

Massachusetts NICU/SCN Family Engagement Quality Improvement Collaborative Fall Summit Webinar- Day 2

November 3, 2021

1-4 pm



Welcome Back!

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

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- Day 2

Time	Topic
1:00	Welcome Back
1:10	March of Dimes: MA Resources
1:30	Keynote Talk Day 2: Embracing Equity As A Way Of Life
2:30	Small Group Breakouts
2:50	Break
3:00	Team Sharing
3:50	Wrap Up Day 1

Massachusetts Hearing on Donor Milk Insurance Coverage

- Public hearing on insurance coverage for donor milk in Massachusetts.
- MA residents should attend this virtual hearing and/or submit written testimony in advance of the hearing to support insurance coverage for donor milk in MA
- Hearing will take place on November 9th from 11 am-4 pm via Zoom
- Sign up to testify by Thursday, November 4th at 5 pm (link to sign up in chat box)
- Questions? Contact Director of Community Relations at Mothers Milk Bank Northeast, Ann Marie Lindquist-
annmarie@milkbankne.org

March of Dimes, Massachusetts Resources

Chloe Schwartz, MPH
Director, Maternal Infant Health
March of Dimes



**HEALTHY
MOMS.
STRONG
BABIES.**



OUR GOALS

LEADING THE MOVEMENT FOR HEALTHY MOMS. STRONG BABIES.

END PREVENTABLE
**Maternal
Morbidity and
Mortality**

+

END PREVENTABLE
**Prematurity
and Infant
Mortality**

+

CROSS CUTTING:
**End the
Health Equity
Gap**

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PREGNANCY

Before or between pregnancies

Nutrition, weight & fitness

Prenatal care

Is it safe?

Labor & birth

Postpartum care

BABY

Caring for your baby

Feeding your baby

COMPLICATIONS & LOSS

Pregnancy complications

Preterm labor & premature birth

The newborn intensive care unit (NICU)

Birth defects & other health conditions

Loss & grief

TOOLS & RESOURCES

Frequently asked health questions

Calculating your due date

Ovulation calendar

Ovulation calculator

Order bereavement materials

News Moms Need Blog

Coronavirus (COVID-19)

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SEARCH RESULTS

HELLP

Showing 1-9 of 9 results

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HELLP syndrome

www.marchofdimes.org/complications/hellp-syndrome.aspx

What is **HELLP** syndrome? **HELLP** syndrome is a serious pregnancy complication that affects the blood and liver. **HELLP** stands for these blood and liver problems: H-- Hemolysis. This is the...

Meet Nina Centofanti, our 2013 National Ambassador

www.marchofdimes.org/mission-stories/meet-nina-centofanti-our-2013-national-ambassador.aspx

lbs., 15 oz. Battling the effects of **HELLP** syndrome, which put her own health in jeopardy, Chris had to trust others to help her baby; and Vince never expected that his own daughter would have to be...

High blood pressure and pregnancy

www.marchofdimes.org/it-starts-with-mom/high-blood-pressure-and-pregnancy.aspx

HELLP syndrome. Eclampsia causes seizures and can lead to coma. **HELLP** syndrome is when you have serious blood and liver problems. **HELLP** stands for hemolysis (H), elevated liver enzymes (EL), low platelet...

Preeclampsia: diagnosis and treatment

www.marchofdimes.org/it-starts-with-mom/preeclampsia-diagnosis-and-treatment.aspx

yet 34 weeks pregnant but you and your baby are stable, you may be able to wait to have your baby. If you have severe preeclampsia and **HELLP** syndrome, you almost always need to give birth early...

