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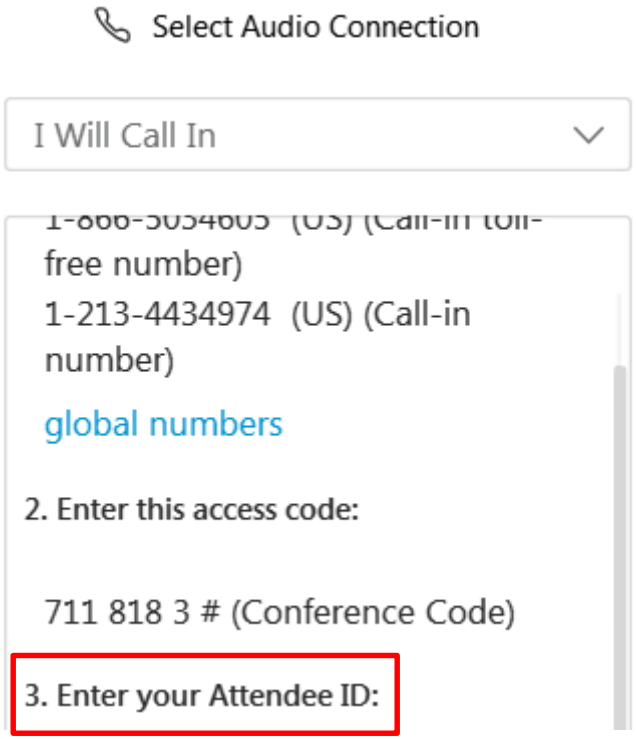

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NeoQIC Family Engagement Quality Improvement Collaborative Webinar

March 12, 2020

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How is Everyone Doing?

Meg Parker, MD, MPH
Neonatologist at Boston Medical Center
Associate Chair of the Neonatal Quality Improvement Collaborative of Massachusetts
Improvement Advisor from the Institute for Healthcare Improvement

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Poll Everywhere Questions:

- How does COVID-19 compare to Influenza in neonates and small children?
  - A) Lower risk of severe disease
  - B) About the same risk of severe disease
  - C) Higher risk of severe disease

- On March 15, Gov. Baker announced restrictions to gatherings of how many people in Massachusetts:
  - A) 10 people
  - B) 25 people
  - C) 50 people

- Do pregnant women have higher risk of severe COVID-19 than the general population?
  - A) Slightly higher risk, since pregnancy reduces immune system response
  - B) It is unclear at this time
  - C) No

Agenda

Time	Topic
1:00	Welcome, Introductions, and Roll Call
1:15	NeoQIC and Why Family Engagement Now?
1:45	Hospital Spotlight: Winchester Hospital
2:00	Nuts and Bolts of the Collaborative
2:45	Q&A
2:55	Next Steps

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Level 2 and 3 NICUs in Massachusetts

Committed or Interested in Joining

- Baystate Medical Center
- Beth Israel Deaconess Medical Center
- Beverly Hospital
- BID – Plymouth
- Boston Children's Hospital
- Boston Medical Center
- Brigham and Women's Hospital
- Emerson Hospital
- Holy Family Hospital
- Lawrence Hospital
- Lowell General Hospital
- Massachusetts General Hospital
- Melrose Wakefield Hospital
- Metrowest Medical Center
- Mt. Auburn Hospital
- Newton Wellesley Hospital
- North Shore Medical Center
- Signature Healthcare Brockton Hospital
- South Shore Hospital
- Southcoast - Charlton Memorial
- Southcoast- St. Luke's
- St. Elizabeth's Hospital
- Tufts Medical Center
- UMass Memorial
- Winchester Hospital

Haven't heard yet

- Good Samaritan Hospital
- St. Vincent Hospital
- Southcoast - Tobey Hospital

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Why Family Engagement? Why Now?

Meg Parker, MD, MPH

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Two Main Reasons for a NeoQIC Family Engagement Collaborative

- 1) This work is a natural segue from the human milk and safe sleep projects
- 2) Increasing evidence on the health benefits for infants and mental health of parents when they are integrated into NICU care

- Practical reason-
  - We have funds from the Kellogg Foundation now!

