



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

FPQC Partners & Funders



The American College of
Obstetricians and Gynecologists
WOMEN'S HEALTH CARE PHYSICIANS



Mission to Care. Vision to Lead.



AWHONN
FLORIDA
PROMOTING THE HEALTH OF
WOMEN AND NEWBORNS



AGENCY FOR HEALTH CARE ADMINISTRATION



ALLIANCE FOR INNOVATION
ON MATERNAL HEALTH



Florida Society of Neonatologists

Advancing the Care of Neonates in the Sunshine State



FLORIDA ACADEMY OF
FAMILY PHYSICIANS
SUPPORT FLORIDA'S FAMILY PHYSICIANS



Homeward Bound Leadership Team

Provider Leads



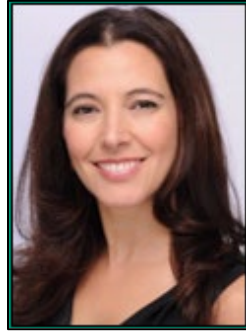
Vargabi Ghei

Nurse Lead



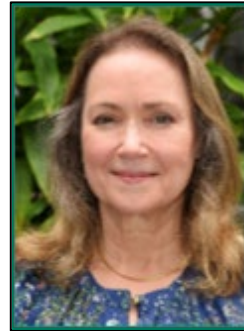
Sue Bowles

Family Lead



Lelis Vernon

FPQC Leads



Lori Reeves

QI Team

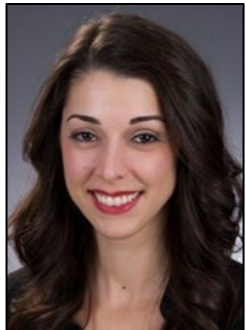


Nicole Pelligrino

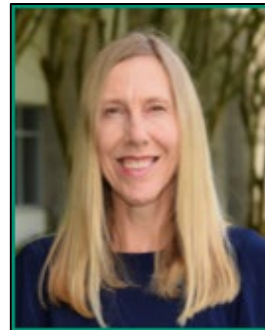
Data Team



Estefania Rubio



Patoula
Panagos-Billiris



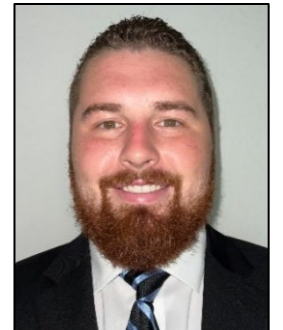
Linda Detman



Estefanny Reyes
Martinez

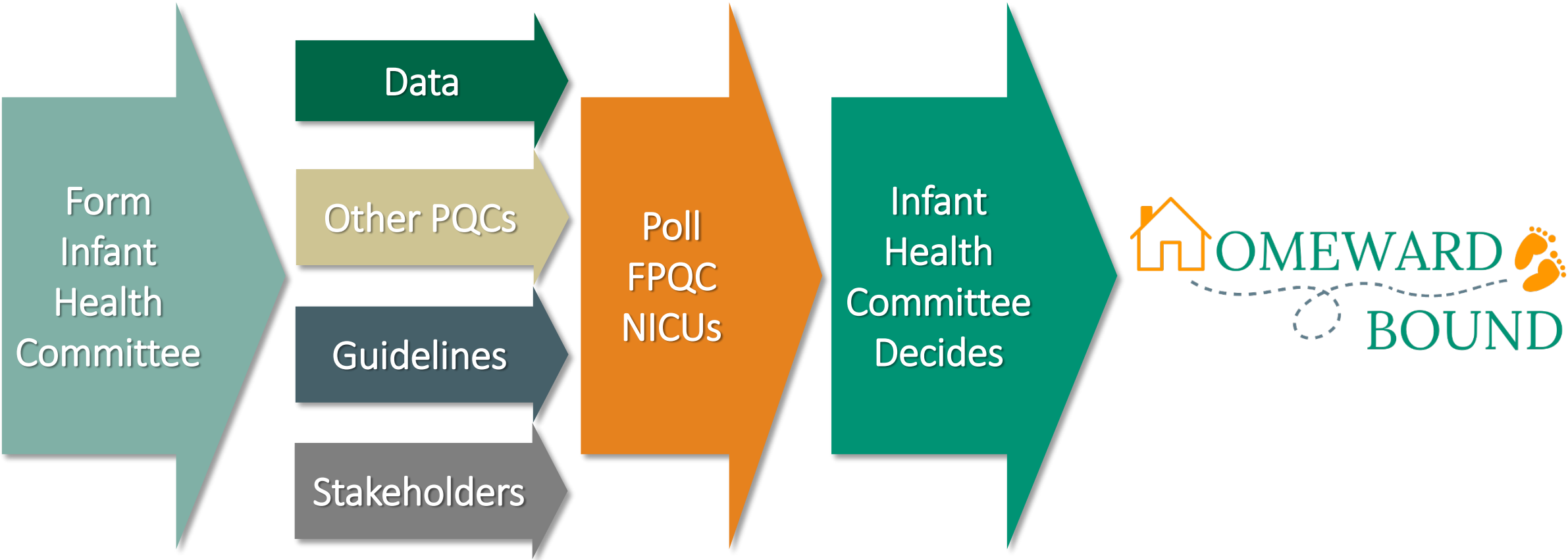


Sara Stubben



Benjamin Gessner

Selecting Infant Health Initiatives



NICU Discharge Preparedness & Transition to Home

Journal of Perinatology

www.nature.com/jp

CONSENSUS STATEMENT OPEN

Check for updates

NICU discharge preparation and transition planning: guidelines and recommendations

Vincent C. Smith¹, Kristin Love² and Erika Goyer³

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In this section, we present Interdisciplinary Guidelines and Recommendations for Neonatal Intensive Care Unit (NICU) Discharge Preparation and Transition Planning. The foundation for these guidelines and recommendations is based on existing literature, practice, available policy statements, and expert opinions. These guidelines and recommendations are divided into the following sections: Basic Information, Anticipatory Guidance, Family and Home Needs Assessment, Transfer and Coordination of Care, and Other Important Considerations. Each section includes brief introductory comments, followed by the text of the guidelines and recommendations in table format. After each table, there may be further details or descriptions that support a guideline or recommendation. Our goal was to create recommendations that are both general and adaptable while also being specific and actionable. Each NICU's implementation of this guidance will be dependent on the unique makeup and skills of their team, as well as the availability of local programs and resources. The recommendations based only on expert opinion could be topics for future research.

