BACKGROUND

Vermont Oxford Network is launching a new multi-center quality improvement collaborative focused on improving critical transitions of care. A critical transition is any change in an infant’s site of care, significant change in their status or plan of care, or a change in the infant’s care team. These transitions occur within a hospital or health system and between multiple hospitals and communities. Transitions impact every infant and family in your care. Transitions are part of the newborn experience whether that baby is cared for in a Level I, II, III or IV center and whether the baby experienced a healthy birth at term, a birth at 34-36 weeks gestation (late preterm), or an early preterm birth.

Care Transitions: Flow of Care Delivery

Transitions in care present also some of the most challenging events for infants, families, and care teams. Transitions are vulnerable periods, and if not well planned and orchestrated, may result in harm. Problems with transitions of care at the time of admission may result in worse outcomes and inefficient use of resources including prolonged LOS or unnecessary NICU admissions. Poor transitions contribute to inefficient use of resources, sub-optimal care and are a driver of family dissatisfaction.
NEW!

VON FRAMEWORK FOR IMPROVING CRITICAL TRANSITIONS OF CARE

High Level Key Driver Diagram (KDD)

SMART AIM

By [Insert X date] we will assure that [insert name of critical transition] is Safe, Timely, Efficient, Effective, and Equitable. Patient and family centered and Socially responsible.

Primary Drivers

- Communication
  
  Good communication is timely, direct, standardized to ensure critical details are communicated (using structured tools), and, ideally, supported by health information technology.

- Teamwork
  
  Strong teamwork includes a shared vision and mental model of care, shared goals that are prioritized in a collaborative fashion, multi-disciplinary collaboration, and shared accountability.

- Standardized Processes
  
  Standardized Processes: Processes supporting transitions should be clearly mapped and well-orchestrated and should ensure that all patients receive care that maintains continuity, is evidence based, safe from harm, and cost-effective. Standardized processes should ensure that the right patient is receiving the right content of care, in the right place, and from the right team.

- Family Integration
  
  Care provided during transitions (and always) should be responsive to each patient and family’s needs, preferences, and values and families should be actively included as partners in care. Care plans should reflect the medical, social, spiritual, and emotional needs of the family at all phases of the transition (prior, during, and after including “follow through”).

PBPs

- Communication
  
  Adopt standardized written and verbal tools to facilitate safe transitions of care with bidirectional communication across disciplines and between the HCPs and families.

- Teamwork
  
  Develop shared behaviors, attitudes and cognitions necessary for teams to accomplish their collective tasks.

- Standardized Processes
  
  Develop unit-specific guidelines and policies for critical transitions; monitor compliance and deviations and perform iterative modifications prn.

- Family Integration
  
  Integrate families fully in care and decision making; minimize stress, anxiety with attention to the biological, spiritual and social determinants of health and well-being.

We believe the ideal “critical” transitions of care are driven by:

1. **Communication** - Good communication is timely, direct, standardized to ensure critical details are communicated (using structured tools), and, ideally, supported by health information technology.

2. **Teamwork** - Strong teamwork includes a shared vision and mental model of care, shared goals that are prioritized in a collaborative fashion, multi-disciplinary collaboration, and shared accountability.

3. **Standardized Processes** - Standardized Processes: Processes supporting transitions should be clearly mapped and well-orchestrated and should ensure that all patients receive care that maintains continuity, is evidence based, safe from harm, and cost-effective. Standardized processes should ensure that the right patient is receiving the right content of care, in the right place, and from the right team.

4. **Family Integrated Care** - Care provided during transitions (and always) should be responsive to each patient and family’s needs, preferences, and values and families should be actively included as partners in care. Care plans should reflect the medical, social, spiritual, and emotional needs of the family at all phases of the transition (prior, during, and after including “follow through”).
Complete Bios Available at:

iNICQ 2019 Core Curriculum Webinar Sessions at a Glance

Session 1a. iNICQ Intensive Experience-Based Co-Design Project Prelaunch* [Intensive Only]
 January 9, 2019  3:00 – 4:00 PM  Eastern

Session 1b. iNICQ Core Curriculum Prelaunch Nuts and Bolts [Core and Intensive]
 January 23, 2019  3:00 – 4:00 PM  Eastern

