Homeward Bound: Getting Started

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Keys to Building a Successful Initiative

Engage Key Stakeholders from the Start

Interdisciplinary Planning and Implementation

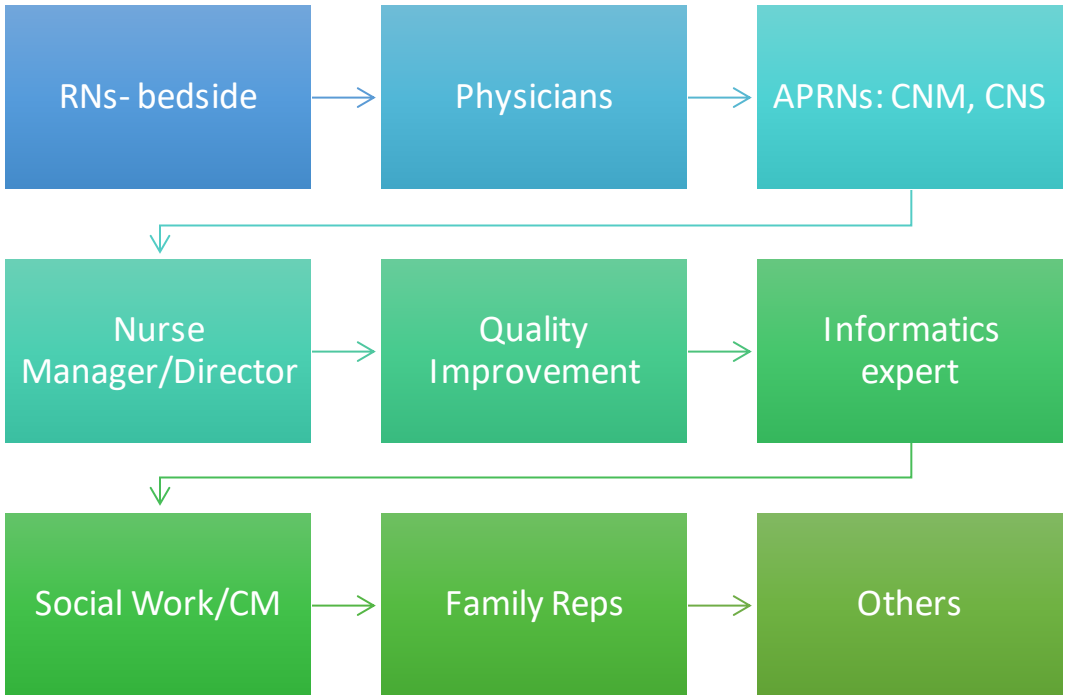
C- Suite Support

Consistent Commitment By All Team Members

Components of Successful Participation

- Create a QI culture—a team environment emphasizing quality & patient safety
- Hold regular QI team meetings to follow & make progress
- Share important information, progress & successes with everyone impacted
- Be creative & flexible!

Who Should Be On The Team?