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ABOUT THE GUIDELINES

The foundation for these recommendations is based on existing literature, practice, and available policy statements. Given the range of topics we cover, there are some situations where there is no published literature specific to a recommendation. In some situations, we relied on the lived experiences of families and providers to inform our recommendations. While there may not be supporting references for some of these recommendations, all of the recommendations are based on expert opinion and consensus and the readers are requested to note this issue while adapting them into their practices, if they choose to. The recommendations based only on expert opinion could be topics for future research.

Our guidelines are divided into the following sections:

- Basic Information
- Anticipatory Guidance
- Family and Home Needs Assessment
- Transfer and Coordination of Care
- Other Important Considerations

Each section includes brief introductory comments, followed by the text of the guidelines and recommendations in table format. After each table, there may be further details or descriptions that support a guideline or recommendation.

USING THE GUIDELINES

It is impossible to create a comprehensive discharge preparation and transition planning program that will work for every family in every

NICU setting. Rather, what we propose are guidelines and recommendations that focus on content and process. We strive to create recommendations that are both general and adaptable while also being specific and actionable. Each NICU's implementation of this guidance will be dependent on the unique makeup and skills of their team, as well as the availability of local programs and resources.

BASIC INFORMATION

Discharge planning is the process of working with a family to help them successfully transition from the NICU to home. To this end, each family will need to participate in a comprehensive discharge planning program that has been tailored to their and their infant's specific needs. The first section is basic information and is meant to emphasize content that every family will need, without taking into account each family/infant's specific needs.

