Homeward Bound Initiative:
NICU Discharge Preparedness and Transition to Home

Informational Webinar
August 17, 2023
Webinar Objectives

• FPQC Overview
• Discharge Preparedness and Transition to Home from the NICU
• What is the Homeward Bound Initiative?
• Benefits of joining a collaborative and what it takes to successfully participate in an initiative
• How to apply to participate in the Homeward Bound Initiative
• Q&A
FPQC’s Vision and Values

“All of Florida’s mothers, infants & families will have the best health outcomes possible through receiving respectful, equitable, high quality, evidence-based perinatal care.”

- Voluntary
- Data-Driven
- Population-Based

- Evidence-Based
- Equity-Centered
- Value-Added
Homeward Bound Leadership Team

Provider Leads
- Vargabi Ghei

Nurse Lead
- Sue Bowles

Family Lead
- Lelis Vernon

FPQC Leads
- Lori Reeves

QI Team
- Nicole Pelligrino

Data Team
- Estefania Rubio

- Patoula Panagos-Billiris
- Linda Detman
- Estefanny Reyes Martinez
- Sara Stubben
- Benjamin Gessner
Selecting Infant Health Initiatives

1. Form Infant Health Committee
2. Data
   - Other PQCs
   - Guidelines
   - Stakeholders
3. Poll FPQC NICUs
4. Infant Health Committee Decides

OMEWARD BOUND
Comprehensive discharge preparation ensures an optimized discharge and transition of the NICU baby to home.

Comprehensive, consistent, and early discharge preparation can lead to more effective and efficient NICU discharge and transition to home as well as improve caregiver and family satisfaction.

Families, patients, and staff benefit when an inclusive, multidisciplinary, family-centered discharge preparation program is used to prepare for discharge and transition from the NICU.
• Homeward Bound is FPQC’s newest NICU quality initiative.

• The Family Advisory Committee chose “Homeward Bound” because it reflects the initiative's emphasis on discharge preparation and transition to home.
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**

**Primary 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*
**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.

**Family Engagement and Preparedness**

**Primary Key Driver**

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

**Secondary Drivers**

- Educate caregivers to take ownership of infant care
- Implement a discharge planning tool starting at admission
- Engage care team to coach caregivers on infant care skills needed for transition to 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.

**Primary Key Driver**

- Health Related Social Needs

**Secondary Drivers**

- Assess family needs and connect to resources
- Train and commit to dignity and respect in all family interactions

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

Primary Key Driver
Transfer and Coordination of Care

Secondary Drivers
- Orient caregivers to primary care/medical home
- 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
Homeward Bound Foci

- Fostering family/caregiver engagement and participation in care from admission through discharge
- Creating family-centered hospital and unit policies, guidelines and procedures through open collaboration and partnership with families
- Developing a welcoming and supportive environment that is respectful of individual patient and family values
- Incorporating checklists and other appropriate tools to track family emotional discharge readiness
Homeward Bound Foci

Developing personalized transition plans, considering their unique medical needs, their family, social support, and environmental factors

Integrating an efficient referral system and clinician-to-clinician handoff to support families after discharge

Emphasizing the need for family education about medical care and clinical processes throughout admission to bolster family competence and confidence as caregivers
Data Type and Reporting Frequency

Patient-level data - Monthly

- Demographics
- HRSN screening and referral, discharge planning (skill assessment, tool completion, clinician-to-clinician hand off, summary, referrals)
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**Caregiver survey – Auto submission**
- Assessment of parental emotional readiness prior to discharge
- Demographics
**Data Type and Reporting Frequency**

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- Assessment of parental emotional readiness prior to discharge
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**Hospital-level data - Quarterly**
- Dignity and Respect training and commitment
- Policies and/or guidelines to support Homeward Bound
Why Participate in an FPQC Initiative?

• Provides a complete hospital QI initiative at no charge including background, change package, rapid data reporting and coaching/mentoring/sharing.

• Initiatives are developed using evidence-based guidelines, research, best practices, and national expert consultation.

• Multi-hospital QI initiatives promote earlier, larger and more sustainable QI practice gains.

• Promotes networking among clinicians around the state on major practice and treatment issues.

• Provides publication, presentation, education and leadership opportunities.

• Promotes state and community system improvements.

