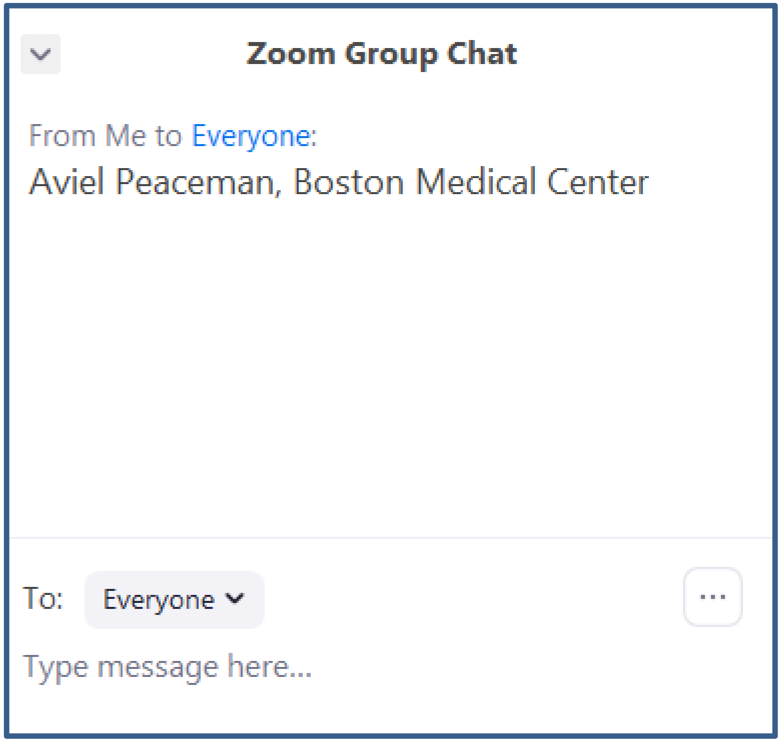
Welcome!

Please chat your name and hospital, and most interesting impulse-buy during COVD into the chat box



Zoom Group Chat

From Me to Everyone:

Aviel Peaceman, Boston Medical Center

neoQIC

Neonatal Quality Improvement Collaborative of Massachusetts

NeoQIC Family Engagement Quality Improvement Collaborative Webinar

October 7, 2020

neoQIC

Neonatal Quality Improvement Collaborative of Massachusetts

Welcome 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

neoQIC
Neonatal Quality Improvement Collaborative of Massachusetts

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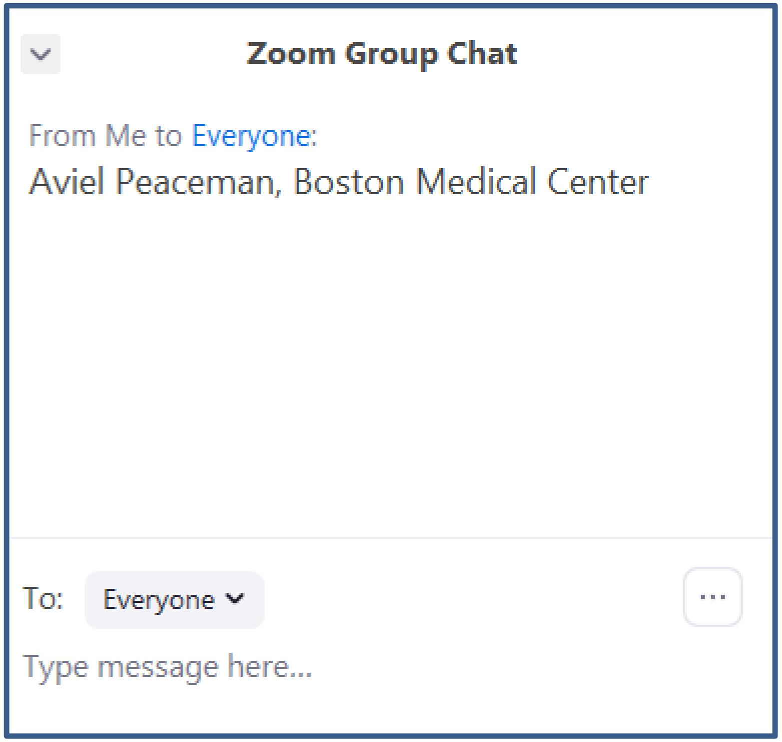

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Aviel Peaceman, Boston Medical Center

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Agenda- Day 2

Time	Topic
2:00	Welcome, Introductions, and Roll Call
2:10	Recap of the Project
2:15	Data Tracks 1 and 2
2:25	Nuts and Bolts of IRB Submission and DUA
2:35	Open Q&A
2:55	Wrap Up and Next Steps

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Have you been involved (in some capacity) with a NeoQIC project before that involves data sharing?

