Massachusetts NICU/SCN Family Engagement Quality Improvement Collaborative Fall Summit Webinar- Day 1

November 2, 2021

1-4 pm

PN QIN OF MASSACHUSETTS
PERINATAL-NEONATAL QUALITY IMPROVEMENT NETWORK

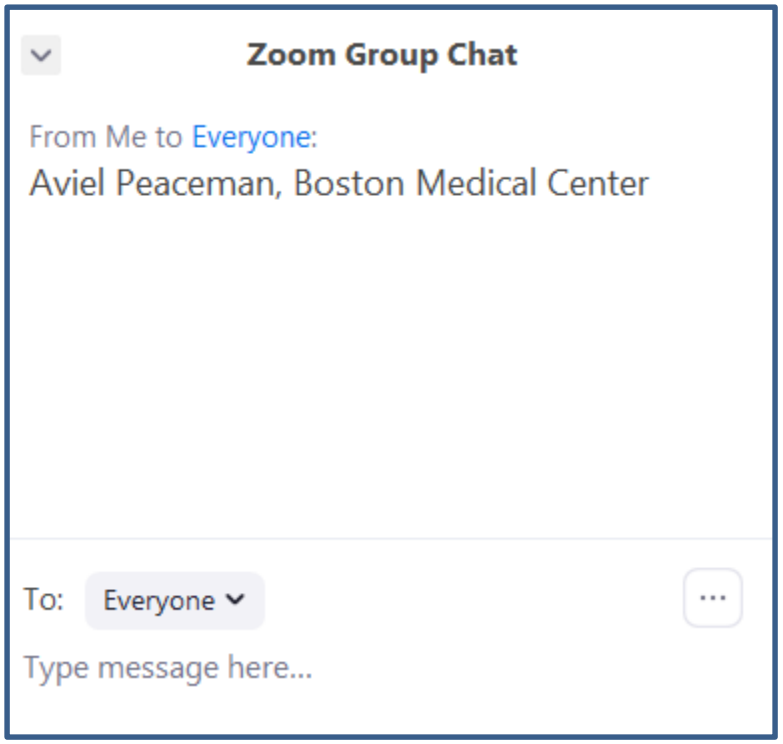
Welcome, Introductions, and Roll Call

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

Welcome!

Please chat your name and hospital into the chat box

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



Agenda- Day 1

Time	Topic
1:00	Welcome, Introductions, and Roll Call
1:10	State of the Collaborative: One Year In
1:40	Keynote Talk Day 1: Kimberly Novad of Saul's Light
2:30	Small Group Breakouts
2:50	Break
3:00	MDPH Family Engagement Goals
3:25	Team Sharing
3:55	Wrap Up Day 1

Agenda- Day 2

Time	Topic
1:00	Welcome Back
1:10	March of Dimes: MA Resources
1:30	Keynote Talk Day 2: Kimberly Novad of Saul's Light Connecting with Communities
2:30	Small Group Breakouts
2:50	Break
3:00	Team Sharing
3:50	Wrap Up Day 1

Project Timeline

	Year 1				Year 2				Year 3			
	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/ virtual meetings	X		X		X		X		X		X	
Data collection and reporting				X	X	X	X	X	X	X	X	X
Interventions as PDSA cycles			X	X	X	X	X	X	X	X	X	X

Year 1 Practice Survey Results: Select Results

Meg Parker, MD, MPH

PN QIN OF MASSACHUSETTS
PERINATAL-NEONATAL QUALITY IMPROVEMENT NETWORK

What level of care is your unit?

Unit Level	Baseline Responses (n=13)	Year 1 Responses
Level II	6 (46%)	6 (50%)
Level III or IV	6 (46%)	5 (42%)
Other (one 1B)	1 (8%)	1 (8%)

Family Support Structures

Family support specialist dedicated to your NICU/SCN?

Family Support Specialist	Baseline Responses (n=11)	Year 1 Responses (n=12)
Yes	3 (23%)	1 (85)
No	10 (77%)	11 (92%)

If yes, paid position	Baseline Responses (n=3)	Year 1 Responses (n=0)
Yes	3 (100%)	n/a
No	0	n/a

If yes, full or part time	Baseline Responses (n=3)	Year 1 Responses (n=0)
Full Time	1 (33%)	n/a
Part Time	2 (67%)	n/a

Do veteran parent(s) participate in any form?

