

# NeoQIC Family Engagement Quality Improvement Collaborative

January 12, 2022

2-3 pm



# Welcome, Introductions, and Roll Call

**Meg Parker, MD, MPH**

Neonatologist at Boston Medical Center

Co-Chair of the Neonatal Quality Improvement Collaborative of Massachusetts

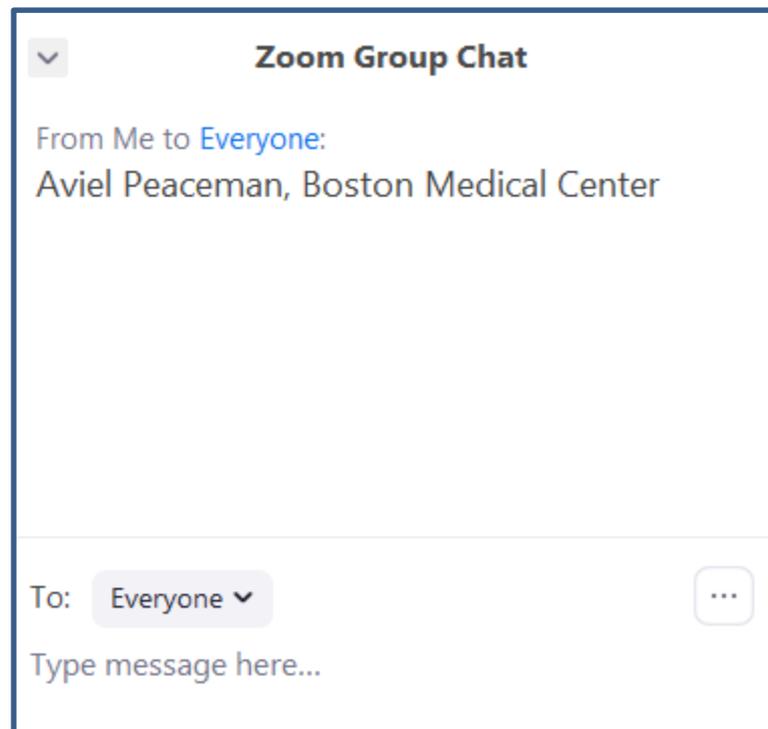
Improvement Advisor from the Institute for Healthcare Improvement



# Welcome!

Please chat your name and hospital into the chat box

Please change your name to your first name and hospital you represent



Zoom Group Chat

From Me to Everyone:  
Aviel Peaceman, Boston Medical Center

To: Everyone ▾

Type message here...

# Agenda

Time	Topic
2:00	Welcome, Introductions, and Updates
2:10	Reach Out and Read at BMC
2:25	BIDMC Language Through Listening (LTL) Learners Program
2:40	Team Sharing: Charlton Memorial/ St. Luke's
3:55	Wrap Up and Next Steps

# NeoQIC Family Engagement Collaborative Programmatic Updates

Meg Parker, MD, MPH



# Update to the Parent Consent Form

- At BMC, we found that consenting families in person was quite challenging, so we looked into adjusting the form to do a verbal consent over the phone
- We reached out to our privacy office and were approved to alter our form for the verbal consent
- An IRB amendment was not required
- We will share the revised English and Spanish forms with all teams for you to use if other teams would like to do verbal consents, as well
- We started this in December at BMC and it's going well

# MOC Part IV Update

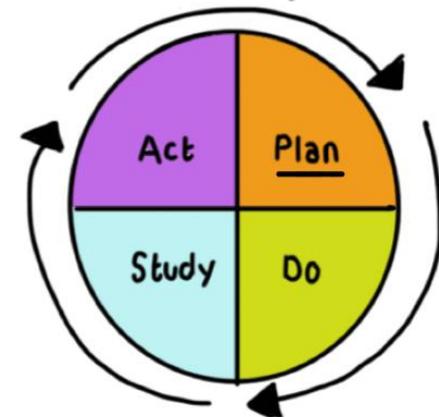
- NeoQIC was approved to provide MOC Part IV credit to participating physicians
- We will share a form for you to fill out attesting your participation in this project

# Data Updates

- 16 actively participating hospitals
  - IRB review in some capacity: 13
  - Master Data Use Agreement signed: 10 (Tufts, SSH, BMC, BIDMC, BI Plymouth, St. Elizabeth, Emerson, Beverly, Winchester, Newton Wellesley)
  - Scope of Work for Family Engagement signed: 9
- Data track commitment
  - Track 1- 3
  - Track 2- 10
  - Not committed/ unsure of status- 3

# PDSAs To Date

- 37 PDSAs from 14 hospital teams!
- Primary drivers:
  1. Communication- 15 PDSAs
  2. Social services and supports for families- 8 PDSAs
  3. Hands-on care- 10 PDSAs
  4. Discharge planning- 4 PDSAs



# Homework and PDSA Forms

Next PDSAs will be due on Friday, February 4<sup>th</sup>.

## PDSA FORM

<b>Hospital</b>		<b>Date</b>	
<b>Team Members</b>		<b>PDSA #</b>	
<b>PDSA TITLE:</b>			
<b>PDSA STATUS:</b>	<input type="checkbox"/> Planned, not initiated <input type="checkbox"/> Planned and in progress <input type="checkbox"/> Complete		

### Part 1

*“Aim” and “Plan” should be completed prior to initiating test, and can be updated during test as needed.*

#### **AIM**

**1. Which primary driver does this PDSA address?**

*Primary drivers for project are: (1) Communication; (2) Social support/services; (3) Hands-on care; and (4) Discharge planning*

**2. What is your AIM statement for your work on this key driver, including this PDSA cycle?**

*Use a “SMART” aim: specific, measurable, achievable, relevant, time-bound. Improve [what], from [baseline] to [goal], by [when].*

#### **PLAN**

**3. What is the change you are planning to test?**

*For new interventions, focus initially on small tests of change, rather than immediate broad implementation of new processes.*

# Update - AAP Educational Discharge Videos

We have chosen our 5 topics and are now in the process of developing video content:

1. Baby discharge readiness
2. Feeding
3. Parental mental health/social support
4. Parent/family readiness
5. Follow-up medical and developmental care

**Update on timeframe:** We are moving filming to late March due to the current COVID surge, and will have them ready a few months later to share with NICUs across the country to use with families

# REDCAP Data Collection Update

- 8 hospitals have participated on a virtual site visits to review all forms and use of the REDCAP data base
  - These will continue as hospitals sign their DUAs and SOWs
  - Identify who will be your data collectors!
- **Update on RedCap Data Collection:**
  - 164 entries into REDCap from 6 hospitals: BMC, SSH, Tufts, NWH, Beverly, Winchester!!
  - 11 parent reported measures (track 2) entries from BMC and Winchester
  - If you have been trained in entering data into REDCap but have yet to start entering data, please let us know if you have any questions or if we can help you in any way.