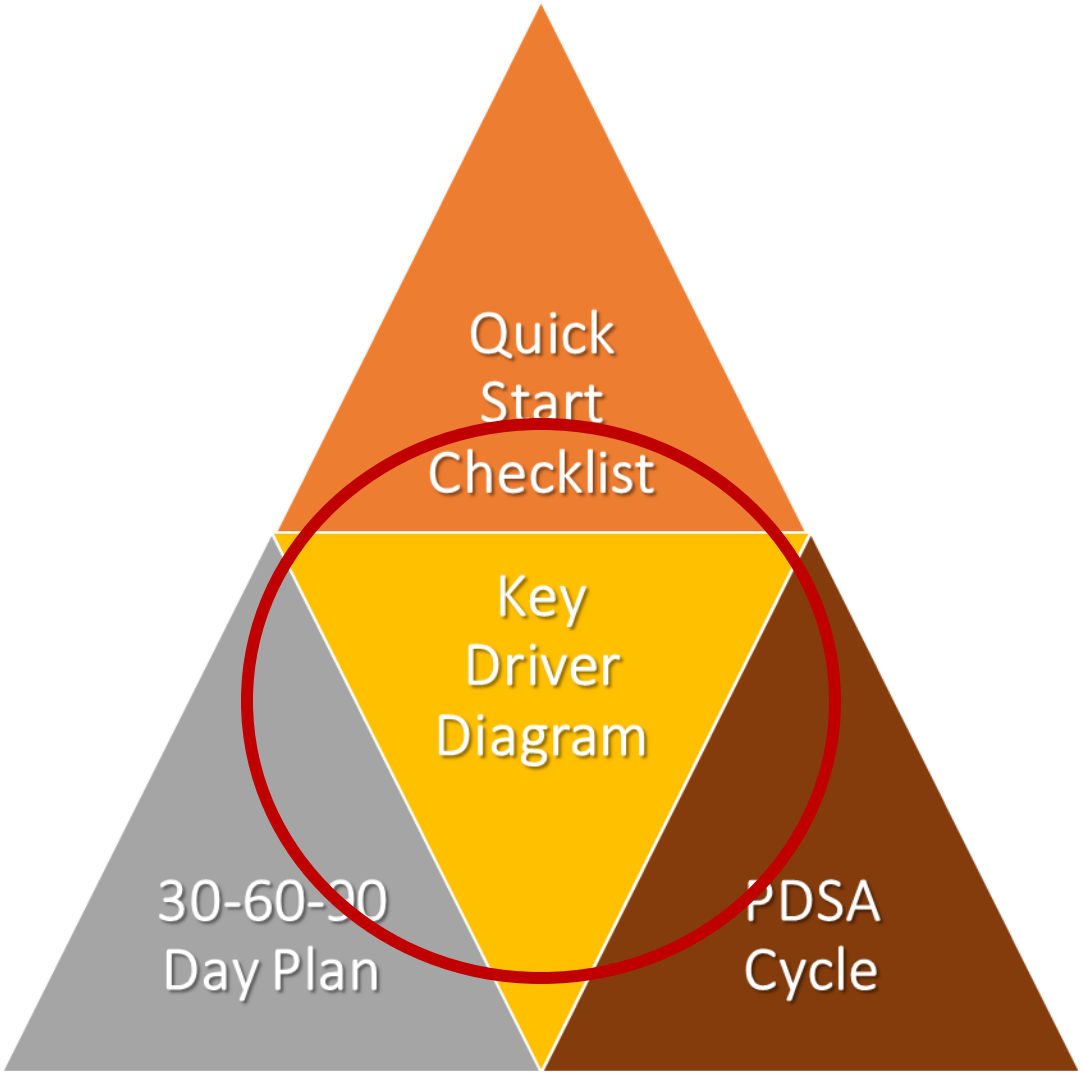


Create a Culture Ready for Change

- Must be an interdisciplinary effort
- Teams must meet regularly
- Ability to provide a safe environment for:
  - Listening
  - Questioning
  - Persuading
  - Respecting
  - Helping
  - Sharing
  - Participating
- Use the Toolkit & Toolbox!

Team Meetings

Tools to Use


Quick Start Checklist
Key Driver Diagram
30-60-90 Day Plan
PDSA Cycle

Homeward Bound

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, participating hospitals will achieve a 20 % increase in discharge readiness for NICU infants measured by

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

Secondary Aim:
By June 2025, participating hospitals will achieve a 20% increase in the completion of a discharge planning tool upon discharge home