Key Driver Diagram- Family Engagement

Family Engagement QIC Key Driver Diagram

Aim Statement	Primary Drivers	Secondary Drivers	Potential Change Concepts
By December 2022, hospitals will improve family engagement in NICUs by: 1. *Reduce disparities in key drivers by race/ethnicity, primary language, and distance travelled*	Inadequate communication between NICU staff and families; among NICU providers *Measure: 1) Parental presence on daily rounds; 2) Timing of first family meeting; 3) Parent report of being informed consistently*	Language barrier between providers and parents	1) Increase use of interpreter services often and early
		Lack of timely and frequent family updates	1) Standardize timing and content of first family meeting after admission
		Inadequate family presence (during rounds, for infant cares)	1) Reduce parking cost; 2) Provide public transportation vouchers; 3) Minimize restriction of sibling visitation; 4) On site childcare for siblings; 5) Overnight accommodations for families; 6) Provide meals as needed
		Inconsistency in understanding of infant care plans among providers	1) Improve communication among medical consultants and primary team; 2) improve communication among primary team and nurses
	Inadequate services and social supports for families *Measure: 1) Date of first social worker contact after admission; 2) Mental health screening performed in the NICU; 3) Parental report of social and financial needs being met*	Current social services not comprehensive to address all needs	1) Social determinants screening tool; 2) establish referral service
		Social workers bandwidth; timely availability	1) Utilize parent peer support groups
		Inadequate family support in primary language	1) Increase use of interpreter services often and early
		Inadequate mental health support	1) Introduce universal screening for parental depression/anxiety; 2) Provide mental health support during NICU hospitalization
	Family engagement in Hands-On NICU care *Measure: Skin to skin and breastfeeding continuation (through day 7, 28, and discharge)*	Inadequate family presence	1) Reduce parking cost; 2) Provide public transportation vouchers; 3) Minimize restriction of sibling visitation; 4) On site childcare for siblings; 5) Overnight accommodations for families; 6) Provide meals as needed
		Families and NICU staff have unclear expectations about parental role in the NICU; lack of parental empowerment	1) Educate family on all aspects of care they can participate in; 2) Development of peer-support groups; 3) Standardize family participation in infant's care (FICare)
		Language barriers	1) Increase use of interpreter services often and early
		Mother's own milk (MOM) protocols, policies, and supports	1) Introduce MOM education and support during prenatal period; 2) Early pumping initiation; 3) Early and frequent skin to skin; 4) Address lactation issues by phone/telehealth
	Family participation in discharge planning *Measure: 1) Timing of initiation and completion of discharge teaching for families; 2) parental report of discharge readiness; safe sleep adherence post-discharge;*	Lack of shared decision making in discharge planning	1) Educate family on all aspects of care they can participate in; 2) Development of peer-support groups; 3) Standardize family participation in infant's care (FICare)
		Language barrier	1) Increase use of interpreter services often and early
		Inadequate family presence	1) Reduce parking cost; 2) Provide public transportation vouchers; 3) Minimize restriction of sibling visitation; 4) On site childcare for siblings; 5) Overnight accommodations for families; 6) Provide meals as needed
		Compliance with safe sleep practices in NICU	1) Standardize infant sleep practices and environment for all NICU infants

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Key Drivers

- Inadequate communication between NICU staff and families
- Inadequate social supports and services for families
- Inadequate family engagement in “hands-on” care
- Inadequate family participation in timely discharge teaching and planning

Practice Survey Results

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What level of care is your unit?

Unit Level	Responses (n=13)
Level II	6 (46%)
Level III or IV	6 (46%)
Other (one 1B)	1 (8%)

Family Support Structures

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Does your unit have a written policy statement or guidelines on integrating families into their infant's care?

Written Policy	Responses (n=13)
Yes	5 (38%)
No	7 (54%)
I don’t know	1 (8%)

Do you have a family support specialist dedicated to your NICU/SCN?

Family Support Specialist	Responses (n=11)
Yes	3 (23%)
No	10 (77%)

If yes, paid position	Responses (n=3)
Yes	3 (100%)
No	0

If yes, full or part time	Responses (n=3)
Full Time	1 (33%)
Part Time	2 (67%)

In your NICU/SCN, do you have veteran parent(s) (i.e. NICU graduate parent) participate in any form? (n=13)

Veteran parents	Currently exists	Currently planning or considering	Neither
Parent advisory committee	3	3	7
Parents on committees	3	1	9
Parent-to-parent support while admitted	2	2	9
Parent-to parent support post discharge	1	2	10

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What do you think are the biggest barriers for families to visit the NICU/SCN as much as they desire?

