

# NeoQIC Family Engagement Quality Improvement Collaborative Webinar

December 2, 2020



Neonatal Quality Improvement Collaborative of Massachusetts

# Welcome, Introductions, and Roll Call

**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



Neonatal Quality Improvement Collaborative of Massachusetts

# Welcome!

Please chat your name and hospital into the chat box

 **Zoom Group Chat**

From Me to [Everyone](#):  
Aviel Peaceman, Boston Medical Center

To: Everyone ▼ ...

Type message here...

# Agenda

Time	Topic
2:00	Welcome, Introductions, and Roll Call
2:10	Limited English Proficiency and Unmet Basic Needs: Case Study from Boston Children's Hospital
2:30	Team Sharing: Beverly Hospital PDSA
2:55	Next Steps

# Process Measures

- Committed to the project- 24 hospitals
- Submitted a roster- 19 hospitals
- Submitted IRB- 6
- Been approved by IRB- 3
- DUA- 0 (for now)
- Data track commitment:
  - Track 1- 1
  - Track 2- 6
  - Not committed/ unsure of status- 18

*\*This info is all based on teams who have contacted us. Please chat in to the chat box and/or email Meg and Aviel to ensure your team's info is most up to date.*



# PDSAs So Far

- 10 PDSAs submitted from 8 hospitals in November, 2020
- Primary drivers addressed in the PDSAs:
  - Adequate and timely communication regarding infant medical care between staff and families: 5 PDSAs
  - Family engagement in hands-on NICU care: 3 PDSAs
  - Comprehensive social services and supports for families: 1 PDSA
  - Family participation in discharge planning- 1 PDSA
- We will follow up with teams who have submitted PDSAs with our feedback soon!



# PDSAs So Far: Communication Topics

- **Beverly:** Increase the rate of family meetings within 48 hours after admission among Spanish-speaking families
  - Intervention: testing a communication check list placed in the daily rounds book for a family that prefers to communicate in a language other than English
- **BMC:** Increase parent participation in family-centered rounds
  - Intervention: call parents who are not physically present in the NICU to listen in and participate on rounds
- **Emerson:** Improve efficiency of multidisciplinary family meetings
  - Intervention: Decrease the frequency of family meetings and standardize the schedule of family meetings to increase the efficient use of staff resources (time)
- **Tufts:** Increase % of inborn NICU families participation in interdisciplinary family meeting held within 72 hours of admission
  - Intervention: Implement a formal interdisciplinary family meeting that will occur within 72 hours of an inborn infant's admission.
- **Winchester:** Increase family awareness of developmental milestones and appropriate sensory care for their infant at each gestational age
  - Intervention: Place an information sheet at each bedside based on current CGA of each infant. Sheet has information pertaining to developmental milestones and appropriate sensory care, along with a QR code for parents to obtain further information.

# PDSAs So Far: Hands on Care Topics

- BID- Plymouth: Improve initial hands-on care by the parents within the first 72hrs of admission
  - Intervention: Create a checklist that will be completed by nursing on each infant that is admitted
- NWH: Increase parent involvement in hands on care
  - Intervention: Place a “White Board” at every bed space that provides parents the times that their infant will receive hands on care
- Baystate: Increase the frequency of families providing Kangaroo care
  - Intervention: Educate parents and staff on the standing transfer to make the most challenging part of Kangaroo care less stressful.





# PDSAs So Far: Social Services/Supports Topics

- BMC: Increase standardized social needs screening of eligible NICU families
  - Intervention: test a social determinants screening tool, THRIVE, to screen for unmet basic needs

# PDSAs So Far: Discharge Planning Topics

- Baystate: Improve discharge timeliness (discharges by 3pm) of eligible patients
  - Intervention: Create a multidisciplinary discharge checklist that defines the tasks required of each stakeholder and a timeline for when each task should be completed.

