VA NICU EARLY INTERVENTION COLLABORATIVE CHANGE PACKAGE IMPLEMENTATION

July 31, 2017
August 2, 2017, Repeat Session with Updated Baseline Data

An initiative funded by the Virginia board for people with disabilities (VBPD)
NICU EI Collaborative Project Partners

Infant & Toddler Connection of Virginia

New Path
The Support Network for Families in Early Intervention

75% of the funding for this project was provided by the Virginia Board for People with Disabilities under the federal Developmental Disabilities and Bill of Rights Act. For more information on the Board, please contact: Virginia Board for People with Disabilities, 1100 Bank Street, 7th Floor, Richmond, VA 23219, (800) 846-4464, or visit the Board’s website at www.vaboard.org
NICU EI Collaborative Project Partners

Catherine Hancock MS, RN, PMHCNS, BC
Early Intervention Administrator
Dept. of Behavioral Health and Developmental Services

Tracey Edman
New Path Family Support Coordinator

Abraham Segres
Vice President
Quality and Patient Safety

Wanda Clevenger BSN, RN, MBA
Director, Performance Improvement

Betsy Cole Archer, MS, ASCP
Sr. Director, Performance Improvement
Objectives:

- Review updates to baseline data and targeted measures
- Overview of Change Package
- Present and discuss Change Package Implementation
BASELINE DATA SOURCES

All Payer Claims Database
- Population likely eligible for EI services
- ICD10 codes that crosswalk to ITC manual on eligibility for EI services
- Demographic Data

NICU / Hospital
- # Referrals to EI from NICU
- # Referrals to EI from Hospital
- # Referrals of Substance Exposed Infants
- # Referrals of Premature (≤28 wks gestation)*

ITC/EI
- # Referrals from hospitals
- Outcome of referral (initial assessment, unable to contact, refused services, receiving services)

*update to baseline data

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Preterm Category Update

Rationale for Update

• Premature Low Birthweight category was segmented into two groups ≤30 and >30 weeks gestation (infants born before 30 weeks of gestation have the poorest developmental prognosis of all infants)*

• EI’s eligibility criteria notes ≤28 wks. of gestation.

• This discrepancy was causing confusion.


Update

The EI-ICD10 dataset will be updated as noted below:

➢ Preterm (≤28wks gestation)

➢ Preterm (>28wks gestation)

➢ Low Birthweight

All low birthweight infants will be in a separate, newly created category.

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Identifying the EI Population via ICD10

<table>
<thead>
<tr>
<th>EI-ICD10 Roll-up EI Category</th>
<th>All VA Hospitals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Updated Category</td>
<td></td>
</tr>
<tr>
<td>Preterm (&gt;28wks gestation)</td>
<td>7891</td>
</tr>
<tr>
<td>Low Birthweight</td>
<td>4969</td>
</tr>
<tr>
<td>Other</td>
<td>4882</td>
</tr>
<tr>
<td>Atypical Development</td>
<td>3567</td>
</tr>
<tr>
<td>Nervous System Disorders and Anomalies</td>
<td>2633</td>
</tr>
<tr>
<td>Effects of Toxic Exposure</td>
<td>1827</td>
</tr>
<tr>
<td>Pediatric Genetic Abnormalities</td>
<td>1283</td>
</tr>
<tr>
<td>Preterm (≤28wks gestation)</td>
<td>1003</td>
</tr>
<tr>
<td>25% Delay</td>
<td>471</td>
</tr>
<tr>
<td>Cleft Lip and/or Cleft Palate</td>
<td>210</td>
</tr>
<tr>
<td>Congenital or Acquired Hearing Loss</td>
<td>65</td>
</tr>
<tr>
<td>Visual Disabilities</td>
<td>47</td>
</tr>
</tbody>
</table>

| Occurrence of EI Diagnosis          | 24,444           |
| Total Number of Discharges          | 16,048           |

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EI ICD-10 Baseline Data Findings

- EI-ICD10 population identified 17,210 newborns, infants, and toddlers (includes 16,048 from VA hospitals and 1,162 from out of state hospital)
  - 16.79% of live births in VA had an EI-ICD10 diagnosis
  - 70% of this population is represented in the 21 Virginia hospitals in the Collaborative
- Length of Stay range
  - 0 to 1,455 days (54% of discharges by day 4)

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All infants w NICU LOS ≥28 days are to be referred to Early Intervention. This dataset identified 1,853 newborns, infants toddlers w/ LOS ≥28 days. Data are not available to know if all from NICU.
Preterm ≤28 weeks Gestation LOS

All Preterm ≤28 wks gestation are to be referred to EI.

*Note that Children’s National Medical Center, Washington DC will have its data added to this count.

Data Source: VHHA Analytics, Virginia Early Intervention Analysis Q1 2016 to Q4 2016 Inpatient Database

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Preterm >28 weeks Gestation LOS

All infants with LOS ≥28 days are to be referred to EI.

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Data Source: VHHA Analytics, Virginia Early Intervention Analysis Q1 2016 to Q4 2016 Inpatient Database

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Toxic Exposure and Hospital LOS

Virginia Early Intervention Analysis

Select Hospital

NICU EI Collaborative

Admission Type

Age Group

Payer Type

Race

Discharge Disposition

ICD-10 Category

Length of Stay Distribution

How will you engage parents/families with short LOS?

Total 1,827 discharges

*Note that Children’s National Medical Center, Washington DC will have its data added to this count.