Session 2. Improving Critical Transitions for Every Newborn: From Data to Action!
 January 30, 2019  3:00 – 4:00 PM  Eastern

Session 3. Improving the “Ins” by Focusing on the Critical Transition - Inpatient Admissions
 March 13, 2019  3:00 – 4:00 PM  Eastern

Session 4. Improving the “Ins” by Focusing on the Critical Transition – Intra-facility Transport
 April 17, 2019  3:00 – 4:00 PM  Eastern

Session 5. Optional Abstract / MOC Part IV Coaching Call
 Tips and Tolls for Successful Abstract Preparation
 May 22, 2019  3:00 – 4:00 PM  Eastern

Session 6. Improving Every-Day Critical Transitions: Focus on Change of Shift/ Change of Service Hand-Offs
 June 26, 2019  3:00 – 4:00 PM  Eastern

NICQ Symposium – Chicago IL
 September 2019

Session 7. Part 1. Improving Critical Transitions to Home and Community: Focus on Late Preterm and/or Infants with NAS
 September 4, 2019  3:00 – 4:00 PM  Eastern

Session 8. Part 2. Improving Critical Transitions to Home and Community: Focus on Infants With Complex Medical Needs
 October 23, 2019  3:00 – 4:00 PM  Eastern

Session 9. Critical Transitions Progress and Next Horizons: Lessons From Leading Centers
 December 11, 2019  3:00 – 4:00 PM  Eastern
iNICQ 2019 Intensive Curriculum

Webinar Sessions and Online Learning at a Glance

iNICQ Intensive teams focus have 2 additional deeper dive learning activities and online resources.

1. VON / IHI Foundations in Improvement Science Course

2. Experience Based Co-Design Curriculum offered in collaboration with the Point-of-Care Foundation - https://www.pointofcarefoundation.org.uk/resource/experience-based-co-design-ebcd-toolkit/

iNICQ Intensive teams also have 8 team members who will travel to Chicago and meet face-to-face with other intensive teams in a focused learning event the NICQ / iNICQ Symposium in Chicago and the 2-day Annual Quality Congress which are included in their bundled subscription and registration fees.

iNICQ Intensive Prelaunch Activities

Session 1a. iNICQ Intensive Experience-Based Co-Design Project Prelaunch* [Intensive Only]
   January 9, 2019  3:00 – 4:00 PM  Eastern

Session 1b. iNICQ Core Curriculum Prelaunch  Nuts and Bolts [Core and Intensive]
   January 23, 2019  3:00 – 4:00 PM  Eastern

iNICQ 2019: Intensive Session Webinars

Focused on Experience Based Co-Design

Intensive Webinar A – Getting a Running Start With Experience-Based Co-Design
   February 20, 2019  3:00 – 4:00 PM  Eastern

Intensive Webinar B – Using the EBCD Tools Wisely
   Trigger Videos, Touchpoints and Process Mapping to Inform Your Patient and Family Events
   May 1, 2019  3:00 – 4:00 PM  Eastern

Intensive Webinar C – Experience Based Co-Design to Improve Critical Transitions: Lessons From Early Innovators
   Nov 13, 2019  3:00 – 4:00 PM  Eastern
iNICQ 2019 Webinar Sessions and Detailed Curriculum

Session 1a. iNICQ Intensive Experience-Based Co-Design Project Prelaunch*

January 9, 2019 3:00 – 4:00 PM Eastern

Faculty Moderators  
Madge Buus-Frank DNP, Howard Cohen MD  
Marybeth Fry, Beverly Fitsimmons

* Required for Intensive Curriculum Participants Only

Target Audience

✓ Quality Improvement Team Project Leaders (*Inclusive of Family Leader for Project)  
✓ Senior Leader Sponsor  
✓ VON Champion  
✓ VON Day Audit Data Collector  
✓ Designated Interview Facilitator

Session Description

This session is designed specifically for teams participating in the iNICQ Intensive collaborative, focused on improving critical transitions of care using a new QI methodology, experience-based co-design. Teams in this intensive classroom will need additional resources to be successful, most specifically they must have family leaders engaged early and throughout, they will require skilled person to perform family and staff interviews and facilitate learning events, and they must be able to capture simple videos using hand-held devices.

