

NeoQIC Family Engagement Quality Improvement Collaborative Webinar

October 21, 2020



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	Virtual Platforms for Connecting with Families
2:30	SMART Aims and Plan-Do-Study-Act: Harder than it looks!
2:55	Next Steps

Brief Updates

- IRB:
 - Our IRB was approved at BMC,
 - team leads should be working on IRB approvals,
- We're still working on clarifying the DUA process and will report back with more information when we have it
- Pilot testing family reported measures:
 - We're finalizing the parent reported measures now
 - We're looking for several volunteers to pilot test the parent reported measures with a couple of families. Let us know if you are interested in piloting them!
- You can start your monthly team meetings!



Virtual Platforms for Connecting with Families

Aviel Peaceman, MPH
Program Manager
Boston Medical Center



Neonatal Quality Improvement Collaborative of Massachusetts

When poll is active, respond at **PollEv.com/avielpeacema702**

Text **AVIELPEACEMA702** to **22333** once to join

Is your NICU/SCN currently using a virtual technology to connect with parents?

Yes/Frequently

Sometimes/Infrequently

We have access to a platform but are not actively using it

No and we don't have capacity

No but we're looking into different options



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Why Virtual Platforms Now?

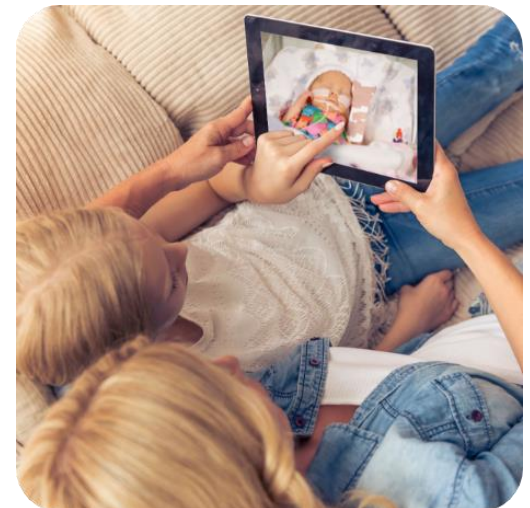
- We heard from many units that you have begun or increased use of virtual platforms more to connect with parents who are unable to visit the NICU
 - This especially increased when COVID began and parents had additional difficulties with visiting the NICU as often as they would have liked
- We did a comparison review of the different platforms you are currently using
- If you don't see your hospital name or platform in the chart, please chat in to the chat box with your hospital name and the kind of platform you use



Platform	Audio/ Video/ Both	Hospitals that use it	Security Features	\$\$	How it works
Kindle Fire Tablets/Skype	Both	BIDMC	Kindle can be encrypted for secure use	Cost of tablet (in many cases, donated)	Schedule time with families
Ipads/facetime	Both	Emerson, BIDMC, NWH, BMC, Beverly, BWH	Can be encrypted	Cost of ipads (donated)	Schedule time with families
NICView	Video only	Winchester UMass	Secure	Cost of cameras	Camera attached to isolette for 24/7 caregiver viewing capability
Angel Eye	Video only	BMC, Baystate, Tufts, SSH		Cost of cameras	Camera attached to isolette for 24/7 caregiver viewing capability
American Well AW Touchpoint App (telemedicine platform)	Both	UMass	Secure	A one time fee for use of the app	Parents download app to attend virtual rounds, text message invitation sent to parents in real time
Jitsi Meet (video conferencing)	Both	Baystate	Secure	Free	Need to schedule ahead of time. Requires sharing an access code with family
Zoom (video conferencing)	Both	BWH	HIPAA compliant version	Depends on hospital subscription	Share meeting number with families and use app or browser
Doximity dialer (telemedicine platform)	Both	NWH, UMass (transitioning)	Secure	Free	Telemedicine video calls through patient's phone

Discussion

- What works well about the platform/system you use now for connecting with families?
- What is the biggest barrier you've faced with this?
- What would you recommend to a unit who wants to start using a virtual technology platform to connect with families?



Any Questions?



SMART Aims and Plan-Do-Study-Act: Harder than it looks!