High blood pressure during pregnancy

www.marchofdimes.org/complications/high-blood-pressure-during-pregnancy.aspx

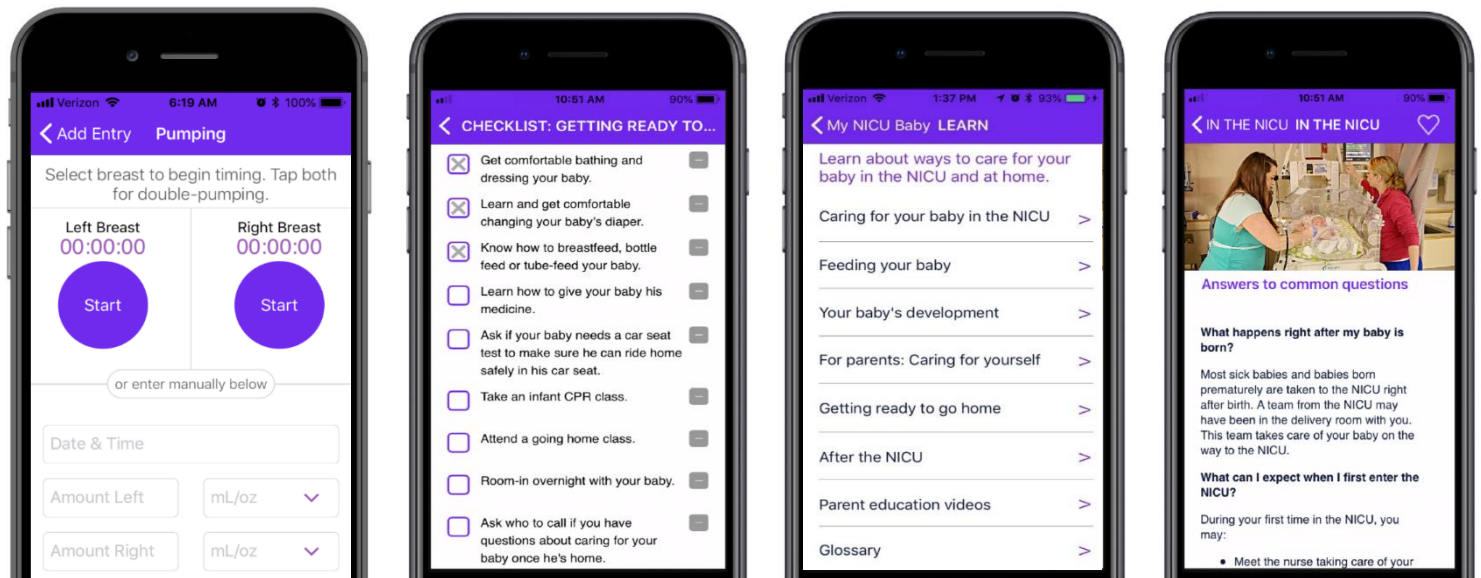


MY NICU BABY™

MI BEBÉ EN LA NICU™



APP FEATURES



NICU FAMILY SUPPORT

Educate NICU Families

- Provide information to help all families manage the NICU experience
- Educate NICU families on key topics
- Materials: booklets, apps (My NICU Baby® and Mi Bebé en NICU)
- Core Curriculum standardized parent education: 7 topics in English and Spanish



Educate NICU Staff

- Increase knowledge of NICU staff
- MoD Professional Education webinar series (14 on-demand topics available)
- Quarterly offerings: NICU Grand Rounds and Leading Practice Workshops (live and on-demand)



Improve NICU experience

- Support unit patient experience goals and integrate voice of patient/family feedback
- Champion best practices in NICU policies, procedures and practices (including communication)
- Promote parent and family satisfaction through organized parent/family activities
- Products/services: standardized toolkits and collaboration network for NFS Program Coordinators and hospital partners

SUPPORTIVE PREGNANCY CARE

Medical care + prenatal education, childbirth preparation, and postpartum care education...in a GROUP!

Group size 8-12 individuals

About ten 90-120 minute sessions during a typical pregnancy, monthly or bimonthly

Can be conducted in-person or via telehealth platforms

Two facilitators

1. Physician, midwife, or nurse practitioner
2. Other health care professional



Customizable!



A MOTHER OF A MOVEMENT

TO FIGHT FOR THE HEALTH
OF ALL MOMS AND BABIES.

JOIN US



2022 March for Babies



National Volunteer Day

Be a Part of the Village

Become a Volunteer Lasagna Chef

Partner with Local March of Dimes and Hospital Partners



Other Volunteering Opportunities

Put together kits or packages

Personal Care Kits, Sibling Kits, etc.

Host a Donation Drive

NICU clothing, baby books, journals, holiday items, etc.

March Your Way

Advocacy Opportunities

Host a Gratitude Event

THANK YOU!

