VA NICU Early Intervention Collaborative Shared Learning Event

An initiative funded by the Virginia Board for People with Disabilities (VBPD)

Wednesday June 6, 2018
3:00 – 4:00pm
Betsy Cole Archer
Housekeeping

- Slides will be sent
- Webinar is being recorded
- Please use the “telephone” option
  - Audio pin prompt
- All participants are muted
- Raise your hand
- Ask a question
- Warm up
Introductions

• Warm up – Use the Questions Portal
  – Name, role, facility
Agenda Review

Welcome & Announcements  

Betsy Archer, VHHA

Project Updates  

Betsy Archer, VHHA

- On Your Way Tool
- Best Practice Protocol
- Promoting our work through the NICU Collaborative Website

Data Collection Guidance, Successes, and Requests  

All

- Hospitals share successes in collecting data for project

Using Collaborative Resources  

All

- Hospital and EI system leaders share successes in using Collaborative Resources, or successes in integrating the concepts discussed during training into your process
- Share lessons learned, successes, and challenges to using the On Your Way tool

Disseminating Learnings Throughout Your Facility  

All

- What successes have you had in getting buy-in from hospital staff?
- What challenges have you overcome in getting buy-in?
- How have you strengthened the relationship between hospital and EI providers?

Question and Answer Session  

All

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Objectives

1. Provide guidance on data collection and use of the Virginia Best Practice Protocol for Hospitals Referring to Early Intervention.

2. Share effective practices in improving referrals and follow up on at-risk infants and families.

3. Promote Collaborative Resources among stakeholders to spread our work.

4. Gain insights from peers about the work they are leading within their individual hospitals to inspire action in every NICU.

5. Enhance dialogue and partnership among care providers in hospitals and in Local Lead Agencies.

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PROJECT UPDATES
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.

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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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Collaborative Resources

• On Your Way Skill Building Worksheets for Families and Caregivers
  – OYW Tool Order Form:
  https://www.surveymonkey.com/r/CGMKQLF
Collaborative Resources

• Virginia Best Practice Protocol for Hospitals Referring to Early Intervention
  – Who makes referrals and by when?
  – What tools should be used in the referral process?
  – How can providers partner with parents & families?
  – What training is recommended?

• Direct link to the Protocol
Using the Website as a Resource

Virginia NICU Early Intervention Collaborative

In Fall 2016, the Virginia Board for People with Disabilities awarded VHHA’s Virginia Hospital Research & Education Foundation (VHREF) and the Center for Healthcare Excellence federal grant funding to increase access to Early Intervention (EI) for infants receiving care in Virginia’s hospitals. The goal of the 18-month Virginia Neonatal Intensive Care Unit (NICU) EI Collaborative is to achieve systemic change of practice and improvement in outcomes for all infants and young children by enhancing linkages to EI services for NICU patients and families. For this statewide learning collaborative, the Center has partnered with 22 Virginia NICUs, VHREF and their community EI partners.

The population served by this project includes infants and young children with disabilities in the Commonwealth, whose health outcomes this project strives to directly improve. To achieve this goal, the Center has engaged Virginia hospital NICU staff, including nurses, social workers, and any personnel that aid in discharging patients, and the community support agencies with whom coordination of care is needed for the children and families.

To improve these outcomes, the Collaborative participants focus on enhancing care coordination among care providers, increasing referrals for likely to be eligible children to EI services after a NICU stay, review and enhancement of existing referral protocols, participating in education to improve staff competencies in completing referrals, and collaboration with fellow Virginia NICU facilities for sharing best practices.
SHARING LESSONS LEARNED
DATA COLLECTION STRATEGIES
Guidance

- Sent Virginia NICU EI Collaborative Data Guidance on May 29th
  - Final modified Encyclopedia of Measures
  - Request 3 data points from participating hospitals
  - VHHA Analytics will pull measures, when available
  - Please submit Quarter 1 (January – March) by Friday June 15th, 2018
    - [https://www.surveymonkey.com/r/FN7FVD5](https://www.surveymonkey.com/r/FN7FVD5)
  - You will receive a data feedback report inclusive of Analytics data
## Revised Encyclopedia of Measures

