

NeoQIC Family Engagement Quality Improvement Collaborative Webinar

August 4th, 2021



Welcome, Introductions, and Roll Call

Meg Parker, MD, MPH

Neonatologist at Boston Medical Center

Co-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

Please change your name to your first name and hospital you represent

▼

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
2:05	Family Engagement Updates
2:10	Team Sharing
2:55	Reminders and Wrap Up

NeoQIC Family Engagement Updates

Meg Parker, MD, MPH



Data Regulatory Updates

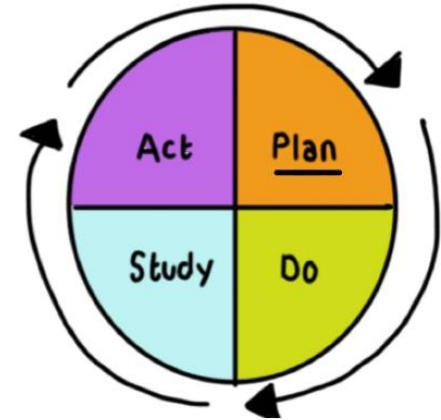
- 15 actively participating hospitals
 - IRB review in some capacity: 12
 - Master Data Use Agreement signed: 6 (Tufts, SSH, BMC, BIDMC, BI Plymouth, St. Elizabeth)
 - Scope of Work for Family Engagement signed: 6
- Data track commitment
 - Track 1- 2
 - Track 2- 10
 - Not committed/ unsure of status- 3

**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

- 6 PDSAs submitted in June! Thank you to the following hospitals for submitting PDSAs:
 - Baystate
 - Beverly
 - BID-Plymouth
 - BMC
 - BWH
 - UMass
- Teams are addressing all primary drivers at this time
 - There's a mix across all drivers



Homework and PDSA Forms

Next PDSAs won't be due until September! Happy summer!

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.



Update - AAP Discharge Videos

- We have chosen our 5 topics and are now in the process of developing video content:

- 1. Baby discharge readiness**

- 2. Parental mental health/social support**

- includes elements of infant care from BIDMC handout “first few days at home” (e.g. how to talk to family members about visiting)

- 3. Parent/family readiness**

- includes concepts of infant care and home environment including safe sleep environment

- 4. Follow-up medical and developmental care**

- including EI, catch up window, and per parent request a few specific developmental recommendations

- 5. Feeding: general concepts**

- (e.g. anticipation of differences between hospital & home schedules)



Next Steps Leadership Team: DUA and SOW

- We will keep sending gentle reminders to the team leads and the legal team at BMC
- For those who have not done so already, please have your hospital's legal team sign off on this document. Once completed, send both documents to Aviel Peaceman
- Work flow considerations- please cc Aviel(and/or Meg) on all the communications with the legal teams. It really helps to keep us in the loop.



REDCAP Data Collection Update

- 5 hospitals have participated on a virtual site visits to review all forms and use of the REDCAP data base
 - These will continue as hospitals sign their DUAs and SOWs
 - Identify who will be your data collectors!
- **Update on RedCap Data Collection:**
 - Chart Abstracted and Family Reported Measures surveys on RedCap have launched!
 - 51 entries into REDCap!!!
 - Next step: Site visits to review all forms and use of the REDCAP data base
 - Start this month!
 - Identify who will be your data collectors!



Next Steps Leadership Team: REDCAP Data Collection

- Inclusion criteria for data collection
- Level 3s:
 - Infants admitted 14 days or more
 - Goal is for all infants admitted 14 days or more born Jan 1 2020 and afterwards
 - However, if you are a from a NICU with a large census and data entry is a burden, please enter on at least the first 15 infants admitted each month that fit this criteria
- Level 2s:
 - Similar to the above
 - However, if you know that you have very few infants admitted 14 days or more per month (i.e. <10 a month), then we suggest entering data on infants admitted at least 7 days or more



Next Steps Local Team

- Please keep working on your IRB, DUA, and SOW as appropriate!
- Please identify the personnel that will help with data collection
- Help us plan a virtual site visit for training in use of the REDCAP data base and process to launch the family surveys.
- Keep working on your PDSAs



Any Questions?



