longer than maternal discharge may be moved to the CCN. This will occur on a case-by-case basis and cannot be standardized like the NAS/ESC newborns. Common reasons for transfer of these newborns are phototherapy, hypoglycemia, feeding issues, etc.

3. *Why the CCN?*
 - Currently, the CCN has the most flexible space for newborns. Like MBC, the CCN provides single private rooms where parents can stay with their babies. Occasionally, newborns will be transferred to the Barbara Bush Children's Hospital Inpatient Unit, when needed.

4. *When will the newborns be transferred?*
 - At the time of maternal discharge (likely the morning of postpartum day 2, assuming a normal maternal hospital course), a capacity assessment will be made, and if necessary, transfer will occur.

Essential Steps in Transferring Your Newborn to CCN

The determination of newborn transfer is generally made during morning Baby Bed Board meetings, and occasionally at other times of day. Once the determination of transfer to CCN has been made:

1. The charge nurse/unit coordinator of the Mother Baby Care Unit will notify the newborn attending provider of the transfer. *(Note: If not already done at Baby Bed Board meeting.)*
2. Newborn attending providers should call the NICU attending provider at 662-0069 with a brief overview of their patient. *(Note: If not already done at Baby Bed Board meeting.)*
3. Newborn attending providers will need to enter orders for the newborn transfer.*
For detailed instructions on how to enter order sets, please see the Epic Tip Sheet on p. 4 of this toolkit. You can also access the Tip Sheet on the [MaineHealth Pediatric Guidelines](#) page under the [Newborn](#) folder. The Tip Sheet is also posted at the top of the order set in Epic, and a video how-to can be found there as well.
 - The newborn attending provider in the nursery will remain the attending in the CCN. CCN staff will help sort out any changes to orders that need to occur. If the baby needs a higher level of care (such as CR monitoring, respiratory distress, pharmacological treatment, prolonged feeding issues, etc.), please call the NICU attending at 662-0069.
 - Please don't hesitate to contact the NICU attending if you have any questions about order sets.
4. The CCN is on the third floor of the Coulombe Tower (East Tower). Enter through the main unit for patient care. Please note the CCN's infection prevention protocols for this fragile population differ from MBC:
 - Scrub at the sink when entering the unit.
 - Keep arms and hands bare below the elbows (avoid white coats) when entering the patient room, including rings and watches.
 - Use a minimum of two pumps on entering and exiting the room.
 - If you would like a tour of the unit at any time, please contact the NICU/CCN unit coordinator 662-0084 to find out more.

*If your baby is transferred to the BBCH Inpatient Unit, follow current admitting procedures.



Provider Transfer Workflow: NBN to CCN

The following transfer workflow has been developed in order to ensure seamless transfers of infants from the Newborn Nursery to the Continuing Care Nursery.

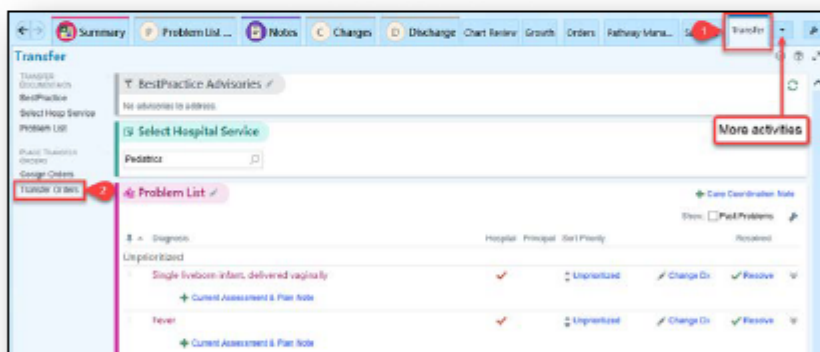
Overview of workflow:

- Go to **Transfer navigator > Transfer Orders**
- Fill out **Transfer order**
- Click **Discontinue Unselected**
- Go to **"3. Order Sets"**, enter **Newborn Transfer to CCN Order Set**
- **Sign orders**
- Go to **Orders > Signed & Held tab**
- Click **"Click Here to Release Signed and Held Orders"** hyperlink
- Scroll to the bottom, click **Select All Reconciled Transfer Orders**
- Click **Release**

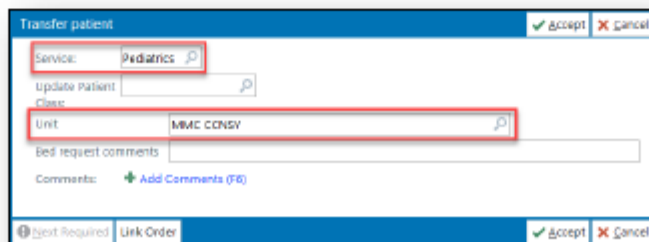
You MUST release the signed and held orders for them to be seen and active!