# The Intersection of Limited English Proficiency (LEP) and Unmet Basic Needs

**Genevieve G. Guyol MD**

Clinical Fellow

Harvard Neonatal-Perinatal Fellowship Training Program

Boston Children's Hospital



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# Language and Transportation in the NICU

- Very premature infant with Spanish-speaking parents transferred to Boston Children's NICU from Boston Medical Center
- Family with very limited resources
- Mother had been house cleaner but unable to work when pregnant during COVID19 pandemic
- Father undocumented so ineligible for expanded government assistance during pandemic

# Language and Transportation in the NICU

- Several days into admission, it was discovered that parents had not yet enrolled in free parking program and had valet parked their car
- Front desk provided vouchers to cover days of valet parking
- Social worker accompanied family to retrieve car from valet and enroll in parking program
- Chart review revealed that family had been notified of parking program on admission
- Spanish-speaking social worker followed up with family

# Insights (Paraphrased)

- “This is why equity is important in our NICU.” –Unit Coordinator
- “We notified this family of our programs on admission but maybe we need to think about something extra for parents who speak another language.” -RN

# Intersection of LEP and Unmet Needs

- Potential barriers to screening for needs and connecting with services
- Immigration status
- May have limited ability to visit and come during off-hours when primary medical team or in-person interpreters unavailable

# Moving Forward

- Development of measurement tool to audit parental actual understanding of available social supports (parking, meals)
- Recognition that information can be overwhelming and may just be presented to one family member
- Goal to measure across different populations and families to see if learning can target next steps to ensure equity



When poll is active, respond at **PollEv.com/familyengage**



Text **FAMILYENGAGE** to **22333** once to join

# Do you think you are maximally using interpreter services offered at your hospital in the NICU?

Yes, definitely

Some of the time, but we could  
probably use existing resources more

We are likely not using interpreter  
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# What do you think is the most common reason why providers do not utilizing existing interpreter services as much as possible?

Lack of awareness

Too busy/not enough bandwidth to use these services

Existing interpreter services do not fit the needs of our NICU

Other (please chat it in)



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# **Team Sharing: PDSA from Beverly Hospital**

**Iris Streimish, MD**

Neonatologist

Beverly Hospital



# Any Questions?





# Next Steps for Teams



# Next Steps

- IRB: Team leads should be working on submitting their IRBs, if you haven't done so already
  - Please feel free to reach out to us with questions!
  - Once your IRB has been approved, please let us know.
- DUA status
- Data collection on paper:
  - Hospitals can begin data collection on a paper form if you so choose (all questions will show up on paper without skip logic).
  - Once the DUAs are complete and the REDCap database is finalized, you will have to enter the data from the paper forms into REDCap
  - Data collection will begin for babies admitted at least 2 weeks starting September 1, 2020 and onward



# Homework and PDSA Forms

- The first monthly homework form will be due by **Friday, December 18<sup>th</sup>**
  - Email instructions to follow again closer to the deadline
- This includes working on a PDSA. Please fill out as much as you can on your first PDSA, even if it's just a plan or an update to last month's plan!

## PDSA FORM

Hospital		Date	
Team Members		PDSA #	
PDSA TITLE:			
PDSA STATUS:	<input type="checkbox"/> Planned, not initiated <input type="checkbox"/> Planned and in progress <input type="checkbox"/> Complete		

## Part 1

*“Aim” and “Plan” should be completed prior to initiating test, and can be updated during test as needed.*

### AIM

**1. Which primary driver does this PDSA address?**

*Primary drivers for project are: (1) Communication; (2) Social support/services; (3) Hands-on care; and (4) Discharge planning*

**2. What is your AIM statement for your work on this key driver, including this PDSA cycle?**

*Use a “SMART” aim: specific, measurable, achievable, relevant, time-bound. Improve [what], from [baseline] to [goal], by [when].*

### PLAN

**3. What is the change you are planning to test?**

*For new interventions, focus initially on small tests of change, rather than immediate broad implementation of new processes.*



# Upcoming Webinars (tentative dates)

- January 13<sup>th</sup> from 2-3 pm
- March 2<sup>nd</sup> & 3<sup>rd</sup> 1-3 pm each day
- April 21<sup>st</sup> from 2-3 pm
- June 9<sup>th</sup> from 2-3 pm



# Thank you!

# Questions?

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

**[www.neoqicma.org](http://www.neoqicma.org)**



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