• Meets Florida state statute requirements to participate in two maternal and/or infant health QI initiatives at all times.
FPQC Testimonials

“Being involved with FPQC initiatives has strengthened our department in our patient care and teamwork.” - RN

“As part of a collaborative, we have been given many resources so as not to re-create the wheel” - MD

“Participating in the FPQC helped our hospital collect data, examine the data and make changes in a unified manner to improve maternal and neonatal care” - MD
Initiative Timeline

**FALL 2023**
- Recruit leadership team
- Application deadline
- 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 post-implementation survey
For This Initiative, FPQC Will:

- Build a strong collaborative learning environment to support hospitals in driving change
- Coordinate state and national experts and resources to support the improvement process
- Offer content oversight and process management for the initiative
- Offer participants evidence-based information from both medical and quality improvement experts
- Offer tools and resources in implementing process changes and improving documentation
- Develop/adapt/update useful materials and tools as needed by the initiative
Assemble a strong QI team (physician, nurse, & administrative champions); conduct regular team meetings
Complete pre- and post-implementation surveys
Attend kick-off and mid-initiative meetings
Augment hospital/department policies to reflect recommended quality processes and procedure changes
Participate in monthly webinars/coaching calls
Schedule educational and technical assistance consultation from FPQC advisors and staff as needed
Implement adapted recommended quality processes and procedure changes within the hospital
Submit all hospital assessment and initiative data on a timely, regular basis
Homeward Bound Initiative Kick Off

Participating hospitals must attend the *in-person* Kick Off Meeting that will be held on **Wednesday, October 18, 2023** at the AdventHealth Nicholson Center in Celebration, FL

If you plan to participate in the Homeward Bound Initiative, please have your team champions/leaders save the date!
Homeward Bound Application Deadline is:

September 25, 2023

Go to link or use QR code to apply:

Contact FPQC@usf.edu with any questions
FREQUENTLY ASKED QUESTIONS
Is there a cost to participate in these initiatives?

- No – however, a small fee to cover lunch and beverages will be requested for in person meetings.
- This initiative is supported by the Florida Department of Health and CDC.
- Additional in-kind support comes from professional organizations across the state.
How many Champions does our hospital need to participate in each initiative?

• A minimum of 3 Leadership Team Members are required from each hospital. We encourage additional members.

• Must include an Initiative Lead, a Provider/Physician Champion, a Nurse Champion, a Data Lead, and a Hospital Administrator. These roles may overlap.

• Can also include case managers, social workers, navigators, and others.

• **Strongly Recommend**: Patient and community representatives
Who should be the Initiative Lead?

• The Initiative Lead is the hospital official making the commitment for hospital participation, will be the Hospital Team Leader for the initiative, and the FPQC's main contact.

• This person should have influence to drive change, ultimate initiative oversight, and management to ensure implementation objectives and timelines are met.
Are there opportunities for hospitals to have personalized one-on-one programmatic support during the initiative?

• In-person, virtual, and/or phone assistance will be always available to participants. If able we would like at least one on-site consultation for each participating hospital.

• FPQC will tailor assistance to meet local needs. This may include Grand Rounds, virtual participation in team meetings, peer-to-peer consultation and other activities as needed.
Who from the participating hospital is required to attend the initiative in-person meetings?

• **Two people** from your team are required to attend to receive the training and bring the information back to your team.

• Additional team members may attend if space allows.
Is our hospital responsible for IRB review and approval?

• Each hospital should determine whether review and approval of your hospital IRB is necessary to participate in any FPQC quality improvement initiatives. Many quality improvement initiatives are determined to be exempt from IRB due to the nature of the work.
FAQ

How will initiative data be submitted and protected?

• FPQC will provide a secure, HIPAA-compliant online data portal through REDCap for hospitals to submit initiative data.

• Each hospital will sign a data use agreement (DUA) that describes how data will be protected, used, and kept confidential.

• FPQC is not a vendor and is not providing services to your hospital so there is no need for a business associate agreement to participate.
Can our hospital apply to more than one quality improvement initiative?

• Yes.

• The new Florida state statute requires hospitals to participate in two maternal and/or infant health QI initiatives at all times.

More information on our current initiatives is available at FPQC.org
How will we receive recruitment information and other announcements?

Join our mailing list at FPQC.org
(Under “Get Involved” in the left side navigation bar)

Facebook.com/TheFPQC/

@TheFPQC
QUESTIONS?
Thank you!
Visit fpqc.org for more information

Facebook.com/TheFPQC/
@TheFPQC
@thefpqc
Join our mailing list at FPQC.org
E-mail: FPQC@usf.edu

Florida Perinatal Quality Collaborative