Yes

No

Start the presentation to see live content. For screen share software, share the entire screen. Get help at **pollev.com/app**

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Have you been involved (in some capacity) with a NeoQIC project before that involves data sharing?

Yes

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General NeoQIC Project Structure

Meg Parker, MD, MPH

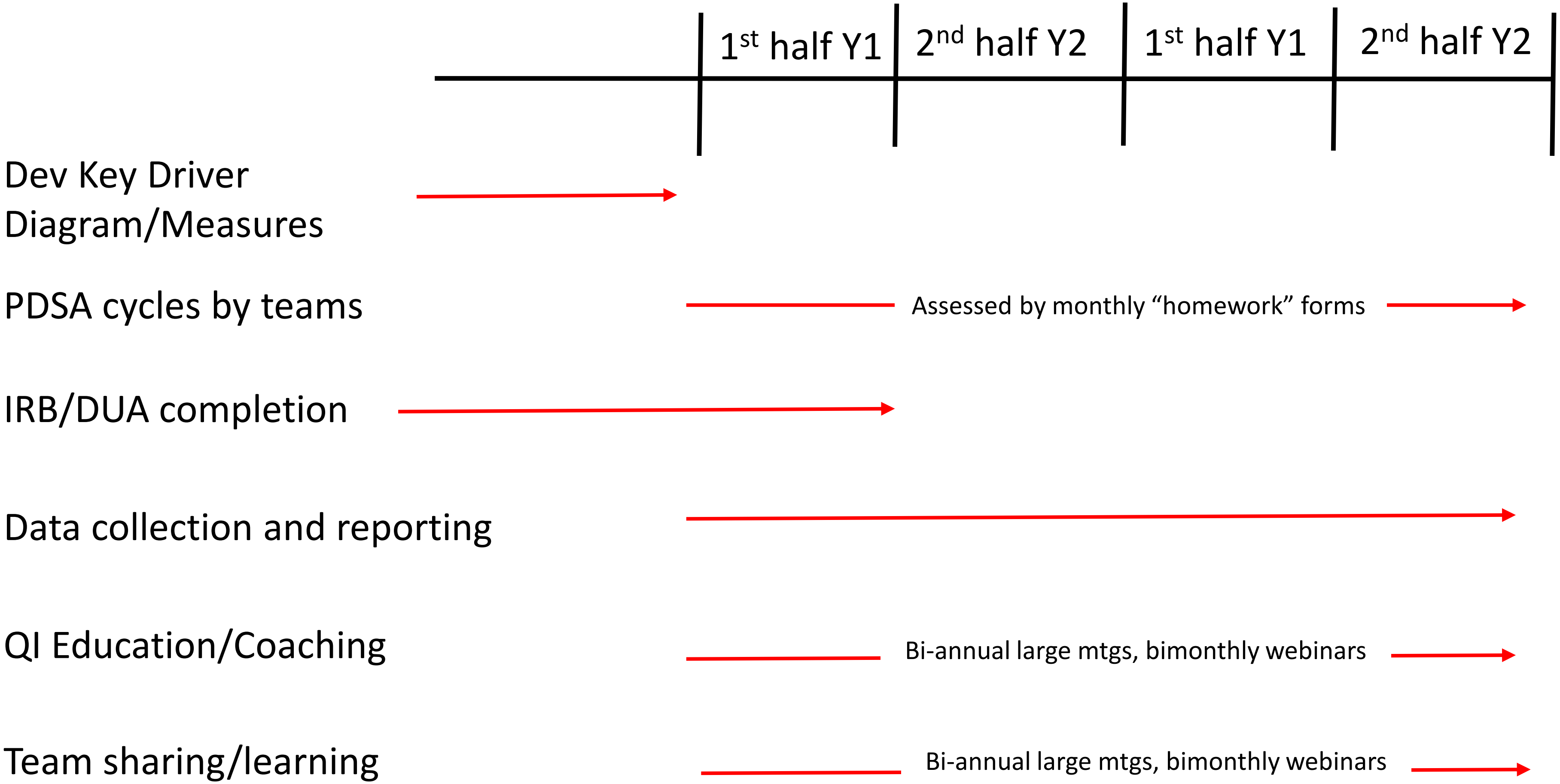
Neonatologist

Boston Medical Center

neoQIC

Neonatal Quality Improvement Collaborative of Massachusetts

General Timeline



1st half Y1 | 2nd half Y2 | 1st half Y1 | 2nd half Y2

Dev Key Driver Diagram/Measures

PDSA cycles by teams — Assessed by monthly “homework” forms

IRB/DUA completion

Data collection and reporting

QI Education/Coaching — Bi-annual large mtgs, bimonthly webinars

Team sharing/learning — Bi-annual large mtgs, bimonthly webinars

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Neonatal Quality Improvement Collaborative of Massachusetts