# Reach Out and Read at BMC

**Bernadette Levesque, MD**





where great stories begin™

# REACH OUT AND READ IN THE NICU

Bernadette Levesque, MD  
January 12, 2022

# BACKGROUND

Premature infants are exposed to less language in-utero and after birth than term infants but language exposure is essential for normal language development.

Language delay is common among premature infants, but infants who hear more words during their NICU stay have better neurodevelopmental outcomes at 18 months of age.

Reading to infants is one way to ↑ language exposure.

Language exposure is particularly important for low SES infants who experience significant disparities in vocabulary growth, school readiness and reading skills.

Parents who read to their infants in the NICU experience less stress and are more likely to read to their infants post-discharge.

Reading might increase parent-infant interaction in the NICU

# Prenatal language development

- In utero sound exposure is important to language development
  - Newborn infants can discern mother's voice from a stranger's voice (Beauchemin 2011)
  - Infants prefer their mother's native language (Moon 2013)
  - Infants can recognize a familiar passage read to them by their mother (Krueger 2014)
  - Infants respond to their mother's voice as early as 25 weeks, evidenced by a change in vital signs (Rand and Lahav, 2014).
- Altered sound and language exposure in the NICU may put preterm infants at risk for the hearing, language, and cognitive disabilities that are so common among this population.



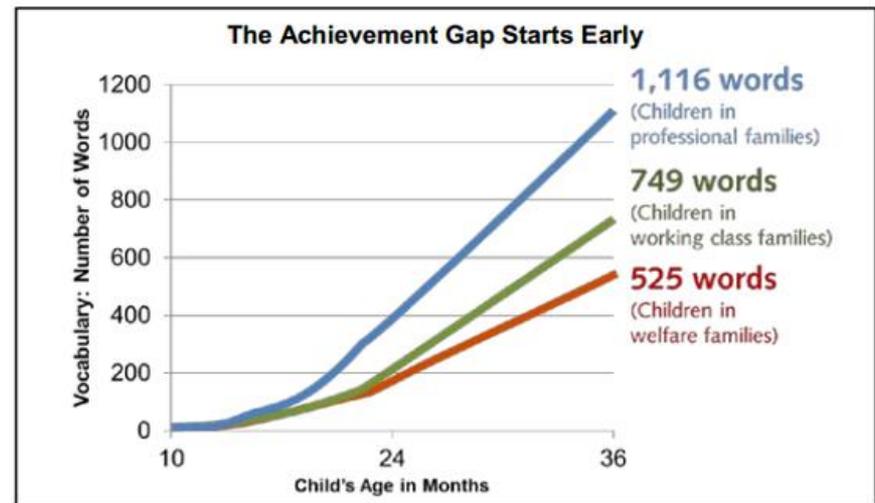
# Meaningful Differences in the Everyday Experience of Young American Children

Betty Hart and Todd R. Risley. Brookes Publishing, 1995 (4<sup>th</sup> printing, January 2003)

**Summary Statement:** While children from different backgrounds typically develop language skills around the same age, the subsequent rate of vocabulary growth is strongly influenced by how much parents talk to their children. Children from professional families (who were found to talk to their children more) gain vocabulary at a quicker rate than their peers in working class and welfare-recipient families.

**Topic/Goal:** Examine language development in young children and the effects of home experiences on children's development.

**Method:** Record and analyze verbal interactions in 42



# READING TO INFANTS IN NICU HAS BENEFICIAL EFFECTS FOR PARENTS

Larivier and Rennick, 2011

- Non-randomized, intervention study with historical controls in 26 bed NICU in Montreal
- Books for Babies® program implemented
- Nurse gave book to parents
- Surveys and 3 month follow up phone calls
- Parents reported reading was enjoyable (86%) and helped them feel closer to their babies (69%)
- Parents reported an increased sense of control, normalcy, and intimacy with baby



# READING TO INFANTS IN THE NICU IS ASSOCIATED WITH PERSISTENCE OF READING POST-DISCHARGE

Larivier and Rennick, 2011

Follow up at 3 months of age

- 3 months later, 56% reported reading to their infants 3 or more times per week, compared to 23% of control



Picture from: <http://www.reachoutandreadsc.org/>

# SETTING

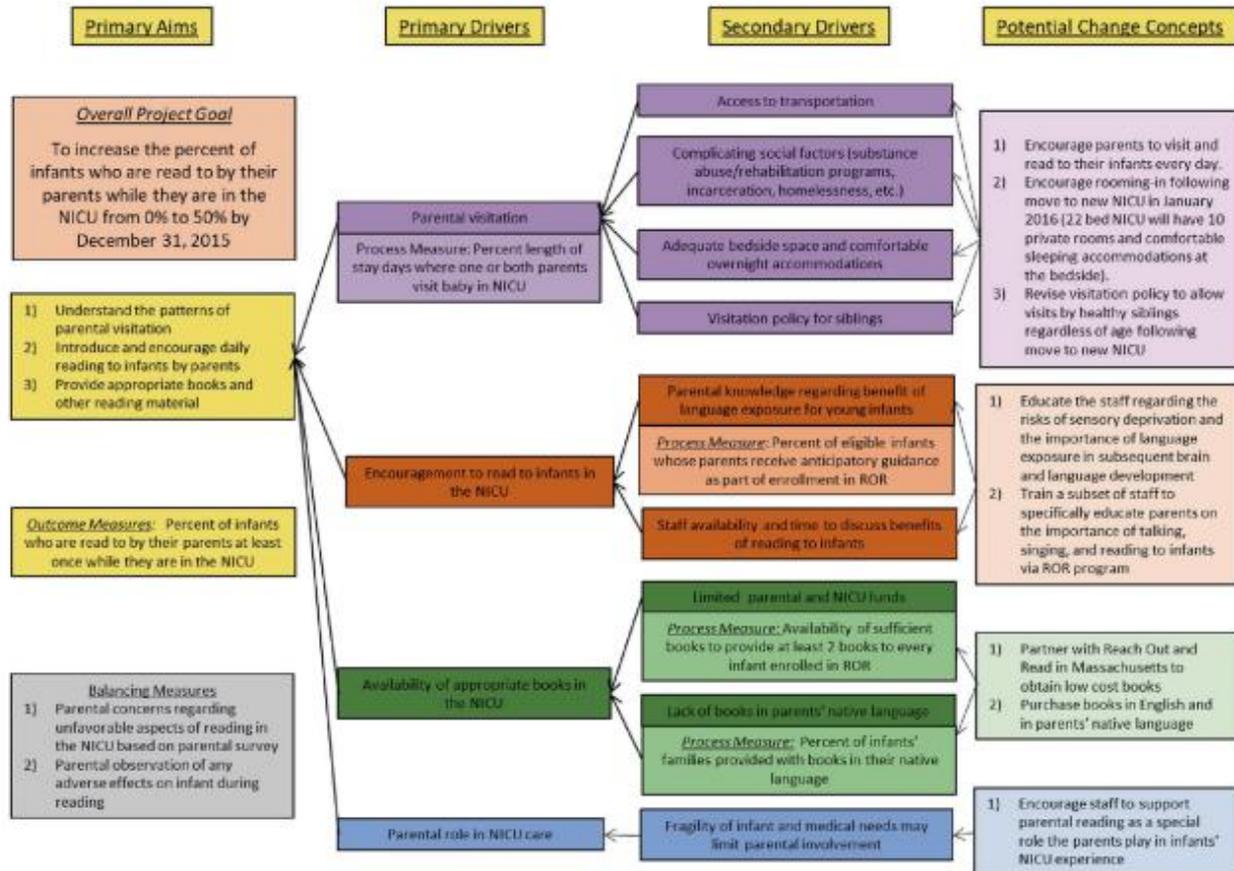
The NICU in an urban public hospital in Boston, MA

