

iNICQ 2019: THE “INS” and “OUTS” of NEWBORN CARE

IMPROVING CRITICAL TRANSITIONS FOR EVERY NEWBORN

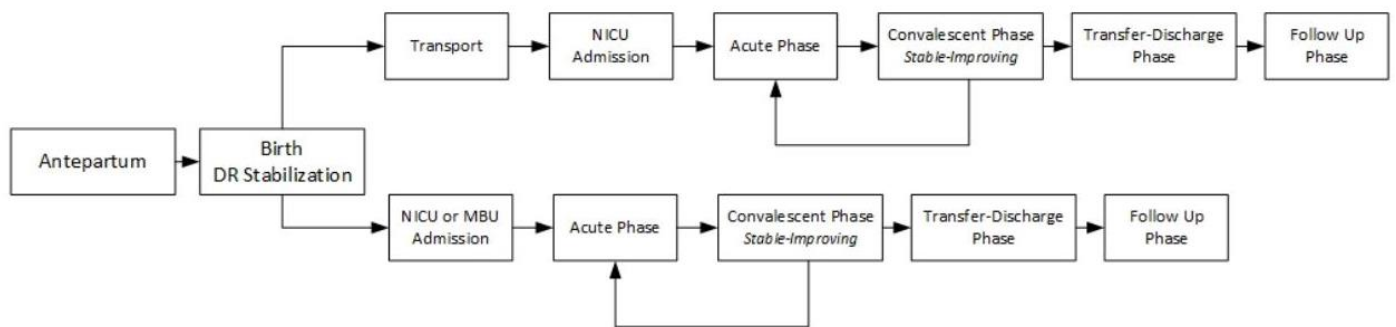
Vermont Oxford Network Multi-Center Quality Improvement Curriculum