General Overview

Meg Parker, MD, MPH

Neonatologist

Boston Medical Center

neoQIC

Neonatal Quality Improvement Collaborative of Massachusetts

Primary Drivers

1. Adequate and timely communication regarding infant medical care between staff and families

2. Comprehensive social services and supports for families

3. Family engagement in hands-on NICU care

4. Family participation in discharge planning

More overview

- All level 2 and 3 NICUs/SCNs in MA are encouraged to participate
- Funding from the Kellogg Foundation (PI Parker)
- Our work in MA intended to be a pilot for other states in the future
- Focus on health equity

Data Tracks 1 and 2

Meg Parker, MD, MPH

Neonatologist

Boston Medical Center

Neonatal Quality Improvement Collaborative of Massachusetts

Data Plans

- Track 1: Chart Abstracted Measures Only
- Track 2: Chart Abstracted and Family Reported Measures

Eligibility Criteria for Data Collection

- Any baby hospitalized for at least 2 weeks; and
- No restrictions on parental visitation throughout the duration of the hospitalization
- *English/Spanish only for track 2

Note, we recognize that all babies in your NICU/SCN will benefit from your interventions.

Track 1: 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 in REDCap at BMC
- Data use agreement (DUA) needed between sites
- IRB depends on the site – we encourage you to reach out to your IRB!

More Track 1:

- Data will be kept at Boston Medical Center (where grant is!)
- All teams will have access to their own data at any time
- Teams will be able to create customized variables if they would like
- You will receive “official” data reports quarterly
- Data will be used to inform on-going improvements!

Track 1 General Team Expectations

- Try to meet monthly with your multi-disciplinary team
- Begin completing PDSA cycles- we’re here to help!
- Submit monthly homework forms and we will provide feedback
- Submit data into REDCap

Importance of Data Collection and Submission

- In order know where to target tests of change, we need to look at our data to see where we can improve
- The measure set was carefully developed and reviewed to ensure it will be beneficial to teams
- Submitting regular data will help us see how we are doing over time

Track Two: Chart abstracted measures AND Parent reported measures

- We propose to send short, text message queries during the hospitalization and a slightly longer survey (~10 min) around discharge and post-discharge
  - Drafted
- This will involve asking parents permission to use their phone number and send these messages
  - <u>All families will be informed</u> about the purpose of sharing their contact info and privacy protections
  - Regardless of the IRB at individual institutions, families need to consent to participate. This can be modified at your institutions
  - It will be the responsibility of local team members to talk to families
  - We suggest within first week of admission
- Mother AND other caregivers can participate
- DUA needed between sites
- IRB depends on the site – we encourage you to reach out to your IRB!

Track 2 Expectations

- Hospital teams will be the ones to approach their families to enroll them
- Hospital teams will be responsible for informing BMC when their parents are discharged so that we can send out the post-discharge surveys

Parent reported measures

- Enrollment- ~2 min
- Discharge- 10-15 min
- 4-8 weeks post-discharge- 10 min
- Text queries- seconds

Examples of questions for family members

- Discharge survey:
  - Where you able to visit your baby as much as you wanted? (yes/sometimes/no)
  - What made it difficult to visit your baby?
  - Was someone available to help you if you needed or wanted help in the hospital?
  - Have you been able to: (never, some, just right, too much)
    - Hold your baby?
    - Do skin to skin?
    - Participate in care?
    - Make decisions about your baby's care?
  - How often did you make decisions about your baby's care? (likert)
  - How often did you feel like a parent or caregiver? (likert)
  - How much as the hospital team told you about: (likert)
    - Car safety, safe sleep, baby shaking, breastfeeding

Examples Post-Discharge Survey

- Sleep position
- Sleep location
- Sleep environment
- Feeding
- Adherence to home vitamins/medications
- Return to work and disruption of caregiving due to work

Text Message Queries**

- Asked weekly
- Were you able to see your baby in-person or by video as much as you wanted in the past week?
- Do you perform skin-to-skin as much as you wanted in the past week?
- Have you felt like a parent to your baby? (likert)
- How often did you make decisions about your baby?
- Did a social worker talk to you?