PREWORK: Teams will be asked to view a series of short videos prior to attending the session and to review the Point of Care Foundations online toolkit located at:

https://www.pointofcarefoundation.org.uk/resource/experience-based-co-design-ebcd-toolkit/
Session 1b. iNICQ Core Curriculum Prelaunch Nuts and Bolts*

January 23, 2019 3:00 – 4:00 PM Eastern

*Required for Both Core and Intensive Participants

Faculty Moderator: Madge E. Buus-Frank

Target Audience

✓ Quality Improvement Team Project Leaders (*Inclusive of Family Leader for Project)
✓ Senior Leader Sponsor
✓ VON Champion
✓ VON Day Audit Data Collector

Session Description

Attendance at this session is required by teams in both the Core and Intensive Curriculum and will provide your team with a more detailed overview of the project, the on-line tools and resources, the VON Day Audit, and key project milestones, deliverables and timelines. The webinar will serve as a critical project orientation and outline key steps to success.

Session Outline

Project Overview / Framing - 4 Key Drivers of Every Critical Transition

  o Communication
  o Teamwork
  o Standardization
  o Family-Integrated Care
  o Timelines / Deliverables

Definition of a Critical Transition

  o 4 Key Drivers of Every Critical Transition
  o Handoffs – Core Concept Throughout

Discernment – What Critical Transition Will Your Team Work On?

  o “Ins” Projects / Focus
  o “Outs” Projects / Focus
  o Handoffs
  o Discernment Exercise

Building Your Interdisciplinary Team

  o Assembling Your Team – Core vs. Intensive Composition
  o Role of the VON Champion = Coach, Cheerleader, Coordinator of Regular Meetings
  o Deep Engagement of Clinical Team and Parents / CME/ CNE/ MOC Part IV

Sequence to Achieve Change

  o Model for Improvement Into Action
  o Process Mapping / Small PDSAs and “Tests” of Change

Measurement

  o VON Day Audit Details / Support Supplemented by Local Plot the Dot Campaign
  o Table of Measures
Session 2. January 30, 2019 3:00 – 4:00 PM Eastern

Improving Critical Transitions for Every Newborn: From Data to Action!

Faculty Moderator: Heather Kaplan

Session Description

Engage your intra-disciplinary obstetric and neonatology clinical team in an exciting collaborative launch session aimed at assuring that together we collaborate to assure that every critical transition is designed and executed to achieve high reliability care! Review the current Vermont Oxford Network data for opportunities for improvement.

Learning Objectives

1. Identify 3 key indicators from the Vermont Oxford Network Data identifying opportunities for improvement that are relevant for Level 1, 2, 3, and 4 centers in your region.

2. Reflect on the impact of critical transitions on the patient and family experience identifying how true partnership with families could lead to improved clinical, quality, safety and value outcomes for all.

3. Recognize how systematically applying a 4-part model emphasizing the 4 key drivers of a critical transition (communication, teamwork, standardized processes, and family integration/partnership could improve critical transitions into your NICU, transition to home, and everyday transitions like routine handoffs.

Session Plan

3:00 Welcome and Call to Action  H. Kaplan / J. Horbar / M. Buus-Frank

3:05 The Big Picture Opportunities for Improvement
VON Network Data and Improvement Experience  R. Soll

Collaborating with Obstetricians / Antenatal Collaboration and Consultation

- Variation in Antenatal Steroids and MgSO4 – Outborn, Inborn and Periviable infants
- Calculators and Data-Informed Family Conversation
- "Chorio" and Antibiotic Stewardship

Shifting to a Paradigm of Shared Regional Outcomes

- Variations in Mortality / Morbidity
- Increasing Length of Stay
- Transports / Transfers
- Beyond Follow-up to Follow-Through

3:20 Questions / Answers / Dialogue

3:30 Parent Perspectives on Critical Transitions  M. Fry / Parent Faculty

3:40 Why We Are Focusing on Critical Transitions?  H. Kaplan

- Defining Critical Transitions
- Year 1 – Ins/ Outs / Handoffs
- Introduction to The Key Driver Diagram
- Introduction to the Potentially Better Practices (PBPs)
- Using the Model for Improvement to Test PBPs
3:50  Questions / Answers / Dialogue