In preparing for discharge, your team will have to set clear criteria for what each family and infant need to accomplish to be ready to transition from the NICU to home. The NICU team should work with the family and confirm that the family understands the NICU discharge planning process. It is important that families understand that it is difficult to plan for a specific discharge date because discharge readiness is often conditional (e.g., the infants has no further spells, is able to gain weight, pass a car seat test, etc.) The fluid and uncertain nature of discharge readiness can be a source of frustration for families. To help minimize frustration and avoid misunderstandings, it is important to have consistent messaging, emphasizing that there can be wide variations in when an infant is discharged based on clinical indications and medical opinions.

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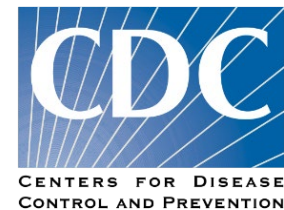
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SPRINGER NATURE

- 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

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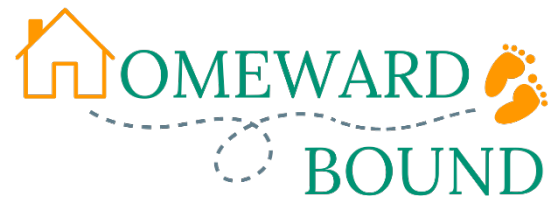
Primary Key Drivers

Family Engagement & Preparedness

Health Related Social Needs

Transfer and Coordination of Care

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



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Primary Key Driver

Family Engagement and Preparedness

Secondary Drivers

Educate caregivers to take ownership of infant care

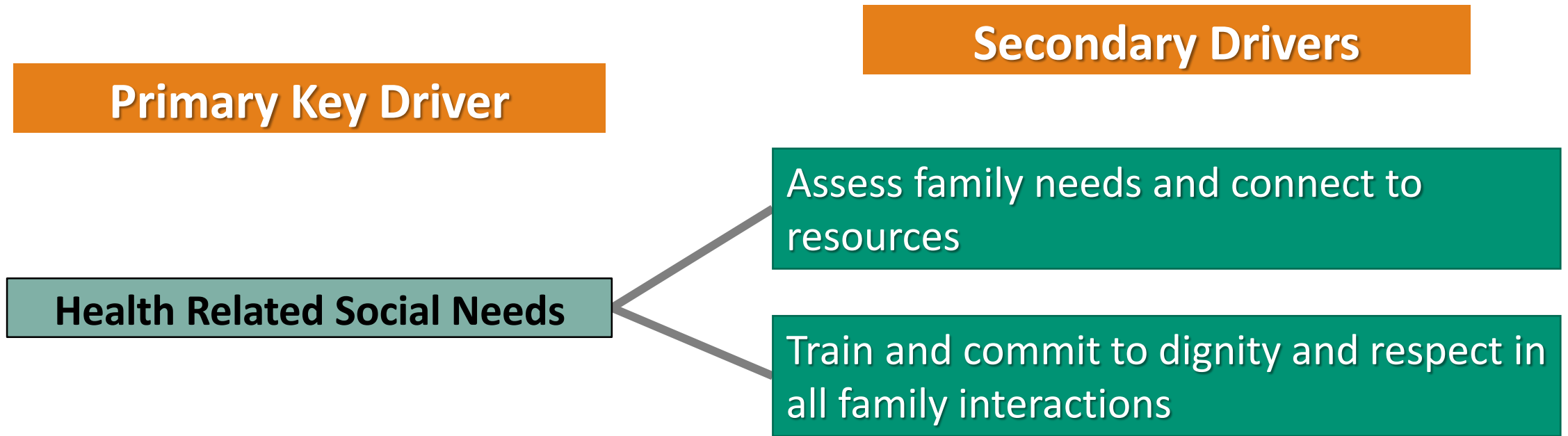
Implement a discharge planning tool starting at admission

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

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



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Primary Key Driver

Secondary Drivers

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 every driver & activity

Homeward Bound Foci

Fostering family/caregiver engagement and participation in care from admission through discharge

Developing a welcoming and supportive environment that is respectful of individual patient and family values

Creating family-centered hospital and unit policies, guidelines and procedures through open collaboration and partnership with families

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

Patient-level data - Monthly

- Demographics
- HRSN screening and referral, discharge planning (skill assessment, tool completion, clinician-to-clinician hand off, summary, referrals)

Caregiver survey – Auto submission

- Assessment of parental emotional readiness prior to discharge
- Demographics

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.