Veteran parents	Currently exists		Currently planning or considering		Neither	
	Baseline	Year 1	Baseline	Year 1	Baseline	Year 1
Parent advisory committee	3 (23%)	2 (17%)	3 (23%)	3 (25%)	7 (54%)	6 (50%)
Parents on committees	3 (23%)	3 (25%)	1 (8%)	1 (8%)	9 (69%)	7 (58%)
Parent-to-parent support while admitted	2 (15%)	2 (17%)	2 (15%)	4 (33%)	9 (69%)	5 (42%)
Parent-to parent support post discharge	1 (8%)	0 (0%)	2 (15%)	3 (25%)	10 (77%)	8 (67%)

Availability of sleep spaces for caregivers

Sleep spaces	Baseline Responses (n=13)	Year 1 Responses (n=11)
Routinely available whenever caregivers desire in the same room as their baby	2 (15%)	1 (9%)
Routinely available whenever caregivers desire in a different room than their baby	3 (23%)	3 (27%)
Limited capacity for caregivers to sleep at the NICU/SCN	8 (62%)	7 (64%)
Provision of vouchers for a local hotel	0	0
Other	0	0

Approach to supporting transportation costs

Transportation assistance	Baseline Responses (n=13)	Year 1 Responses (n=11)
We don't routinely support parents with transportation costs	4 (30%)	2 (18%)
We provide vouchers for buses or taxi routinely	1 (8%)	3 (27%)
We provide vouchers for buses or taxis intermittently	8 (62%)	6 (55%)

Approach to supporting families with food (check all that apply)

Food support	Baseline Responses	Year 1 Responses
We don't routinely provide food to families while visiting the NICU	3 (23%)	2 (17%)
Breastfeeding mothers can order a meal while visiting	4 (31%)	6 (50%)
Any family member can order a meal while visiting	0 (0%)	0 (0%)
We provide vouchers for the cafeteria intermittently	2 (15%)	1 (8%)
We provide vouchers for the cafeteria routinely	0 (0%)	0 (0%)
We provide snacks only	6 (41%)	3 (25%)

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/lack of leave policies (3)
  - Other children at home/lack of childcare (6)
- Lack of transportation/ distance (9)
  - Drivers for c section moms
- Space/lack of privacy (1)

Family members involved in any quality improvement activities?

QI Involvement	Baseline Responses (n=13)	Year 1 Responses (n=11)
Always or nearly always involved	1 (8%)	0 (0%)
Sometimes involved	3 (23%)	5 (45%)
Rarely/never involved	9 (69%)	6 (55%)

Biggest barriers for involving family members in QI activities

- Schedules, frequency of meetings
- Competing priorities
- There have not been such opportunities at level 2
- Time commitment and QI team's ability to compensate for families' time.
- Knowing which parents to reach out to.... do not want to over burden families
- We don't have enough staff to set up programs or liaison with families
- I believe our families would be willing to be involved when approached.
- It simply hasn't been done in the past. Hopefully by focusing on it more with future projects the practice will become more common in our unit.
- It hasn’t really been an institutional focus to involve family members

Routinely assign primary nurses and physicians

Primary Nurse	Year 1 Responses (n=11)
Yes	6 (55%)
No	5 (45%)

Primary physicians	Year 1 Responses (n=11)
Yes	2 (18%)
No	9 (81%)

Communication with Families

Parents present IN PERSON during daily rounds

Parent Present In Person	Baseline Responses (n=13)	Year 1 Responses (n=12)
Always or nearly always	0	0
Most of the time	2 (15%)	1 (8%)
Sometimes	10 (77%)	10 (84%)
Rarely/never	1 (8%)	1 (8%)

Parents present VIRTUALLY during daily rounds

Parent Present Virtually	Year 1 Responses (n=12)
Always or nearly always	1 (8%)
Most of the time	0 (0%)
Sometimes	2 (17%)
Rarely/never	9 (75%)

Approach to planning multi-disciplinary family meetings (check all that apply)

Meeting Frequency	Baseline Response (n=13)	Year 1 Responses (n=12)
Ad hoc	12 (92%)	10 (83%)
Goal for regular intervals throughout hospitalization	4 (30%)	3 (25%)
Always plan prior to discharge	2 (15%)	0 (0%)
Always plan before the mother is discharged	1 (8%)	n/a
Always plan within two weeks of admission	3 (23%)	n/a
Plan within first 7 days of admission	n/a	3 (25%)

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	
	Baseline	Year 1	Baseline	Year 1	Baseline	Year 1	Baseline	Year 1
In-person interpreters	2	1	5	3	5	6	0	2
Phone interpreters	2	5	4	3	7	3	0	0
Google translate or other internet aids	1	1	0	0	5	2	6	8
Other English-speaking family members that happen to be at the bedside	0	0	0	0	6	5	5	7