### Table of Measures

<table>
<thead>
<tr>
<th>Measure #</th>
<th>VA NICU EI Measure Description</th>
<th>Numerator</th>
<th>Denominator</th>
<th>Baseline Period</th>
<th>Monitoring Period</th>
<th>Sources (may vary by hospital)</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>NICU A-2</td>
<td>Percent of NICU patients referred to EI</td>
<td># NICU patients referred to EI</td>
<td>All NICU discharges</td>
<td>Preferred: Calendar Year 2016</td>
<td>Quarterly</td>
<td>Hospital DC form, DC note</td>
<td>If your hospital does not collect this information, submit N/A for baseline. For</td>
</tr>
<tr>
<td>NICU A-4</td>
<td>Percent of infants DCd from hospital with diagnosed condition(s) (using ICD 10 Codes) that meet or are highly likely to meet EI eligibility criteria. Refer to Infant &amp; Toddler Connection of Virginia Practice Manual, Chapter 5</td>
<td># of preterm, newborn, and infants with diagnosed condition(s) (using ICD 10 Codes) that meet or are highly likely to meet EI eligibility criteria. This will be provided by the VHHA Analytics database.</td>
<td>All NICU infant discharges aged preterm, newborn, and infant. This will be provided by the VHHA Analytics database.</td>
<td>Preferred: Calendar Year 2016</td>
<td>Quarterly</td>
<td>Hospital DC form, VHHA Analytics</td>
<td>Refer to Infant &amp; Toddler Connection of Virginia Practice Manual, Chapter 5 and Excel sheet for list of ICD10 codes used for this analysis.</td>
</tr>
<tr>
<td>NICU A-5</td>
<td>Percent of Substance Exposed Infants (SEI) referred to EI</td>
<td># of infants with SEI diagnosis referred to EI</td>
<td>This data will be subset of NICU A-4 and as such, provided to hospital.</td>
<td>Preferred: Calendar Year 2016</td>
<td>Quarterly</td>
<td>Hospital DC form</td>
<td><strong>See below Effects of Toxic Exposure ICD-10 codes.</strong></td>
</tr>
</tbody>
</table>
Data Collection Polling Questions

• Has your hospital developed a process to track the number of referrals you’re making to EI?
Sharing Lessons Learned: Data Collection

- What successes have you had?
- What questions do you have for the hospitals that have developed a process?
- What challenges have you encountered?
- What can we do to help?

- Raise your hand!
- Use the questions feature!
USING COLLABORATIVE RESOURCES
Using Collaborative Resources

- ITC Referral Guidance and Referral Form
- On Your Way tool
- Best Practice Protocol
- Website Education Module
Collaborative Resources Polling Questions

• To what extent are you using the new referral forms?

• How are you using the On Your Way tool?

• For EI leaders, have you seen an increase in referrals?

• For EI leaders, have you seen an increase in the quality of referrals? With more complete information?
DISSEMINATING LEARNINGS THROUGHOUT YOUR FACILITY
Spread and Sustainability

• What successes have you had in training other hospital staff?

• What challenges have you overcome in getting buy-in?

• How have you strengthened the relationship between hospital and EI providers?
Spread & Sustainability Polling Questions

• Have you shared Collaborative resources (forms, OYW tool, etc.) with others within your organization?

• Have you met with a hospital care provider or an EI care provider since the trainings in November to discuss referrals, care coordination, and/or enhance your relationship?
Leaving in Action

• How will you share with your colleagues to promote use of these tools and resources?
Next Steps

Upcoming Activities

Collection of patient & family stories

...And data

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The Power of Stories...

EVERYONE HAS A STORY

“Stories are about 22 times more memorable than facts alone"
Jerome Bruner, "Actual Minds, Possible Worlds"

PATIENT STORIES

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Mission Statement
The Virginia Neonatal-Perinatal Collaborative exists to ensure that every mother has the best possible perinatal care and every infant cared for in Virginia has the best possible start to life. We believe in an evidence-based, data-driven collaborative process that involves care providers for women, infants and families as well as state and local leaders. We believe that working together now will create a stronger, healthier Virginia in the future.

Membership
The VNPC is comprised of clinicians, state health officials, underwriters, hospital administrators, nonprofit healthcare organizations, and families all working together towards a better tomorrow for Virginia.

For further information:
Virginianpc17@gmail.com

Website:
www.VirginiaNPC.org
Short Post-Event Survey to Follow...