2700 deliveries per year

15 NICU beds, and 6 level II beds

In 2015, the NICU was an open bay unit, but was soon to move to a unit with many single-family rooms.

## Reach Out and Read in the NICU Driver Diagram



**Fig. 1** Outline of aims, drivers, and change concepts, including process and balancing measures. NICU neonatal intensive care unit, ROR Reach Out and Read

# AIM STATEMENT FOR PILOT PROJECT

The aim of this quality improvement initiative was to increase the percentage of infants who are read to by their mother or father in the NICU at least once from zero days per week to 3 days per week by to >50% by December 31, 2015

## Process measures:

- Availability of one or both parents as assessed by visits documented in EMR
- Percentage of infants for whom we have books in the mother's native language
- Percentage of infants introduced to ROR in the NICU

## Balancing measures:

- Parental survey regarding experience of reading to infants in the NICU

# METHODS

A retrospective chart review establishing demographic characteristics, primary language, baseline visitation patterns, and reading informed our aims and planning

NICU MDs and RNs completed online and/or in-person ROR training

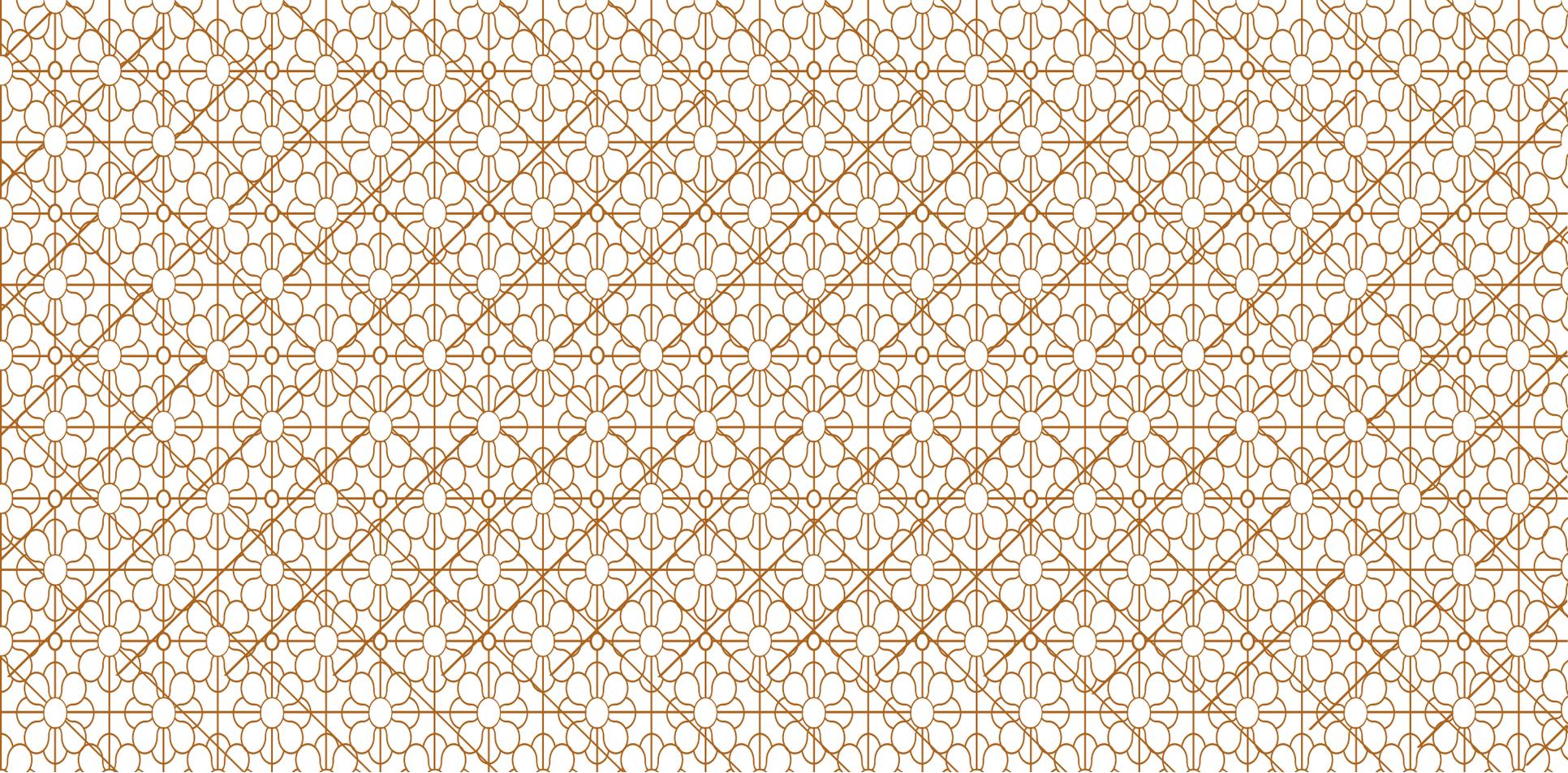
ROR in NICU was launched on July 7, 2015.

Parents were provided parents with in-person anticipatory guidance regarding the benefits of reading to their infants and free books.