Work, childcare, transportation

- Everyday life commitments:
  - Work (3)
  - Other children at home/lack of childcare (6)
- Lack of transportation/ distance (7)
- Space/privacy/parents feel in the way (3)
- Some common barriers are:
  - Distance and Traffic: we have families from a wide geographic area.
  - Siblings and Children at home: Access to childcare for other children can be a barrier. While (when not on limited visitation due to COVID-19) siblings are welcome on the NICU, many families find it tricky to manage a toddler while also spending time with their NICU baby.
  - Employment: Some of our families opt to go back to work soon after birth to save their limited time for once baby is home. Other families work in jobs that do not offer any paid leave so they return to work for financial reasons.

Please indicate the availability of sleep spaces for caregivers in your NICU/SCN?

Sleep spaces	Responses (n=13)
Routinely available whenever caregivers desire in the same room as their baby	2 (15%)
Routinely available whenever caregivers desire in a different room than their baby	3 (23%)
Limited capacity for caregivers to sleep at the NICU/SCN	8 (62%)
Provision of vouchers for a local hotel	0
Other	0

What is your approach to supporting families with transportation costs?

Transportation assistance	Responses (n=13)
We don't routinely support parents with transportation costs	4 (30%)
We provide vouchers for buses or taxi routinely	1 (8%)
We provide vouchers for buses or taxis intermittently	8 (62%)

What is your approach to supporting families with food while visiting the NICU? (check all that apply)

Food support	Responses
We don't routinely provide food to families while visiting the NICU	3
Breastfeeding mothers can order a meal while visiting	4
Any family member can order a meal while visiting	0
We provide vouchers for the cafeteria intermittently	2
We provide vouchers for the cafeteria routinely	0
We provide snacks only (coffee, cookies, etc)	6

Do you provide any of the following infant care supplies for families that may have difficulty obtaining these on their own?

Items	Always/ Most of the time	Sometimes	Rarely/Never
Cribs (n=13)	1	1	11
Car seats (n=13)	3	6	4
Car beds (n=13)	7	4	2
Baby clothes (n=12)	2	4	6
Diapers (n=12)	1	4	7
Wipes (n=12)	1	4	7
Other (n=6)	1	1	4

If other, what other infant care supplies do you provide, and how often?

- We sometimes have gift cards or funds from social work to assist families in purchasing items they might need in order to bring baby home.
- Send them to WIC

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To what extent are family members involved in any quality improvement activities within your NICU/SCN?

QI Involvement	Responses (n=13)
Always or nearly always involved	1
Sometimes involved	3
Rarely/never involved	9

Communication with Families

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How often are parents present during daily work rounds?

Parent Present During Rounds	Responses (n=13)
Always or nearly always	0
Most of the time	2 (15%)
Sometimes	10 (77%)
Rarely/never	1 (8%)

What is your approach to the planning of multi-disciplinary family meetings? (check all that apply)

Meeting Frequency	Response (n=13)
Ad hoc	12
Goal for regular intervals throughout hospitalization	4
Always plan prior to discharge	2
Always plan before the mother is discharged	1
Always plan within two weeks of admission	3

Please explain your approach to the planning of multi-disciplinary family meetings? (check all that apply)

As needed, and focus on initial hospitalization and discharge

- As needed. Parents get extensive updates from RN/MD daily
- Only held when asked by family or major concerns from a team member (either doctor or nurse usually)
- We have multidisciplinary rounds weekly and determine if a family needs a family meeting then or whenever the attending feels one is needed.
- We usually schedule during the course of the hospital stay for medical complicated cases or when family request them.
- We have scheduled multi-disciplinary rounds Mondays and Fridays and hoc in addition
- We are in the process of shifting our practices and "re-branding" the Family Meeting to the First Family Update. This is to imply that we will differentiate for each family and provide updates on a schedule/frequency that meets their want for this type of update. We are doing this in concert with the addition of a new class "Welcome to the NICU" an introduction to all thing non clinical re: NICU life. We want to have the First Family Update in the first week but also want to adjust this practice to meet the varied needs and situations of our families. We will also be shifting the location of the this First Family Update to meet families needs: Ie this can occur at rounds, at baby's bedside, on the postpartum unit etc. We hope to establish a practice in which each family update concludes with the scheduling of the next one based on families request re: frequency.
- Open discussion with parents regarding discharge planning
- We aim to meeting with families prior to the mother being discharged. This doesn't always happen. We have regular meetings with the families of infants here for prolonged periods of time
- These are planned as needed or when requested by family.

How often do you use the following interpreter services for non-English speaking families?