Comments on Interpreter Services

Video interpreter services have become more popular

- Currently using dial phone/video on regular basis for daily rounds/updates and teaching. Works well. Discourage google translator.
- We are using our video interpreter services much more often these days.
- In person interpreters are always used for family meetings.
- We use an ipad when a live interpreter not available, so a person can still be seen.
- Need appointment for in-person interpreter
- We have had Interpreter difficulties recently. Families have complained the appropriate information is not being relayed to them. This is in the case of families with one fluent English speaker and another with limited English.
- We have the option of in-person interpreters or remote via video or phone
- Excellent access to in person translators with ipad video translators available as back up in most cases particularly for commonly spoken non English languages. Ipad-video translators are often primary means for less commonly spoken languages in our area

Social Work Support

Timing of the first social work contact

First Social Work Contact	Baseline Responses (n=13)	Year 1 Responses (n=12)
Within 24 hours of being admitted	2 (15%)	2 (17%)
Within 48 hours of being admitted	6 (46%)	5 (42%)
Within the first week of being admitted	5 (38%)	4 (33%)
More than one week after being admitted	0	1 (8%)

Approach to assessing unmet material needs

Standard Approach	Baseline Responses (n=13)	Year 1 Responses
Yes	8 (62%)	6 (50%)
No	5 (38%)	6 (50%)

If yes, who does the assessment? (check all)	Baseline Responses	Year 1 Responses
Assessed primarily by social workers	8	5
Assessed primarily by bedside nurses	2	1
Other	0	0

Approach to assessing mothers for post-partum depression? (check all that apply)

Approaches to Assessment	Baseline Responses	Year 1 Responses
All mothers are assessed for PPD	5 (38%)	9 (75%)
When there is a concern, mothers are assessed for PPD	5 (38%)	3 (25%)
Other	3 (23%)	0 (0%)

Bereavement support provided to families

Bereavement Support	Year 1 Responses
Photography	8 (67%)
Cuddle cot	2 (17%)
Heart beat recording	1 (8%)
Memory box	12 (100%)
Memorial service	4 (33%)
Follow up bereavement meeting	5 (42%)
Any special locations for families to grieve	6 (50%)
Other	2 (17%)

Other: Extra support people permitted. Private time and private room with baby. Individualized care prior to baby's death that has many options.

Support for fathers/ non-birthing partners/caregivers

Partner support	Year 1 Responses (n=12)
Yes	2 (17%)
No	8 (66%)
Not sure	2 (17%)

Is the layout of your NICU/SCN supportive for parents or caregivers who use a wheel chair?

NICU layout supportive for wheel chair use	Year 1 Responses (n=12)
Yes	10 (83%)
No	1 (8%)
Not sure	1 (8%)

Hospital provided training on the needs of LGBTQIA headed families

Training on the needs of LGBTQIA headed families	Year 1 Responses (n=12)
Yes	4 (33%)
No	4 (33%)
Not sure	4 (33%)

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

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

If you had unlimited funds in your NICU, what would you pay for first?!

A- Paid family support position(s)

B- Free parking/transportation for all families

C- Space for families to sleep over

D- Other- add in other options in the chat box!

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NeoQIC Family Engagement Collaborative Programmatic Updates

Meg Parker, MD, MPH

Data Regulatory Updates

- 16 actively participating hospitals
  - IRB review in some capacity: 13
  - Master Data Use Agreement signed: **10** (Tufts, SSH, BMC, BIDMC, BI Plymouth, St. Elizabeth, Emerson, Beverly, Winchester, Newton Wellesley)
  - Scope of Work for Family Engagement signed: **9**
- Data track commitment
  - Track 1- 3
  - Track 2- 10
  - Not committed/ unsure of status- 3

DUA and SOW Updates

- For those hospitals who have not yet submitted their DUA and SOW, we have been sending emails to team leads to find out about the status of this process

- 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.

PDSAs To Date

- 34 PDSAs from 14 hospital teams!
- Primary drivers:
  1. Communication- **14** PDSAs
  2. Social services and supports for families- **7** PDSAs
  3. Hands-on care- **10** PDSAs
  4. Discharge planning- **3** PDSAs

Homework and PDSA Forms

Next PDSAs will be due on Friday, December 3rd.

PDSA FORM

Hospital		**Date**	
Team Members		**PDSA #**	
PDSA TITLE:			
PDSA STATUS:	☐ Planned, not initiated ☐ Planned and in progress ☐ 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 Educational Discharge Videos

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

1. Baby discharge readiness
2. Feeding
3. Parental mental health/social support
4. Parent/family readiness
5. Follow-up medical and developmental care

Update on timeframe: We will film the videos in **January** and will have them ready a few months later to share with NICUs across the country to use with families

REDCAP Data Collection Update

- **8** 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!
  - 75 entries into REDCap from 3 hospitals: BMC, SSH, Tufts
  - If you have been trained in entering data into REDCap but have yet to start entering data, please let us know if you have any questions or if we can help you in any way.