Homeward Bound 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

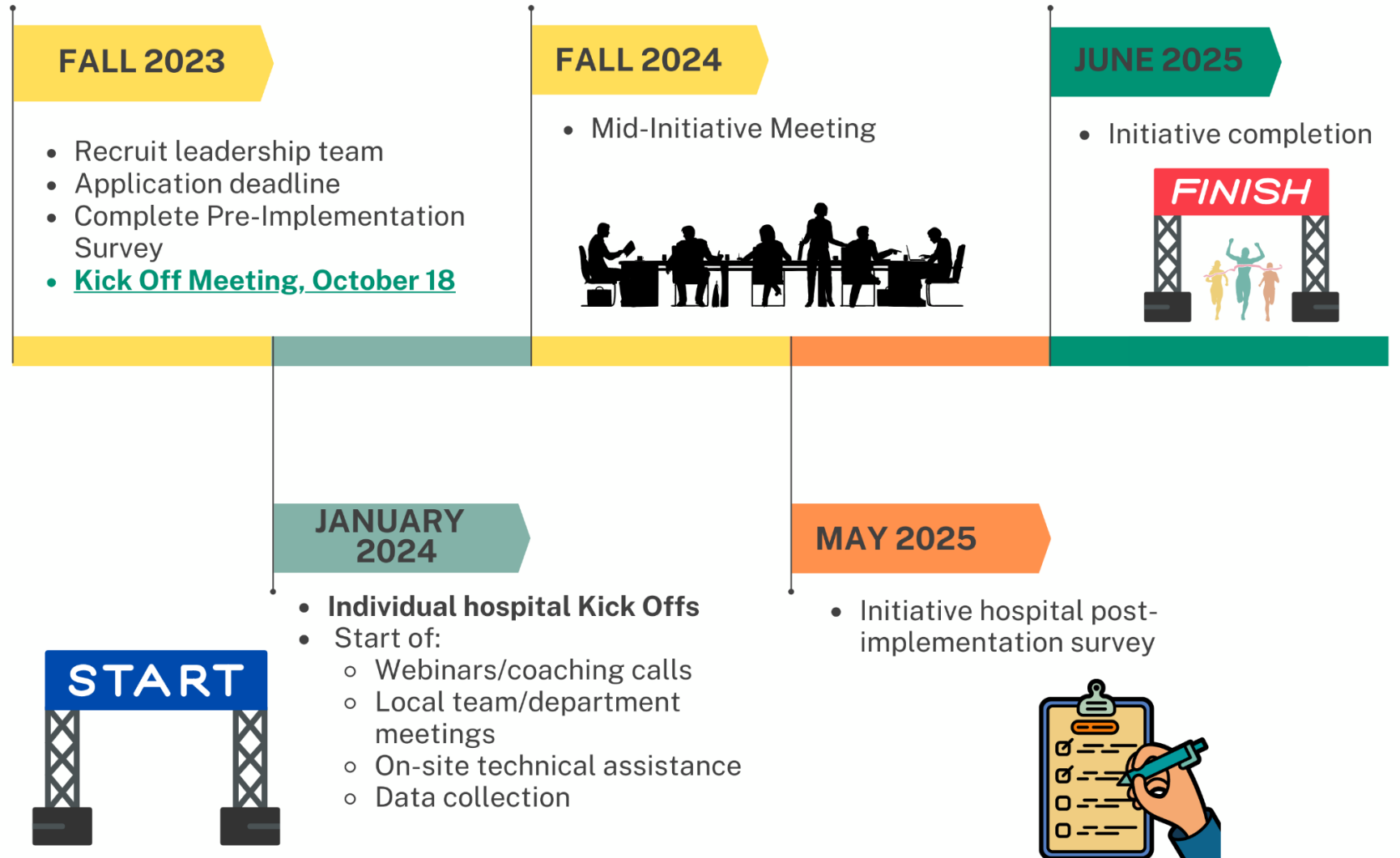
FPQC Testimonials

“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

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

Initiative Timeline



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

Participating Hospitals Will:

- 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:

<https://bit.ly/HomewardBoundApplication>



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.

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](https://twitter.com/TheFPQC)

QUESTIONS?



Thank you!

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