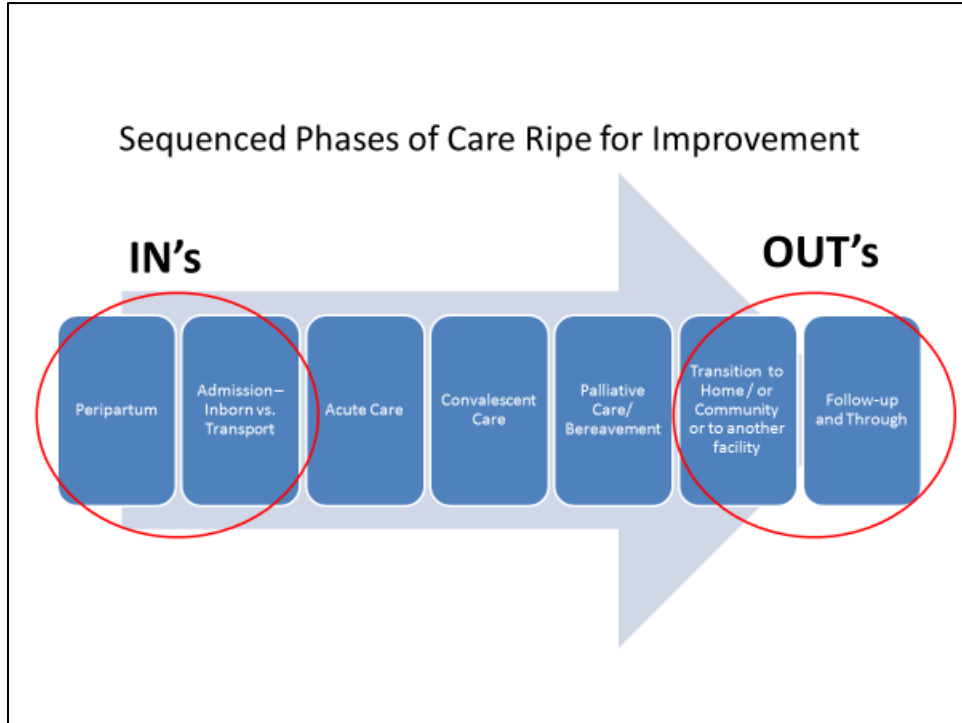


iNICQ 2019: The Ins and Outs of Neonatal Care: Improving Critical Transitions for Every Newborn

Quality Improvement Project Discernment Exercise

**GOAL:** Your team needs to assess whether you would benefit most from working on “Ins” (admission and early care) or “Outs” (transition to home) – the 2019 collaborative focused options.



**Step 1. Choose a Transition of Care**

If time permits *before* the webinar – ask your team members to send you the answer to Question 1. If completing in the room today simply ask for a show of hands and comments.

**Question 1. What is our biggest “point of pain” in our NICU system?**

- “Ins” Admissions (inborn) and/or Transports
- “Outs” Transition to home (inclusive of DC readiness, follow-up and longer-term follow-through).

Tally Ins \_\_\_\_\_

Tally Outs \_\_\_\_\_

**Question 2. In general, our care in this unit is:**

Admission (circle all that apply)	Discharge / Transition to Home (circle all that apply)
<p style="text-align: center;">Safe Timely Efficient Effective Equitable Patient and Family-Centered Socially and Environmentally Responsible (i.e. misuse/ overuse of services / resources)</p> <p style="text-align: center;"><b>TOTAL</b> ___ / 7</p>	<p style="text-align: center;">Safe Timely Efficient Effective Equitable Patient and Family-Centered Socially and Environmentally Responsible (i.e. misuse/ overuse services / resources)</p> <p style="text-align: center;"><b>TOTAL</b> ___ / 7</p>