Try It Out

1. Go to the **Transfer navigator**. Note: It may be located under the more activities menu (the arrow)
2. Click **"Transfer Orders"**. This will bring you to *Transfer Med Rec*.

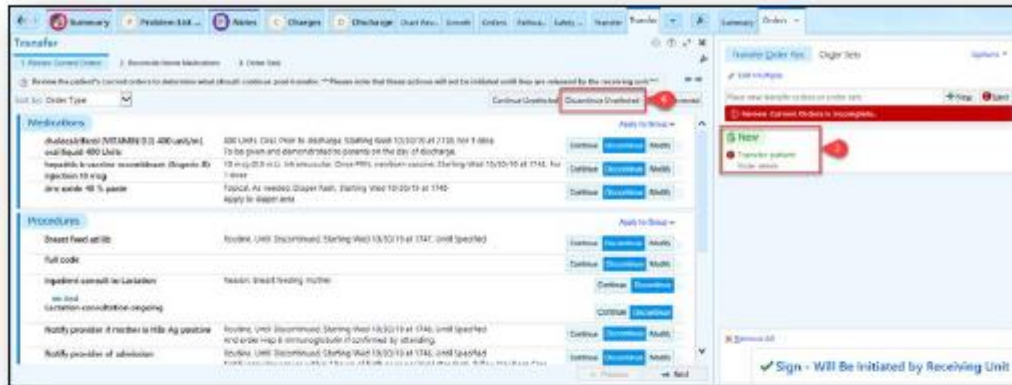


3. Fill out **Transfer patient order** in the orders sidebar.

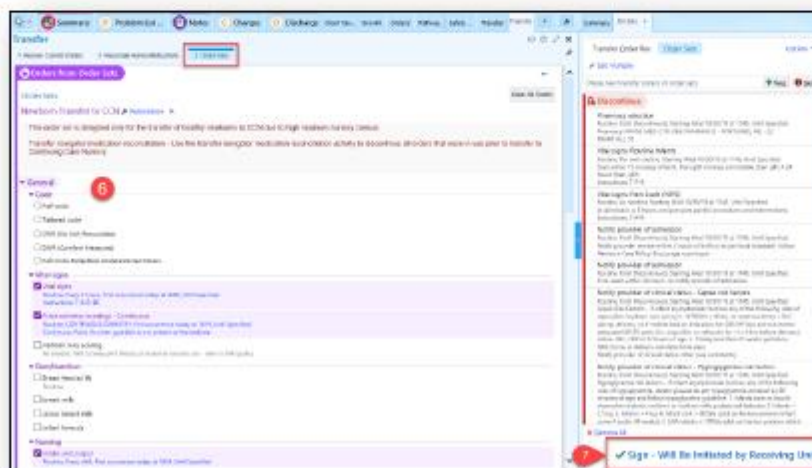
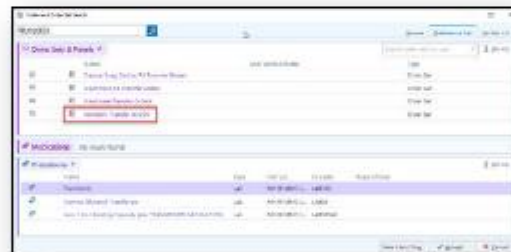


