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Improving the NICU Experience Through Experience -Based Co-Design

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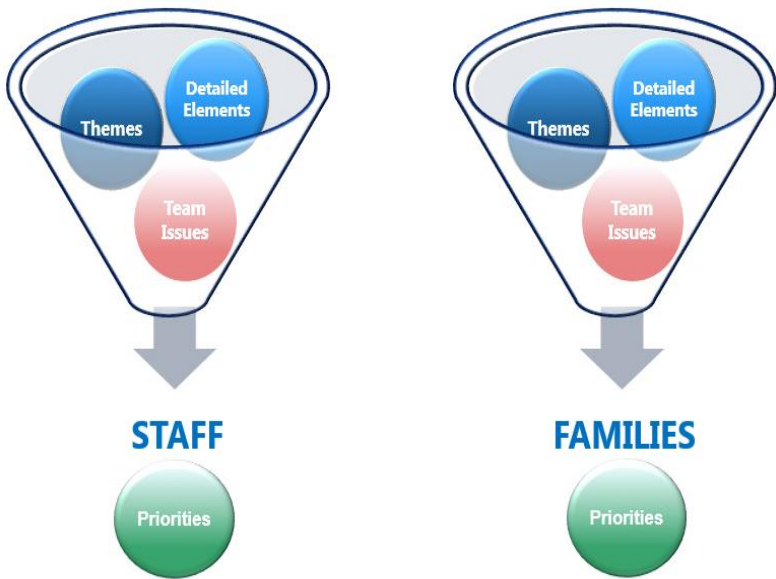
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- Who are We?
- 19 Bed Type A NICU in a community setting in Portland, OR.
 - All private rooms
 - ~2600-2800 births per year. NICU admissions ~ 400 per year.
 - ~12% are outborn
 - Gestational age limit of 28 weeks.
 - No surgical services. Infants needing surgical care are transferred to Providence St. Vincent.

Background

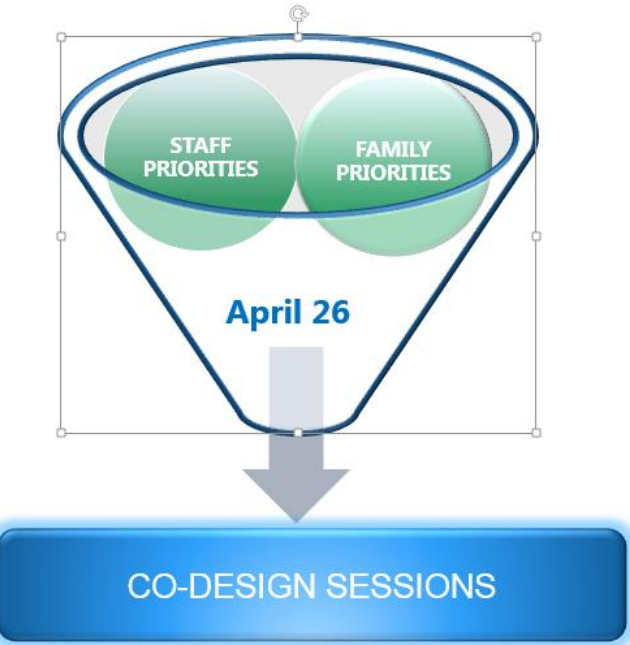
Experience-based Co-design is a method of quality improvement using patient or parent interviews and narratives to improve services. In medicine, we often wait for complaints instead of involving the family unit as members of the team. This approach places families in the forefront of quality improvement and really values both the staff and family input together to make change. In conjunction with the Vermont Oxford Network (VON) and the Point of Care Foundation, PPMC NICU participated in an internet-based collaborative focusing on critical transitions in neonatal care.

- We conducted 14 staff Interviews.
 - Challenges:
 - Creating psychological safety for staff to feel comfortable participating in the interviews.
 - Themes identified from *the staff interviews*:
 - Communication
 - NICU Environment
 - Family Support
- We conducted 14 family interviews.
 - Themes identified from *the family interviews*:



Collaborative event with staff & families

- Priorities for Change:
- NICU Noise Level
 - Sense of community/social meeting times for families
 - Trays for Mothers
 - Personalization/Individualization of Care
 - Family participation in Rounds
 - Consistency in who is caring for k
 - Discharge support
 - Mental health support