REDCap Data to Date

Hospital	# of entries
BMC	72 (94%)
Tufts	3 (4%)
SSH	2 (2%)
Total	77

REDCap Data to Date

Demographics	n (%)
Maternal race/ethnicity	
Non-Hispanic White	15 (19%)
Non-Hispanic Black	31 (40%)
Hispanic	18 (23%)
Preferred Language	
English	46 (60%)
Spanish	13 (17%)
Other	18 (23%)
Maternal age, mean	32

REDCap Data to Date

Pregnancy and Birth Characteristics	n (%)
Prenatal care	74 (96%)
Maternal substance use during pregnancy	
Methadone and suboxone for MAT	5 (6%)
Any substances use besides methadone and suboxone for MAT	8 (10%)
None	68 (88%)
Unknown	0
Most common infant diagnoses, N (%)	
Prematurity	72 (94%)
NOWS	7 (9%)
Respiratory distress	47 (61%)
Hypoglycemia	5 (6%)
Eligible to provide mother's milk	72 (94%)

REDCap Data to Date

First week of admission variables	n (%)
Multi-disciplinary meeting occurred in first 7 days	8 (10%)
Any social work consult in the first 7 days	63 (82%)

REDCap Data to Date

Disposition Variables	n (%)
Disposition type	
Discharged home	55 (71%)
Transferred	9 (12%)
Day of Life at initial disposition, mean	35
Weight at initial disposition, grams, mean	2548
51a filed prior to initial disposition	9 (12%)

Next Steps for Hospital Teams

- Please keep working on your 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 once your DUA and SOW is complete
- Keep working on your PDSAs!

Keynote Speaker: Personal Testimonial

Kimberly Novod

Executive Director

Saul's Light

SAUL'S LIGHT

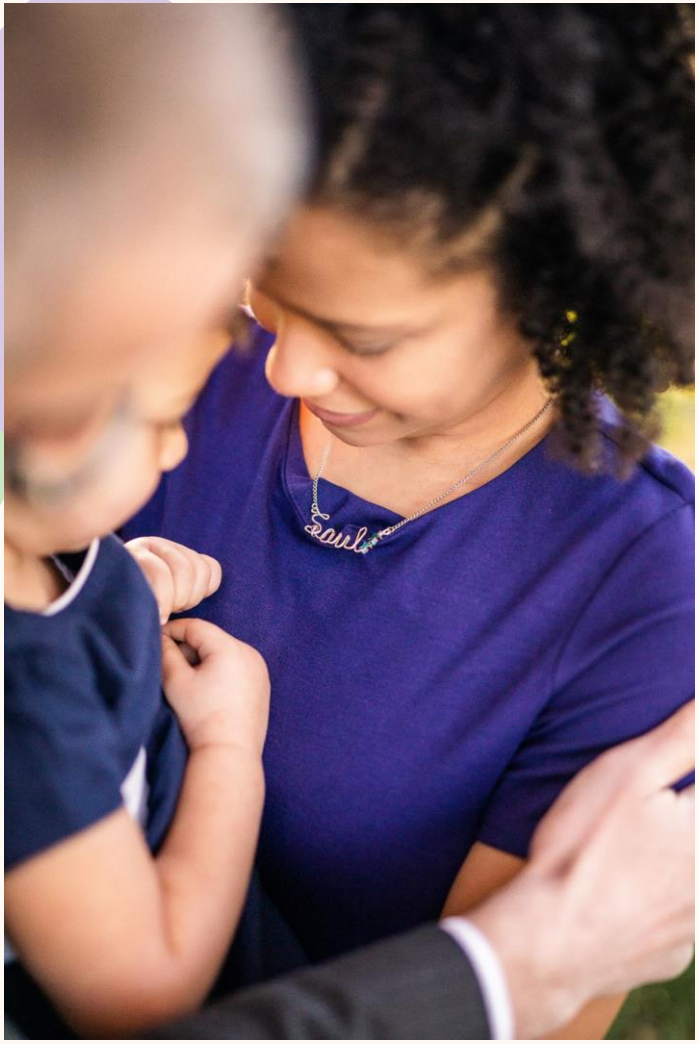
Supporting New Orleans' NICU families since 2015

NeoQIC Family Engagement Collaborative

Nov. 2-3, 2021

About Me

- *From New Orleans, LA*
- *Graduate of Xavier University of LA (BA) & Troy University (MPA)*
- *Certified secondary teacher*
- *Maternal Child Health advocate*
- *Champion for breast milk as medicine*
- *Nonprofit Founder and Executive Director*
- *NICU and bereaved mama*