Primary Key Drivers

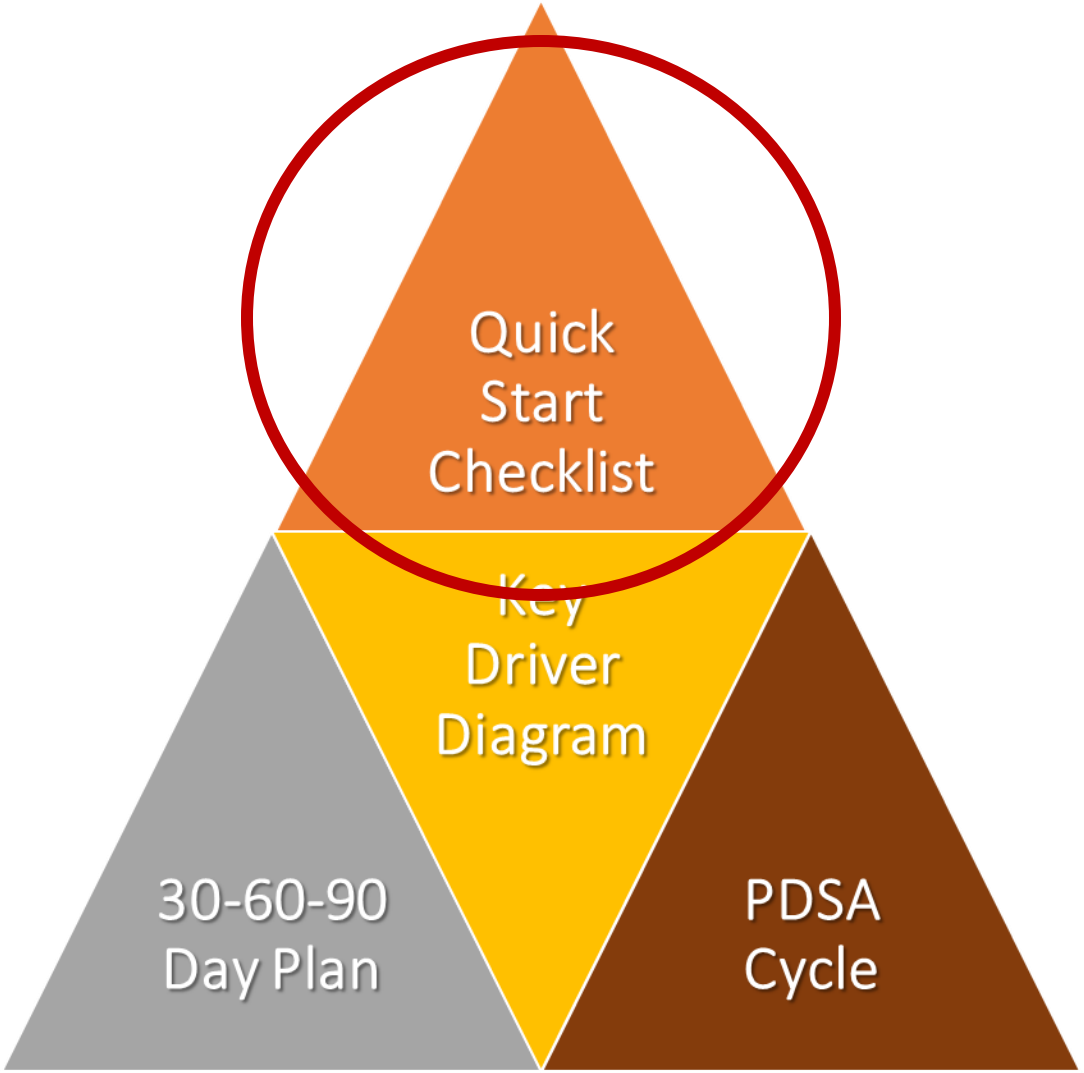
- Family Engagement and Preparedness
- Health Related Social Needs
- Transfer and Coordination of Care

Secondary Key Drivers

- Family Engagement and Preparedness
  - Educate caregiver to take ownership of infant care
  - Implement a discharge planning tool starting at admission
  - Engage care team to coach parents on infant care skills needed for transition to home
- Health Related Social Needs
  - Assess family needs and connect to resources
  - Train and commit to dignity and respect in all family interactions
- Transfer and Coordination of Care
  - 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