Team PDSA Sessions

Meg Parker, MD, MPH

Social Supports/Services

PDSA Status: ___ Planned not initiated
 ___ Planned and in progress
x Complete PDSA 1-4. Ongoing 4

What Primary Driver Does this PDSA Address:

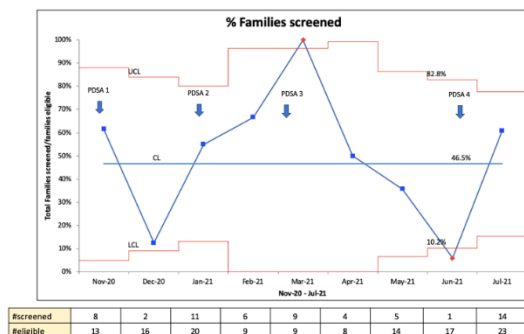
- ___ Communication
x Social supports/services
 ___ Hands on care
 ___ Discharge planning

SMART Aim: Increase standardized SDH screening of eligible families using the THRIVE tool from 0% to 60% by Dec 2021.

Do:

- PDSA 1** (Dec 2020): Core group of 6 nurses trained to screen/document in EPIC and discuss with SW.
- PDSA 2** (Jan 2021): One page resource guide. *Problem:* Language barriers and problems generating guide in EPIC
- PDSA 3** (March 2021): Train residents and a bilingual nurse. EPIC refresher trainings. *Problem:* High census/acuity, retirement of 2 core screeners.
- PDSA 4** (June-July 2021): Training all nursing staff. QR code with direct contact info of partner at ABCD

Study



Plan:

What is the change you are planning to test?

Increasing screener capacity by training all nurses.

Ease of use and effectiveness of the resource guide and QR code with direct contact of partner at ABCD.

How will you test this change? Be specific

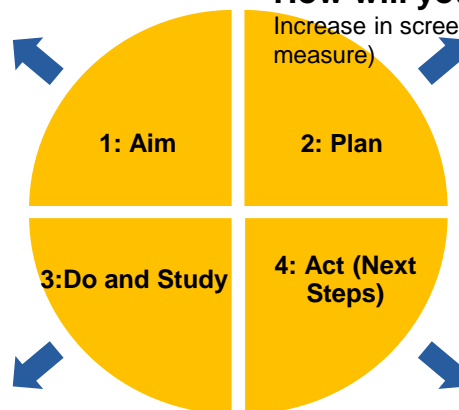
Measuring outcome measures: (1) proportion of eligible families screened per month and (2) proportion of families with positive screens and want assistance who received resource page and QR code, and (3) proportion of families who receive referral who contact ABCD

How will you know if this change is an improvement?

Increase in screening rates, minimal declined screening rates (balance measure)

What do you predict will happen?

Bedside nurses have heard of program but ability to provide screener will be highly influenced by census/acuity. Screening rates will increase with more screeners available. Families will find QR code helpful.



Families eligible: 129

Families screened: 60 (47%)

Families at least one unmet need: 51 (85%)

Families with ≥2 unmet needs: 35 (69%) (range 2 to 5)

Total unmet needs: 115

Unmet need	n	want assistance N (%)
Education	37	30 (81)
Employment	17	11 (65)
Utilities	15	13 (87)
Food	14	14 (100)
Transportation	12	11 (92)
Housing	10	10 (100)
Caregiving	7	5 (71)
Medications	3	3 (100)

Act: What did you learn?

PDSA 1: Screening feasible. Best with strong relationships. Focus on referrals.

PDSA 2: Resource guide feasible. Technical EPIC issues. Language barriers common. Need for refresher trainings, bilingual nurses.

PDSA 3: Very positive feedback from LEP families. Drop-off due to high NICU census/acuity. Need to increase screeners capacity.

PDSA 4: Multiple refreshers needed for nurses. Videos with role-playing helpful. QR code well received. **4/11 families contacted agency.**

What are your next steps?