Data Source: VHHA Analytics, Virginia Early Intervention Analysis Q1 2016 to Q4 2016 Inpatient Database

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EI Baseline Data – 2016 Referral Sources

Total Referrals to EI during CY 2016; 16,486

- Dept. Social Services; 5% (848 referrals)
- Hospital; 10% (1,718 referrals)
- Pediatrician/family physician; 45% (7,373 referrals)
- Other (10 referral sources); 16% (2,601 referrals)
- Parent/Guardian; 24% (3,946 referrals)

Data Source: Infant & Toddler Connection of VA CY2016

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Hospital and Ped./Fam. Practice EI Referrals

Combined, these referrals (9,091) represent 56% of CY2016 EI referrals

Data Source: Infant & Toddler Connection of VA CY2016

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Targeted Improvements

Quantity of Referrals

- 50% of population likely to be eligible for EI services (excluding EI-ICD10 Prematurity ≤28wks. Gestation and Effects of Toxic Expo.)
- 100% of ‘Premature (≤28wks. Gestation)
- 100% of ‘Effects of Toxic Exposure’

Quality of Referrals

Reduce #

- Unable to Contact
- Declined Evaluation

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# Targeted Improvements - Quantity

<table>
<thead>
<tr>
<th></th>
<th>Discharged with EI-ICD10 Diagnosis</th>
<th># of Targeted EI Referrals (excludes ICD-10 Preterm ≤28 weeks and Effects of Toxic Exposure)</th>
<th>100% of Discharges with ICD10 – Preterm ≤28 weeks</th>
<th>100% of Discharges with ICD10 - Effects of Toxic Exposure</th>
<th>Estimated EI Referrals</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Virginia Hospitals</td>
<td>16,048</td>
<td>6,609</td>
<td>1,003</td>
<td>1,827</td>
<td>9,439</td>
</tr>
<tr>
<td>Hospitals in Collaborative*</td>
<td>11,292</td>
<td>4,758</td>
<td>765</td>
<td>1,010</td>
<td>6,533</td>
</tr>
<tr>
<td>Specific Hospital</td>
<td>Refer to facility specific reports</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note that Children’s National Medical Center, Washington DC will have its data added to this count.

Data Source: VHHA Analytics, Virginia Early Intervention Analysis Q1 2016 to Q4 2016 Inpatient Database

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## Self Reported EI Referral Data

### Data Measure A-6 updated to reflect the changes to the Baseline Data Categories

<table>
<thead>
<tr>
<th>Hospital Name: Sample</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Data Measure ID</th>
<th>Baseline Data*</th>
<th>Quarterly Monitoring Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>NICU Measure A-2: NICU Patients referred to EI of All NICU Discharges</td>
<td>Numerator: N/C</td>
<td>Q3 2017 (Jul-Sep)</td>
</tr>
<tr>
<td></td>
<td>Denominator: N/C</td>
<td>#DIV/0!</td>
</tr>
<tr>
<td>Rate: #VALUE!</td>
<td>#DIV/0!</td>
<td>#DIV/0!</td>
</tr>
<tr>
<td>NICU Measure A-3: Patients referred to EI from other non-NICU hospital unit(s)</td>
<td>Numerator: N/C</td>
<td>Q3 2017 (Jul-Sep)</td>
</tr>
<tr>
<td></td>
<td>Denominator: N/C</td>
<td>#DIV/0!</td>
</tr>
<tr>
<td>Rate: #VALUE!</td>
<td>#DIV/0!</td>
<td>#DIV/0!</td>
</tr>
<tr>
<td>NICU Measure A-5: Substance Exposed Infants (SEI) referred to EI</td>
<td>Numerator: N/C</td>
<td>Q3 2017 (Jul-Sep)</td>
</tr>
<tr>
<td></td>
<td>Denominator: N/C</td>
<td>#DIV/0!</td>
</tr>
<tr>
<td>Rate: #VALUE!</td>
<td>#DIV/0!</td>
<td>#DIV/0!</td>
</tr>
<tr>
<td>NICU Measure A-6: 6. Percent of Preterm (≤28weeks gestation) referred to EI</td>
<td>Numerator: N/C</td>
<td>Q3 2017 (Jul-Sep)</td>
</tr>
<tr>
<td></td>
<td>Denominator: N/C</td>
<td>#DIV/0!</td>
</tr>
<tr>
<td>Rate: #VALUE!</td>
<td>#DIV/0!</td>
<td>#DIV/0!</td>
</tr>
</tbody>
</table>

N/C = Data not collected

*Submitted April 2017, updated 7/28/17*

Disclaimer: These reports are for performance improvement work related to the Virginia NICU EI Collaborative. Not for general distribution.

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Hospital EI-ICD10 Reports with Hospital’s specific targets for improvement will be updated
Targeted Improvements - Quality

<table>
<thead>
<tr>
<th>Referral Outcomes</th>
<th>Hospital</th>
<th>10% Improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eligible but Declined Assessment</td>
<td>1%</td>
<td>0.9%</td>
</tr>
<tr>
<td>Eligible Declined Services</td>
<td>1%</td>
<td>0.9%</td>
</tr>
<tr>
<td>Eligible Lost Contact</td>
<td>1%</td>
<td>0.9%</td>
</tr>
<tr>
<td>Declined Evaluation</td>
<td>11%</td>
<td>10%</td>
</tr>
<tr>
<td>Unable to Contact</td>
<td>21%</td>
<td>19%</td>
</tr>
</tbody>
</table>

Data Source: Infant & Toddler Connection database CY2016 Referral Data

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REGIONAL AND STATEWIDE MEETINGS

Roanoke
Richmond
Norfolk
Fairfax
Charlottesville

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Gathering Change Ideas and Feedback

- Five Regional Meetings
  - Roanoke
  - Richmond
  - Norfolk
  - Fairfax
  - Charlottesville

- One Statewide Meeting
  - Richmond

- >100 participants
  - 19 Hospital NICUs represented (86%)
  - 30 EI System Manager Regions (75%)
  - Representative from New Path
  - Representatives from Care Connections
  - VA Board for People with Disabilities

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The Collaborative’s Aims

- Refer all eligible or likely to be eligible infants to EI.

- Improve linkages to EI services for NICU patients and families.

- Integrate New Path as part of NICU to EI Care continuum
Comments From the Field

‘We refer to Early Intervention, but do not track referrals.’

‘I’ve never seen this data before.’

‘We do EI coaching in the NICU.’

‘Parents are overwhelmed and anxious when leaving the NICU.’

‘Early Intervention is mentioned at discharge, but is not priority.’

‘The 2-1-1 referral line for EI isn’t working.’

‘This is my first time meeting my local EI system manager’

‘I am worried about more EI referrals, can EI meet growing demand?’

‘I never heard of New Path.’

‘Isn’t EI the same as the follow-along clinic?’