Meg Parker, MD, MPH

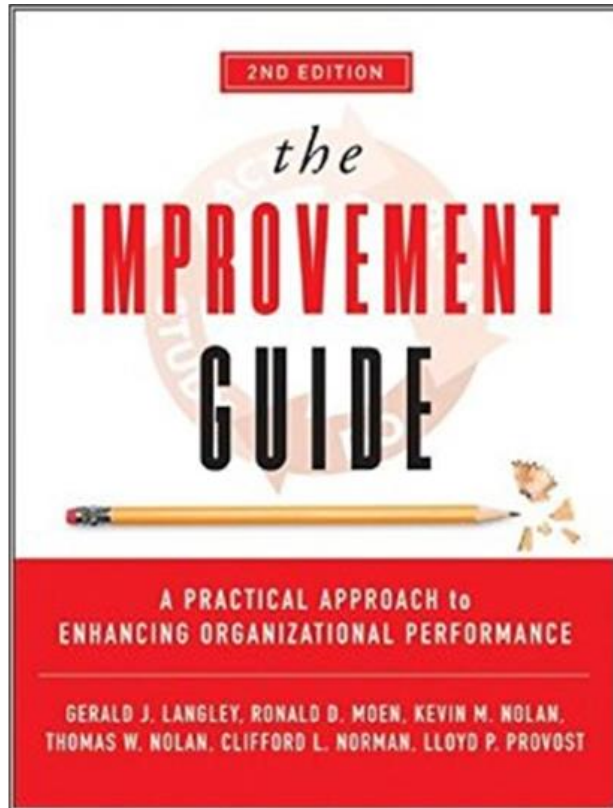
Neonatologist

Boston Medical Center

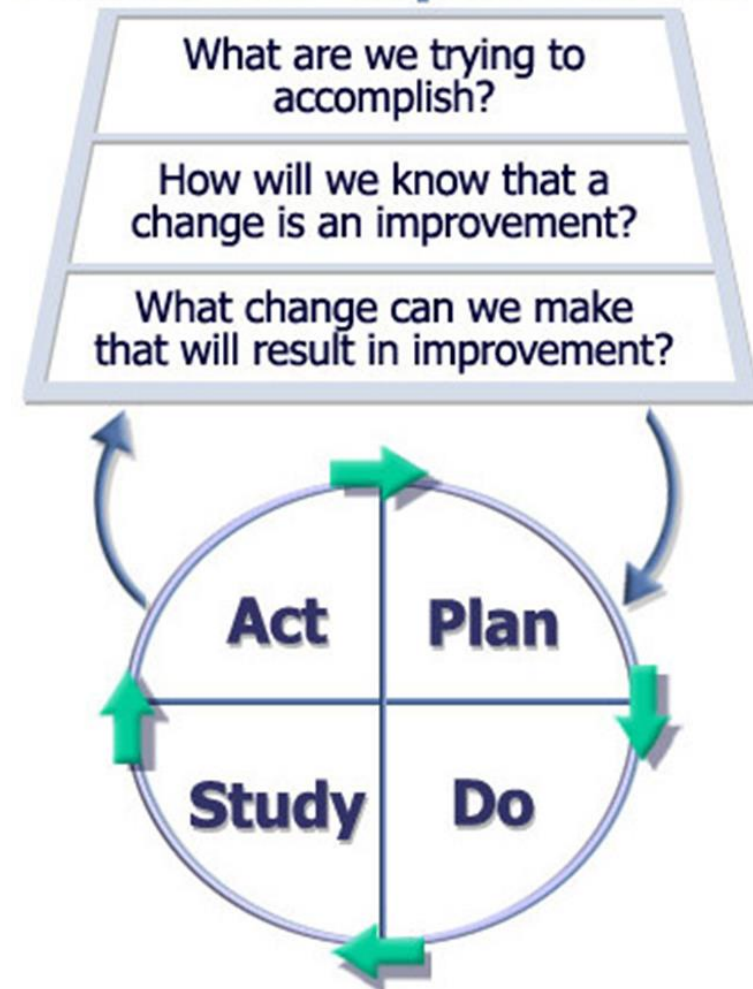


Neonatal Quality Improvement Collaborative of Massachusetts

Model for Improvement

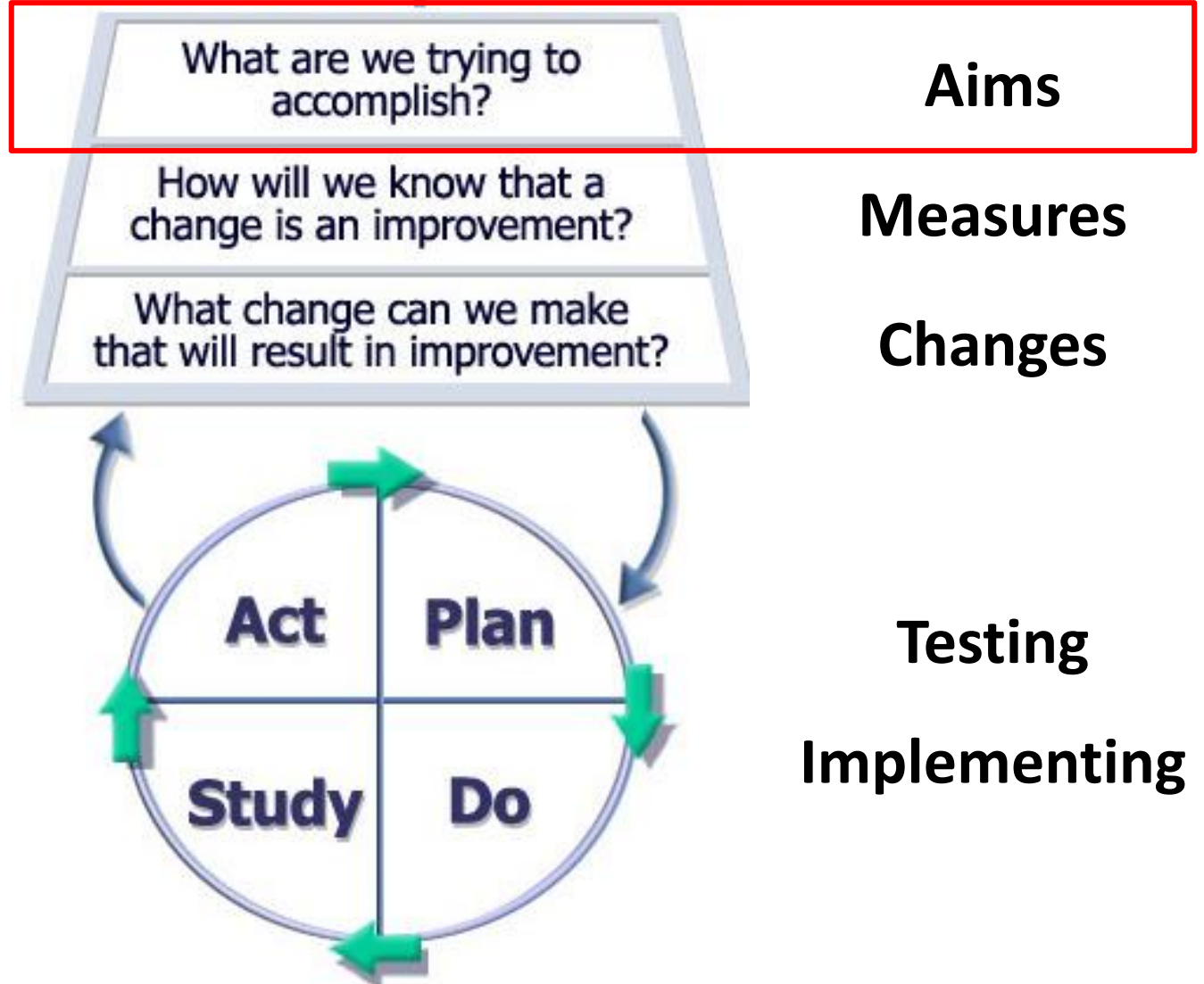


Model for Improvement



Model for Improvement- Aims

Model for Improvement



Aims

Measures

Changes

Testing

Implementing

SMART AIMS: A tool to clearly defining your mission

- S
- M
- A
- R
- T

SMART AIMS: A tool to clearly defining your mission

- Specific
- M
- A
- R
- T

Example: We will improve time to first multi-disciplinary family meeting for families in our NICU within 7 days of admission from a baseline of 50% to 80% by December 31, 2022