SAUL'S LIGHT

About Saul

Prematurity

Infant loss

Grief

Mental health

Healing

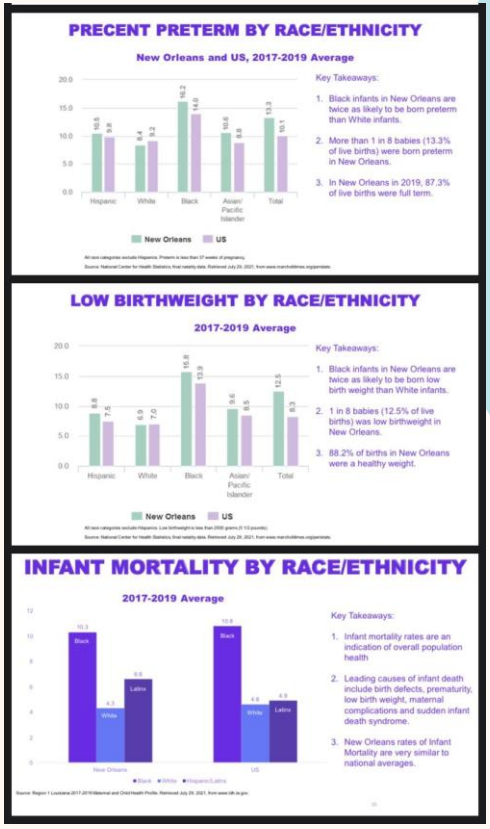
Honor

Health

Hope

SAUL'S LIGHT

Impact of the Prematurity & NICU



March of Dimes-LA

- In 2019, Louisiana earned an “F” grade for premature births according to the March of Dimes.
- In 2018, 1 in 8 babies (13%) were born preterm in Louisiana; premature birth is a leading cause of infant mortality.
- **The rate of preterm birth in Louisiana is highest for black infants**
- Moms and parents with babies in the NICU have higher rates of mental health disorders such as depression, anxiety, & PTSD
- **Black parents are even more vulnerable to stress as a result of health care disparities.**

SAUL'S LIGHT

Saul’s Light

- 501 (c) (3) Nonprofit organization
- Based New Orleans
- Serving Louisiana
- Support and empower Louisiana's NICU and bereaved families by responding to their unique social-emotional needs during their journeys
- Partner with hospitals, community organizations, and local agencies

Saul’s Light Family Support

- NICU Fund
- Little NICU Library
- Peer support
- Bereavement support
- Community resources & events
- Advocacy

SAUL'S LIGHT

Core Beliefs

- Every NICU family deserves to be present & involved in their babies care.

- 3 E's of compassionate family-centered care
  - Empathy
  - Empowerment
  - Encouragement

- Healthcare professionals are committed to saving lives; disparities persist due to implicit bias and systemic racism

- Partnerships between hospitals and communities are the first step to making lasting change.

Feedback from families

NICU stressors:

- Physical health
- Emotional health
- Financial hardship

In addition to:

- Perceived feelings of discrimination
- Lack of cultural humility & diverse caregivers
- Inequitable distribution of information and resources

SAUL'S LIGHT

Implications

- ***Why is this happening?***
- ***What can we do about it?***
  - **Don’t get defensive**
  - **Acceptance**
  - **Correct the situation**
  - **Apologize**
  - **Make corrections for the future**
  - **Empathize, empower, & encourage**

SAUL'S LIGHT

Applying Empathy!

(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 data is missing that would tell us more?*
- *What might you do differently?*

SAUL'S LIGHT

Applying Empathy!

(Adapted from MNDH)

Scenario 1

Ashley is a Black mom who is visiting her premature baby in the NICU. She usually comes in 1-2 times daily to bring pumped breast milk for her baby. Between her other child at home and her full time job as a daycare worker, Ashley often skips meals to make the most of her time in the NICU. Today as Ashley entered the NICU, she noticed a food service employee dropping off meal trays for breastfeeding mothers, a hospital policy. Ashley was confused. Why wasn't she ever offered meal trays ? It could have really made a difference and she began determined to find out why.

Scenario 2

Brit is a White parent with a substance use disorder (SUD). They receive medicated assisted therapy and though they are on the road to sobriety, Brit feels immense guilt about their baby's health. They feel guilty for their baby's condition and know the nurses blame them too...one nurse said as much the last time Brit came to the NICU. After that day, Brit decided to just stay home and let the nurses take care of their baby. Brit thought maybe the baby would be better off without a parent with a SUD. Besides, it's not like Brit can do anything to help. They just sit in the NICU and look into the isolette wishing things were different.

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

“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

“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

SAUL'S LIGHT

THANK YOU!

Volunteer

Donate

Partner

@sauls_light / IG & Twitter

www.facebook.com/saulslightfoundation

www.saulslight.org

info@saulslight.org

We Are The Village!