‘I do not know what happens after a referral is made, I think the pediatrician follows-up...’
CHANGE IDEA THEMES

• Create consistencies across commonwealth
  • Referral Guidance
  • Referral process not dependent on single person
  • Communicate referral information to the pediatrician, specialty clinic and/or family physician for continuity of care

• Reframe EI -- NICUs provide EI but refer to it as ‘developmental skills’. Communicate to parents/families that EI referral is next step in skill building for both infant and parents.

• Accommodate learning preferences of targeted audiences
CHANGE PACKAGE
VA NICU EI COLLABORATIVE: A SHIFT IN OUR PARADIGM

**Past**
- EI starts sometime after discharge from hospital.
- Gaps in support during transitions.
- No available data on EI referrals.
- Confusion regarding Medical and Coaching Models.

**Future**
- EI starts as soon as the baby is born.
- New Path promotes parent-to-parent support and is a resource for guidance.
- Hospitals track EI referrals.
- Developmental sequencing, anticipatory guidance, and parents/families that thrive.
- Coaching model seen as self-empowering and life skill.

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## Driver Diagram: Workplan (1)

<table>
<thead>
<tr>
<th>Primary Driver</th>
<th>Secondary Driver</th>
<th>Change Idea*</th>
<th>Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reliable Early Detection</td>
<td>Adopt a guidance checklist tool for EI referrals</td>
<td>Guidance Document Drafted based on EI eligibility criteria.</td>
<td>Edited with input from regional meetings. See Exhibit 1.</td>
</tr>
<tr>
<td></td>
<td>Implement guidance checklist on all potentially eligible infants.</td>
<td>Review Guidance Document for all NICU patients during weekly DC planning.</td>
<td>Hospitals to adopt this practice.</td>
</tr>
<tr>
<td>Increase awareness of childhood development in hospital staff and parent/family/community</td>
<td>Use various media to educate • Video clips of Developmental Skill Building in NICU • Illustrate continuum of skill building and how EI is part of this continuum • Utilize rewards tied to developmental awareness, skill building and engaging with support system. • Have EI videos on NICU channel and/or IPADS</td>
<td></td>
<td>• Hospitals' NICUs and EI to incorporate these suggestions. • Hospitals' and EI to share video clips of skill building with New Path. • Illustration of skill building continuum drafted. See Exhibit 2.</td>
</tr>
</tbody>
</table>

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Reliable Early Detection

Change Idea

1. Adopt and implement a guidance checklist tool for EI referrals. (See Exhibit 1)

2. NICU to review EI Referral Guidance Form for all patients during weekly DC planning rounds.

Implementation

- **Responsible Party**

  A. Introduce and Educate NICU staff to use of EI Referral Guidance Form.
    - **Collaborative Project Lead**
  B. Incorporate EI Guidance into DC Planning Rounds protocol.
    - **NICU Leader**
  C. Evaluate utility of form through NICU feedback.
    - **All**

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All preterm infants are at risk for developmental delays. Consider all diagnoses and conditions listed.

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Reliable Early Detection cont.

Change Idea

3. Increase awareness of childhood development in hospital staff and parent/family/community

Implementation

❖ Responsible Party

A. Post ‘Supporting Skill-Building for Patents & Infants’ on NICU and pediatric hospital units. See Exhibit 2.

❖ NICU Leader

B. Create library of short video clips demonstrating developmental skill building occurring in hospital, NICU and EI.

❖ Collaborative Project Lead

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Supporting Skill-Building for Parents & Infants

Developmental Care

NICU

HOME

Early Intervention

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## Driver Diagram: Workplan (2)

<table>
<thead>
<tr>
<th><strong>Primary Driver</strong></th>
<th><strong>Secondary Driver</strong></th>
<th><strong>Change Idea</strong></th>
<th><strong>Method</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Consistent Referral Process</td>
<td>Define centralized referral process for Hospital</td>
<td>Standardize EI referral process form so that all hospitals and pediatrics use the same form. EI asked to consider electronic referral software i.e., what is used for hearing impaired referrals.</td>
<td>Edited form with input from regional meetings. Exhibit 3. ITOTS to provide update on software upgrades.</td>
</tr>
<tr>
<td>Identify information/assessments needed to accompany referral</td>
<td>Discharge Summary PT/OT Assessments Developmental Skill Progress Sheet EI Guidance Form</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Minimize time sending information.</td>
<td>Above items to be provided at the time of referral.</td>
<td>Hospitals to adopt use of form and comply with data request at time of referral. Exhibit 3.</td>
<td></td>
</tr>
<tr>
<td>Create reliable confirmation and follow-up for infants referred to EI.</td>
<td>Follow-up will be with Pediatrician or clinic. Education of Pediatricians needed.</td>
<td>Hospitals to adopt practice of faxing or sending the EI referral form to the pediatrician/fam. MD.</td>
<td></td>
</tr>
<tr>
<td>Communicate with parent/family that referral is being made.</td>
<td>Incorporate this communication into DC planning rounds.</td>
<td>Include Parent/Family communication on EI Guidance Form and aware of referral on EI Referral Form.</td>
<td></td>
</tr>
</tbody>
</table>

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Consistent Referral Process

Change Idea

1. Standardize EI referral process form so that all hospitals and pediatricians use the same form.
   - Infant & Toddler Connection Early Intervention Services Referral Form (See Exhibit 3)

2. Send identified documents at time of referral

3. Document communication with parent – Is Parent Aware of Referral?

Implementation

- **Responsible Party**
  - **A.** Clarify need for ‘consent for treatment’ parent signature on referral form with hospital legal counsel. Amend referral form based on legal counsel's response.
    - NICU Leader
  - **B.** Introduce and Educate NICU staff to use of I&TC VA EI Referral Form.
    - Collaborative Project Lead
  - **C.** Incorporate use of Referral Form into DC Planning Rounds protocol
    - NICU Leader
  - **D.** Develop process for tracking referrals to EI.
    - NICU Leader
  - **E.** Evaluate utility of Referral Form
    - All

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Hospitals are asked to seek input from legal counsel on amending their NICU consent form to reference Infant & Toddler Connection of Virginia Early Intervention OR alternatively, completing the consent form that is provided on the ITCVA website. See next slide for ITCVA form.
Click on the name of the County or City you live in to find your local Infant & Toddler Connection