Daily reading was tracked using bedside calendars, distinguishing between readings done by parents & those done by staff.

Parental presence in the NICU was tracked as recorded in the EMR by RN (total # episodes either parent noted as being “at the bedside”, “active in care” or “holding”).

Brief surveys were distributed to evaluate parental and nursing experience



# RESULTS



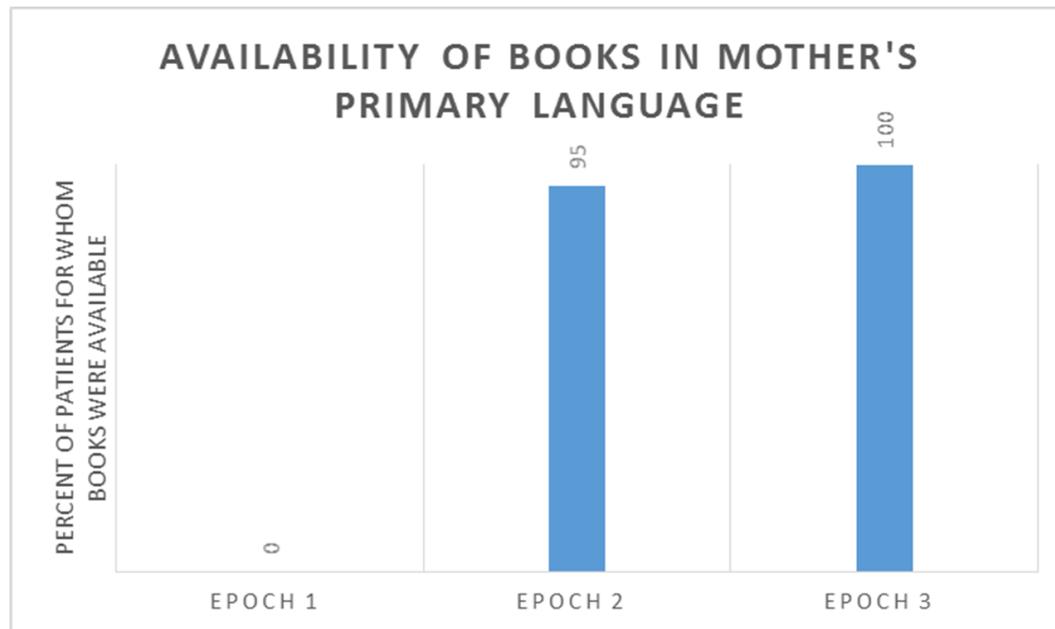
**Table 2** Demographic Characteristics<sup>a</sup>

Variable	Total population <i>N</i> = 98	Discharged before ROR in NICU <i>N</i> = 40	Discharged after ROR in NICU <i>N</i> = 58
Gestational age (weeks), mean ± SD	32.7 ± 3.0	33.2 ± 2.9	32.4 ± 3.1
Birth weight (grams), mean ± SD	1867 ± 684	1903 ± 724	1841 ± 660
Maternal age (years), mean ± SD	30.0 ± 5.9	28.8 ± 6.4	30.8 ± 5.4
Maternal race (%)			
White	30.6	37.5	25.9
Black	32.7	32.5	32.8
Hispanic	32.7	25.0	37.9
Asian	4.1	5.0	3.5
Maternal language (%)			
English	53.1	60.0	48.3
Spanish	26.5	22.5	29.3
Haitian Creole or French	6.1	2.5	8.6
Portuguese or Portuguese Creole	5.1	2.5	6.9
Vietnamese	4.1	5.0	3.5
African	1.0	0.0	1.7
Arabic	2.0	2.5	1.7
Other	2.0	5.0	0.0
Insurance			
Private (%)	4.1	2.5	5.2
Medicaid (%)	95.9	97.5	94.8
LOS (days), mean ± SD (Range)	36.9 ± 30.1 (7–133)	32.8 ± 28.2 (8–133)	39.7 ± 31.3 (7–133)
PCA at D/C (weeks), mean ± SD (Range)	37.9 ± 2.1 (32.1–44.1)	37.8 ± 2.0 (35.0–44.1)	38.0 ± 2.1 (32.1–44.0)

*D/C* discharge, *LOS* length of stay, *NICU* neonatal intensive care unit, *NS* not significant, *P. Creole* Portuguese Creole, *PCA* post-conceptual age, *ROR* Reach Out and Read

<sup>a</sup>None of these comparisons revealed statistically significant differences

# PROCESS MEASURE: AVAILABILITY OF BOOKS IN MOTHER'S PRIMARY LANGUAGE



Unable to obtain books in Albanian, Arabic, Bengali, or Tigrinya during launch



# PROCESS MEASURE: PARENTAL PRESENCE

One or both parents were present in the NICU a median of 75% of LOS days

- (first quartile (Q1) 56.4%, third quartile (Q3) 87.7%), or a median of 3 of every 4 days.

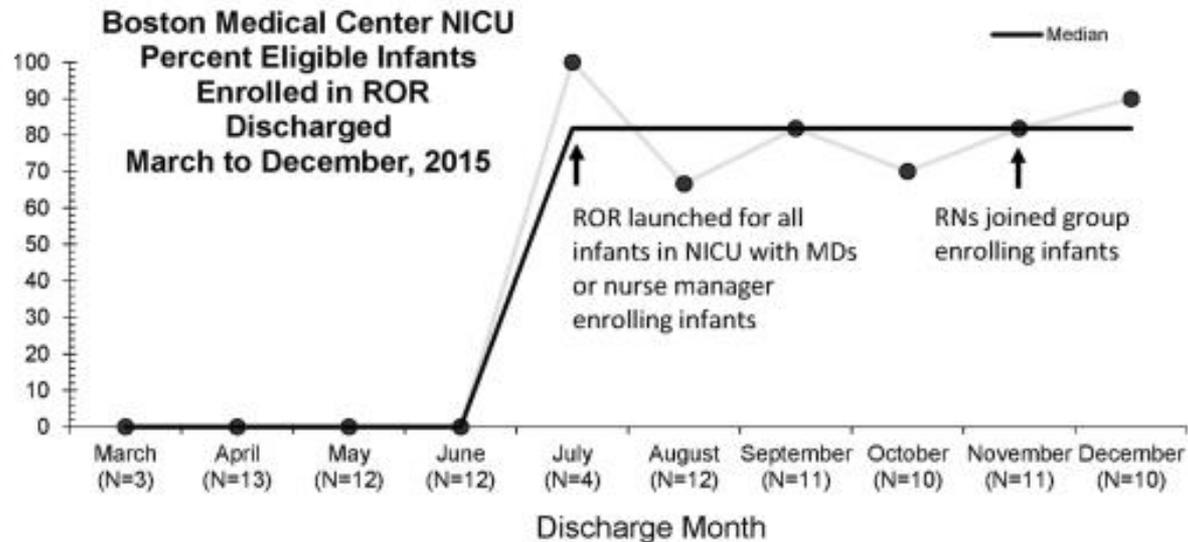
Mothers were present more frequently than fathers:

- mothers' median 71.4%(Q1 48.6%, Q3 85.5%) of LOS days
- fathers' median 32.6% (Q1 13.6%, Q3 52.0%) of LOS days

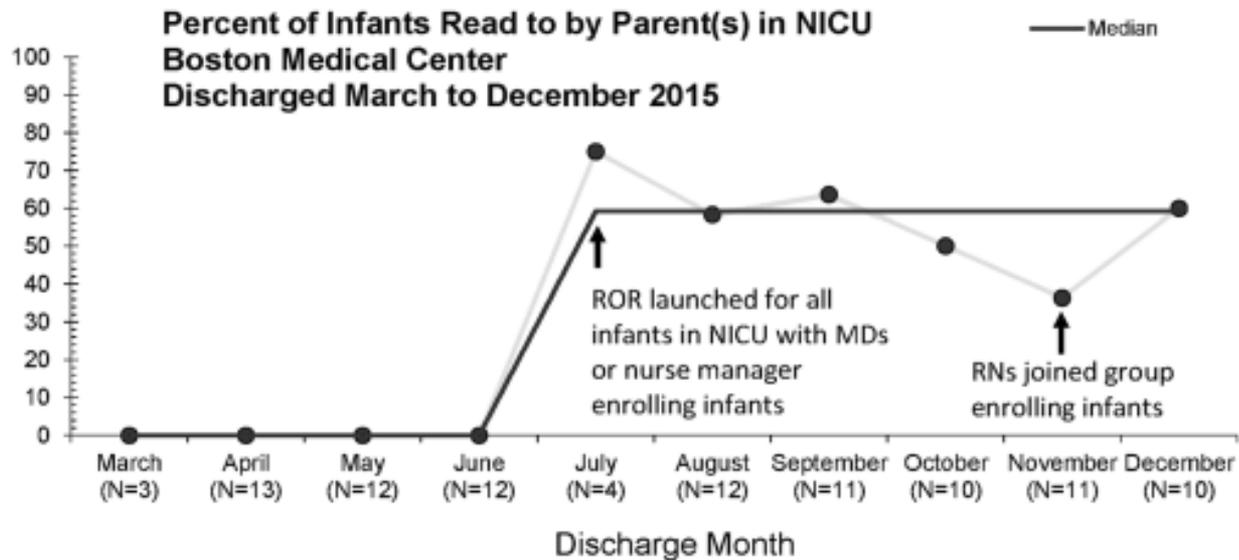
There were no trends in rates of parental presence over time during our study period (data not shown)



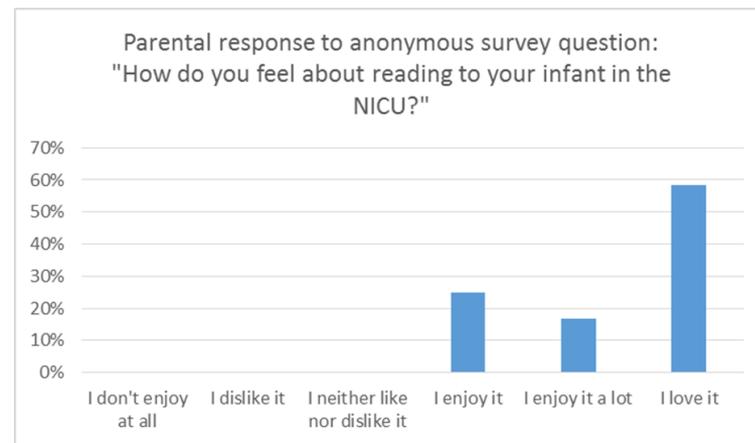
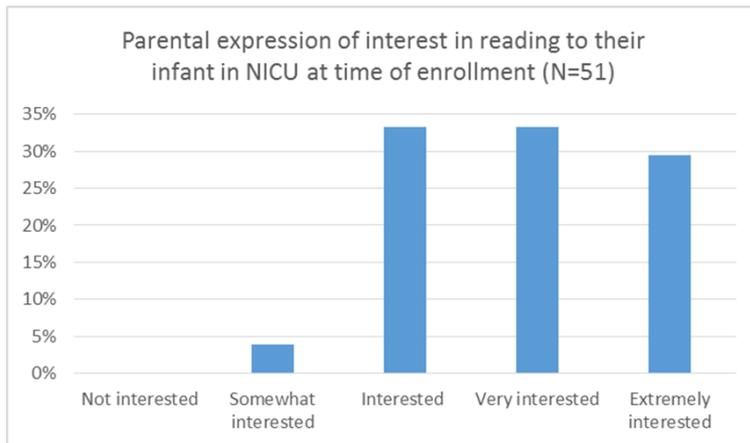
# PROCESS MEASURE: PERCENT INFANTS ENROLLED IN ROR



# MAIN OUTCOME MEASURE: PERCENT INFANTS READ TO BY THEIR PARENT(S) IN THE NICU



# BALANCING MEASURES: PARENT SURVEYS



# BALANCING MEASURE: PARENTAL SURVEY

We distributed 20 parental surveys and received 15 back

87% of respondents remembered why they had been encouraged to read

- 73% said it was to help the baby's brain develop

100% had enjoyed reading to their infants while in the NICU.

- All said that their favorite thing was that they were helping their baby develop
- Other favorite things were that they liked the stories, felt more relaxed and happy themselves, liked that it was something normal to do with their baby, or baby seemed to like it.

87% noted a “least favorite” thing about reading:

- 40% did not like reading out loud in front of other people
- 27% said they didn't like that they could not visit and read more often
- 20% didn't like that the baby did not respond to the reading
- 13% said they wondered if it could really help the baby

100% said they plan to continue to read to their infant after discharge

# SUMMARY

We introduced ROR in our NICU to increase language exposure among our population of preterm, low-SES infants.

We obtained language-appropriate books for over 95% of our infants and found that parents were present often enough to read to their infants with some frequency.

Enrollment in ROR was facilitated by the addition of bedside NICU nurses as ROR providers, allowing us to enroll a median of >80% of eligible infants over time.

When first approached, all parents were interested in participating in ROR

We reached our goal of at least 50% of infants being read to by their parent(s) during their NICU stay.