SAUL'S LIGHT

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

Check in: One word to express how you are feeling

Break!

Please return in 10 minutes.

MDPH Family Engagement Goals

Suzanne Gottlieb

Director, Office of Family Initiatives

MA Department of Public Health

Massachusetts Department of Public Health

150 YEARS OF ADVANCING PUBLIC HEALTH

NeoQIC FAMILY ENGAGEMENT COLLABORATIVE CONFERENCE

November 2, 2021

Suzanne Gottlieb, Director, Office of Family Initiatives
MA Department of Public Health

Learning Objectives

- Provide an overview of the Massachusetts Family Engagement Framework
- Share information about Framework Implementation activities
- Learn about documenting, evaluating and improving family engagement activities
- Share resources

Strengthening Partnerships A Framework for Prenatal through Young Adulthood Family Engagement in Massachusetts

Purpose

To create a roadmap to family engagement, which:

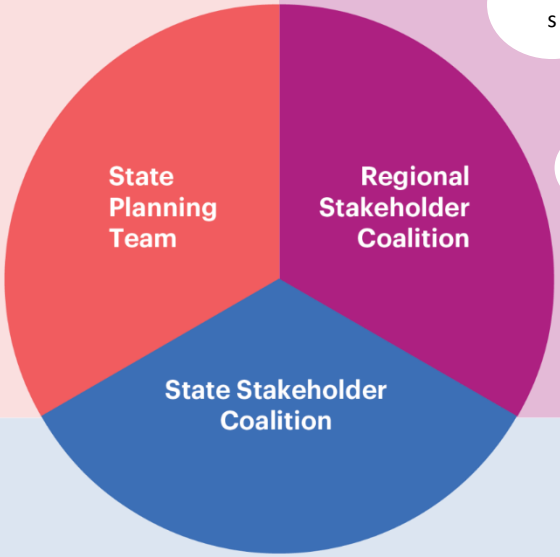
- builds on existing family engagement frameworks,
- integrates principles of equity and cultural responsiveness, and
- provides an aligned approach to engaging with families.

Background: MA Family Engagement Coalition

Department of Early Education and Care
Gail DeRiggi

Department of Public Health – Bureau of Maternal and Child Health
Suzanne Gottlieb
Roxanne Hoke-Chandler

Department of Elementary and Secondary Education
Kathy Rodriguez
Donna Traynham
Emily Taylor



Early Intervention
CFCEs
Families and Parent Leadership Networks
Regional DCG Offices
WIC
Public schools
Healthcare
Regional DCF offices
FCC
Home visiting
Museums and Libraries
Head Start and EEC programs
Family Engagement and cultural Organizations
Family Advocates and parent child home programs

Department of Public Health
Department of Children and Families
Department of Transitional Assistance
Department of Mental Health
Office of Refugees and Immigrants
Massachusetts Developmental Disabilities Council

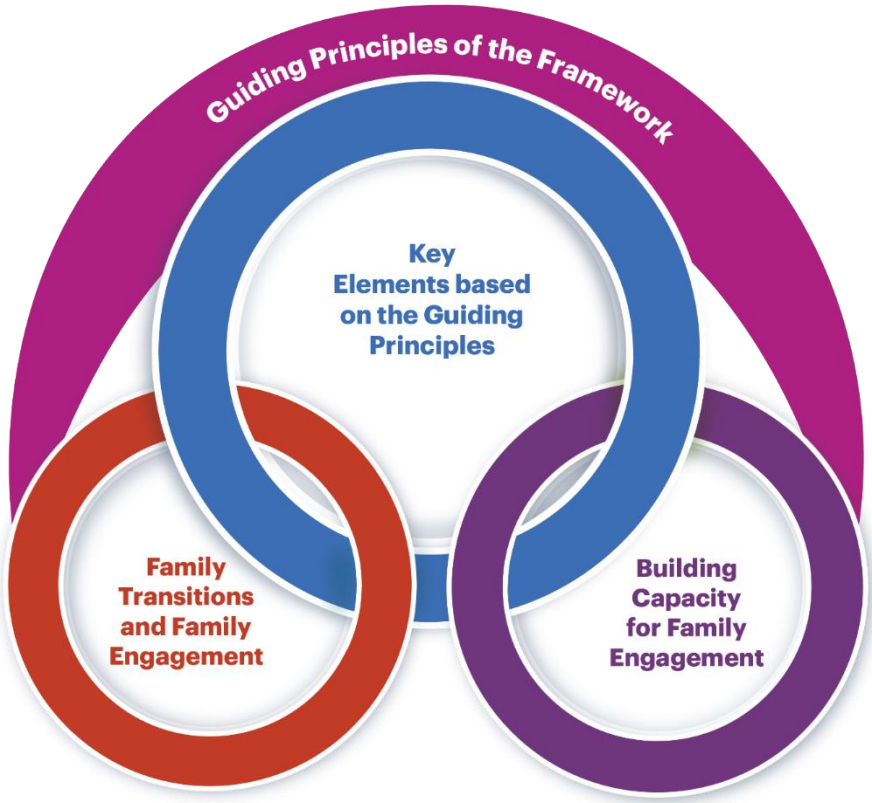
Department of Early Education and Care
Department of Elementary and Secondary Education
Department of Higher Education
Children's Trust
University of Massachusetts
MA Board of Library Commissioners