IRB

Why submit an IRB for a QI Project?

- Hospital IRBs tend to have different parameters around what they consider human subjects research vs. basic quality improvement
- Being in contact with your hospital's IRB will ensure that you are following the necessary steps required by your facility to conduct this QI project

Example BMC Language:

Traditional QI/QA projects are typically designed, or intended, to:

- improve patient care;
- compare a program/process/system to an established set of standards such as standard of care, recommended practice guidelines, or other benchmarks;
- improve the performance of institutional practice or local systems;
- bring about improvements in health care delivery.
- All persons who get interventions are expected to benefit
- The intent is NOT to test a novel hypothesis, answer a research question or replicate another researcher's original question
- Chart reviews NOT the only activities in project
- … it goes on

IRB

- <u>IRB- Track 1</u>
  - Typical of our other QI projects
  - We encourage all teams to reach out to their hospital's IRBs
  - We will help you with this process!

- <u>IRB- Track 2</u>
  - Use of parent-reported measures for QI is novel, but the use of this data is "still" to inform local QI work
  - We do need access to email and phone numbers of parents to administer the surveys and text queries
    - These are identifiers, but will NOT be linked to the final data that is collected
    - These *do* need to be shared with BMC to administer the surveys
  - We encourage all teams to reach out to their hospital IRBs
    - At BMC- this approach has preliminary determined to be "QI". We will help you with the process! We will navigate this together.

  - We provided you draft language of the project for your IRBs.

What is your familiarity with submitting an IRB at your institution?

- Very familiar
- Somewhat familiar
- Not very familiar
- Not at all familiar

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DUA

Why do we need a DUA?

- Data sharing is a key component of any QI collaborative
- In order to share data between hospitals, our legal teams need to agree on the terms of the data sharing agreement
- Once the DUA is in place, hospitals can submit regular data into REDCap

Data Use Agreement

- Goal to create a DUA that can be used for both tracks
- Working with BMC legal this month to begin this process
- Need to identify your institutional legal contact

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

- Text-messaging: short, queries with yes/no responses or simple answer choices to increase parent responsiveness (checking this capability)

- Discharge/post-discharge survey elements: goal overlap with data already collected at 3 hospitals understanding post-discharge infant care practices (feeding/sleeping)

Current status

- In the process of navigating with:
  - BMC Legal
  - BMC Compliance
  - BMC REDCAP Data coordination center

What is your familiarity with completing a Data Use Agreement at your institution?

- Very familiar
- Somewhat familiar
- Not very familiar
- Not at all familiar

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Next Steps on Data

- Track one: Chart Abstracted Measures
  - Investigate with local IRBs
  - Move toward securing data use agreements
- Track two: Parent Reported Measures
  - In the process of further defining these measures
  - Investigate with local IRBs
  - Move toward securing data use agreements which will likely encompass both tracks in the same agreement

Role of the Leadership Team

- Provide real time data reports with your data
- Host a platform for sharing through webinars with content expoerts and group sharing
- Provide QI training
- Provide stipends for parent partners
- MOC part 4 credit- we are working on setting this up
- QI coaching- 1 on 1 and/or office hours

Do you think your hospital will participate in track 1 or track 2?

- Track 1
- Track 2
- Not sure

Do you think your hospital will participate in track 1 or track 2?

Track 1

Track 2

Not sure

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Do you think your hospital will participate in track 1 or track 2?

Track 1

Track 2

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How familiar are you with PDSA cycles?

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Q&A

Meg Parker, MD, MPH

Neonatologist

Boston Medical Center

Neonatal Quality Improvement Collaborative of Massachusetts

Any Questions?

Wrap Up and Next Steps

Neonatal Quality Improvement Collaborative of Massachusetts

TO DO's

- Send us a roster of your multi-disciplinary team (if you haven't already!)
- Decide on track 1 vs. 2
- Reach out to local IRBs
- Determine who is the legal contact at your hospital
- Start monthly meetings
- Start PDSA cycles!

Upcoming Webinars

- Dates:
  - Wednesday, October 21st from 2-3 pm
  - Wednesday, December 2nd from 2-3 pm

- Topics:
  - Virtual platforms to connect with families
  - Primer on PDSAs

Thank you!

Questions?

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

www.neoqicma.org

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