COUNTRIES
Accomack
Albemarle
Allegheny
Amelia
Amherst
Appomattox
Arlington
Augusta
Bath
Bedford
Bland
Botetourt
Brunswick
Buchanan
Buckingham
Campbell
Caroline
Carroll
Charles City
Charlotte
Chesterfield
Clarke
Craig
Culpeper
Cumberland
Dickenson
Dinwiddie
Essex
Fairfax
Fauquier
Floyd
Fluvanna

COUNTRIES
Franklin
Frederick
 Giles
Gloucester
Goochland
Grayson
Greene
Greensville
Halifax
Hanover
Henrico
Henry
Highland
Isle of Wight
James City
King & Queen
King George
King William
Lancaster
Lee
Loudoun
Louisa
Lunenburg
Madison
Mathews
Mecklenburg
Middlesex
Montgomery
Nelson
New Kent
Northampton
Northumberland

COUNTRIES
Nottoway
Orange
Page
Patrick
Pittsylvania
Powhatan
Prince Edward
Prince George
Prince William
Pulaski
Rappahannock
Richmond
Roanoke
Rockbridge
Rockingham
Russell
Scott
Shenandoah
Smyth
Southampton
Spotsylvania
Stafford
Surry
Sussex
Tazewell
Warren
Washington
Westmoreland
Wise
Wythe
York

CITIES
Abingdon
Alexandria
Arlington
Bedford
Bristol
Buena Vista
Charlottesville
Chesapeake
Clifton Forge
Colonial Beach
Colonial Heights
Covington
Danville
Emporia
Fairfax
Falls Church
Fishersville
Franklin
Fredericksburg
Galax
Hampton
Harrisonburg
Hopewell
Lexington
Lynchburg
Manassas
Manassas Park
Marion
Martinsville
Newport News
Norfolk
Norton

CITIES
Petersburg
Poquoson
Portsmouth
Quantico
Radford
Richmond
Roanoke
Salen
South Boston
South Hill
Springfield
Staunton
Suffolk
Virginia Beach
Waynesboro
West Point
Williamsburg
Winchester

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VHHA
CENTER FOR HEALTHCARE EXCELLENCE
Improving the Quality & Safety of Healthcare
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This consent form is available on the ITCVA website. For hospitals, ask legal counsel if this consent form is needed and amend referral form accordingly.
Consistent Referral Process

Change Idea

1. **Infant & Toddler Connection of VA EI needs to ensure that referral links on its website work.**

2. **Improve access to information on I&TC VA website**

Implementation

- **Responsible Party**

  A. I&TC VA needs to develop regular quality checks on its website to ensure that referral links work.

  - **El Administrator**

  B. I&TC VA to provide easier access to information on its website.

  - **El Administrator**

  C. **Evaluate**

  - **All**
## Driver Diagram: Workplan (3)

<table>
<thead>
<tr>
<th>Primary Driver</th>
<th>Secondary Driver</th>
<th>Change Idea*</th>
<th>Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identification of support resources available to parents</td>
<td>Define continuum of care and support for EI parents/families integrating New Path.</td>
<td>Each hospital to identify its continuum with emphasis on support available during transitions in care providers/coaches. Identify New Path as support.</td>
<td>Hospital to define its continuum of resources and incorporate New Path as support for families referred to EI.</td>
</tr>
<tr>
<td>Communicate continuum of care and support for EI to NICU staff</td>
<td>Share New Path website as screen saver on unit IPADS. Develop progression to DC class or several short instructional videos Present New Path at NICU staff meeting to increase awareness of its role as support to parents.</td>
<td>Hospitals to work with New Path to adopt these recommendations.</td>
<td></td>
</tr>
<tr>
<td>Develop process for engaging parent/family that adapts to needs of parent/family including those at high risk for no follow-through.</td>
<td>Use engagement with NICU staff to facilitate developmental skill building. Focus on anticipatory guidance and identification of support systems including New Path, parent family support…</td>
<td>Supplemental educational materials and suggested support resources will be provided during on-site NICU visits.</td>
<td></td>
</tr>
<tr>
<td>Create reliable confirmation of parent/family engagement and education</td>
<td>Use reward system – NICU dollars for use in NICU shop, Dine and Discover, Bonus Beads.</td>
<td>Hospitals to adopt a best practice.</td>
<td></td>
</tr>
</tbody>
</table>

*Note: Change Idea* refers to the specific action or initiative to improve the identified driver.

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**VHHA**

**Center for Healthcare Excellence**

Improving the Quality & Safety of Healthcare
Define Continuum of Care

Change Idea

1. Each hospital to identify its continuum for parents referred to EI with emphasis on support and resources available during transitions in care. Identify New Path as support.

2. Educate NICU staff on EI and role of New Path as ‘support to families referred to EI’.

Implementation

❖ Responsible Party

A. Define continuum of care for NICU parents/families.
   ❖ NICU Leader, Collaborative Project Lead

B. Create listing of resources available during transitions. Include New Path website link and EI contact information.
   ❖ NICU Leader, Collaborative Project Lead, New Path and EI System Managers.

C. Include New Path link and EI videos on NICU channel. Load this information onto NICU IPADS to inform parent/family.
   ❖ NICU Leader

D. Invite New Path to present at NICU staff meeting, physician rounds…
   ❖ NICU Leader, New Path, Collaborative Project Lead.

E. Evaluate
   ❖ All

AIM #2 Improve Linkages to EI Services

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Define for Parents/Families EI Referral Process

Change Idea

1. Explain how referrals to EI are processed and provide NICU staff and parents/families with this anticipatory guidance.