SMART AIMS: A tool to clearly defining your mission

- Specific
- Measureable
- A
- R
- T

Example: We will improve time to first multi-disciplinary family meeting for families in our NICU **within 7 days of admission** from a **baseline of 50% to 80%** by December 31, 2022



SMART AIMS: A tool to clearly defining your mission

- Specific
- Measureable
- Achievable
- R
- T

Example: We will improve time to first multi-disciplinary family meeting for families in our NICU within 7 days of admission from a **baseline of 50% to 80%** by December 31, 2022



SMART AIMS: A tool to clearly defining your mission

- Specific
- Measureable
- Achievable
- Realistic
- T

Example: We will improve time to first multi-disciplinary family meeting for families in our NICU within 7 days of admission from a baseline of 50% to 80% by December 31, 2022



We have leadership buy-in and NICU staff members on our team

SMART AIMS: A tool to clearly defining your mission

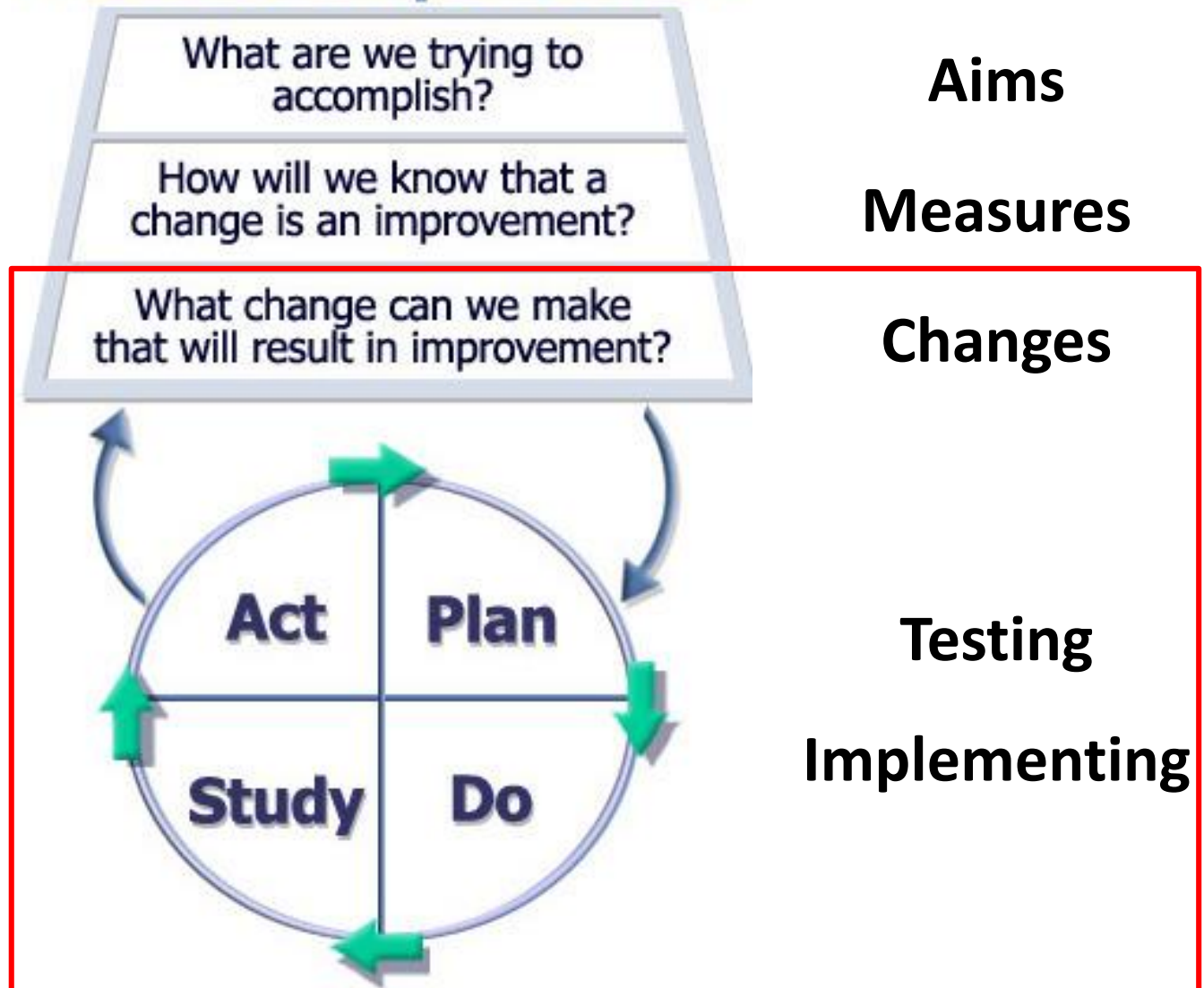
- Specific
- Measureable
- Achievable
- Realistic
- Timely