EMAIL: CSCHWARTZ@MARCHOFDIMES.ORG

Keynote Speaker: Embracing Empathy & Equity As A Way Of Life

Kimberly Novod
Executive Director
Saul's Light



Embracing Empathy & Equity As A Way Of Life

NeoQIC Family Engagement
Collaborative

Nov. 2-3, 2021

SAUL'S • LIGHT

The journey



Saul's Light supports, empowers, and advocates for Louisiana's NICU and bereaved families by responding to their unique social-emotional needs.

1
***NICU
Support***

2
***Bereavement
Support***

3
***Connections
to
Community
Resources***

Core Beliefs

- Every NICU family deserves to be present & involved in their babies care.
- Barring diagnosis, every families should have the same NICU experience as it relates to social-emotional support and access to resources
- Implicit and explicit bias prevent equitable care.
- Equitable change comes about when we take deliberate action to make it so.

Embracing Equity

- Is a shared goal and responsibility
- Acknowledge uncomfortable truths
- Intent vs. impact

Embracing empathy & equity as a way of life

What you can do to improve yourself

- Don't pass judgement.
- Be self awareness.
- Interrogate yourself, your thoughts, & feelings (ask why)
- Start a self dialogue to investigate what's at the core of your thoughts, & actions.
- Get out of your comfort zone & into the community.

Embracing empathy & equity as a way of life

What you can do improve communication

3 Es

- ***Empathize***
 - Reserve judgement & extend grace
- ***Empower***
 - Prescribing parents/Moms as medicine
- ***Encourage***
 - Active involvement

Embracing empathy & equity as a way of life

What does this look like in the NICU?

- **Every patient family, every time**
 - Encouraged visits
 - Skin to skin
 - Breastfeeding
 - Caregiving tasks
 - Decision-making
 - Cheerleading
- **Ask.**
- **Listen.**
- **Empathize.**
- **Help.**



Embracing empathy & equity as a way of life

What does this look like in the community?

In theory

- Understanding*
- Collective
- Diverse

*“It is only by working closely with families and communities that we can know **how** to be of service, **when** to intervene, and **which** interventions are likely effective.” Dr. Wanjiku F.M. Njoroge, Policy Lab 2020*

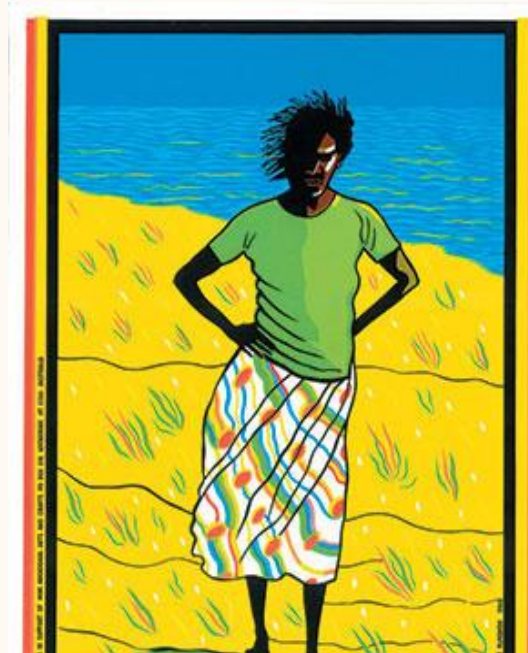
In practice

- Identify
- Approach
- Implement

Embracing empathy & equity as a way of life

*"If you have come here to help me
you are wasting your time,
but if you have come because your liberation is
bound up with mine,
then let us work together."*

— Lilla Watson



Applying Empathy & Equity!

(Adapted from MNDH)

Instructions

- *Read the first scenario.*
- *Discuss your scenario using the discussion questions.*
- *Select a scribe from your group to record response/notes to the questions.*
- *Select someone who will be reporting back a summary of the discussion to the larger group at the end of the exercise.*
- *Repeat using the second scenario.*

Discussion questions

(Every question may not apply)

- *Who is affected/impacted by the decision?*
- *Have those who are affected/impacted helped to shape the decision and process?*
- *Who benefits and who is harmed by the decision and process?*
- *Who is/is not at the decision-making table?*
- *What assumptions are taking place?*
- *What information is missing that would tell us more?*
- *What might you do differently?*

Applying Empathy Equity!

(Adapted from MNDH)

Scenario A

Constance is a NICU mom who does not speak English. She is afraid to come to the NICU because of her undocumented status though she misses her baby dearly when she's away.

