# Homeward Bound: Overview

Lori Reeves, MPH



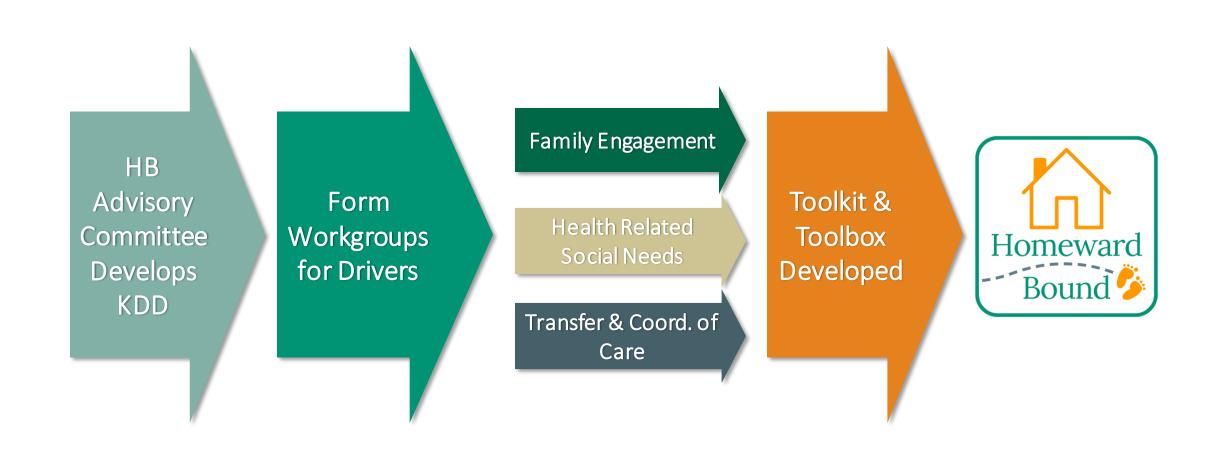


## What Goes into Developing an FPQC Initiative?

- Work begins 9 months to a year before kick-off
- Initiatives are developed using evidence-based guidelines, research, best practices, and national expert consultation
- Our Homeward Bound Advisory committee develops the vision, aim and drivers
- Driver specific workgroups convene every two weeks to determine what potentially better practices support each driver
- Driver specific workgroups then review existing tools, adapt those that are a good fit, and develop entirely new tools if needed
- Workgroup and the Advisory committee work with the FPQC team to create a toolkit, along with a toolbox with additional resources
- Data measures are developed, along with tools to report data



## Creating the QI Package



## Homeward Bound Aims

Primary aim: by 6/2025, each participating NICU will achieve a 20% increase in discharge readiness for NICU infants as measured by

- 1. Parental technical readiness checklist completion
- 2. Emotional readiness score by parent survey

Secondary aim: by 6/2025, each participating NICU will achieve a 20% increase in the completion of a discharge planning tool upon discharge home





**Vision:** Integrate family into a "Family Centered" discharge process that encompasses Dignity & Respect, Participation, Communication, and Information Sharing. The process begins on admission, empowering families to collaborate with the clinical interdisciplinary team throughout their baby's transition from NICU admission to discharge home.

#### Aim



By June 2025, each participating NICU will achieve a 20 % increase in discharge readiness for NICU infants as measured by

- Parental technical readiness checklist
- Emotional readiness score by survey

#### **Secondary Aim:**

By June 2025, each participating NICU will achieve a 20% increase in the completion of a discharge planning tool upon discharge home



### **Primary Key Drivers**

Family Engagement & Preparedness

**Health Related Social Needs** 

Transfer and Coordination of Care

Family-centered care is a universal component of every driver & activity



## **Primary Key Driver**

#### **Secondary Drivers**

Educate caregivers to take ownership of infant care

Family Engagement and Preparedness

Implement a discharge planning tool starting at admission

Engage care team to coach caregivers on infant care skills needed for transition to home

Family-centered care is a universal component of every driver & activity



### **Primary Key Driver**

### **Secondary Drivers**

Assess family needs and connect to resources

**Health Related Social Needs** 

Train and commit to dignity and respect in all family interactions



## **Primary Key Driver**

### **Secondary Drivers**

Orient caregivers to primary care/medical home

Transfer and Coordination of Care

Coordinate referrals to subspecialist/ rehabilitation services/mentoring programs

Provide a comprehensive discharge summary to caregivers and care team

Family-centered care is a universal component of every driver & activity



## Initiative Timeline

#### **FALL 2023**

- Recruit leadership team
- Application deadline

START

- Complete Pre-Implementation Survey
- Kick Off Meeting, October 18

#### **FALL 2024**

• Mid-Initiative Meeting



#### **JUNE 2025**

• Initiative completion



#### JANUARY 2024

- Individual hospital Kick Offs
- Start of:
  - Webinars/coaching calls
  - Local team/department meetings
  - On-site technical assistance
  - Data collection

#### **MAY 2025**

 Initiative hospital postimplementation survey