Tools to Use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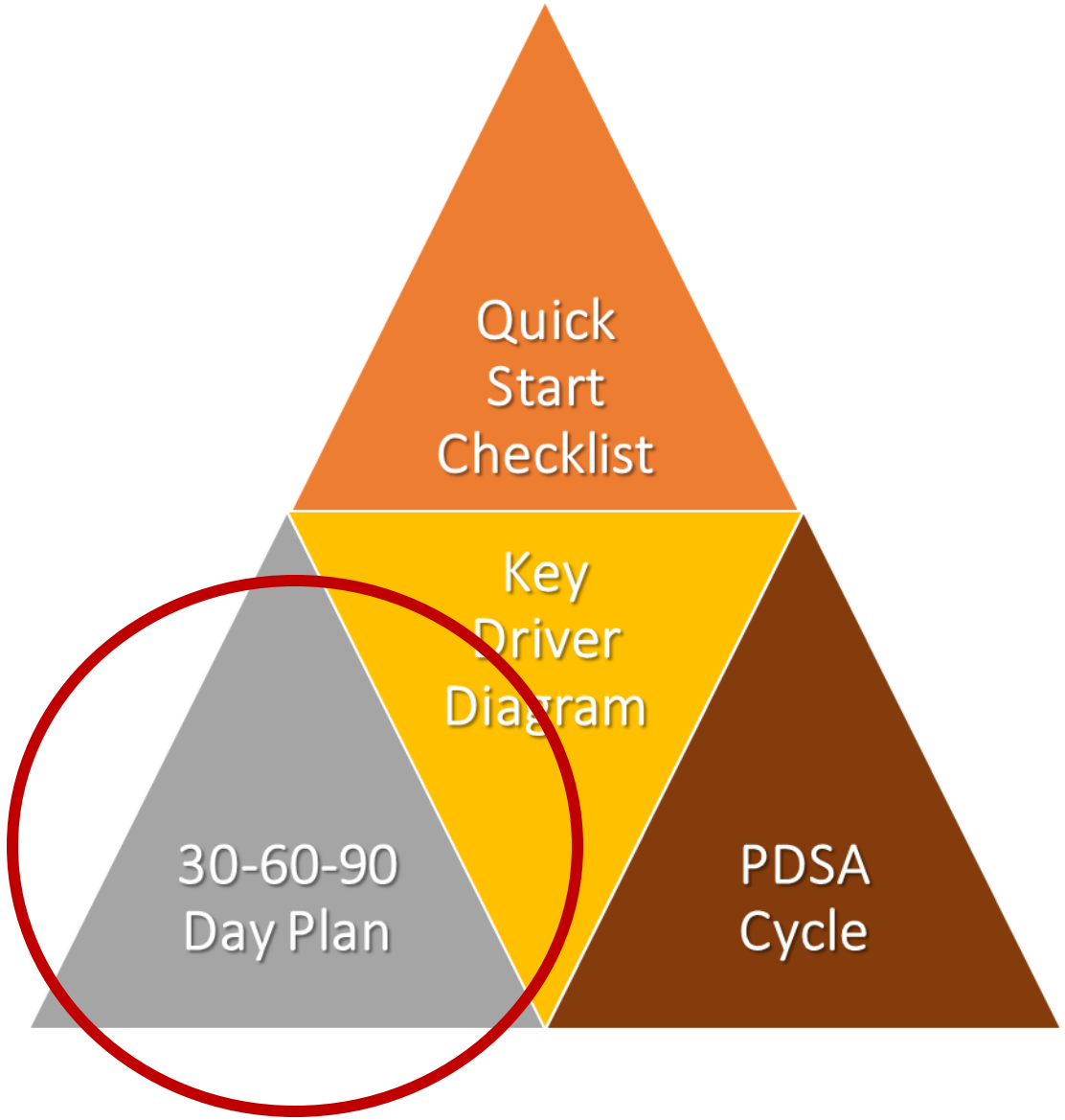
Cycle

Quick Start Checklist

- [x] 1. Recruit QI team – Initiative lead, provider lead, nurse lead, QI/data lead, administrative champion
- [ ] 2. Review, complete & return Data Use Agreement
- [x] 3. Attend Kick-off Meeting
- [x] 4. Complete the Pre-Implementation Survey
- [ ] 5. Write down questions or concerns

Tools to Use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30-60-90 Day Plan