**Step 2. Run the Checklist Below Quickly to Validate Your “Gut Check”**

Symptoms of “Ins” Challenges	Yes or No Comments	Symptoms of “Outs” Challenges	Yes or No Comments
	<b><u>VON Data</u></b>		<b><u>VON Data</u></b>
Recent increases in census / admissions?	Yes No	Upward trend in length of stay? Transfers with bounce backs?	Yes No
Higher than expected or upward trend in overall mortality?	Yes No	Upward trend in infants with complex medical needs (i.e. trach, g-tube, home monitoring).	Yes No
Highest quartile rates of DR mortality?	Yes No	Increased rates of extra-uterine growth restriction (discharge weight <10 <sup>th</sup> percentile)?	Yes No
Highest quartile rates of death within 12 hours?	Yes No	Low rates of human milk at DC?	Yes No
Suboptimal or declining rates of antenatal steroids / MgSO4 (also look at inborn vs. out-born)	Yes No	If in ELBW Follow-up Project – low rates of follow-up post DC?	Yes No
Low rates of steroid use at <24-week gestation?	Yes No		
High rates of admission hypothermia?	Yes No		
	<b><u>Other Hospital Data Sources</u></b>		<b><u>Other Hospital Data Sources</u></b>
Low patient / family satisfaction scores for short-stay patients.	Yes No	Increased hospital readmissions?	Yes No
Substantial number of infants referred to your center for known surgical condition.	Yes No	Increased hospital ER visits 2-weeks post-DC?	Yes No
Declining rates of referral from your Network?	Yes No	Low patient / family satisfaction scores?	Yes No
<b>Top Ten “Points of Pain”</b>		<b>Top Ten “Points of Pain”</b>	
Recent safety / sentinel event(s) around admission and/or transport?	Yes No	Recent safety / sentinel event(s) around discharge?	Yes No
Constant “triage” and crisis mode approach to manage admissions / transports?	Yes No	Constant “triage” and crisis mode approach to manage transition home?	Yes No
Admitting patients who do not “really require” intensive care (i.e. NAS, or well newborn at “risk” for infection?)	Yes No	“Discharge teaching” incomplete or being done on the day of discharge?	Yes No
Challenges with standardized processes, communication, teamwork for admissions?	Yes No	Holding infants to sort out “social” challenges?	Yes No
Delays in establishing airway?	Yes No	Parents expressing concerns about discharge readiness?	Yes No
Delays in establishing vascular access?	Yes No	Challenges with standardized processes, communication, teamwork for DC?	Yes No
Prolonged time to administer antibiotics?	Yes No	Delays in identifying and or communicating with PCP?	Yes No
Delays in engaging families before, during and immediately post-delivery?	Yes No	Complaints about the quality of discharge handoff or DC summaries to PCP and local team?	Yes No
Challenges in coordinating admissions and/or with communication with OB / High-Risk Perinatal colleagues locally? Regionally?	Yes No	Delays in identifying sub-specialty follow-up needs/ appointments?	Yes No
Challenge implementing new care practices (i.e. DCC), surfactant if required? Delivery room CPAP?	Yes No	Missed preventative care: <ul style="list-style-type: none"> <li>• ROP exams / Hearing screens</li> <li>• Newborn metabolic screening</li> <li>• Vaccinations</li> </ul>	Yes No
<b>Comments:</b>	<b>Total Yes _____</b>	<b>Comments:</b>	<b>Total Yes _____</b>
<b>“Ins” Potential Synchrony With Existing Projects:</b>		<b>“Outs” Potential Synchrony With Existing Projects:</b>	

### **Step 3. Choose a Population to Focus Your Improvement Efforts On**

What population would you like to focus on to improve “Ins” or “Outs”?

- A. Term or Well Newborns / Goal of Reducing Unnecessary NICU Admissions
  - B. Every Newborn Requiring NICU Care
  - C. Late Preterm Infants
  - D. Infants With Complex Needs (Technology Dependence)
  - E. Surgical Infants
  - F. Micro-premature Infants
  - G. NAS Infants
  - H. Other \_\_\_\_\_
- 

### **Step 4. Brainstorm Key Aspects of the Transitions Framework You Might Work On**

1. Standardizing the Process of Transition X
  
  2. Communication
  
  3. Teamwork
  
  4. Family-Integrated Care
- 

**TEAM NOTES / DISCUSSION**

**ACTION ITEMS / NEXT STEPS**