

# Eat-Sleep-Console Patient Experience Geisinger

Geisinger Lewistown Hospital, Lewistown, PA

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## Problem Statement:

Geisinger Lewistown Hospital has very little data on the patient experience of Eat-Sleep-Console dyads during their five-day LOS. Patient voice and feedback is important to gather from our ESC dyads so we can improve their patient experience.

## Measures:

The following areas are reported both QUARTERLY and ANNUALLY.

- Median hospital length of stay for infants with NAS
- Percent of newborns with NAS who are treated with a non-pharmacologic bundle
- Percent of newborns with NAS who receive pharmacologic treatment
- Number of completed surveys at pediatric visits (beginning September 1, 2024).

## Key Interventions:

- Sought guidance from PQC members
- Utilized MamaRoo swings, Halo swaddles, sound machine
- NIDA screening on all patients both in outpatient and inpatient setting
- Involved care managers
- Developed electronic survey of patient experience during their hospital stay.
- Nurses identify SEN as an ESC patient when scheduling initial pediatric visit at discharge.
- Staff educated on this change at unit meetings, huddle board, and newsletter.
- Survey presented at two-week well-visit
- Survey altered to capture relationship of caregiver at appointment to determine if they are appropriate to complete survey

## Results

- GLH cared for 14 SEN infants in 2024, 2 SEN in Q1 of 2024
- Average LOS 5.2 days (minimum of 120 hours after birth)
- 100% of our NAS infants were treated with a non-pharmacological bundle
- 0% of infants required pharmacologic treatment while at GLH
- No survey results obtained from SEN dyads (9/1/24-4/1/25)
- Barriers identified in obtaining survey results
  - Patient no-show
  - Infant in foster care
  - Caregiver at appointment was not caregiver through hospital stay
  - Caregiver declined

## Discussion

A collaborative relationship across multiple disciplines has been beneficial to support the NAS dyad remaining at GLH for their expected LOS.

Nursing education and implementation of non-pharmacologic interventions has reduced pharmacologic treatment of our NAS infants.

The presentation of the patient experience survey was moved from hospital discharge to the two-week pediatric well visit. We had hoped this would provide a less rushed approach to completion and allow for reflection of their hospital stay.

Reasons Not Completed