Interpreter Services	All the time/ Daily	Most of the time	Sometimes	Never or Rarely
In-person interpreters (n=12)	2	5	5	0
Phone interpreters (n=13)	2	4	7	0
Google translate or other internet aids (n=12)	1	0	5	6
Other English-speaking family members that happen to be at the bedside (n=11)	0	0	6	5

Social Work Support

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What is the timing of the first social work contact with a family in your NICU/SCN?

First Social Work Contact	Responses (n=13)
Within 24 hours of being admitted	2 (15%)
Within 48 hours of being admitted	6 (46%)
Within the first week of being admitted	5 (38%)
More than one week after being admitted	0

Do you have a standard approach to assessing unmet material needs among families in your NICU/SCN? (e.g. lack of housing, food, heat)?

Approach	Responses (n=13)
Yes	8 (62%)
No	5 (38%)

If yes, who does the assessment? (check all)	Responses
Assessed primarily by social workers	8
Assessed primarily by bedside nurses	2
Other	0

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What is the approach to assessing mothers for post-partum depression? (check all that apply)

Approaches to Assessment	Responses
All mothers are assessed for PPD	5
When there is a concern, mothers are assessed for PPD	5
Other	3

If other, what are your other approach(es) to assessing mothers for post-partum depression?

- I believe the OB group does this. If we are concerned we talk to social work or OB provider
- I don't know, I think the OBs do this.
- This assessment is ongoing as part of interaction with social work. RN's, NP's and MD's also reach out when there is a concern. Families are also able to self request a SW visit through our online tool-MYNICU. There are limitation to this as it is only in English.

Family Engagement in Care

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What is your approach to initiation of direct feedings at the breast, among mothers that desire breastfeeding?

Approach to Direct Breastfeeding	Responses (n=13)
There is a concerted effort to initiate oral feedings at the breast at least a week or more before bottles	2 (15%)
There is a concerted effort to initiate oral feedings at the breast at least a few days or more before bottles	5 (38%)
We begin oral feedings at the breast or bottle whenever the infant shows cues.	6 (46%

What skills do you routinely teach parents to perform while their infant(s) is/are hospitalized? (check all that apply)

- Checking temperatures- **13**
- Checking vital signs besides temperatures- **4**
- Changing diapers- **13**
- Weighing- **3**
- Bathing- **12**
- Presenting on rounds- **3**
- Administering oral colostrum- **7**
- Administering medications- **7**
- Preparing feeds- **8**
- Feeding infants with bottles (e.g. side lying, pacing)- **13**
- Moving infants to and from open cribs- **10**
- Feeding by gavage- **1**
- Responding to spells- **5**
- Other- **2**
  - Double checking position of pg tube, measuring abdominal girth, swaddling, dressing
  - Parents Participating in our Family Integrated Care Pilot are encouraged to Present in Rounds, Feed by gavage and respond to spells etc. With all spells we want RN's called to assess.

Discharge Planning

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Which of the following are routine elements of your discharge checklist: (check all that apply)

Elements of Discharge Checklist	Responses (n=13)
Family demonstration of mixing of formula or breastmilk fortifiers	12 (92%)
Family demonstration of medication administration	13 (100%)
Family demonstration of vitamin administration	13 (100%)
Review appointments	13 (100%)
Make appointments for families	10 (77%)
Safe sleep education	13 (100%)
Car seat safety	13 (100%)
CPR training	13 (100%)
Other	1 (8%)

If other, what are other routine element(s) on your discharge checklist?

- General Baby Care, Early Intervention Info etc

When do you initiate the discharge teaching? (check all that apply)

Initiate Discharge Teaching	Responses (n=13)
When a baby is on full feeds	5
When baby is orally feeding more than 50%	3
When baby is on low flow oxygen	1
Other	6

If other, when do you initiate discharge teaching?

- From the get go
- Shortly after admission, throughout stay
- Not sure
- 34 weeks and off ventilation support
- Upon Admission
- Along the way, but we hold a formal discharge meeting with families at 34 weeks CGA

Moving to Measurement and Project Goals

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Does your NICU/SCN routinely track any measures related to family engagement?

Family Engagement Measures	Responses (n=13)
Yes	4 (31%)
No	9 (69%)

If yes, which measures:

- All skills listed above which we teach parents Modules read by parents on SSH NICU FICare App
- Press Ganey Scores Leadership rounding
- This is assessed intermittently through out stay and approaching discharge. Families participate in discharge planning and this is a part of the conversation. We have checklists that we use to make sure specific skills and tasks were covered with each family prior to discharge.
- Press Ganey Survey

What do you hope to get out of the NeoQIC Family Engagement Collaborative?