3:55  Wrap-up and Team Time Activity

4:00  Webinar Broadcast Adjourns / Local Team Time Continues

Team Time Activity Choices / Resource Location

<table>
<thead>
<tr>
<th>ONLINE RESOURCES</th>
<th>LOCATION</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Learning Resources</td>
</tr>
<tr>
<td>➢ iNICQ 2019 Toolkit</td>
<td>X</td>
</tr>
<tr>
<td>➢ Discernment Exercise</td>
<td>X</td>
</tr>
<tr>
<td>➢ Team Composition Matrix</td>
<td>X</td>
</tr>
<tr>
<td>➢ Letter to Senior Leader</td>
<td>X</td>
</tr>
<tr>
<td>➢ Sequence to Achieve Change</td>
<td>X</td>
</tr>
<tr>
<td>➢ Nightingale Data Reporting</td>
<td>X</td>
</tr>
<tr>
<td>(Local reports, State reports, time series data)</td>
<td></td>
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<tr>
<td>➢ VON Member Survey</td>
<td>X</td>
</tr>
</tbody>
</table>

4:30  Team Time Complete / Class Adjourns
Improving the “Ins” by Focusing on the Critical Transition In-Born Admissions

Faculty Moderator: Jeffrey Meyers MD

Session Description

This session is designed to solidify your understanding of the number and nature of critical transitions that your teams manage on daily basis. Additionally, teams will reflect on the patient and family experience over the course of their NICU stay, be it a short stay (a few hours or days) or an extended admission.

Then teams will reflect on how to use the 4 key elements for critical transitions to inborn infants – with the realization that whether or not you are focusing on “ins” or “outs” discharge planning begins on admission and strong admission processes set the stage for safe, efficient and effective transitions to home.

Learning Objectives

1. Analyze the number and types of transitions that are occurring across the collaborative hospitals using the VON Day Audit data and compare and contrast this to your local setting.

2. Examine the evidence for improving inborn admissions using the 4 critical components / drivers of a critical transition (communication, teamwork, standardization, and family integrated care) and in partnership with families and clinical team members discern which PBPs represent opportunities for improvement in your clinical setting.

3. Perform a gap analysis using a structured tool to further focus your teams project focus, SMART Aim, and first test of change.

Session Plan

3:00 Welcome – Setting the Stage for Success     H. Kaplan

3:05 VON Day Audit: Baseline Data        R. Soll

- Overview – A Glance at the Field
- Unit Level Measures
- Infants Level Measures
- Measures Suitable for Your Local Plot the Dot

3:15 Questions / Answers / Dialogue

3:20 Applying the Critical Transitions Model to “Inborn” Infants and Families

Key Driver Diagram - The Evidence and the Opportunities     J. Meyers

- Communication
- Teamwork
- Standardization
- Family-Integrated Care

3:40 Your Turn! Please Engage With One or More of Our Faculty Experts     Faculty Panel

- Do You Have a Standardized Approach to Transport?
- What Are Your Key Challenges? What Would Your Referral and/or Receiving Hospitals Want?
- Are You Engaging Families Around Transport Quality?
What Change Ideas Have You Tested/ or Might You Test?
What Have You Learned From Your Successes and Failures?
What is Our Responsibility in the Region to Improve?
Tips / Key Learning for Teams Working on Transition to Home?

3:55 Wrap-up and Team Time Activity – Your VON Day Audit Gap Analysis J. Meyers

4:00 Webinar Broadcast Adjourns / Local Team Time Continues

4:30 Team Time Complete / Class Adjourns
Session 4. April 17, 2019    3:00 – 4:00 PM Eastern

Improving the “Ins” by Focusing on the Critical Transitions During Inter-Facility Transport

Faculty Moderator    Jeffrey Meyers MD

Session Description

This session is designed to assist your team in applying the critical transitions framework to a complex transition – intra-facility transfer and transport. Teams will reflect upon the patient and family experience, the challenges of both stabilization for transport, and the intense ongoing communication, teamwork, standardization and family integration and engagement required orchestrating an ideal transition of care. Your care team will be challenged to use the model for improvement to design small iterative tests of change, coupled with measurement, content relevant to every critical transition that you desire to work on.