Of our surveyed parents, most recalled why they were encouraged to read, all had read their infants in the NICU, and all had enjoyed it.

- They especially liked that they were helping their baby to develop, though several noted not liking to read in front of other people. Most had noticed a positive effect on their infant, and all intended to continue to read post-discharge

Further research is required to determine the short and long-term outcomes of supporting reading to NICU patients, including the impact on family reading behavior and neurodevelopmental outcome



## REACH OUT AND READ RECOMMENDED NICU BOOK LIST

Books can be used as a tool to facilitate everyday interactions with your baby in the NICU—and beyond! You can read whatever you want; all that really matters is that your baby hears your voice. The books listed below are suggestions for parents looking for something to read with their child.

Vendor	Cover	Book Title	Price	Additional Notes
All About Books		<a href="#">Head, Shoulders, Knees and Toes/Cabeza, hombros, piernas, pies</a>	\$2.25	
All About Books		<a href="#">This Little Piggy/Este cochinito</a>	\$2.25	
All About Books		<a href="#">Twinkle, Twinkle, Little Star / Estrellita, ¿dónde estás?</a>	\$2.60	
Scholastic		<a href="#">The Itsy Bitsy Spider / La pequeña arañita</a>	\$2.60	
West Walker Publishers		<a href="#">I Love You Like Sunshine: How Everyday Play and Bedtime Stories Grow Love, Connections, and Brainpower</a>	\$3.37	Includes S&H 30 books - minimum order required.  Please contact your Program Specialist to order.

All About Books		<a href="#">Baby Talk / Hablando con bebe</a>	\$2.80	
All About Books		<a href="#">Hello Baby: Animals</a>	\$2.75	
Scholastic		<a href="#">Little Scholastic: Circle</a>	\$1.95	
Scholastic		<a href="#">At Home</a>	\$2.30	
Blue Manatee Press		<a href="#">Calm Baby, Gentle</a>	\$2.50	Contact your Program Specialist to order.
All About Books		<a href="#">You Are Amazing, Baby! / Eres maravilloso, bebé!</a>	\$2.35	
All About Books		<a href="#">About Me/Acerca de mí</a>	\$1.95	
Scholastic		<a href="#">¡Cucú! (Peek-a-Boo!)</a>	\$2.80	

Scholastic		<a href="#">Peek-A Boo!</a>	\$2.80	
Charlie's Kids Foundation		<a href="#">Sleep Baby, Safe and Sung</a>	\$2.00 (in bulk quantities)	Contact your Program Specialist to order.
Scholastic		<a href="#">Rookie Toddler™ 5 Busy Ducklings</a>	\$2.60	
Blue Manatee Press		<a href="#">Read Baby, Every Day</a>	\$2.50	Contact your Program Specialist to order.

# ANY QUESTIONS?

by  
MARIE-LOUISE GAY



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# BIDMC Language Through Listening (LTL) Learners Program

**Gabriela Cordova, MD**

**Jane Stewart, MD**



# **BIDMC**

# **Language Through Listening**

# **(LTL) Learners Program**

NeoQIC Family Engagement 01/12/22

Gabriela Cordova, MD  
Jane Stewart, MD

# Program Beginnings -San Diego 2016



## Early Hearing Detection & Intervention

a program of the American Academy of Pediatrics



# Studies of Early Language Development in High-Risk Populations

Betty Vohr MD, Melinda Caskey MD, Katharine Johnson MD,  
Deborah Topol, Nicole Girard, Ludille St.Pierre  
Data Analyst: Richard Tucker

Women & Infants Hospital  
Alpert Medical School of Brown University



Pediatrics February 2014

## Adult Talk in the NICU With Preterm Infants and Developmental Outcomes

Melinda Caskey, Bonnie Stephens, Richard Tucker, Betty Vohr

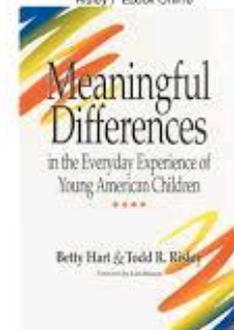
- **METHODS:** This prospective cohort study included 36 preterm infants with a birth weight  $\leq 1250$  g. Sixteen-hour recordings were made in the NICU by using a digital language processor at 32 and 36 weeks' postmenstrual age. Regression analyses were performed on adult word count per hour, with Bayley-III measures correcting for birth weight.
- **RESULTS:** Adult word counts in the NICU were positively correlated with 7- and 18-month Bayley-III scores. For the 32-week recording, in regression analyses adjusting for birth weight, adult word count per hour independently accounted for 12% of the variance in language composite scores ( $P = .04$ ) and 20% of the variance in expressive communication scores at 18 months ( $P = .008$ ). For the 36-week recording, adult word count per hour independently accounted for 26% of the variance in cognitive composite scores at 7 months ( $P = .0049$ ).
- **CONCLUSIONS:** Increased amount of parent talk with preterm infants in the NICU was associated with higher 7- and 18-month corrected age Bayley-III language and cognitive scores. These findings offer an opportunity for language intervention starting in the NICU.

# Hart and Risley

1995



Read Meaningful Differences in the Everyday Experience of Young American Children (Todd R. Risley) Ebook Online



	CHILD 1	CHILD 2	CHILD 3
NUMBER OF WORDS HEARD	13 MILLION	26 MILLION	45 MILLION
NUMBER OF QUESTIONS/HOUR	5	20	40
AFFIRMATIONS VS. PROHIBITIONS	5/11	12/7	32/5
NUMBER OF WORDS IN VOCABULARY	2,000	12,000	20,000

We can reduce this gap by talking, reading and singing thirty minutes a day.

**TALK TO YOUR BABY**

**THEIR BRAIN DEPENDS ON IT**

ANYTIME. ANYWHERE.

Talking, reading and singing build your baby's brain.

FOR TALKING TIPS  
[www.toosmall.org/ToosmallBaby](http://www.toosmall.org/ToosmallBaby) or text: Talk to 877877

NVC



**TOO SMALL TO FAIL**

TOOSMALL.ORG

**Babies Need Words Every Day**

Sing to your baby daily. It's OK if you're not a great singer! Your baby thinks your voice is the most beautiful sound in the world and they learn words from you.

Direct around with your little one! Singing and dancing to a familiar tune is a great way to bond with your child, plus it's a lot of fun!

LET'S TALK AND SING TOGETHER!

Silly songs capture attention. Sing a silly song with your baby to a favorite tune about your day.

#TALKINGISTEACHINGTIPS

TALK READ SING

TOO SMALL TO FAIL

Every word you say builds your child's brain.