Improving the NICU Experience Through EBCD

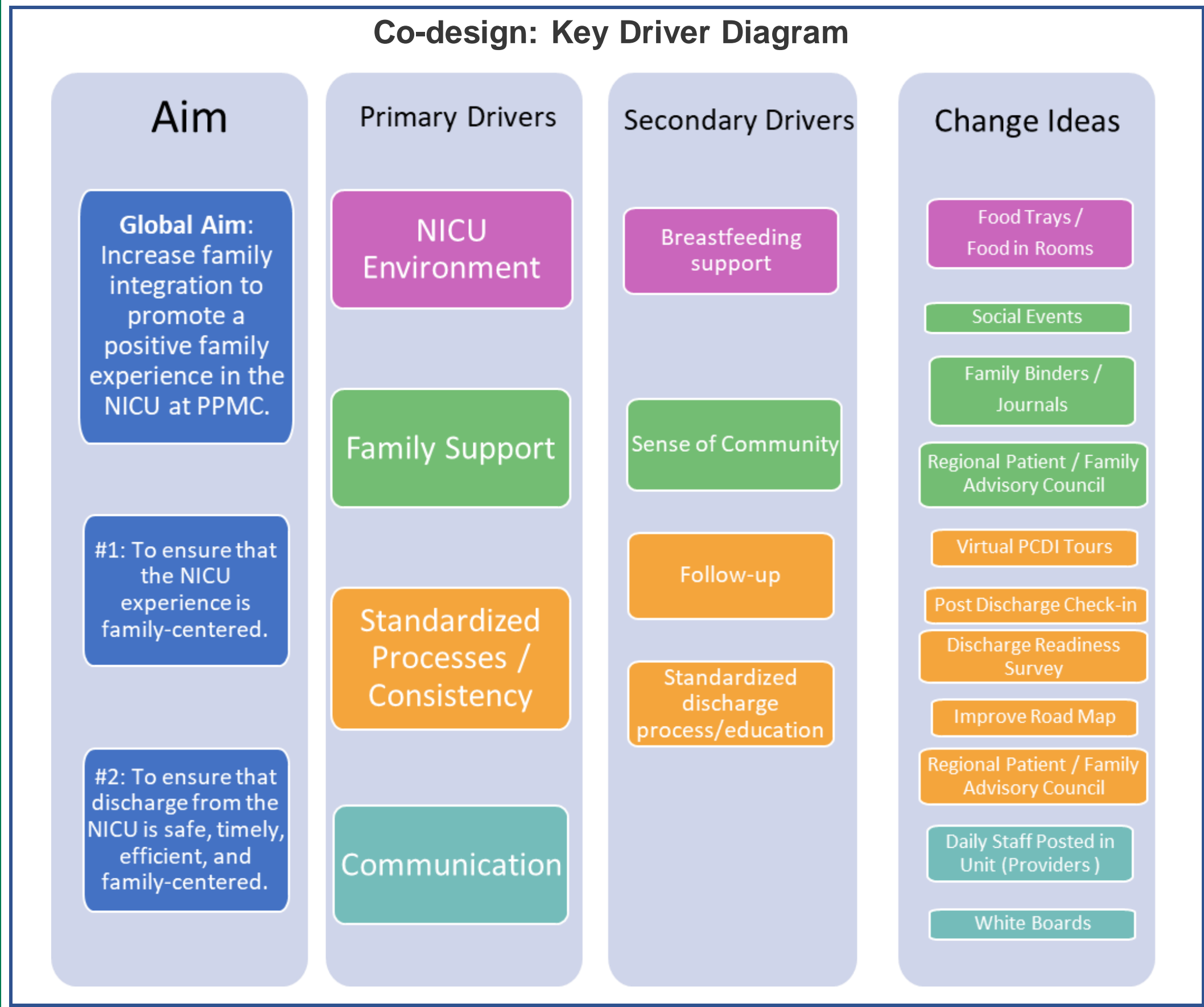
Providence Portland Medical Center, Portland, OR

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Improving the NICU Experience Through Experience-Based Co-Design



The Point of Care Foundation



For you...As I wish I had known.

You are valuable! You have worth! Your babies need you just as much as they need the doctors, nurses machines and wires!

Reach out to other NICU parents because although at times it feels very isolating- You are NOT ALONE! Your input matters. Ask questions. Advocate for your baby, you know them best. Try to focus on their successes even when they feel few and/or far between. Lastly, all babies eventually go home. Be patient. It'll happen!!

Team Members and Acknowledgements

Fred Baker, MD

Sue Giboney, Director of Patient Experience

Trisha Gross, RN-C

Teresa Harrington, RN

Jennifer Jordan, NNP-BC

Karin Larson, RN-C

Lorna Lawrence, RN-C

Julie Metcalf, NNP-BC

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Sarah Pearce, MD

Sophie Wilson, RT



Measurements Table

Measure Description	Numerator	Denominator	Unit of Measure	Data Source	Measurement Frequency	STEEPS DOMAIN or APPLICABLE DRIVER
Outcome Measures						
% of families with documented parent participation in the last 72 hours prior to discharge	# families that have documented parent participation in the last 72 hours prior to discharge	All infants discharged to home	Percent	EMR	Every shift for last 72 hours of hospital stay; Will track via Excel tracker every 2 weeks using NICU Logbook	Safety, Family-Centered
PCDI Follow-up Rate	# PPMC Patients seen in clinic for first appointment and 4 months assessment	Total number referred for F/U	Percent	EMR	Monthly	Safety, Efficiency, Effectiveness, Family-Centered
Balancing Measure						
Staff Satisfaction with new Discharge Processes		All bedside nursing staff		Staff Survey Monkey		
Process Measure						
Family D/C Readiness	# of eligible infants completing patient discussion document prior to discharge	All infants discharged to home that are eligible	Percent	Completed discharge checklist, Excel Tracker	Every 2 weeks and compare to logbook	Safety, Timeliness, Efficiency, Effectiveness, Family-Centered
% of discharges done by 10 AM	% of discharges by 10 AM	All infants discharged to home	Percent	EMR, HUC Records	Every 2 weeks	Timeliness, Efficiency

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