Learning Objectives

1. Reflect upon a patient and family experience and list the 4 key drivers of excellence required for every critical transition identifying those that were present and those that we missing in this transport.

2. Examine the evidence for improving intra-facility transports using the 4 critical components / drivers of a critical transition (communication, teamwork, standardization, and family integrated care).

3. In partnership with families and clinical team members from our center and our receiving or referring centers discern which PBPs represent opportunities for improvement in your clinical setting.

Session Plan

3:00    Welcome – Setting the Stage for Success    M. Buus-Frank/ J. Meyers

3:05    The Family Experience – Transport    M. Fry / Family Advisor


Key Driver Diagram - The Evidence and the Opportunities

- Communication
- Teamwork
- Standardization
- Family-Integrated Care

Short Improvement Story – Using Telemedicine on Transport    TBD

3:25    Your Turn! Please Engage With One or More of Our Faculty Experts    Faculty Panel

- Do You Have a Standardized Approach to Critical Transitions?
- What Are Your Key Challenges?
- Are You Screening for Transportation on Admission/ Discharge?
- What Change Ideas Have You Tested/ or Might You Test?
- What Have You Learned From Your Successes and Failures?
- What is Our Responsibility in the Region?
Tips / Key Learning for Teams Working on Transition to Home?

3:40  QI Methods  
   - Importance of Process Mapping  
   - PBPs / Change Ideas  
   - Measures  

3:50  Questions/ Answers / Dialogue  

3:55  Wrap-up and Team Time Activity  

Focus: PDSA Cycle Design / Measurement

4:00  Webinar Broadcast Adjourns / Local Team Time Continues

4:30  Team Time Complete / Class Adjourns
Session 5. – OPTIONAL Joint Session with NICQ Teams

May 22, 2019    3:00 – 4:00 PM Eastern

Abstract and MOC Part IV Coaching – Tips and Tools for Successful Abstract Preparation

Faculty Moderators:

- Denise Zayack RN, MS
- Madge Buus-Frank DNP
- Heather Kaplan MD, MSCE

Session Description

Join this session to learn how to develop a cogent data-driven improvement story using the VON abstract guidelines. The lesson will include links to abstract examples, instructions for the key components of each section of the abstract, and with an emphasis on how to tell your data story with data over time using an annotated run chart and/or SPCC. The second portion of the call will be an “open microphone” coaching session where teams can give and receive coaching specific to their project.

Learning Objectives

1. Review the key reportable sections required for a rigorous quality improvement abstract.
2. Analyze key example abstracts that model these principles and practices.
3. Apply this knowledge to your team’s quality improvement abstract with an emphasis on meeting acceptance and MOC Part IV criteria in the first round.
Session 6. June 26, 2019  3:00 – 4:00 PM Eastern

Improving Every-Day Critical Transitions: Focus on Change of Shift/ Change of Service Hand-Offs

Faculty Moderator  Heather Kaplan

Learning Objectives

1. Review your local VON Day Audit data and compare to VON collaborative centers to compare and contrast the number, content and complexity of “every day” transitions of care that occur in our unit (i.e. shift-to-shift handoffs RT:RT; Nurse:Nurse: MD:MD; etc.)

2. Examine the Joint Commission mandate for and evidence PBPs to improve handoffs using the 4 critical components / drivers of a critical transition (communication, teamwork, standardization, and family integrated care).

3. Explore the underutilized role of parents in assuring timely, safe and effective handoffs of every-day transitions of care.

Session Description

Gather your team to analyze your VON Day Audit results to better understand the number, type, complexity and importance of every day handoffs in your setting. Teams will apply the critical transitions framework to handoffs with an emphasis on communication, teamwork, standardization and family integrated care. Learn how innovative centers are moving away from asking families to leave during handoffs, and instead are using standard tools like iPASS and engaging parents in the handoff process.