4. On "1. Review Current Orders" click "Discontinue Unselected".

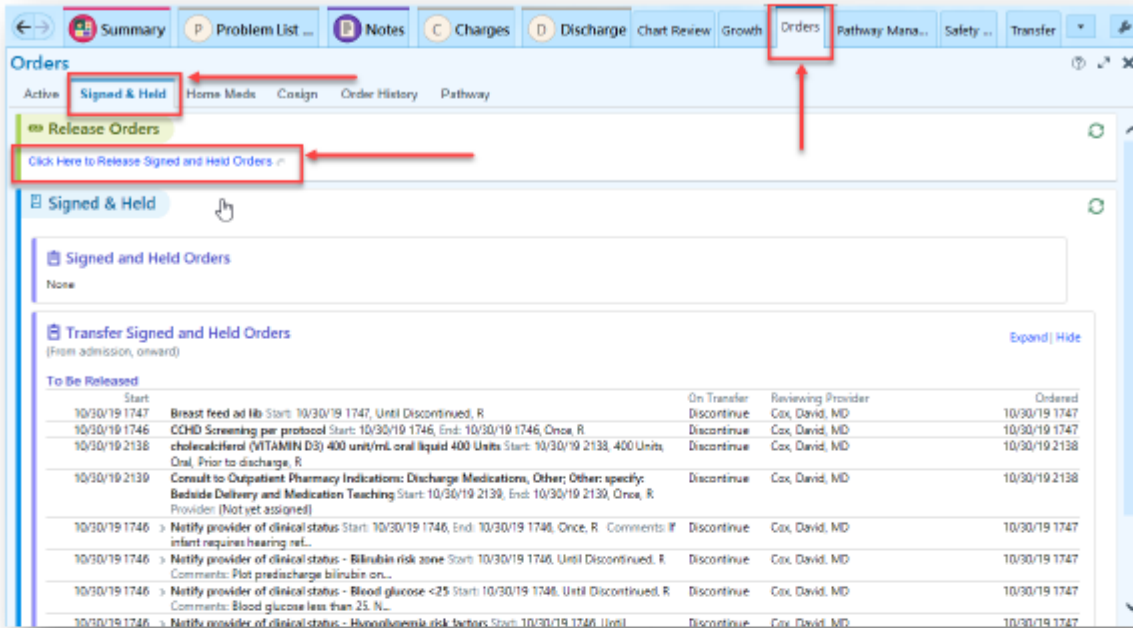
- This will discontinue all current active orders with one click.
- You can make individual decisions using the buttons next to the orders themselves.
- Skip step 2 and advance to "3. Order Sets".



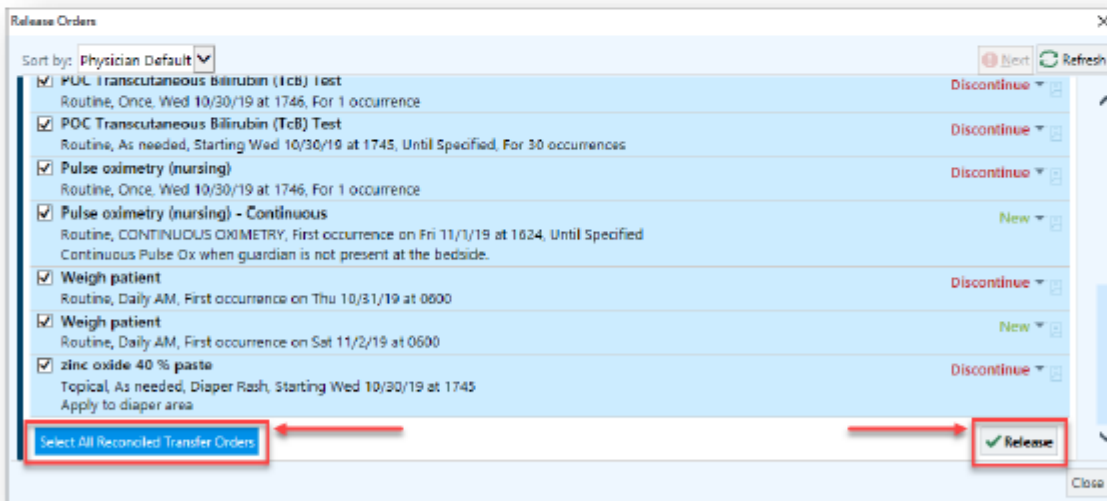
5. Search and select **Newborn Transfer to CCN**.
6. Enter new orders for CCN using the Order Set.
7. Click "Sign – Will Be Initiated by Receiving Unit".



8. Go to Orders > Signed & Held tab. Click hyperlink, "Click Here to Release Signed and Held Orders".



9. Scroll to the bottom. Click "Select All Reconciled Transfer Orders" and click "Release".



You Can Also...

- Star the Transfer navigator for easy access.
- Add the Newborn Transfer to CCN order set to your favorites. Right click and select Add to Favorites.

Special Considerations on CCN

The CCN is a stepdown NICU unit, therefore we appreciate your attention to how care differs from the Mother Baby Care Unit, and your flexibility in accommodating unit differences. Here are some examples of how CCN unit requirements differ from MBC.