Learn from others, better measurement, empower families

- Better measures of family engagement
- Create a more formal way for parental engagement in the SCN
- Empower parents in the SCN
- Create more opportunity for families to meet each other and provide group support while in the SCN
- Improve family involvement in the medical care of their infant, have them feel more part of the medical team.
- Improve discharge readiness and family comfort at time of discharge.
- Also plan to track our progress and document changes with implementation of new practices.
- Engaging our staff, helping our team understand what is being done in other hospitals and what can be done in ours.

What do you hope to get out of the NeoQIC Family Engagement Collaborative? (cont.)

Learn from others, better measurement, empower families

- Able to learn from other units and reinforce what we are already doing.
- See what other groups doing
- I am very excited for the opportunity to hold and create space for this important work. I am grateful for the chance to be learning about the practices of other NICU's, being inspired to bring energy to this work on our NICU and working collaboratively to come up with solutions and improvements to engage families and make improve upon their NICU experience .
- Learn how we can best meet our patient's family needs
- To learn from practices in other units. To engage in ways to enhance family engagement in our NICU. To spark interest in our own NICU to participate in such a collaborative.
- We hope to establish a framework for how we can measure improvements in family engagement, and grow enthusiasm in our unit for practices that better family involvement.

Hospital Spotlight

Winchester Hospital
Justin Goldstein, MD
Associate Medical Director

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Beth Israel Lahey Health
Winchester Hospital

Family Engagement in the Special Care Nursery

Justin Goldstein, MD
SCN Associate Medical Director

Outline

- About our Unit
- Current Family Engagement practices
  - Medical Team
  - Social Work
  - Physical Therapy
- Family involvement in other hospital areas
- Our team
- Project goals

Beth Israel Lahey Health
Winchester Hospital

Winchester SCN

- ~2,200 deliveries/year
- 16 bed Level IIB unit
  - Deliveries >= 32 weeks gestation
  - 280-320 admissions/year
- Open bed layout
  - 1 isolation room
  - 2 family rooms
- Daily Unit Staff
  - 3-5 Nurses
  - Social work
  - Lactation nurses
  - Case management
  - Physical therapy
    - Once weekly
- Member of the BILH Neonatal Network
  - Staffed by BIDMC physicians

Beth Israel Lahey Health
Winchester Hospital

Engagement Practices in SCN

- Family presence on rounds
- Family meetings
  - As needed
  - Requested by family or staff
- Skin-to-skin
  - Both parents encourage to participate
  - As early as medically safe
  - Assistance by nursing staff
- Feeding
  - Oral readiness cues, infant driven feeding
  - Pacing & positioning
  - Formula/supplementation mixing

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Winchester Hospital

Engagement Practices in SCN

- Medications
  - Education
  - Measurement
  - Administration
  - Typically limited to vitamins, other home medications
- Vital signs
  - Temperature checks
  - Auscultation (limited situations)
- Bathing
- Family Advisory Council
  - Plan to re-introduce with this project
- NICView

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NICView @ Winchester

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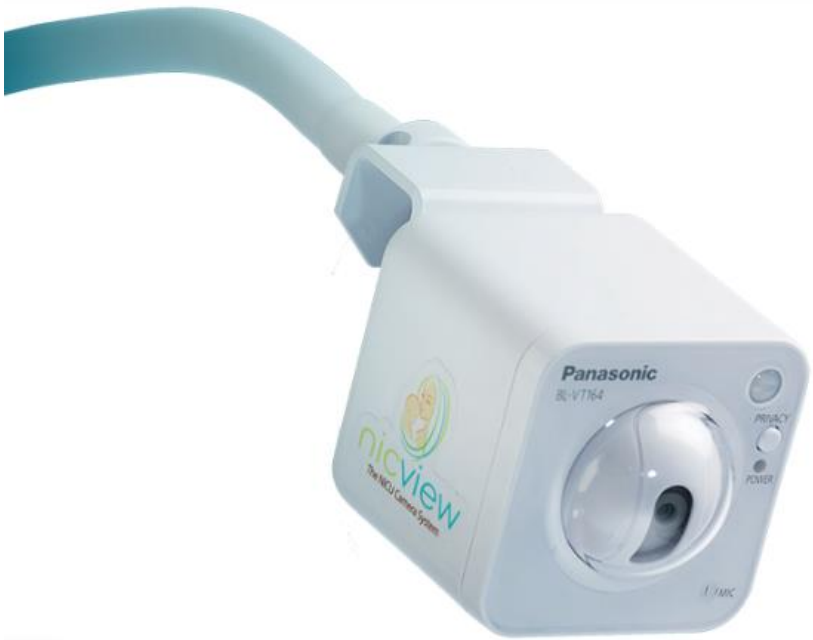
nicview™