Continue nursing training. Incentives (e.g. donuts) for high screening rates. Visibility of project in division meetings. Core group of nurses will serve as internal facilitators.

Discharge Planning/Hands-on-Care

Driver: Discharge Planning- Planned and in Progress

SMART Aim:

To improve discharge timeliness (discharges by 3pm) of all eligible patients from 38% to 60% by September 1, 2021.

Improve families satisfaction with the discharge process from 68% to 90% by September 1, 2021.

Plan:

What is the change you are planning to test?

Using a multidisciplinary discharge checklist that defines the tasks required of each stakeholder and a timeline for when each task should be completed. Stakeholders include: Neonatologists, advanced practitioners/residents, case management, nurses, and families. Provide staff training on new documentation in CIS

How will you test this change?

80% of nursing staff will review training by September 1, 2021

How will you know if this change is an improvement?

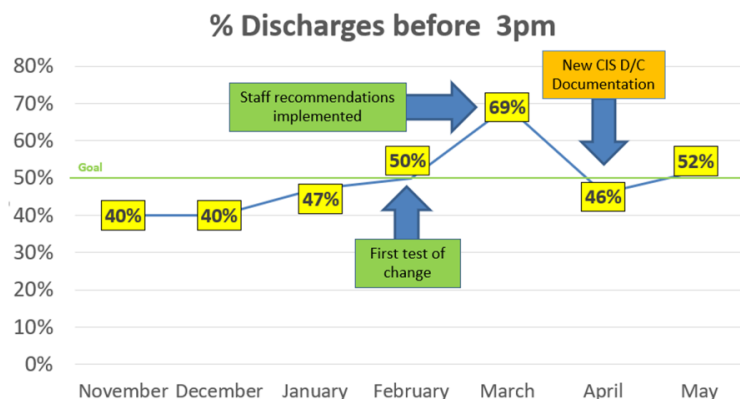
Nursing's ability to complete discharge documentation will directly impact efficiency and nursing's confidence in the discharge process which will improve our SMART Aim.



Do:

- Teach all staff how to use the new CIS Documentation so that they can complete their discharge and training in a timely manner.
- Create/use a video to guide staff through this training.

Study:



Act: What did you learn?

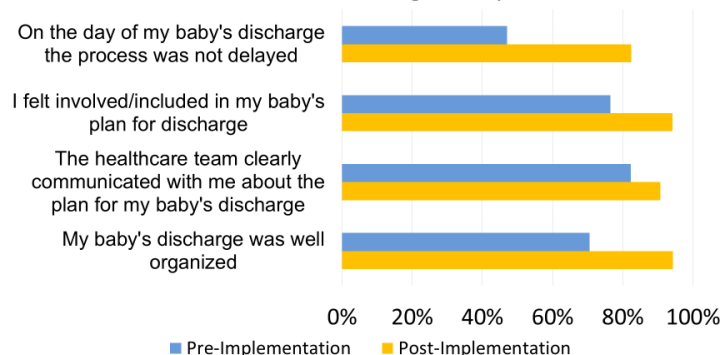
- Focus just on your section
- Focus is not on the tasks but when the tasks get completed
- Tool needs to be discussed daily on rounds
- Nursing needs to get comfortable with new documentation

What are your next steps?

Continue Education with Team-focus on sustaining gains in CCN

Adopt tool in NICU

% of Strongly Agree and Agree Responses on Parent Discharge Survey



Share your PDSAs!

Reminders and Wrap Up

Reminders

- Listserv is active! Please use it! Neogicfamiies-list@bu.edu
- **Newsletter**- we are continually looking for teams to spotlight and any journal clubs!
- We will work on a system to ensure that teams are in communication about other PDSAs and include this in the newsletter to foster communication!



Reminders

- Next Webinar will be Wednesday, September 29th from 2-3 pm
- Tentative In-person vs. hybrid in-person and remote Fall Summit at Mass Med Society the week **scheduled for November 3rd**



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



Neonatal Quality Improvement Collaborative of Massachusetts