2. Include information on role of New Path as ‘support to families referred to EI’.

Implementation

- **Responsible Party**

  A. Create short video explaining how a referral to EI is managed and what the parent/family can expect (see Exhibit 4).
    - EI Administrator, New Path, Collaborative Project Lead

  B. Include information on New Path as parent-to-parent support.
    - EI Administrator, New Path, Collaborative Project Lead

  C. Evaluate
    - All

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EXHIBIT 4: RECOMMEND THIS IS MADE IN TO SHORT VIDEO EXPLAINING PROCESS – IN VIDEO INCLUDE SUPPORT AVAILABLE DURING TRANSITION SUCH AS NEW PATH

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Parents at Risk for Poor Referral Follow-up

Change Idea

1. Develop process to support parents/families at risk for declining EI assessment or who become lost post DC.

2. Educate NICU nursing staff to identify who may be at risk for challenges with follow-up and develop recommendations to offer support. (examples include: residential instability, substance use, cultural barriers, denial, social stressors, no support system, short LOS, unengaged…)

Implementation

❖ Responsible Party

A. Develop education to identify those parents at risk for follow-up with discharge plans.
   ❖ NICU Leader, Collaborative Project Lead, New Path, EI System Managers

A. Develop protocol to assist parent/family identify available support – Phone call or visit from EI manager, share New Path link…
   ❖ NICU Leader, Collaborative Project Lead, New Path, EI System Managers

B. Evaluate process
   ❖ All

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Create Reliable Confirmation of Parent Family Engagement

Change Idea

1. NICUs to use reward system – NICU dollars for use in NICU gift shop, Dine and Discover, Bonus Beads…

2. Promote parent/family engagement with NICU team through use of ‘On Our Way…’ a Family Centered developmental skill building worksheet. (See next section, Exhibit 6).

Implementation

- Responsible Party

A. NICU to use reward system to confirm parent family engagement in identified areas.
  - NICU Leader, Collaborative Project Lead

B. Introduce and implement use of ‘On Our Way…’ (Exhibit 6)
  - NICU Leader, Collaborative Project Lead, NICU Therapist

B. Evaluate process
  - All

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# Driver Diagram: Workplan (4)

<table>
<thead>
<tr>
<th>Primary Driver</th>
<th>Secondary Driver</th>
<th>Change Idea*</th>
<th>Method</th>
</tr>
</thead>
</table>
| Differentiate EI Coaching services and approach from that of the medical model. | Educate NICU staff, hospital staff and community pediatricians on EI services and Coaching model | Identify and promote to NICU staff and patient and families developmental skill building that is part of NICU patient and family centered care. Use a developmental skill building worksheet with each family to celebrate gains, build confidence and provide anticipatory guidance. | • Hospitals to create and post on its NICU webpage short video clips demonstrating developmental skill building.  
• Site visit education/training will incorporate developmental skill building worksheet (Exhibit 5).  
• Hospitals to adopt use of this worksheet. |
| Create resources and materials that reflect cultures and languages of populations served | Materials must be sensitive to learning styles: Short videos (no more than 3 min.) Illustrations rather than words Colorful images with focused information Playful and skill building – reward while learning | Hospitals and EI to review current and consider for future materials the recommended change ideas. |
| Utilize New Path to provide support and proof of concept to parents/families new to EI. | Include New Path website link on discharge forms and EI materials. Offer NICU families parent to parent support. Have link to New Path on NICUs’ and I&T websites. | Hospitals and EI to incorporate information regarding New Path including web link on materials provided to parents referred to EI. |

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Differentiate EI Coaching Services from Medical Model

**Change Idea**

1. Promote parent/family engagement with NICU team through use of ‘On Your Way…’ a Family Centered developmental skill building worksheet. (See next section, Exhibit 6).

2. Note - knowing different NICUs have varying staff, policies, and practices. ‘On Your Way…’ is meant to accommodate what works best for NICU team and parent/family.

**Implementation**

- **Responsible Party**
  - A. Introduce and implement use of ‘On Your Way…’
    - NICU Leader, Collaborative Project Lead, NICU Therapist and others...
  - B. Early Intervention to integrate reference to ‘On Our Way…’
    - EI System Managers
  - B. Evaluate process
    - All
Developmental Skill Building worksheets will be developed for NICU nurses to use with parents/family members. Plan to mirror concepts in these worksheets developed by UVA NICU and its Parent Advisory Council.

Looking, Listening, and Smelling

- Uncover my incubator gently so the light changes around me slowly.
- My hearing is very sensitive so avoid loud sounds around me.
- Even this young I know your voice and smell and I love you!
- Protect me from strong smells, such as perfumes, aftershave, or scented lotions.
- Provide one input at a time, such as only touching or only talking softly.

Touching and Holding

- My skin is fragile and sensitive to touch and I’m generally not ready to be held out of bed.
- I have trouble staying warm; my temperature is controlled when I’m in my incubator.
- Place your finger in my hand for me to hold.
- Hold my hand or other parts of my body using gentle pressure. I do not like being rubbed, poked or patted.
- Cradle me by placing your hands around my head and bottom and/or feet.

Sleeping

- Try not to wake me as you touch me.
- Avoid light directly in my eyes to help me rest so I may conserve energy.
- Decrease loud noises around my bed space by silencing cell phones, keeping voices at a whisper level, and reminding guests that I need my sleep.

Positioning in the Incubator

- My movements are mainly twitches and startles. I will try to stretch my arms and legs, but I don’t have control over these movements yet.
- I need help maintaining a cozy and safe position when resting and during care.
- My hands should be close to my face and legs curled up to my belly.
- I need boundaries around me to maintain a snuggle position and to practice stretching and tucking in my legs.

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‘On Your Way…’ Concept

As a NICU parent, the best medical treatment you can provide for your baby is to manage their environment – the lights and sounds; posture and position; and the safety and security of your smell and touch. It is a scary place, but getting to know your baby and learning these Family Centered Developmental Skills will get you ‘On Your Way…’!
‘On Your Way…’ Some Thoughts

- The content is fairly general in the methods and techniques based on universal practice.

- Different NICUs have varying staff, policies, and practice.

- There are a million scenarios that could be portrayed and no way to cover them all!

- These worksheets are intended to be individualized to reflect parent/family centered care.
‘On Our Way...’ Supporting Skill Building in Parents and Infants - DRAFT

‘On Our Way...’ a developmental skill building worksheet for use by nursing, therapist and medical staffs to provide family centered care in the hospital/NICU setting. The worksheets identify family centered developmental skills and corresponding skill building methods and techniques. Your hospital/NICU team will encourage parents/families to: take small steps to learning, practice methods and techniques to build skill confidence, seek validation and coaching from your nursing and therapy team, and support parent/child bonding.