FAMILY-CENTERED CARE

Making parents feel more involved strengthens trusting relationships and provides reassurance, allowing healthcare professionals to focus on the job of caring for their NICU patients. This simple device provides a value-added service for parents and relatives, increasing patient satisfaction.

SIMPLE

An unobtrusive camera mounted close to the bed delivers streamed video images around the clock, so that families can watch their newborn anytime, anywhere – on any device with internet access.

Physical Therapy

- Weekly visits with patients
  - Parents encouraged to be present and participate
- Infant massage
- Stretching
  - Hyper-, hypo-tonia
  - Club Feet
- Head positioning
- Developmental cues/strategies @ discharge
- Outpatient follow up
  - Area for improvement in this project

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Engagement Practices Outside of SCN

- Labor and Delivery
  - Skin-to skin within 1 hour of birth, for at least 1 hour
- Mother Baby Unit
  - Infant rooming in
  - Individual mother/baby rooms
  - Lactation support and education classes
    - Also available to SCN families
- Inpatient Pediatric Unit
  - Sleeping space for parents
  - Lactation support available

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Winchester Hospital

Our Family Engagement Team

- Justin Goldstein – Neonatologist, Team Lead
- Aimee Knorr – Neonatologist
- Karen McAlmon – Neonatologist
- Lisa Geraghty – SCN nurse
- Karen Moraites – SCN nurse
- Mary Healey – Physical Therapy
- Madeline Gauthier – Social Work

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Project Goals

- Integrate family engagement with other hospital programs
  - Eat, Sleep, Console study
  - Safe sleep practices: inpatient and outpatient
  - Family advisory council
- Objectively measure family participation in NICU care
- Increase family participation & satisfaction
- Improve awareness and utilization of outpatient physical therapy services
- Enhance social work outreach after discharge

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Winchester Hospital

Some Nuts and Bolts of the Collaborative

Meg Parker, MD, MPH

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Project Timeline

	2020				2021				2022			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Develop Data Metrics/Key Driver Diagram	X											
Pilot Data Metrics		X										
Data Use Agreements/IRBs	X	X	X									
Form multi-disciplinary hospital teams	X											
Webinars	X	X	X	X	X	X	X	X	X	X	X	X
In-person meetings	X		X		X		X		X		X	
Data collection and reporting			X	X	X	X	X	X	X	X	X	X
Interventions as PDSA cycles			X	X	X	X	X	X	X	X	X	X

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Project Timeline

	2020					2021				2022			
	Q1		Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q 4
Develop Data Metrics/Key Driver Diagram	X												
Pilot Data Metrics			X										
Data Use Agreements/IRBs	X		X	X									
Form multi-disciplinary hospital teams	X												
Webinars	X		X	X	X	X	X	X	X	X	X	X	X
In-person meetings	X			X		X		X		X		X	
Data collection and reporting				X	X	X	X	X	X	X	X	X	X
Interventions as PDSA cycles				X	X	X	X	X	X	X	X	X	X

COVID-19

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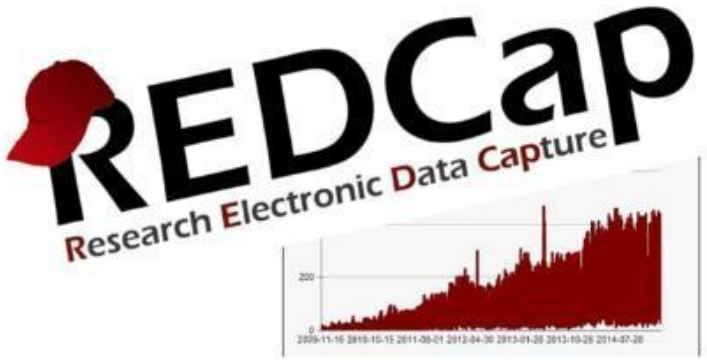
Cornerstones of Perinatal Quality Collaboratives: Data Infrastructure