<i>Infection Control</i>	<ul style="list-style-type: none"> ○ There are important infection prevention steps that need to be followed to protect the fragile CCN population and prevent spread of MRSA colonization. ○ Please enter unit using employee elevators and seek out scrub sinks; follow posted instructions on scrub sink. ○ Keep arms and hands bare below the elbows (avoid white coats) when entering the patient room, including rings and watches. Use a minimum of two pumps on entering and exiting the room. ○ MRSA screening is done on admission and on Sundays after discussion with parents, and parents can refuse. Parent refusal or acceptance should be documented in the note. Orders are only placed after discussion.
<i>Rounding</i>	<ul style="list-style-type: none"> ○ Please plan to round before 10am. ○ Please connect with newborn nurse when rounding. ○ The NICU attendings welcome all calls from newborn attending providers, and can be reached at 662-0069 (NICU attending cell phone). Any time you think a newborn is developing an increased level of care need (e.g. need for CR monitoring, respiratory distress, pharmacological treatment, prolonged feeding issues, etc.), if you need to transfer the patient, or if you have other concerns, do not hesitate to call.
<i>Visitation and Rooms</i>	<ul style="list-style-type: none"> ○ The newborn will be placed on pulse oximetry when alone. ○ Parents are welcomed and encouraged to stay with their infants in the CCN. ○ There are unit-specific visitation guidelines that the nurses will go over at the time of transfer. ○ Newborn attending providers are encouraged to request a tour of the CCN to familiarize themselves with the unit. For tours, please contact the NICU/CCN unit coordinator at 662-0084.

Talking Points for Family Discussion

In order to ensure that parents have an understanding of why their baby has been transferred to the CCN, we are asking all members of the care team to use similar language when discussing the need for the transfer with family members. Please review the handout below, which will be given to families on the CCN:

Due to an increase in the number of people delivering babies at Maine Medical Center we will sometimes need to move a baby from our Mother Baby Care Unit (MBC) to a different unit in the hospital. This information is to explain to you why a baby may be moved to a different unit and how the staff here will continue to support your family.

Your baby may be moved to a different unit if:

- Your baby needs to stay in the hospital after Mom is discharged. Some common reasons for this might include phototherapy, hypoglycemia, or feeding issues, for example. Please talk with your baby's doctor about why your baby may need to stay in the hospital a few days longer.

If your baby is moved, they will be moved to the third floor of this building to our Continuing Care Nursery (CCN), or to the Barbara Bush Inpatient Unit in the Bean Tower. The unit your baby is moved to will be determined by room and staff availability. If your baby is moved to one of these units, please know that:

- The level of care your baby will receive from our medical staff is the same as if he or she remained on our Mother Baby Care Unit (MBC). Your baby does not need more intensive care.
- There are no increased costs for your family related to your baby being cared for in a different unit.
- Both of these units have space for you to room-in with your baby. Parents are welcome in these units 24 hours a day.

If your baby is moved to our Continuing Care Nursery (CCN), please know that while your baby does not need an increased level of care, some of the patients in this unit do. As a result of the need for increased care for some of these patients, the safety and security guidelines are different than our Mother Baby Care Unit (MBC):

- All parents and visitors must check-in with the Customer Service Representative (CSR) in the 3rd Floor lobby to the unit. If the CSR is not at the desk when you arrive, please use the buzzer on the wall to the left of the desk to enter the unit.
- All parents, siblings and visitors must wash their hands upon entering the unit. All parents, siblings and visitors must also use hand sanitizer before entering and upon exiting the baby's room.
- Due to infection control guidelines, no one under 18 may visit a patient in our CCN unless they are a sibling of the patient. All siblings must also be up to date on their immunizations. This is important for all of our patients, but especially the patients who do require increased care.
- We will orient you to these guidelines in person if your baby is moved to CCN.

Contact Information

While your patient is on the CCN, we want you to have access to all the hospital staff related to this unit. Below are telephone numbers to put you in touch with crucial staff members. Please be sure as well to put your name on the white board in your patient's room and give your contact information to the nurse caring for your patient(s).

The NICU attendings welcome all calls from pediatricians. Any time you think a newborn is developing an increased level of care need (e.g. need for CR monitoring, respiratory distress, pharmacological treatment, etc.), or if you have other concerns, do not hesitate to call.

NICU Attending cell phone	662-0069
CCN Attending	662-0083
NICU/CCN Nurse Manager	662-0098
NICU/CCN Charge Nurse	662-0084

Unit Information

CCN is located on the third floor of the Coulombe Tower (East Tower). Please enter the unit through the main entrance for patient care. Be mindful not to permit anyone to enter the unit behind you that is not able to badge in themselves, even if they are known to you. Visitor privileges, at times, are revoked due to behavior or loss of custody.

The NICU & R3 bypass should not be used except for emergent situations.

Avoid the use of stairs when traveling between floors related to the ease of hand washing sink access.

Please prioritize use of the staff elevator bank over the visitor elevator bank to minimize flow through the locked doors and opportunity for visitor "piggybacking."