January – December 2019

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

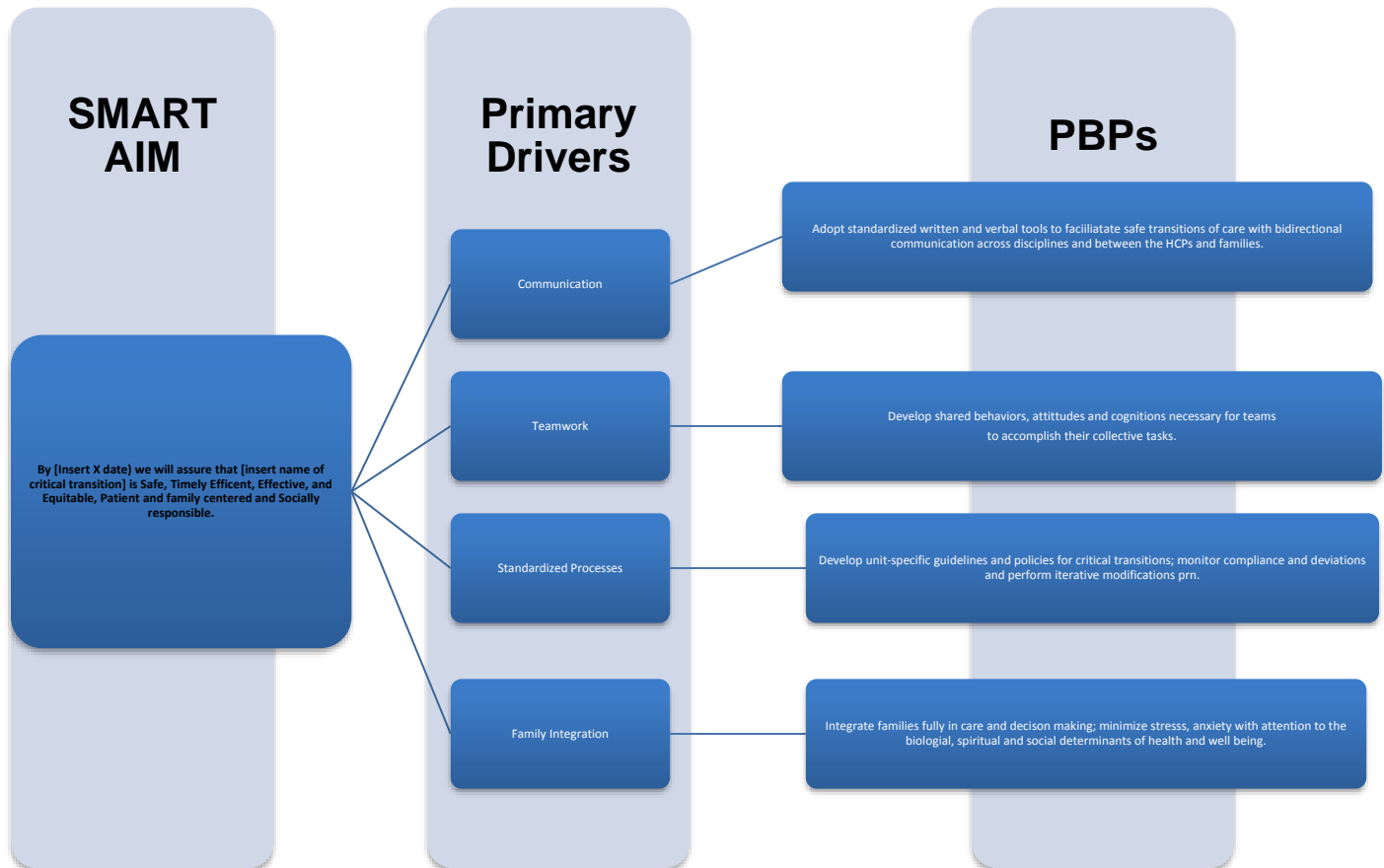


Transitions in care present also some of the most challenging events for infants, families, and care teams. Transitions are vulnerable periods, and if not well planned and orchestrated, may result in harm. Problems with transitions of care at the time of admission may result in worse outcomes and inefficient 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

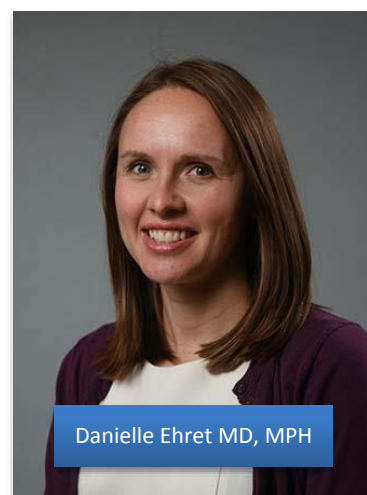
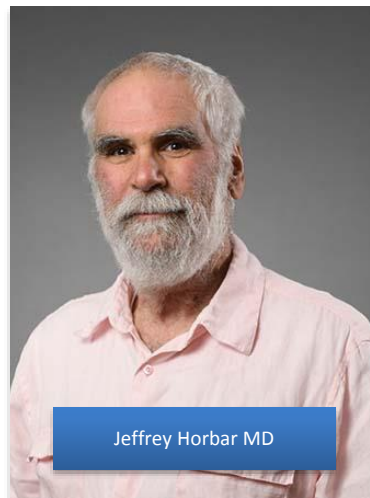
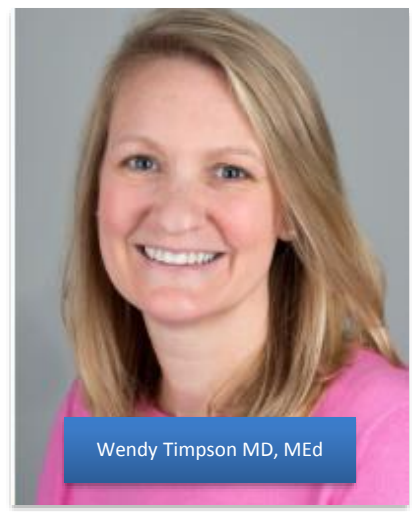
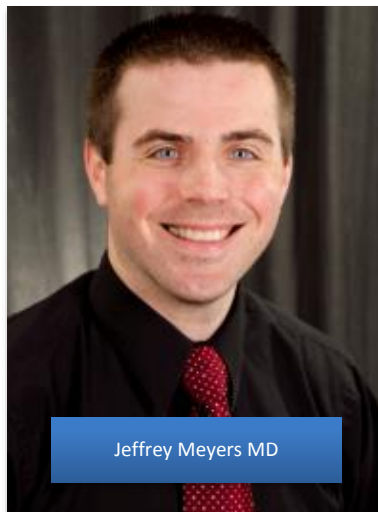
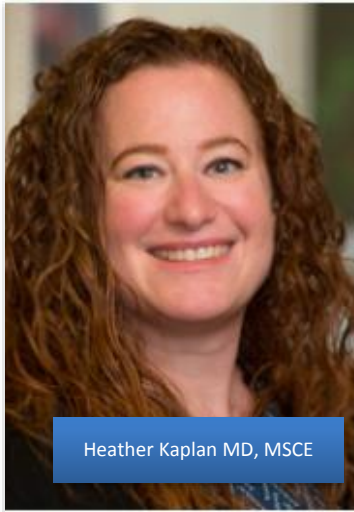
High Level Key Driver Diagram (KDD)



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”).

iNICQ 2019 CORE CURRICULUM FACULTY LEADERS



Complete Bios Available at:

<https://public.vtoxford.org/quality-education/the-ins-outs-of-neonatal-care-an-inicq-for-critical-transitions/inicq-the-ins-and-outs-of-neonatal-care-faculty/>

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

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

Definition of a Critical Transition

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

Discernment – What Critical Transition Will Your Team Work On?