- We decide collaboratively as a group on a key driver diagram and set of metrics
- Teams submit data on core set of metrics
- We examine our data regularly throughout the collaborative to examine our progress
- We share our data openly to learn



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Data Infrastructure- Two Tracks

- Track one: Chart abstracted measures
  - Traditional approach for NeoQIC and most perinatal QI collaboratives
  - Subset of data metrics that are tracked over time by all teams
  - Data is entered into a centralized data base (probably BMC)
  - Data use agreement needed between sites
  - IRB depends on the site

- Track two: Chart abstracted measures AND parent-reported measures
  - Because this is a family engagement collaborative, it is crucial to collect information directly from parents
  - We propose to send short, text message queries during the hospitalization and a slightly longer survey (~10 min) around discharge and post-discharge
  - This will involve asking parents permission to use their phone number and send these messages
    - Signed HIPAA waiver
  - Data use agreement to centralized data base
  - IRB needed at each site

Data strategies

- Work with institutions to create a single DUA that may include both tracks so that if a team wants to do track 1 to start, they can move to track 2 when they are ready
- Build text-messaging data queries within REDCAP and link the responses easily to the RECAP data
- Text-messaging- choose short, queries with yes/no responses or simple answer choices to increase parent responsiveness
- Discharge/post-discharge survey elements- goal overlap with data already collected at 3 hospitals understanding post-discharge infant care practices (feeding/sleeping)

Next Steps on Data

- Track one: Chart Abstracted Measures
  - We need to decide on our metrics as a group
  - More poll everywhere questions coming up next slides
  - This is needed to move forward with IRBs and data use agreements
  - Higher priority

- Track two: Parent Reported Measures
  - We need to decide on our metrics
  - Will work more on this with the leadership team and send out for review
  - Need to better understand set up in REDCAP for text message queries
  - Also needed for IRBs and data use agreements

Poll Everywhere

We need some initial feedback on the chart-abstracted measurements for the primary drivers!

Goal is to get a measure that captures the meaning of our driver, that is "relatively" simple to collect from the medical record

Examples from past collaborative:

- Driver: early milk expression
- Measure: % of mothers with first milk expression within 6 hours

Family engagement is especially tricky since their haven't been past perinatology statewide collaboratives on this topic!

Poll Everywhere

- Driver #1:
  - In adequate communication between NICU staff and families
  - What do you think of the following metrics:
  - Timing of first multi-disciplinary family meeting after admission
    - A) Amazing. I love it- **41%**
    - B) Yes, it is reasonable- **48%**
    - C) Not really good- **11%**
  - Parental presence on daily medical rounds (in-person or virtual)
    - A) Yes, I love it- **65%**
    - B) Yes, it is reasonable- **20%**
    - C) Not really good- **15%**

Poll everywhere

- Driver #2:
  - Inadequate social supports for families
  - What do you think of the following metric:
  - Time of first social work contact after NICU admission
    - A) Amazing. I love it- **80%**
    - B) Yes, it is reasonable- **12%**
    - C) Not really good- **8%**
  - Postpartum depression screening performed during the NICU admission
    - A) Yes, I love it- **43%**
    - B) Yes, it is reasonable- **39%**
    - C) Not really good- **18%**
  - Screening for unmet needs per a standardized tool performed during the NICU admission
    - A) Yes, I love it- **50%**
    - B) Yes, it is reasonable- **50%**
    - C) Not really good- **0%**