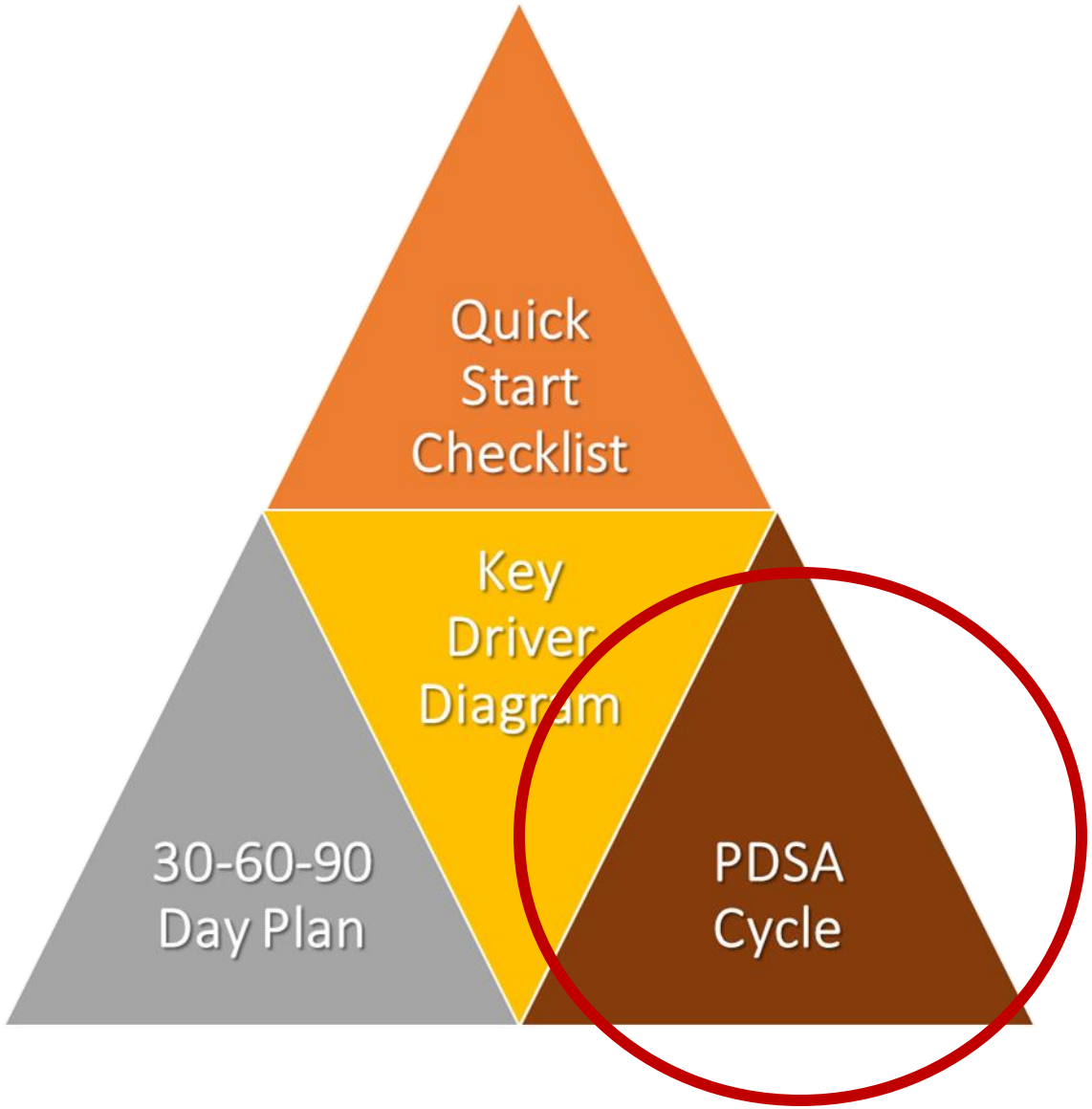
Foundations	
Strengths	
Barriers	

Looking Ahead	
Three Things to Accomplish in the Next 30 Days	
Three Things to Accomplish in Next 60 Days	
Three Things to Accomplish in Next 90 Days	

Identifying Strengths & Barriers

Foundations	
Strengths	*We have a strong physician champion and good administrative support*
Barriers	*Some of our providers and staff are very resistant to change*

Tools to Use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What is a PDSA cycle?

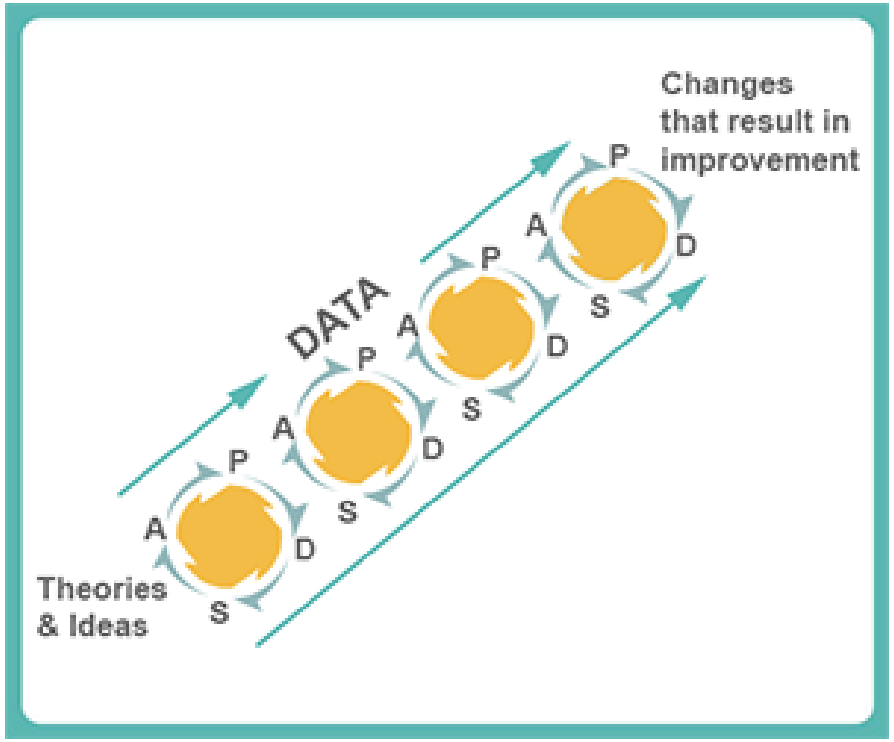
- Useful tool for developing & documenting tests of change to **for improvement**
- AKA PDCA, Deming Cycle, Shewart Cycle