The Beginning

Where we started from….

Regional Family Engagement Coalition

Framework Design



Guiding Principle 1:

Each family is unique and all families represent diverse structures. Family engagement includes genuine efforts to understand each family's beliefs, values, priorities, goals and aspirations. Families and practitioners make joint decisions and share responsibility in a successful partnership.

Guiding Principle 2:

Diversity is expressed and experienced at multiple levels such as (but not limited to) race, religion, ethnicity, culture, language, family structures, ability, sexual orientation, socio-economic status, and educational level. Acknowledging and accepting the need to engage all families is essential for successful engagement of diverse families and includes recognizing the strengths that come from their diverse backgrounds.

Guiding Principle 3:

Building a respectful, trusting, and reciprocal relationship is a shared responsibility of families, practitioners, organizations, and systems. This positive relationship has the individual family's strengths and assets at its center.

Guiding Principle 4:

Families are their child's first and best advocate. This premier role puts families in a unique position to nurture their children's growth and development and to help practitioners become knowledgeable about their child.

Guiding Principle 5:

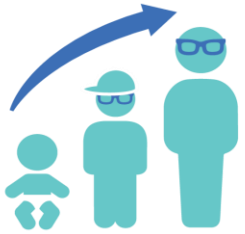
Equity is the eradication of privilege, oppression, disparities, and disadvantage. Family engagement must be equitable. Equitable family engagement comprises intentional and meaningful engagement activities and systems for all families or groups of families irrespective of families' level of or approach to engagement. Providing equity-based opportunities for family engagement can help family members become effective advocates for their children.