Sometimes, when Constance's neighbor offers her a ride, she will spend a few hours in the NICU talking and singing. Because she has no family in this country Constance longs to share her language and traditional stories with her baby who she hasn't held in weeks because nurse Gwen, who speaks her language, is on vacation.

Constance wonders when her baby will be discharged and join the family at home. But then again, how will she afford formula and diapers when that happens?

Scenario B

Daniel is a NICU dad who is having a hard time bonding with his baby. Every time he is at the hospital, he feels so helpless. Daniel knows his baby is fragile and he doesn't want take the chance of hurting the baby by asking to hold him. Even though, when he does, he feels much better unlike when he is home and feels extremely anxious. Last night, Daniel remembered his heart racing in response to his mother calling him. Daniel couldn't help but be reminded of the last time his phone rang. It was when the nurse told him to come quickly to the hospital because his baby had had a stroke.

We Are The Village!

Donate

Volunteer

Partner

@sauls_light / IG & Twitter

www.facebook.com/saulslightfoundation

www.saulslight.org

info@saulsight.org

We're making a difference.

"Thank you for hosting such a wonderful yoga and mindfulness workshop. It was really helpful for me to be around other moms. It also made me feel strong. I haven't felt that way in quite some time."

— M.B., NICU mother

"The CuddleCot played a huge role in dealing with the death of their baby. The mother said time and time again how grateful she was to have every minute with her."

— Jade, Nurse,
East Jefferson General Hospital

"Thank you for your support while my daughter was in the East Jefferson NICU for two weeks. It was nice to get a gift card and a helping hand."

— D.B., NICU Fund Recipient

Let's discuss!

- *How can hospitals partner with the community to improve public health?*
- *How can practicing empathy improve communication with patient families?*
- *What are the barriers to creating diverse patient and family advisory councils ? How do we overcome those barriers?*
- *In what ways are we perpetuating a culture of mistrust and/or implicit bias in healthcare?*
- *In what ways can radical empathy improve communication and cultural humility?*
- *What social inequalities impact the health of the local community? How can healthcare professionals recognize these inequalities and how they affect patient care and outcomes?*

Small Group Breakouts

Meg Parker, MD, MPH

Breakout Instructions

- We will randomly assign you to a small breakout with several other attendees to discuss the different scenarios.
- You will have about 20 minutes once in the breakout rooms to discuss. We will let you know when you need to return to the main group.
- Introduce yourself! Share your name, hospital, and roll.
- When we return back to the group, we will request that a few volunteers share thoughts from your breakout discussions

Break!

Please return in 10 minutes.

Team Sharing: Tufts Medical Center

Rachana Singh, MD, MS
Associate Chief, Newborn Medicine
Tufts Medical Center



Neonatal Quality Improvement Collaborative of Massachusetts

Family Engagement Project

Initial Family Meeting

Tufts Team

November 2nd 2021



Background

- As is well known that for parents and caregivers, admission of their baby to the NICU is anxiety provoking, with the process akin to PTSD
- While a big contributor to the anxiety is the clinical prognosis of the infant, the unknown NICU environment adds to the stress
- A big focus is on providing clinical updates
- Often times we miss educating parents understand the NICU environment, roles of caregivers, resources available and most importantly addressing individual family's needs

Mew, et al. 2003. Correlates of depressive symptoms in mothers of preterm infants. Neonatal Netw. 2003. 22: 51-60

Ahlund et al. Post-Traumatic Stress Symptoms in Mothers of Very Low Birth Weight Infants 2-3 years Post-Partum. Arch Womens Mental Health. 2009.12:260-4.

Zelkowitz et al. Early Maternal Anxiety Predicts Cognitive and Behavioral Outcomes of VLBW Children at 24 Months Corrected Age. Acta Paediatrica. 2011 100:700-704

Who are we ?

- The Level IV NICU at Tufts is a 40 bed unit with about 600- 800 admissions/year
- These admissions include about 100 – 120 VLBW infants, with additional critical medical and surgical neonates
- We have 5 affiliated Level II SCNs with an active transport service for both acute incoming and stable retro-transfers for continued Level II care

What were we already doing well ?