# Project Development

- Multidisciplinary Team
  - Neonatology
  - Audiology
  - Occupational Therapy
  - Social Work
  - Nursing
  - Families
  - Family Resource Committee

# Initial Program

The **Language Through Listening (LTL) Program** at BIDMC

Family-centered developmental initiative to increase language exposure in hospitalized preterm infants.

## **Eligible infants:**

- $\geq 32$  weeks corrected gestational age AND NICU stay  $\geq 7$  days
- Medically stable, not intubated

# Initial process

- Parents of eligible babies given written information
- Member of LTL Learners team reviewed materials at bedside
- Encouraged reading at least 20 minutes per day
- Encouraged frequent talking and singing to their baby
- Tracked enrollment in NICU EMR (Metavision)
- Parent satisfaction survey 1 month after discharge

# Parent Information Sheet

## Language Through Listening (LTL) Learners Program at BIDMC

### Did you know?

Unborn babies can detect sounds and react to them with movements, beginning around the 3<sup>rd</sup> trimester (Chelli, Chanoufi. *Fetal Audition*, 2008)

Premature babies begin making early vocal sounds around 8 weeks before their expected due date (Casekey, Stephens, Tucker, Vohr. *Importance of Parent Talk on the Development of Preterm Infant Vocalizations*, 2011)

Infants make more vocal sounds when a parent is visiting. (Casekey, Stephens, Tucker, Vohr. *Importance of Parent Talk on the Development of Preterm Infant Vocalizations*, 2011)

**Positive sounds:**  
Conversations, Music, Reading

In the NICU, infants are often exposed to a variety of sounds from the environment:

**Negative sounds:**  
Equipment, Alarms, Telephones

Hearing a parent's voice either in person or over a recording has shown to create positive changes in heart rate, sucking, sleep patterns, and behavioral state in NICU infants.

(Loewy, Stewart, Dassler, Homel. *The Effects of Music Therapy on Vital Signs, Feeding and Sleep in Premature Infants* 2013; Picciolini et al. *Early Exposure to Maternal Voice: Effects on Preterm Infants Development*, 2014)

Infants who heard more words during their NICU stay showed higher cognitive and language abilities at 7 and 18 months.

(Casekey, Stephens, Tucker, Vohr. *Adult Talk in the NICU with Preterm Infants and Developmental Outcomes*, 2014)

Children from families that spoke more, no matter the education or economic status of that home, learned words faster and had higher IQ scores at age 3 and later.

(Hart, Risley. *Meaningful Differences*. 1995)

Let baby settle – hold skin to skin, take slow deep breaths

Talk/Read to baby softly pausing sometimes to let baby process your words

If baby seems stressed (frowns, squirms), pause voice for a few moments until baby settles again.

There's always  
time for a good  
*Book*



**Language Through  
Listening (LTL) Learners  
Program at BIDMC**

*Reading to your baby*

**Books:**

Read slowly to baby, so  
they can catch each word.

Baby's love watching your face,  
so use lots of facial expressions.

If the story is short, point out things  
in the pictures (shapes, colors)

Books with bright pictures, photos,  
or things to touch can help baby  
connect words with what they see.

Books with rhymes or interesting  
sounds help baby learn patterns.

**Songs:**

Singing also helps baby learn patterns

Sing your favorite songs or  
just about what you did today.

Gently touch baby while singing.  
Softly pat baby in time with  
your song or if baby is ready,  
sway gently with baby in your arms.

**GOAL: 20MIN/DAY**

There's always  
time for a little  
*Chat*



**Language Through  
Listening (LTL) Learners  
Program at BIDMC**

*Using The Three T's  
with baby*

**Tune In: Watch**

Watch what baby is doing  
and talk about it with baby.  
"What a strong kick you have."  
"Do you like being swaddled?"

**Talk More: Describe**

The routines we use with baby  
are important to bring words  
and descriptions to baby.  
"Let's wrap you up, nice and snug,  
in this blanket. One arm over here..."

**Take Turns: Pause**

Positive responses, such as soft  
facial expressions and relaxed  
arms and legs, will let you know  
that baby is enjoying your chat.  
If baby frowns or squirms, take  
a moment to pause your voice  
and give baby a few moments to  
read just before beginning again.

**GOAL: 20MIN/DAY**

\*SUSKIND, D (2015)

# A QI initiative to increase language exposure in hospitalized preterm infants

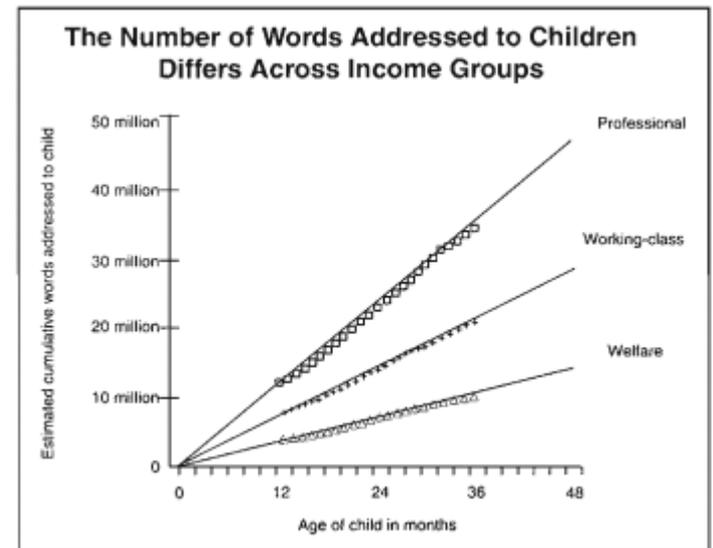
Gaby Cordova Ramos, MD

BIDMC

June, 2020

# Background

- Large disparities in the language experience (#words, messages conveyed) in infants from lower SES families -> disparities in children's literacy and learning
- Parental LEP among racial and ethnic minorities, may act as an independent determinant of worse child health outcomes
- LEP parents are also less likely to report family-centered care and satisfaction with care



Source: The early catastrophe: **The 30 million word gap**

(Betty Hart and Todd Risley 2003)  
(Eneriz-Wierner 2013)