Framework Elements

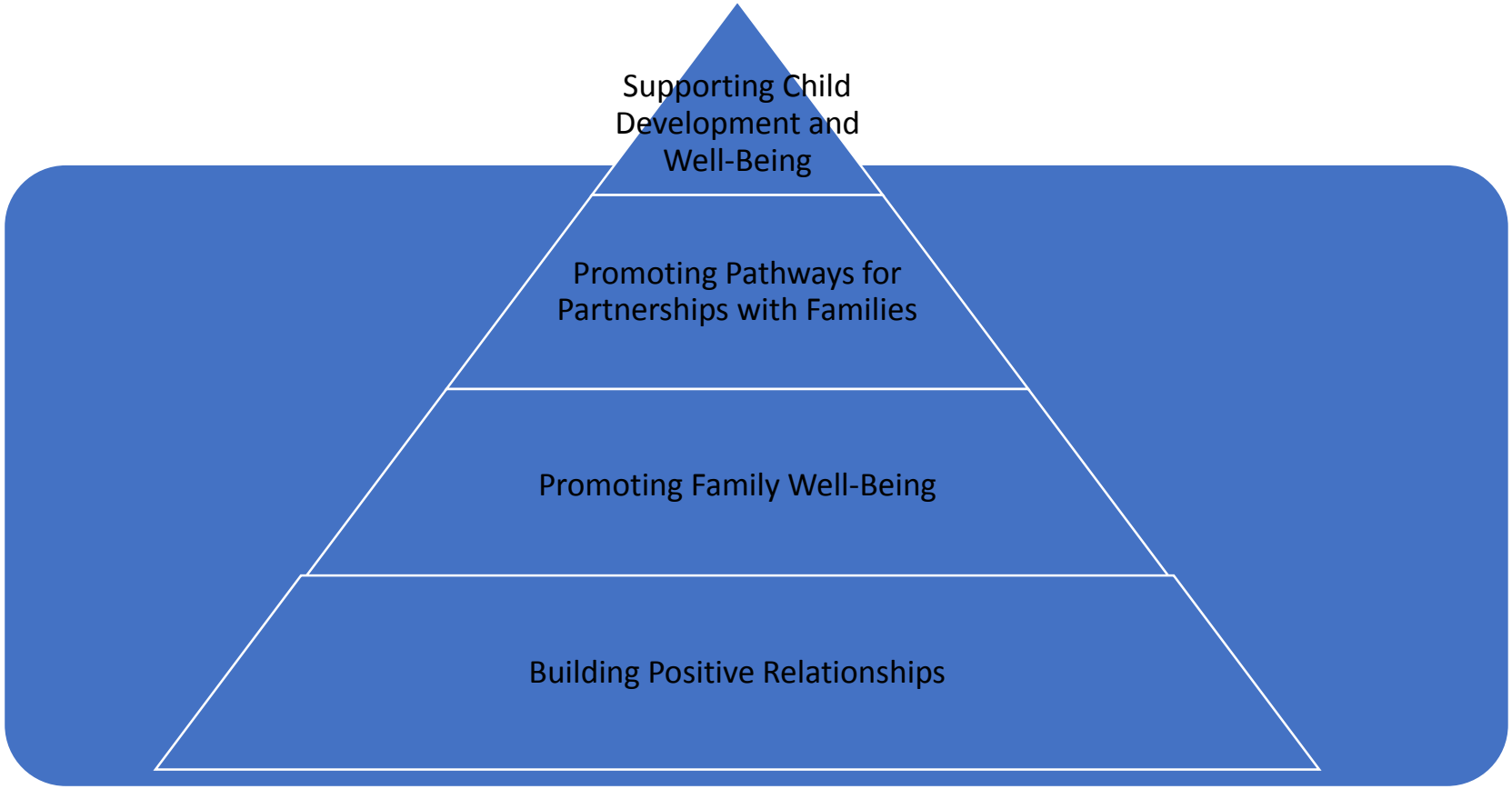
Building Positive Relationships

Promoting Family Well-being

Promoting Pathways for Partnerships with Families



Supporting Child and Youth Development and Learning


Supporting Child Development and Well-Being
Promoting Pathways for Partnerships with Families
Promoting Family Well-Being
Building Positive Relationships

Building Positive Relationships

- Intentionally build and sustain relationships with all families
- Build reciprocal and balanced communications with families
- Collaborate with families to create and/or promote connections among families

Promoting Family Well-Being

- Employ multiple strategies to connect families with resources to enhance family well-being
- Engage community members/agencies/organizations in ways meaningful to the families
- Identify and address barriers families experience in accessing health care, community organizations and services

Promoting Pathways for Partnerships with Families

- Partner with families in identifying and planning engagement activities
- Use family-driven approaches to create varied opportunities for engagement
- Provide opportunities for family contributions to the engagement process
- Provide opportunities for family mentorship and voice
- Share power and decision making
- Support families' civic engagement efforts

Supporting Child and Youth Development, Learning, Health and Well-Being

- information exchange among families, schools, health care providers and
- learning opportunities among families, schools, health care providers and
- Engage families through peer-to-peer interactions

Strengthening Capacity

Implementation

4 Training Modules

- Introduction to the Framework
- Deeper Dive into the Framework
- Implementing the Framework – Where do we go from here/
- Culturally Responsive Family Engagement Practices

Implementation

Tools to support implementation

- One page descriptions for families & practitioners
- Cross sector self assessment tool
- Culturally responsive tools
- Cultural Broker/Family Ambassador Model

Implementation

- Regional Stakeholder meetings 2021-2022
  - Bring stakeholders up to date with progress of implementation activities
  - Seek input of progress and partnerships in their communities
  - Identify challenges and barriers
  - Brainstorm solutions
  - Identify needed tools and supports

Documenting and Evaluating Family Engagement

- What are the desired outcomes?
  - Can these outcomes be put into words?
  - Can we attach numbers, percents?
- What metrics can we use?
- Who will help identify improvement activities?

Engage *ALL* Families

- Families of color
- Families who limited English language
- Families who have a low income
- Families living in Rural communities
- Families who are medically underserved
- Lack of access to adequate/affordable healthcare
- Parents with disabilities*
- Single Parent families
- Families who are “Fathers only”……..
- And more

Family Engagement Framework Resources

- Strengthening Partnerships: A Framework for Prenatal through Young Adulthood Family Engagement in Massachusetts https://www.doe.mass.edu/sfs/family-engagement-framework.pdf
- Family Friendly Tools (in development)
- https://www.nichq.org/resource/family-engagement-guide-role-family-health-partners-quality-improvement-within-pediatric-medical home
- Home Page - Family Engagement Inventory
- https://www.ahrq.gov/patient-safety/patients-families/engagingfamilies/index.html

Questions and Answers

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Wrap Up Day 1

One word to describe your takeaways from Day 1

Any Comments, Reflections, or Questions?

Thank you!
We look forward to seeing you again tomorrow from 1-4 pm!

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

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PERINATAL-NEONATAL QUALITY IMPROVEMENT NETWORK