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UINTAH BASIN HEALTHCARE

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## PRESS RELEASE

### UBH Introduces TeleNICU Early Lung Recruitment / Resuscitation Program for Newborns

**October 4, 2017:** Uintah Basin Healthcare is introducing an innovative program with the use of telemedicine for newborns requiring lung recruitment / resuscitation, a potentially lifesaving program that is expected to improve care and drastically lower the number of newborn transports due to respiratory issues. Affiliated with the Early Lung Recruitment (ELR) & Resuscitation Program developed by leading neonatologists, respiratory therapists and nurses in their field at Intermountain Healthcare's Utah Valley Hospital, the program is showing undeniable success.

The program is much more than a camera & TV with both live 2-way video and audio communication between skilled UBH staff and an off-site board-certified neonatologist where the neonatologist can see the rise and fall of the infant's chest and trained staff from both UVH and UBH combine as partners to work together to provide superior care. That's the simplified explanation of the technology, but the education goes much deeper than that.

Uintah Basin Healthcare first met with some key individuals at Utah Valley starting two years ago. Stephen D. Minton, MD, Neonatologist; Gordon Lassen, BSc, RRT-NPS, Manager, Department of Respiratory Care; and Jody Stevenson, BSN, RN, C-EFM, Unit Education Consultant; were key players in providing insight as Uintah Basin Healthcare was looking to provide solutions to better care for newborns in respiratory distress. They quickly learned that their goals were aligned, to provide expertise to rural areas that have a need for a higher level of expertise when very sick newborns need advanced care, typically only available in a newborn intensive care unit provided by a neonatologist (a pediatrician with specialty training in the care of newborn infants).

"Uintah Basin Healthcare is fortunate to have people that are very progressive and recognize they want to be part of a system that can provide a higher level of care to their newborn patients, allowing them to stay closer to home. We spoke with administration, a pediatrician, family practice providers, the OB team and respiratory team – and together they all had the foresight to recognize the value of this program for their patients. UBH was able to create this partnership for the community, providing needed certified neonatal care in the Uintah Basin" stated Dr. Minton.

The first two minutes of a newborn's life are a critical process as the baby transitions to their post-natal life. Any injury to the lung during the first few hours of life can have a significant lifelong effect. The ELR/Resuscitation program being implemented has a very strong focus on the steps taken in the first thirty minutes of life to get an infant breathing well and on their own, without causing damage to the lung.

An un-recruited lung that is constantly opening and closing causes damage to the lung. The repetitive motion of opening and closing can tear the lung and create pneumothorax. In order to prevent lung damage, we recruit the lung using a pressurized air delivery system that goes over the infant's face. The mask is placed on the patient and appropriate pressures are delivered based on the neonatal resuscitation 7<sup>th</sup> guidelines and the guidelines developed by Dr. Stephen Minton and his group. In summary, this program is when a baby that is struggling to breath immediately after birth has a timely

intervention by the newborn staff where controlled pressure is applied directly to the lung to help open up wet and collapsed lung tissue. The results is an infant that returns back to mom without any problems.

“One in ten babies born typically needs help breathing. We have traveled all over the world, and what’s interesting is how many facilities aren’t taking advantage of “the golden minute” when there is a high propensity for children to have fluids or problems breathing leading to long term consequences or higher mortality rates if they have not been managed effectively. Simple intervention changes the outcome. We have the data to prove it” stated Dr. Shaun Odell, Neonatologist at Utah Valley Hospital.

“The golden minute” isn’t taken lightly at UBH. UBH took a year to develop the partnership with the ELR program, and UBH staff have been doing mock trainings for a year. The Neonatal Resuscitation Program (NRP) is required for all skilled personnel who attend deliveries at Uintah Basin Medical Center including doctors, nurses and the respiratory therapy team – and now with more depth and more frequency than ever. It is now understood that taking the NRP course once every 2 years (as required by the American Academy of Pediatrics) was not sufficient to retain the needed knowledge for effective newborn resuscitation. Within a month of taking the course, the majority of skills learned were forgotten and the welfare of the infant could potentially be at risk. The new program requires intensive training on a monthly basis. The training comes in the form of mock codes with a state-of-the-art “simulation baby”. The sim baby can realistically simulate a resuscitation on an infant. We train in simulation so when a mistake is made, we can educate the staff without risking a patient’s well-being. Real-time vitals such as heart rate, respiratory rate and oxygen saturation are seen on the baby and the monitor. The staff are trained by simulation on what it’s like to be in these situations and how to respond. Repetition leads to retention of knowledge and an increase in the skills needed to resuscitate. Staff members put in three or more hours per month mastering these skills.

“Training has led to a drastic reduction in the number of newborns with respiratory complications being transported to other facilities for additional services. In the first six months, newborn transports decreased from 12 to 3 transports – a 75% reduction. Keeping baby healthy and here with the parents, and avoiding unnecessary transport costs is tremendous. This is another example of our medical providers and staff working together to ensure that our community is receiving the best in healthcare, right at home” stated James Marshall, President & CEO of UBH.

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Uintah Basin Healthcare is a community not-for-profit healthcare system, serving the Uintah Basin since 1944. Today, Uintah Basin Healthcare is the largest and most comprehensive rural-based independent healthcare system in the state of Utah.



**Pictured:** Rhett & Megan Karren holding their infant twins Clara Joy & Ella Grace, along with their two daughters Lainey (6 years old) and Molly (4 years old); with UBH staff and their ELR program partners.

*The Karren twins were able to stay at UBMC, avoiding transport, thanks to Uintah Basin Healthcare staff and the Early Lung Recruitment (ELR) & Resuscitation Program developed by leading neonatologists and respiratory therapists in their field at Intermountain Healthcare's Utah Valley Hospital.*