



HOMeward BOUND INITIATIVE

Complete for up to 20 infants discharged home who had a minimum 2-day NICU stay

STUDY ID # _____ (start with 001 and number sequentially until the end of the initiative)

PATIENT DEMOGRAPHICS

Discharge month _____ Discharge year _____	Saturday/Sunday/ Holiday discharge <input type="checkbox"/> Yes <input type="checkbox"/> No	Length of stay _____ days (count if patient was in bed at midnight)
Primary caregiver preferred language <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Creole <input type="checkbox"/> Other: _____ <input type="checkbox"/> Unknown	Primary caregiver race (check all that apply) <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Other: _____ <input type="checkbox"/> Unknown	Primary caregiver ethnicity <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Unknown
Gestational age at birth (complete weeks only) _____	Type of insurance <input type="checkbox"/> Medicaid/Medicaid plans <input type="checkbox"/> Private <input type="checkbox"/> Self-pay <input type="checkbox"/> Other: _____ <input type="checkbox"/> Unknown	Inborn: <input type="checkbox"/> Yes <input type="checkbox"/> No
Birth weight (grams) _____		

DISCHARGE PREPAREDNESS

Check all that was documented in the patient's chart:	<input type="checkbox"/> Complete technical readiness checklist <input type="checkbox"/> Complete discharge planning tool <input type="checkbox"/> Call to pediatrician/PCP (clinical-to-clinical hand-off) <input type="checkbox"/> Follow-up phone call within 3 days after discharge <input type="checkbox"/> None
Primary caregiver received the document(s) <u>and</u> verbal education on (check all that apply):	<input type="checkbox"/> Patient Specific Care Plan <input type="checkbox"/> Discharge summary <input type="checkbox"/> None
Primary caregiver SDOH screening was:	<input type="checkbox"/> Positive <input type="checkbox"/> Declined <input type="checkbox"/> Negative <input type="checkbox"/> Not documented
↪ Primary caregiver screened positive for (check all that apply):	<input type="checkbox"/> Food insecurity <input type="checkbox"/> Housing instability <input type="checkbox"/> Utility needs <input type="checkbox"/> Transportation needs <input type="checkbox"/> Feeling unsafe at home/IPV <input type="checkbox"/> Other _____
↪ Action plan for positive SDOH screening prior to discharge included (check all that apply):	<input type="checkbox"/> Social work consult completed <input type="checkbox"/> None <input type="checkbox"/> Further assessment completed <input type="checkbox"/> Appropriate resources provided <input type="checkbox"/> Appropriate referrals arranged

Appointments prior to discharge:	Scheduled	Not scheduled	Pt. declined	Not applicable
PCP appointment within 3 days of DC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specialty appointments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Therapy (OT, ST, PT)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Healthy Start	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Early Steps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medicaid Managed Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Equipment appointments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

EMOTIONAL READINESS ASSESSMENT

Completed Not completed/not documented Patient declined

↪ Primary caregiver was:	Not at all	Somewhat	Very
Confident their infant's heart rate and breathing were safe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Confident that their infant was developing and growing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ready for their infant to come home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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Aggregate Monthly Report of infants <u>discharged home</u> with a minimum 2-day NICU stay	
# of eligible infants discharged home	_____
# of eligible infants whose primary caregivers had SDOH screening documented using a SDOH screening tool	_____ <input type="checkbox"/> Unknown
# of eligible infants whose primary caregiver declined SDOH screening	_____ <input type="checkbox"/> Unknown
# of eligible infants whose primary caregiver screened positive for SDOH	_____ <input type="checkbox"/> Unknown
# of eligible infants whose primary caregiver screened positive for SDOH, and was connected to appropriate services/resources	_____ <input type="checkbox"/> Unknown

Your hospital will report patient-level data each month, which will include both aggregate data for all patients (above) and individual data for a sample of up to 20 patients.

INDIVIDUAL PATIENT DATA REPORTING

Include NICU admissions with minimal 2-day stay who are discharged home.

Exclude infants who die or are discharged to other hospitals for escalation of care.

Report up to 20 eligible patients each month, including up to 5 infants for each birth weight category, as follows: a) 2500 grams and above; b) 1500-2499 grams; c) 750-1499 grams; d) less than 750 grams.

If a category has more than 10 discharges per month, report the first discharge on each weekday for the first four weeks, and the first weekend discharge for the month, totaling 5 infants (e.g. Hospital X has 17 deliveries with a birth weight of 1500-2499. Reporting will include the first discharge on a weekday in the first, second, third and fourth week, as well as the first weekend discharge). **If there are fewer than 10 discharges in a specific category**, report the first 5 discharges or as many as you have.

At the beginning of the initiative, your hospital has the option to opt out of reporting information on smaller birth weight categories if the number of infants in a specific category is consistently less than 5 per quarter.

DATA DEFINITIONS

Complete technical readiness checklist: refer to the NICU Discharge Planning Worksheet - A fully completed form must include documented dates for all pertinent items in the worksheet and the dates when the caregiver conducted teach-back for educational topics.

Emotional Readiness Assessment: document the answers provided by the primary caregiver the first time the assessment is conducted.

Appropriate resources/referrals provided for positive SDOH categories: verify if appropriate resources or referrals were given for each positive SDOH category, in accordance with your unit policy and available community resources (e.g. if a patient screened positive for food insecurity, food vouchers and list of local food banks were provided).

Questions? Contact fpqc@usf.edu

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