P – **Plan** a test

D – **Do** a test

S – **Study** & learn from test results

A – **Act** on results



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Why Test Changes?

- ***Learn*** whether change will result in improvement
- ***Predict*** the amount of improvement possible
- Evaluate the proposed change work in a ***practice environment***
- ***Minimize resistance*** at implementation

Potential Implementation Barriers & Strategies to Overcome

Potential Barrier Drivers	Strategies to Overcome
• Time limitations	• Ensure meetings are organized & succinct • Involve bedside clinical team members-consider use of clinical ladder • Standardize meeting time for ease of scheduling; consider virtual option • Use regularly scheduled dept. meetings to succinctly highlight project & results

DON'T KNOW OTHER WAYS TO COLLABORATE

SHARE INFORMATION

BUILD RELATIONSHIPS

CAN'T SELF-MOTIVATE

MAKE A DECISION
SOLVE A PROBLEM
GET FEEDBACK
GENERATE IDEAS
MAKE A PLAN
REFLECT & IMPROVE

PROVE HOW IMPORTANT I AM

Would email or a Confluence page do the trick?

Like a manager 1-1 thing?

Does this need to happen in real time?

Seriously?

GREAT. NO MEETING!

BOOM. SCHEDULE IT!

Can you find a time that works for everyone fairly soon?

Does everyone have enough background info to get it done?

VERY FUNNY. NO MEETING!

OK, FINE. BUT THIS BETTER BE IMPORTANT.

FIX THAT FIRST. NO MEETING.

Do you just want an excuse to eat donuts?

Has this been discussed before?

SO EAT A DONUT. NO MEETING!

BOOM. SCHEDULE IT!

You're procrastinating, aren't you?

Should we believe you?...

You really think this time will be different?

DON'T BE LAME. NO MEETING!

LIAR. NO MEETING!

BOOM. SCHEDULE IT!

GET REAL. NO MEETING!

Potential Implementation Barriers & Strategies to Overcome

Potential Barrier Drivers	Strategies to Overcome
• Resource limitations	• Attend Coaching Calls monthly!! • Connect with other hospitals or QI leaders for potential solutions; or sharing resources through collaboration • Consider system-wide meetings to standardize best practices • Utilize your FPQC coach-mentors

As the Initiative Continues…

- **Celebrate** successes along the way
- **Display data** by keeping it current & interesting
- **Make it stick -** Routinization
- **Plan for sustainability**

3 Things to Accomplish in the Next 30 Days

Review interdisciplinary team members & fill any gaps

Schedule team monthly meetings for the next 6 months

Review policies, procedures & education plans

October 2023- December 2023

Assess	Review	Attend	Plan
Assess your team to assure all critical departments included **GEMBA walk	Review resources	Attend Data Collection Webinar: **October 24** **2 pm ET**	Plan for July launch – bulletin boards; staff meetings; event invitations

January 2024

Launch

- Official launch at your hospital!
- Plan to participate on monthly coaching calls!
- Educate clinicians & hospital leadership on importance of initiative & facility-wide standards
- Engage clinical team early & often!

Begin

- Begin submitting prospective data!
- Plan a call with your coach mentor!

FPQC

FPQC Initiative Resources

Monthly Coaching Calls with hospitals state-wide

Online Toolbox

Algorithms, Sample protocols, Education tools, Competencies, Slide sets, etc.

Technical Assistance

from FPQC staff, state Clinical Advisors, and National Experts

Educational sessions, videos, and resources

Initiative-wide collaboration meetings

Monthly and Quarterly QI Data Reports

Regular E-mail Bulletins

Custom, Personalized webcam, phone, or on-site Consultations & Grand Rounds Education

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Questions?

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www.fpqc.org/Homeward-Bound

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