How does this work? The ‘On Our Way...’ worksheets focus on the various developmental skills that nurses and therapists teach to parents while in the hospital or NICU. The worksheets identify the developmental skills along with corresponding methods and techniques that promote parent/baby bonding. With the coaching and guidance of your hospital/NICU team, an individualized, daily plan for you and your baby is developed. Methods and techniques will be taught, modeled and practiced with you and your family. Methods and techniques are tailored based on how your baby is feeling and responding to his/her environment. Just like grown-ups, babies have good days and not so good days. It is important that the methods and techniques used each day are based on how your baby is feeling. When you see changes in your baby, this is a great time to get input from your hospital/NICU team on the best methods to use. The hospital/NICU team is here to guide, coach and practice these methods with you. Repetition and consistency are important to bonding with your baby and the overall skill building process for both parent and baby. As you feel confident in the specific skill, the parent/family, and team member signs off under ‘We Did It!’

It is important that you practice the methods and techniques because these will become the parenting skillset you use to comfort, care for and bond with your baby. The first step in the ‘On Our Way...’ skill building is learning to read your baby’s cues to understand how you baby is feeling. Based on these observations and discussion with your hospital/NICU team, you will be guided to identify the best methods and techniques to use for that day with your baby.

The ‘On Our Way...’ developmental skill building worksheets are intended to go home with the parent so that he/she can be reminded of parenting skills and accomplishments. It is recommended that the discharge summary include the completed worksheet(s) and that copies of the completed worksheets are sent to the Infant & Toddler Connection of Virginia Early Intervention when a referral is made to this program.

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Exhibit 6 cont. Initial Overview/Orientation to Methods/Techniques

Family Centered Skills Overview

Getting Started: How is my baby feeling today? Take the first minute or two to observe your baby. Check off what you observed.

<table>
<thead>
<tr>
<th>What I Observed Today</th>
<th>Date:</th>
<th>Time:</th>
<th>NICU Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facial expressions:</td>
<td>o Frowning</td>
<td>o Grimacing</td>
<td>o Quiet/alert</td>
</tr>
<tr>
<td>Posture</td>
<td>o Neck bent back (arching)</td>
<td>o hiked shoulders w/</td>
<td>o hands towards chest or face w/</td>
</tr>
<tr>
<td></td>
<td></td>
<td>hands away from body</td>
<td>shoulders relaxed</td>
</tr>
<tr>
<td>Positioning</td>
<td>o on back</td>
<td>o on tummy</td>
<td>o on side</td>
</tr>
<tr>
<td>When you unswaddle your baby</td>
<td>o Stretching</td>
<td>o Tremoring</td>
<td>o Startle</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>How are your baby’s hands</td>
<td>o Fingers splayed</td>
<td>o Slightly fist and</td>
<td>o Clutching</td>
</tr>
<tr>
<td></td>
<td>stretching out</td>
<td>up towards face or</td>
<td>o scratching face</td>
</tr>
<tr>
<td>Where is your baby looking?</td>
<td>o Eyes are closed</td>
<td>looking at you</td>
<td>o Averting gaze</td>
</tr>
</tbody>
</table>

Observation Tips

- Take a video with your phone and watch it a few minutes later to enhance your observation skills and to help you decide upon the best methods for that day. Use this video to help you understand your baby.
- Share this video with your NICU team to reinforce your observations, inform your team and decide on plan for the day.

<table>
<thead>
<tr>
<th>Family Centered Skills</th>
<th>Method or Technique</th>
<th>Description</th>
<th>Parent</th>
<th>Family</th>
<th>We did it!</th>
</tr>
</thead>
<tbody>
<tr>
<td>Smelling</td>
<td>Smell rag</td>
<td>Smell rag - put it on yourself to transfer your</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>scent to the rag. Leave your scent with your</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>baby.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sleeping</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cluster Care</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Listening</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Touching</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Positioning</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Feeding</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Looking</td>
<td></td>
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Descriptive of Family Centered Developmental Skills and Methods and Techniques

Smelling: Smell evokes emotion and memory. Help soothe your baby by giving him/her something with your smell on it to hold or just lie in the isolette before you leave for the day or take a break. If you plan to breastfeed, skin to skin contact with your baby nestled up to your breast will allow them to smell your milk and connect them to suckle.

Sleeping: The brain does important work when your baby is sleeping. This is the time cells are reproducing at a rapid rate and chemical changes that enhance brain cell performance are increasing. In the short term, it will help your baby manage stress and gain weight. In the long term, it will help your baby learn to process sensory information more efficiently which is necessary for learning skills! If your baby is sleeping when you arrive, be sure to ask the NICU team how long the baby has been resting before you wake him/her. If your baby is having trouble sleeping (restless), reduce the light and noise around them and use nesting or swaddle positioning to contain their hands and legs towards the middle of the body. Help them suck on their pacifier as this is the baby’s natural way of soothing. If your baby is upset, ask the RN if you can do skin to skin positioning to help them calm and go to sleep.

Listening: Your baby knows your voice. Hearing your voice helps calm your baby. Speak to him/her softly when they are awake, quiet, or lightly dozing with eyes opening and closing. Talking to your baby helps them practice using their eyes because they will locate your voice before they see you! Avoid loud and/or sudden noises since these may make your baby startle or overstimulate them and add stress. Music can be magical - singing to them softly, playing lullabies or classical music at their bedside, or playing “white noise” such as sounds of the ocean, rain, a fan, or heart beat can help your baby get and stay asleep or engage them in a soothing way when they are awake. The CRADLE App is free and offers a wide variety of sounds and songs to try because not all babies respond to the same sounds. The brain responds to rhythmical, melodic sounds and helps those cells grow and mature! But if your baby is having a difficult day, music may overwhelm them, so talk softly and let your voice be the calming force.

Touching: Your baby’s skin is his/her most mature sense at birth and is highly sensitive. Try and do Kangaroo care (skin to skin) everyday with your baby for at least an hour. Holding your baby on your chest so they can hear your heartbeat, smell you, and feel your reassuring touch can be the best medicine! Your NICU team can help you get into a comfortable position and secure your baby with a wrap or blanket if necessary, but sometimes the heat from your skin will often keep them plenty warm! Touching your baby lightly may be agitating and cause them to startle, wince, or twitch/tremor. When you first come to their bedside, whether they are in an open crib or isolette, place one hand on the top of their head and the other hand on their bottom, giving him/her gentle pressure for about 30 seconds and talk softly letting them know you are there. Think of it as giving your baby a hug before you unsnaddle, pick up, change a diaper or change position. If your baby is too fragile to hold, give them your finger to grasp in their palm. If your baby isn’t feeling well or had a procedure that day that involved a lot of touching, they may need a break. Watch your baby’s response and talk with your team about the best approach.