Session Plan

3:00  Welcome – Setting the Stage for Success  M. Buus-Frank/ H. Kaplan

3:05  Applying the Critical Transitions Model to Every Day Handoffs:  H. Kaplan

Key Driver Diagram - The Evidence and the Opportunities

- Communication
- Teamwork
- Standardization
- Family-Integrated Care

3:20  Your Turn! Please Engage With One or More of Our Faculty Experts  Faculty Panel

- Do You Have a Standardized Approach to Handoffs?
- What Are Your Key Challenges?
- Are You Sharing Both Content of Care and Goals of Care at Handoff?
- What Change Ideas Have You Tested/ or Might You Test?
- What Have You Learned From Your Successes and Failures?
- What is Our Responsibility for Handoffs Beyond Hospital Walls?
- Tips / Key Learning for Teams Working on Admissions and Transition to Home?

3:40 Example of Excellence

Family Participation in Rounds / Handoffs  St. Joseph / Exempla Team Content

iNICQ_2019_Ins_Outs_Neonatal_Care_Critical_Transitions_Every_Newborn_12_8_2018_Final
3:45  Questions / Answers

3:50  Run Chart Wrap-up and Team Time Activity

4:00  Webinar Adjourns

Focus: Run Chart Exercise

4:00  Webinar Broadcast Adjourns / Local Team Time Continues

4:30  Team Time Complete / Class Adjourns
Part 1. Improving Critical Transitions to Home and Community: Focus on Late Preterm and/or Infants with NAS

Faculty Moderator: Wendy Timpson MD, MEd

Session Description

This session is designed to assist your team in applying the critical transitions framework to a unique complex transition – that is transition to home and community. Part 1. Will focus late preterm infants and those with NAS who are frequently encountered and highly vulnerable populations.

Teams will once again employ the critical transitions of care lens to identify opportunities for improvement in ongoing communication, teamwork, standardization and family integration and engagement. Pragmatic strategies to both screen for and address key social determinants of health, preferably on admission, to assure these do not contribute to delays later and/or hospital readmissions.

Learning Objectives

1. Review your local VON Day Audit data and compare to VON collaborative centers to compare and contrast the number, content and complexity of transition to home and community overall.

2. Examine the evidence for improving the transition to home and community for late preterm infants or those with NAS using the 4 critical components / drivers of a critical transition (communication, teamwork, standardization, and family integrated care).

3. Identify 3 social determinants of health that clinical teams must be aware to assure a safe, timely, efficient and effective discharge and avoid hospital readmissions in vulnerable populations.

Session Plan

3:00 Welcome and Setting the Stage for Success   M. Buus-Frank, W. Timpson

3:05 Short Stay NICU Stays – the Patient and Family Experience

3:15 Applying the Critical Transitions Model to Transition to Home   W. Timpson

   Key Driver Diagram - The Evidence and the Opportunities

   - Communication
   - Teamwork
   - Standardization
   - Family-Integrated Care
     - Social Determinants of Health

3:35 Your Turn! Please Engage With One or More of Our Faculty Experts   Faculty Panel

   - Do You Have a Standardized Approach to Transition to Home?
   - What Are Your Key Challenges?
   - What Change Ideas Have You Tested/ or Might You Test?
   - What Have You Learned From Your Successes and Failures?
   - What is Our Responsibility for Follow-up and Follow Through Beyond the Hospital Walls?
   - Tips / Key Learning for Teams Working on Admissions, Handoffs and Other Transitions of Care?
3:50 Wrap-up and Team Time Activity

4:00 Webinar Broadcast Adjourns / Local Team Time Continues

4:30 Team Time Complete / Class Adjourn
Session 8. October 23, 2019    3:00 – 4:00 PM Eastern

Part 2. Improving Critical Transitions to Home and Community: Focus on Infants With Complex Medical Needs

Faculty Moderator     Wendy Timpson MD, MEd

Session Description

This session is designed to assist your team in applying the critical transitions framework to a unique complex transition – that is transition to home and community. Part 2 of this series focused on transition to home will focus on orchestrating discharge for infants with complex medical and nursing care needs (i.e. tracheostomy, respirator support and monitoring, nutritional support, etc.). Team will learn pragmatic strategies to assure continuity and coordination of care in conjunction with the medical home or village and in partnership with families. Teams will once again employ the critical transitions of care lens to identify opportunities for improvement in ongoing communication, teamwork, standardization and family integration and engagement.

Learning Objectives

1. Analyze data from VON Day Audit #2 – and collaborative centers progress towards improving critical drivers for quality transitions of care including communication, teamwork, standardization and family integrated care as well as what if any improvements in length of stay have occurred.