Example: We will improve time to first multi-disciplinary family meeting for families in our NICU within 7 days of admission from a baseline of 50% to 80% by **December 31, 2022**



Model for Improvement- Now PDSAs

Model for Improvement



1. PLAN

- State objectives of test
- Predict what will happen
- Develop a plan (who, what, when, where?)

2. DO

- Carry out the test
- Document results, unexpected observations
- Begin analysis of the data

3. STUDY

- Complete analysis of data
- Compare data to your predictions
- Summarize and reflect on what was learned

4. ACT

- Determine what modifications should be made
- Adapt? Adopt? Abandon?
- Begin to prepare for next test

The most fundamental principle
of the Model for Improvement
(maybe):

Test, don't implement.



What is a test?

Putting a change into effect on a temporary basis and learning about its impact.



Testing is central to profound knowledge

- Testing is the basis of learning in improvement
- Shows that a change will result in improvement
- Supports iterative approach to improvement
- Allows you to adapt change to other conditions
- Reduces risks and cost of implementing
- Minimizes resistance to implementation
- And more...

What is not a test?

- Collecting data
- Implementing a solution
- Providing education
- Developing a policy



Key Points for PDSAs

1. Do initial PDSAs on smallest scale possible
 - A “cycle of one” usually best
 - “Failed” cycles are good learning opportunities, particularly when small
2. As move to implementation, test under as many conditions as possible
 - Think about factors that could lead to breakdowns, supports needed, “naysayers”



Key Points for PDSAs (cont'd)

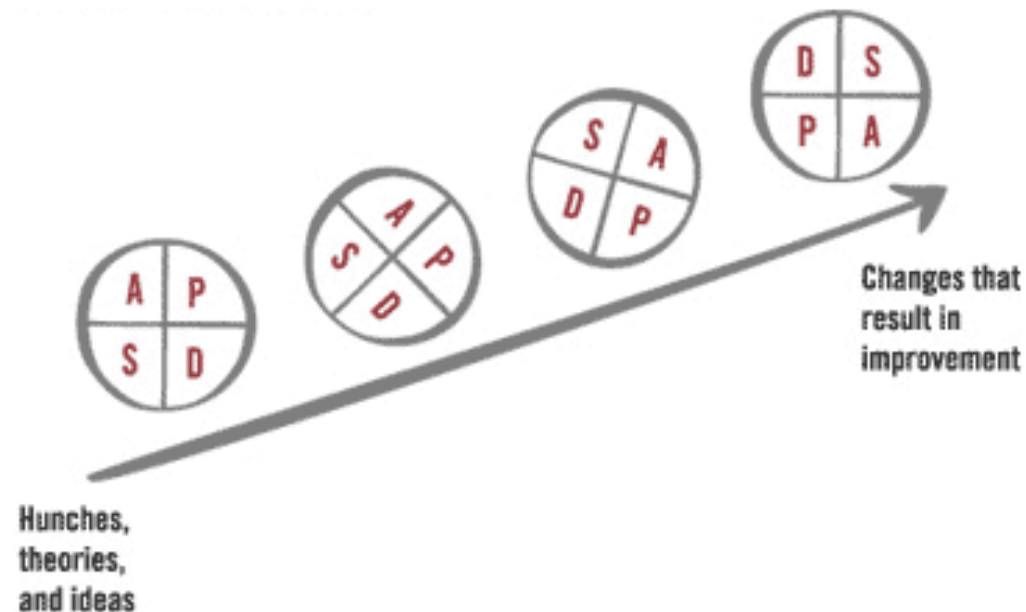
3. Always identify the prediction or hypothesis before testing the change
 - Allows improved learning from “failures” and refinement of your theory