- Robust prenatal consults 24 x 7 for parents
- Multidisciplinary bedside rounds including parents as available
- Tufts Neonatal Network with affiliated Level II SCNs permitting babies to be closer to families in their community
- Well organized discharge process – Passport to Discharge
- So what did we choose to focus on as part of this initiative

What Primary Driver Does this PDSA Address

 X Communication

- Social supports/services
- Hands on care
- Discharge planning

SMART AIM

- By December 2021, 75% of inborn NICU families expected to have a NICU stay of > 7 days will participate in interdisciplinary family meeting held within 72 hours of admission.

PLAN – Change being implemented and tested

- Starting February 2021, we planned to implement a formal interdisciplinary family meeting that will occur within 72 hours of an inborn infant's admission.
- Infants to be included would be inborn at Tufts, and who were likely to be hospitalized for at least 7 days
- Test of change was percentage of inborn NICU families who participate in a family meeting within 72 hours of admission versus number of families who do not participate in a formal family meeting.
- Plan to track from February, 2021 to December, 2021
- Analyze each month during this timeframe to establish change and adapt

PLAN – Measure and Prediction

- Track question : “Did a multi-disciplinary family meeting occur in the first 7 days after admission as documented in the medical record” and compare our baseline data (9/1/2020-1/31/2021) to data subsequent to initiation of the formal early family meetings.
- Evaluate post-discharge survey data, specifically questions such as “how often have you been able to see and talk to the same doctors/nurses” and “how often was a healthcare provider available to help you if you needed help in the hospital” and compare trends overtime following initiation of the formal family meetings.
- We predicted gradual increase in multidisciplinary family meetings over the next 3-6 months and for those meetings to ease family’s transition into the NICU.

DO

- With input from team members we created:
 - Template to guide conversation
 - Family Agreement Partnership
 - NICU team photo “meet and greet”

NICU Family Agreement Partnership

Congratulations on the birth of your newborn. We strive to provide infant and family centered care to improve the health and well-being on infants and their caregivers.

What you can expect from us:

Why?

1. Excellent patient care	because that is our mission and purpose
2. Dignity & respect	because we care about our patients and families
3. A partnership with parents in treatment planning	because YOU are a part of the treatment team
4. Support while your baby is in the NICU	because we understand the NICU can be a difficult place to be
5. Education about your baby's care and treatment needs	because as a team member you need to know
6. Cultural sensitivity with focus on family strengths	because we understand that everyone is unique
7. Open and honest communication and feedback	because we want you to be informed

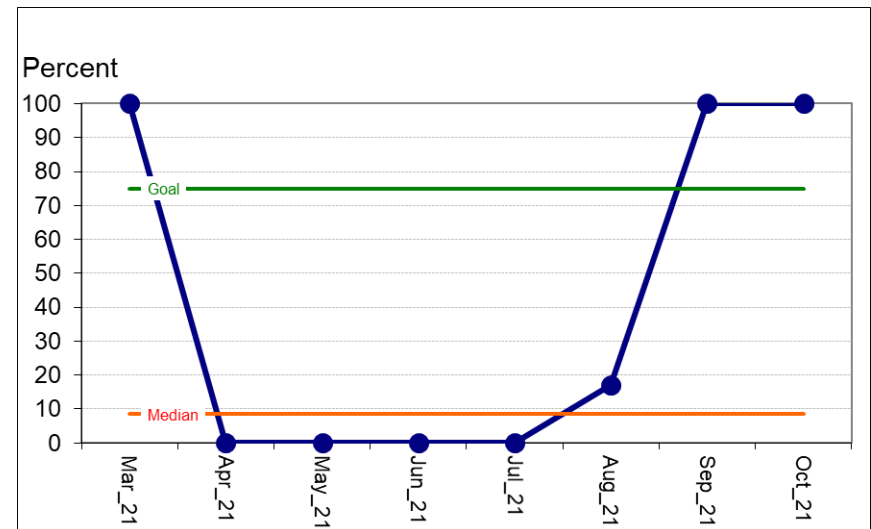
What we can expect from you:

Why?