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

Building Your Interdisciplinary Team

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

Sequence to Achieve Change

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

Measurement

- VON Day Audit Details / Support Supplemented by Local Plot the Dot Campaign
- 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

ONLINE RESOURCES	LOCATION	
	Learning Resources	Data Resources
➤ iNICQ 2019 Toolkit	X	
➤ Discernment Exercise	X	
➤ Team Composition Matrix	X	
➤ Letter to Senior Leader	X	
➤ Sequence to Achieve Change	X	
➤ Nightingale Data Reporting (Local reports, State reports, time series data)		X
➤ VON Member Survey		X

4:30 Team Time Complete / Class Adjourns

Session 3. March 13, 2019

3:00 – 4:00 PM Eastern

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**

**3:15 Applying the Critical Transitions Model:
“Out-born” Infants and Families** **J. Meyers**

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**H. Kaplan**

- Importance of Process Mapping
- PBPs / Change Ideas
- Measures

3:50 Questions/ Answers / Dialogue**H. Kaplan****3:55 Wrap-up and Team Time Activity****J. Meyers****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.

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

W. Timpson

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, respiratory 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. focused on 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

- 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 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

Complete Bios Available at:

<https://public.vtoxford.org/quality-education/the-ins-outs-of-neonatal-care-an-inicq-for-critical-transitions/inicq-the-ins-and-outs-of-neonatal-care-faculty/>

iNICQ 2019 - Intensive Curriculum Option

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

Faculty

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

1. Gray JE, Davis DA, Pursley DM, Smallcomb JE, Geva A, Chawla NV. Network analysis of team structure in the neonatal intensive care unit. *Pediatrics*. 2010;125(6):e1460-1467.
2. Economic outcome for intensive care of infants of birthweight 500-999 g born in Victoria in the post surfactant era. The Victorian Infant Collaborative Study Group. *J Paediatr Child Health*. 1997;33(3):202-208.
3. Manktelow B, Draper ES, Field C, Field D. Estimates of length of neonatal stay for very premature babies in the UK. *Arch Dis Child Fetal Neonatal Ed*. 2010;95(4):F288-292.
4. Edwards EM, Horbar JD. Variation in Use by NICU Types in the United States. *Pediatrics*. 2018;142(5).
5. Schulman J, Braun D, Lee HC, et al. Association between neonatal intensive care unit admission rates and illness acuity. *JAMA Pediatrics*. 2018;172(1):17-23.
6. Lee HC, Bennett MV, Schulman J, Gould JB. Accounting for variation in length of NICU stay for extremely low birth weight infants. *J Perinatol*. 2013;33(11):872-876.
7. Underwood MA, Danielsen B, Gilbert WM. Cost, causes and rates of rehospitalization of preterm infants. *J Perinatol*. 2007;27(10):614-619.
8. Kuzniewicz MW, Parker SJ, Schnake-Mahl A, Escobar GJ. Hospital readmissions and emergency department visits in moderate preterm, late preterm, and early term infants. *Clin Perinatol*. 2013;40(4):753-775.
9. American Academy of Pediatrics Committee on F, Newborn. Hospital discharge of the high-risk neonate. *Pediatrics*. 2008;122(5):1119-1126.

10. Eichenwald EC, Zupancic JA, Mao WY, Richardson DK, McCormick MC, Escobar GJ. Variation in diagnosis of apnea in moderately preterm infants predicts length of stay. *Pediatrics*. 2011;127(1):e53-58.
11. Escobar GJ, Joffe S, Gardner MN, Armstrong MA, Folck BF, Carpenter DM. Rehospitalization in the first two weeks after discharge from the neonatal intensive care unit. *Pediatrics*. 1999;104(1):e2.
12. Morriss FH. Adverse Medical Events in the NICU. *Epidemiology and Prevention*. 2008;9(1):e8-e23.
13. Gephart SM. The art of effective handoffs: what is the evidence? *Adv Neonatal Care*. 2012;12(1):37-39.
14. Petersen LA, Orav EJ, Teich JM, O'Neil AC, Brennan TA. Using a computerized sign-out program to improve continuity of inpatient care and prevent adverse events. *Jt Comm J Qual Improv*. 1998;24(2):77-87.
15. Starmer AJ, Spector ND, Srivastava R, et al. Changes in medical errors after implementation of a handoff program. *N Engl J Med*. 2014;371(19):1803-1812.
16. Gavey J. Parental perceptions of neonatal care. *Journal of Neonatal Nursing*. 2007;13(5):199-206.
17. Mitchell-Dicenso A, Guyatt G, Paes B, et al. A new measure of parent satisfaction with medical care provided in the neonatal intensive care unit. *J Clin Epidemiol*. 1996;49(3):313-318.
18. Butt ML, McGrath JM, Samra HA, Gupta R. An integrative review of parent satisfaction with care provided in the neonatal intensive care unit. *J Obstet Gynecol Neonatal Nurs*. 2013;42(1):105-120.
19. Conner JM, Nelson EC. Neonatal Intensive Care: Satisfaction Measured From a Parent's Perspective. *Pediatrics*. 1999;103(Supplement E1):336-349.