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Exhibit 6 cont.

‘On Our Way…’ Developmental Skill building Worksheets

**Positioning:** Positioning is important to your baby’s comfort! Positioning prevents skin breakdown and joint pain, and helps the brain “organize” to manage stimulation and stress. Keeping the arms and legs positioned in towards the middle of the body is the brain’s “happy place” (think of their position in-utero). Even if you can’t swaddle your baby, many NICUs have soft nesting devices to help keep your baby contained with arms and legs to the midline of their body. When you are able to swaddle, make sure the baby’s hands are touching their chest or by their mouth to suck on; that hips and knees are bent towards the tummy, and the head is in midline. If your baby is having tremors (shaking of the arms and/or legs), swaddling helps them feel contained and relaxes the muscles. If your baby has breathing equipment on their face (CPAP, nasal cannula), work with your Nurse to make sure his/her head and neck is straight and not tilted to the side or arched backwards. This will help them breathe more easily. Your baby may get stiff and uncomfortable if they are in one position for too long, so work with your RN/Therapist to move them from one side to the other or maybe to their tummy. When you turn your baby, cradle their arms and legs in towards their body and support their head and move them as a unit. If your baby has many tubes and wires, get the RNs to help you rearrange the bedding so nothing is caught or tangled. Your baby may stretch his/her arms and legs outward and that is fine, but remember that your baby does not yet have muscle strength to overcome gravity, so you will need to help them bring their arms and legs back into midline. Your baby does not have head control and often the head will fall to one side when they are on their back. The skull is soft and can get flattened if pressure is always on the same area. Alternating your baby’s position during the day will prevent head flattening; joint stiffness and pain; and skin breakdown.

**Feeding:** If your baby is not yet able to eat by mouth, offer them a pacifier to practice sucking. This will also help them learn to soothe and calm themselves. If your baby is being fed by a tube through their mouth or nose, hold your baby and give them the pacifier to suck on while the Nurse gavage feeds them through the tube. This is wonderful opportunity for bonding with your baby before they are ready to eat by mouth and helps the brain associate sucking with the sensation of getting full. When your baby is ready to eat by mouth, work with a lactation consultant on techniques for breastfeeding. Using a nipple shield may help your baby latch on more easily if they have a small nose/mouth. Practicing the holding position that YOU feel most comfortable with is important. Mothers and babies come in different shapes and sizes and one style does not fit all!! In the beginning, your doctor may limit the amount of time your baby can breast or bottle feed in order to conserve calories. Working on the suck/swallow/breath coordination needed for feeding is the first motor activity your baby will need to learn and this takes energy!! Your RN/Therapist team will help you determine what support your baby needs to be successful. They may do a Feeding Evaluation to determine the strength of your baby’s suck, the rhythm and pace they use, and the efficiency of their swallow. Based on this assessment, they may teach you techniques to stabilize the jaw; keep the lips sealed around the nipple; swallow without choking; and pace for breathing. They may have you pump your breastmilk so it can be put into a bottle for feeding. Sometimes babies who aren’t gaining weight will need extra calories. In this case, your team may teach you how to fortify breastmilk. If you are feeding your baby formula, you may need to try different ones to determine what your baby likes and is the easiest to digest. Moms and Dads recognize that feeding is a wonderful way to provide nurturing care and can’t wait for the moment they are able to experience this with their baby. But be patient, some babies need more

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Exhibit 6 cont.

‘On Our Way...’ Developmental Skill building Worksheets

time to practice than others or need to explore a variety of options and techniques before landing on the one that works. The more your practice the easier it will be as you and your baby get to know one another!

Looking: Vision is the most immature sense at birth. Your baby can hear, smell and feel you much better than they see you. In the beginning, your baby may keep his/her eyes closed a lot. This is a normal response to the bright fluorescent lights in the NICU. Your baby may need a blanket placed over his/her isolate in order to open their eyes comfortably. In the beginning, your baby will notice a change in contrast from dark to light and this may startle them. The brain isn’t ready to process visual information right away and images are blurry. Your baby may look at you, but not really focus, and that is ok. As your baby gets a little older, you will notice that they fix and focus their eyes on you when you speak to him/her. They are recognizing your voice and trying to look, but this takes a lot of work and they may become quickly fatigued. They may shut their eyes or look away. Allow your baby to take this “visual” break and wait. Talk to them or sing softly and give them time to try again – sometimes this take 10-20 seconds. Holding your baby, swaddled, about 6-8 inches away from you will make it easier for them to practice looking at you. A baby that is corrected to 1 month of age may be able to fix, focus and follow your face as you move slowly side to side. When your baby is in a quiet alert state, you may see a social smile when you come into the room and offer him/her their containment hug for the day. Babies love faces, especially yours! But when your baby is having a difficult day, they may not be up for the work of “looking” so offer them touch (Kangaroo care), swaddled holding, soft sounds/music, and a pacifier.

As a NICU parent, the best medical treatment you can provide for your baby is to manage their environment – the lights and sounds; posture and position; and the safety and security of your smell and touch. It is a scary place, but getting to know your baby and learning these Family Centered Developmental Skills will get you ‘On Your Way...’!

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Exhibit 6 cont.

‘On Our Way...’ Developmental Skill Building Worksheets

Getting Started Worksheet: How is my baby feeling today? Take the first minute or two to observe your baby. Check off what you observed.