1. Carefully follow all NICU rules	because our rules keep patients safe and healthy
2. Dignity and respect	because we are members of the same team
3. Partnership with the team	because we want your input about your child
4. Full involvement in your child's care	because your baby needs you most
5. Keep patient areas quiet and peaceful	because our babies need quiet and rest
6. Understanding that the Nurse leads daily care	because nurses provide 24 hour care to your baby
7. Wash hands every time you enter the unit	because we know this keeps baby safe and healthy
8. Only request info about YOUR baby	because we respect the privacy of all families
9. Open and honest communication	because we want to know how you are doing
10. Notify your nurse before handling your baby	because this will help your baby receive the best care

STUDY – Measure/Results

- As baseline we had 102 infant family dyads with only 5 documented family meetings = 5%
- The PDSA cycle was officially initiated on 03/2021 and a total of 8 multidisciplinary family meetings have been held of the 20 meeting inclusion criteria = 40%



ACT- What did we learn ?

- Anticipate delays due to unexpected changes
- Keeping the team actively engaged and involved
- Task assignments
- Perseverance
- Focus on the goals

ACT – What are the next steps ?

- **Adapt:**
 - Changed from planned big sit down meetings to at bedside, as available
 - Consistent message irrespective of the messenger
 - Include all comers, both inborn and out-born
- Adopt: test changes on larger scale
- Abandon: try a new idea

Acknowledgments

- Participating Families
- NICU Nursing Team

Team Sharing: Newton Wellesley Hospital

Alyssa Marshall, DO
Neonatologist
Newton Wellesley Hospital

Implementation of routine introductory family meetings in the SCN



Alyssa Marshall, Franchyska Silfa-Mazara, Sujatha Ramadurai, Megan Etchings, Amanda Woodacre, Rachel Carpenter, Jill O'Neill

Newton Wellesley Hospital

Primary Driver: Communication

SMART Aim: Increase the number of formal introductory family meetings from 0% to 80% for all babies admitted for min 7 days

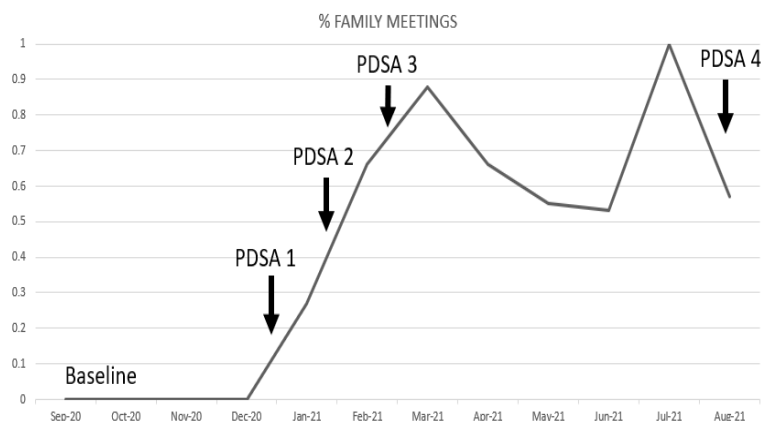
	Date of PDSA Cycle	Description of intervention	Results
Baseline	9/1/2020 – 12/31/2020	Collected Baseline Data/ Chart Review	No Routine Family Meetings happening
PDSA Cycle 1	1/1/2021 – 1/31/2021	Picked a few random families, did meeting, got verbal feedback	27% of qualifiers had a meeting
PDSA Cycle 2	2/1/2021 – 2/28/2021	One physician organized and executed family meetings over 1-2 week of service time	66% of qualifiers had a meeting
PDSA Cycle 3	3/1/2021 – 8/30/2021	Expanded to all NEOs attempting to complete meetings	On average 70% of qualifiers had a meeting
PDSA Cycle 4	10/1/2021	Change inclusion criteria to GA < 35 weeks and Train PCAs to schedule family meetings	



REVISED SMART Aim: Increase the number of formal introductory family meetings to 95% for any baby admitted to the SCN < 35 weeks gestation

Next PDSA: Unit PCA to schedule initial introductory meeting with Family within 3-5 days of birth. Will keep a central database and assign families based on pre-designated times.

We will also start collecting written feedback from families as to what they like, dislike, want from the family meeting



Wrap Up Day 1

**One word to describe how you're feeling
after the presentations these last two days?**

Claim your CME/CNE credit

- We sent out information on claiming CME/CNE credit for attendance at the 2 day virtual meeting.
- Check your inbox and click on the link in the attachment.

Any Comments, Reflections, or Questions?



Thank you!
We look forward to seeing you again soon!

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