2. Examine the evidence for improving the transition to home and community for infants with complex medical, nursing or social needs using the 4 components / drivers of a critical transition (communication, teamwork, standardization, and family integrated care).

3. Identify key lessons from a leading improvement teams focused on improving critical transitions of care.

Session Plan

3:00  Welcome and Setting the Stage for Success      W. Timpson / H. Kaplan

3:05  VON Day Audit #2 Comparing and Contrasting Baseline Data      R. Soll

- Unit Level Measures
- Infant Level Measures
- Interpreting the Data Story
- Next Steps in Our Improvement Journey?

3:15 Questions / Answer / Dialogue      H. Kaplan / R. Soll / W. Timpson

- VON Day Audit Questions
- Local Plot the Dot Campaigns
- Examples of Measurement to Replicate

3:25 Applying the Critical Transitions Model to Transition to Home for Complex NICU

Discharges: Key Driver Diagram The Evidence and the Opportunities      W. Timpson

- Communication
- Teamwork
3:40 Your Turn! Please Engage With One or More of Our Faculty Experts Faculty Panel

- Do You Have a Standardized Approach to Transition to Home for Complex Infants?
- What Are Your Key Challenges?
- What Change Ideas Have You Tested?
- What Have You Learned From Your Successes and Failures?
- What is Our Responsibility for Follow-up and Follow Through Beyond the Hospital Walls?
- Tips / Key Learning for Teams Working on Other Transitions of Care?

3:50 Wrap-up and Team Time Activity W. Timpson

4:00 Webinar Broadcast Adjourns / Local Team Time Continues

4:30 Team Time Complete / Class Adjourns
Session 9. December 11, 2019 3:00 – 4:00 PM Eastern

Critical Transitions Progress and Next Horizons: Lessons From Leading Centers

Faculty Moderators: Heather Kaplan MD, MSCE, Jeffrey Meyers MD, Wendy Timpson MD, MEd, Madge Buus-Frank DNP, APRN-BC, FAAN

Session Description

Learning Objectives
1. Synthesize the VON iNICQ impact on improving critical transitions focused on the “Ins” and “Outs” of neonatal care.
2. Compare and contrast the QI methods that teams used to achieve measurable outcomes with 4 improvement snapshots.
3. Identify 3 critical lessons from Intensive teams using the experience-based co-design method.
4. Analyze how the 4 key drivers of critical transitions can be applied to improving “micro” transitions of care in 2020 and beyond.

3:00 Welcome and Setting the Stage for Success M. Buus-Frank / Heather Kaplan

3:05 iNICQ Impact – Lessons From Improvement Teams All Faculty

- Team #1 – Improving the “Ins”
- Team #2 - Improving the “Outs”
- Team #3 - Improving Every Day Handoffs / Transition
- Team #4 – Improving Transitions at the State / Regional Level
- Team #5 - Experience Based Co-Design and Critical Transitions
- Next Steps in Our Improvement Journey?

3:45 Next Steps in Applying the Framework: Critical “Micro” Transitions 2020 and Beyond

- Communication
- Teamwork
- Standardization
  Family-Integrated Care

3:50 Wrap-up and Team Time Activity H. Kaplan

4:00 Webinar Broadcast Adjourns / Local Team Time Continues

4:30 Team Time Complete / Class Adjourns
iNICQ 2019 - Intensive Curriculum Option

- Experience Based Co-Design to Improve Key Transitions of Care
- VON / IHI Foundations Course

Faculty

Complete Bios Available at:

iNICQ Intensive Webinars

Intensive Webinar A – Getting a Running Start With Experience-Based Co-Design
February 20, 2019   3:00 – 4:00 PM   Eastern

Intensive Webinar B – Using the EBCD Tools Wisely: Trigger Videos, Touchpoints and Process Mapping to Inform Your Patient and Family Events
May 1, 2019    3:00 – 4:00 PM   Eastern

Intensive Webinar C – Experience Based Co-Design to Improve Critical Transitions: Lessons From Early Innovators
Nov 13, 2019   3:00 – 4:00 PM   Eastern

Note: Session details forthcoming. Watch for updates.
SELECT REFERENCES