<table>
<thead>
<tr>
<th>What I Observed Today</th>
<th>Date:</th>
<th>Time:</th>
<th>NICU Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facial expressions:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>o Frowning</td>
<td>o Grimacing</td>
<td>o Quiet/alert</td>
<td>o smiling</td>
</tr>
<tr>
<td>Posture</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>o Neck bent back (arching)</td>
<td>o hiked shoulders w/ hands away from body</td>
<td>o hands towards chest or face w/ shoulders relaxed</td>
<td>o Frogged hips/legs</td>
</tr>
<tr>
<td>Positioning</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>o on back</td>
<td>o on tummy</td>
<td>o on side</td>
<td>o knees bent toward tummy</td>
</tr>
<tr>
<td>When you unswaddle your baby...</td>
<td>o Stretching</td>
<td>o Tremoring</td>
<td>o swaddled</td>
</tr>
<tr>
<td>How are your baby’s hands</td>
<td>o Fingers splayed with palms stretching out</td>
<td>o Slightly fist and up towards face or middle of the body</td>
<td>o nested/contained</td>
</tr>
<tr>
<td>Where is your baby looking?</td>
<td>o Eyes are closed</td>
<td>o Looking at you</td>
<td>o random, smooth arm and leg movement</td>
</tr>
</tbody>
</table>

Observation Tips

Take a video with your phone and watch it a few minutes later to enhance your observation skills and improve your ability to understand your baby’s cues. This will help you decide upon the best methods/techniques for the day.

Share this video with your NICU team to reinforce your observations, inform your team and decide on plan for the day.

Family Centered Skills | Method or Technique | Description of Plan for Today | Parent Notes | Baby’s Response |
<table>
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<tr>
<th></th>
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<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Smelling</td>
<td>Smell rag</td>
<td>Smell rag - put it on yourself to transfer your scent to the rag. Leave your scent with your baby.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sleeping</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Cluster Care</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Listening</td>
<td></td>
<td></td>
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<tr>
<td>Touching</td>
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</tr>
<tr>
<td>Positioning</td>
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<tr>
<td>Feeding</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Looking</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>
**Driver Diagram: Workplan (5)**

<table>
<thead>
<tr>
<th>Primary Driver</th>
<th>Secondary Driver</th>
<th>Change Idea*</th>
<th>Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improve linkages to EI services for NICU patients and families.</td>
<td>Educate NICU parents/families about developmental milestones and EI.</td>
<td>Create resources that reflect population served</td>
<td>Emphasize skill building and anticipatory guidance, developmental sequencing. Use developmental skills in NICU to support parental confidence and bonding with infant. Materials must be sensitive to learning styles: • Short videos (no more than 3 min.) • Illustrations rather than words • Colorful images with focused information • Playful/skill building – reward while learning</td>
</tr>
<tr>
<td></td>
<td>Develop adaptive process for engaging parent/family</td>
<td>NICU Developmental Skill sheet. Build in rewards for NICU parents for engagement in process and identification of support resources.</td>
<td>Site visit education/training will incorporate developmental skill building worksheet (Exhibit 6).</td>
</tr>
<tr>
<td></td>
<td>Create reliable confirmation of parent/family engagement and education</td>
<td>NICU Developmental Skill Sheet use by NICU nurse to educate and guide parent/care giver. Review as part of weekly discharge planning.</td>
<td>Site visit education/training to incorporate developmental skill building worksheet (Exhibit 6). Hospitals to adopt recommendation for developmental skill sheet reviewed in DC planning.</td>
</tr>
</tbody>
</table>

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## Near Term Priorities (high level)

### Hospitals
1. Implement EI Referral Guidance Form
2. Implement EI Referral Form
3. Develop process to track EI referrals
4. Promote Supporting Skill Building for Parents & Infants
5. Provide feedback on ‘On Your Way…’ Family Centered Developmental Worksheets with goal to implement.
6. Invite New Path to present at staff meeting

### I&TC VA EI
1. Ensure Website Links are working
2. Improve user experience on I&T VA website
3. Create short video of referral process algorithm
4. Include New Path name and link on all materials with tag line ‘the support network for families in Early Intervention’
5. Work with hospitals on interventions for parents/families at risk for not following up with referral

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Long Term Priorities

**Hospitals**

1. Track and report referrals on VHHA’s data sharing site (under construction)
2. Implement ‘On Your Way…’ Family Centered Developmental Worksheets
3. Utilize library of short videos illustrating developmental care in the NICU, hospital and home settings.
4. Regularly meet with EI system managers and New Path regarding referrals and parent/family engagement.

**I&TC VA EI**

1. Ensure Website Links are working
2. Contribute to video library.
3. Continue to work with hospitals on interventions for parents/families at risk for not following up with referral.
4. See Hospitals’ list #4.

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Discussion
Collaborative’s Project Plan
Schedule Overview

• Change Package Implementation Webinars (7/31 and 8/2)
  ‘On Your Way…’ Feedback meeting/call to be scheduled

• Change Package Implementation: NICU Site Visits and Coaching Calls (8/17 through 10/20 2017)

• How are We Doing? Regional Meetings

• Sustainability and Spread Webinar Jan. 24, 2017
Regional Meetings # 2 Save the Date

**Virginia NICU Early Intervention Collaborative**

**Regional Planning Meeting Agenda DRAFT**

<table>
<thead>
<tr>
<th>Date</th>
<th>Location</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday, Nov. 6, 2017</td>
<td>Roanoke Higher Education Center</td>
<td>108 N Jefferson St, Roanoke, VA 24016</td>
</tr>
<tr>
<td>Tuesday, Nov. 7, 2017</td>
<td>Virginia Hospital &amp; Healthcare Association</td>
<td>4200 Juns Lake Dr, Glen Allen, VA 23060</td>
</tr>
<tr>
<td>Wednesday, Nov. 8, 2017</td>
<td>Norfolk, VA</td>
<td>To be determined</td>
</tr>
<tr>
<td>Thursday, Nov. 9, 2017</td>
<td>Northern VA</td>
<td>To be determined</td>
</tr>
<tr>
<td>Tuesday, Nov. 14, 2017</td>
<td>Charlottesville, VA</td>
<td>To be determined</td>
</tr>
</tbody>
</table>

**Objectives:**

- Promote collaboration between the hospital, EI and New Path staffs
- Review targeted improvements
- Identify what has and has not worked

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Hospital Data Updates

• Participating Hospitals will receive update data package. This package will be updated quarterly.

Deeper Dives into the VHHA Analytics EI-ICD10 Database

• If you would like access or to see more of the data drill downs, contact David Vaamonde (dvaamonde@vhha.com)
Questions/Comments/Suggestions

Wanda Clevenger, wclevenger@vhha.com or (804) 965-1202