4. Use a measure specific to the PDSA
 - Usually not one of the project measures
 - Usually not collected beyond the PDSA cycle
 - Qualitative results can be valuable

From Testing to Implementing

- Do larger-scale tests
- Test under more conditions
- Implement changes that work

Source: Institute for Healthcare Improvement



Appropriate Scope PDSA Cycles

Current Situation		Staff Readiness to Make Change		
		Resistant	Indifferent	Ready
Low Confidence that current change idea will lead to improvement	Cost of failure large	Very Small Scale Test	Very Small Scale Test	Very Small Scale Test
	Cost of failure small	Very Small Scale Test	Very Small Scale Test	Small Scale Test
High Confidence that current change idea will lead to improvement	Cost of failure large	Very Small Scale Test	Small Scale Test	Large Scale Test
	Cost of failure small	Small Scale Test	Large Scale Test	Implement

PDSA Form (NeoQIC)

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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) parental education; (2) initiation; (3) continuation; and (4) transition to home breastfeeding.




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.

4. How will you test this change? Be specific.
How big (or small) will the test be? How long will it last? Where will it be done?

5. How will you know if this change is an improvement? What measures will you use for this test?
Note that PDSA cycles often use short-term measures collected for a particular test, in addition to overall project measures.

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6. What are the tasks necessary to prepare for and then conduct this test?
Include who will be responsible for each task, and when it will be completed.

7. What do you predict will happen? What is your hypothesis for this test?
Be specific, and refer to the measures you defined in question 5: how much do you predict your measure will change, and by when.

Part 2

Complete "Do", "Study", and "Act" as soon after test is completed as possible.

DO




8. What happened as you conducted the test? Was the test completed as planned?
What problems or unexpected observations were encountered?

STUDY

9. What were the results of the test, using the measures identified above?
Include measures before and after the test. Include (or attach) a run chart showing your results.

ACT

10. What are your next steps?
*ADAPT: improve the change and continue testing using PDSA cycles – what will be your next PDSA?
 ADOPT: test changes on larger scale or develop plan for implementation and sustainability – how will you expand?
 ABANDON: discard change idea and try different approach using a new PDSA cycle – what will be your next change idea?*

What do We Do Wrong with PDSA?

- Can be quick, but not ‘quick and dirty’
- “Just get on with it!” – moving too quickly from Plan to Do, without planning and predictions
- Culture of “do, do, do” – Do without Study, not having appropriate measures
- Not investing time and resources

A Few Keys to PDSA Testing (again)

- Test on smallest scale possible
(think about “the power of one”)
- Have prediction or hypothesis
- Use measures specific to the test
- Remember, a failed test can still be a (very) successful PDSA

Any Questions?



Next Steps for Teams



Homework and PDSA Forms

- The first monthly homework form will be due by **Friday, November 20th**
 - We will send out follow up instructions after this webinar
- This includes starting your first PDSA. Please fill out as much as you can on your first PDSA, even if it's just a 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

- Next Family Engagement webinar:
 - Wednesday, December 2nd from 2-3 pm
- Meg is speaking on a Boston Children's Hospital, Newborn Medicine Research Seminar Series titled: **COVID-19 Pandemic in Massachusetts: Impact on Newborn Care**
 - Friday, November 9, 2020 from 12-1 p.m.
 - We will share the webinar link in our follow up email



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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