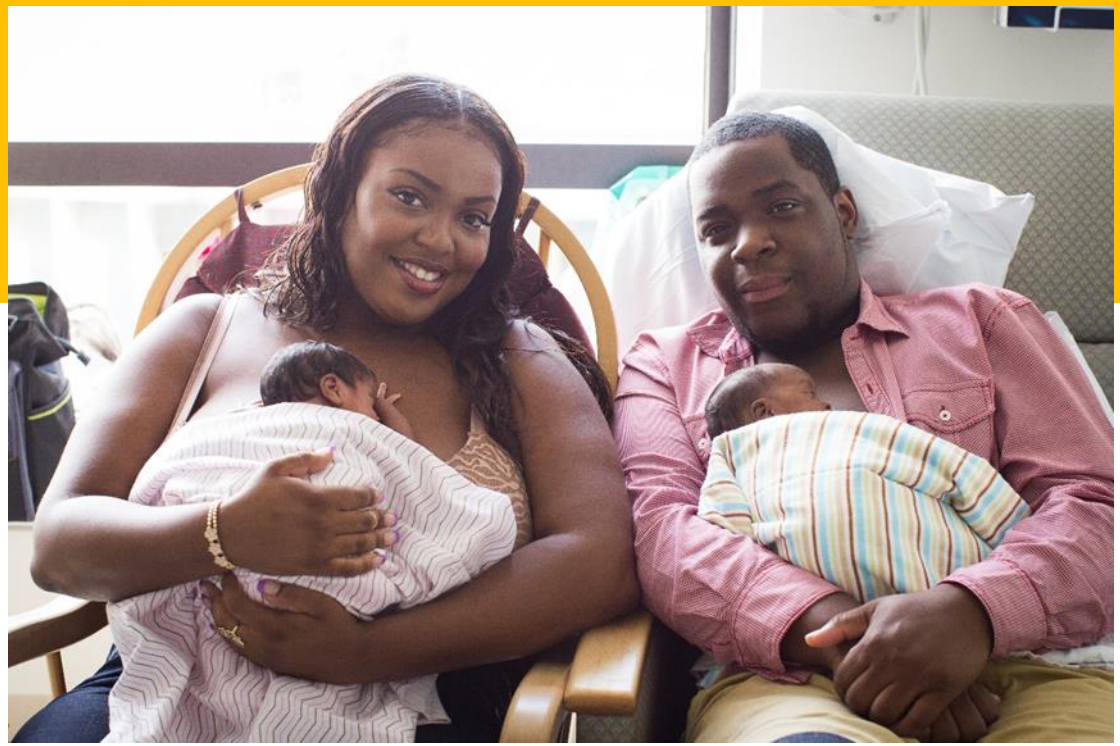
Poll everywhere

- Driver #3
  - Family engagement in Hands-on NICU Care
  - What do you think of the following metric:
  - Time after birth of the first skin-to-skin episode:
    - A) Amazing. I love it- **63%**
    - B) Yes, it is reasonable- **15%**
    - C) Not really good- **22%**
  - Any mother's milk at day 7, 28, and discharge/transfer
    - A) Amazing. I love it- **54%**
    - B) Yes, it is reasonable- **38%**
    - C) Not really good- **8%**

Poll Everywhere

- Driver #4: Family participation in discharge planning
- What do you think of the following metric:
  - Two days before discharge home, what skills did the family demonstrate proficiency? Administration of medications or vitamins, feeding the infant, mixing any feedings, etc.
    - A) Amazing. I love it- **44%**
    - B) Yes, it is reasonable- **44%**
    - C) Not really good- **12%**

Next Steps for Teams



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Multi-Disciplinary Team

- Please send us your roster if you haven't already!
  - aviel.peaceman@bmc.org
- Social workers, nurses, nursing leadership, case management, physicians, and more!
- Parents, parents, parents
  - Stipend for parents from NeoQIC leadership as a token of appreciation: ~$200
  - We will focus on how to successfully involve parents on your team
- Start monthly meetings (virtual for now!)
  - If you think you have the bandwidth!

Data infrastructure

- Think about what track would work best for your team and reach out to us for questions
- Provide feedback on chart abstraction form
- Leadership team will work hard on finalizing chart abstraction form and developing the parent-reported measures for your review

Follow-up Webinar

- Next Webinar is 4/29 from 1 to 3 pm
- More team sharing!

In Person Meeting- Register Now!

- Our first in person meeting has been rescheduled to take place on Wednesday, June 10th at the Conference Center at Waltham Woods

- The new registration link was sent out to the current distribution list and we will send out another reminder after today's call
  - If you didn't receive it, contact aviel.peaceman@bmc.org

- Keynote Speaker is **Lelis Vernon**:
  - Faculty Family Leader - Micropreemie Care Team II - Vermont Oxford Network
  - Clinical Advisor, QI Measures - American Academy of Pediatrics, Section of Neonatal Perinatal Medicine
  - Advisory Board Member - Dep. of Perinatal and Neonatal Medicine Research Lab - Stanford University
  - Clinical Guidelines Committee - American College of Physicians
  - Executive Committee - National Network of Perinatal Quality Collaboratives - CDC / QI Family Leader - Florida PQC
  - Leadership Team . - NEC Society / PCORI

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Newsletters from NeoQIC

- We will keep everyone informed with respect to all the work happening in NeoQIC through newsletters

- Stay positive
- Stay healthy
- Take breaks
- Team collaboration!

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Thank you!

Questions?

We look forward to working with all of you on this journey to improve family engagement with NICU families across MA

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