# Team members



**Jane Stewart**



**Gaby Cordova Ramos**



**Marge Day**



**Molly Wylie**



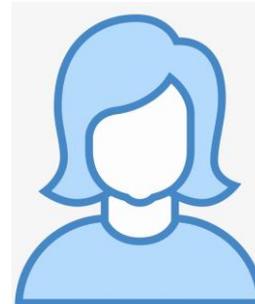
**Jennifer Bentley**



**Ayanna McPhail**



**Ariana Witkin**



**Emily Koelsch**



**Eileen Malala**

# SMART Aim

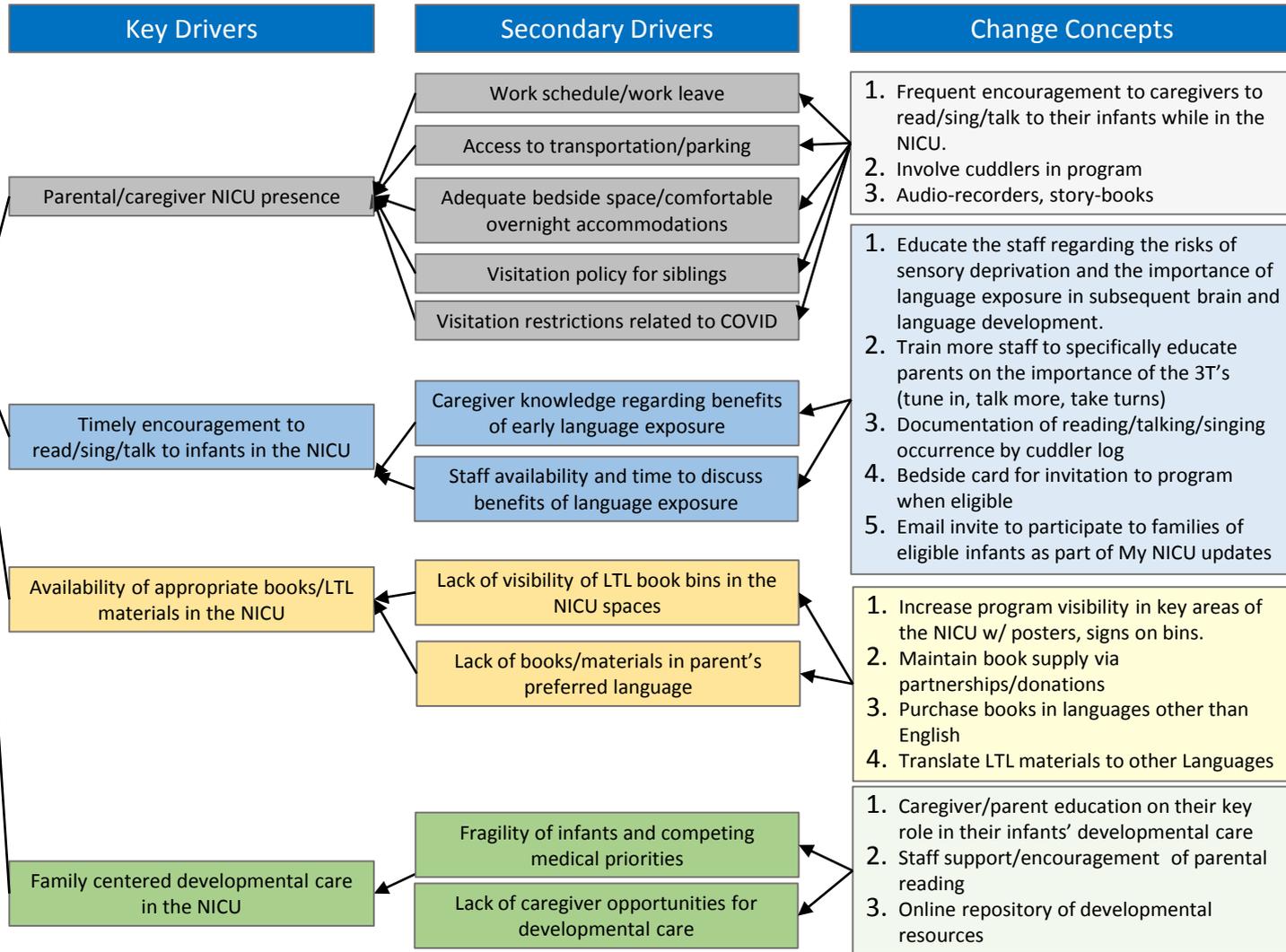
Increase enrollment in the Language Through Listening Program by 30% above baseline among eligible infants over an 18 month period

## **Enrollment:**

- Program and resources presented to family by a member of LTL team or trained staff
- Family received online/printed LTL materials
- Family received gifted book in their preferred language

# Key Driver Diagram

Increase LTL enrollment by 30% above baseline among LTL eligible infants over 18 month period



# Measures

**Increase LTL enrollment by 30% above baseline among LTL eligible infants over 18 month period**

Primary outcome measure: % of eligible infants in the NICU who were enrolled in the LTL program

Secondary outcome measure: % of LEP eligible infants who were enrolled

Secondary outcome measure: % of parents reporting reading >30 min/day at 1 month post-discharge

## Key Drivers

Parental/caregiver NICU presence  
Process measure: Time of active language exposure in infants enrolled in cuddling program

Timely encouragement to read/sing/talk to infants in the NICU  
Process measure: Time from eligibility to enrollment

Availability of appropriate books/LTL materials in the NICU

Family centered developmental care in the NICU

## Secondary Drivers

- Work schedule/work leave
- Access to transportation/parking
- Adequate bedside space/comfortable overnight accommodations
- Visitation policy for siblings
- Visitation restrictions related to COVID

- Caregiver knowledge regarding benefits of early language exposure
- Staff availability and time to discuss benefits of language exposure

- Lack of visibility of LTL book bins in the NICU spaces
- Lack of books/materials in parent's preferred language
- Process measure: % LEP enrolled families who received a book in their preferred language

- Fragility of infants and competing medical priorities
- Lack of caregiver opportunities for developmental care

## Change Concepts

1. Frequent encouragement to caregivers to read/sing/talk to their infants while in the NICU.
2. Involve cuddlers in program
3. Audio-recorders, story-books

1. Educate the staff regarding the risks of sensory deprivation and the importance of language exposure in subsequent brain and language development.
2. Train more staff to specifically educate parents on the importance of the 3T's (tune in, talk more, take turns)
3. Documentation of reading/talking/singing occurrence by cuddler log
4. Bedside card for invitation to program when eligible
5. Email invite to participate to families of eligible infants as part of My NICU updates

1. Increase program visibility in key areas of the NICU w/ posters, signs on bins.
2. Maintain book supply via partnerships/donations
3. Purchase books in languages other than English
4. Translate LTL materials to other Languages

1. Caregiver/parent education on their key role in their infants' developmental care
2. Staff support/encouragement of parental reading
3. Online repository of developmental resources

# MEASURES

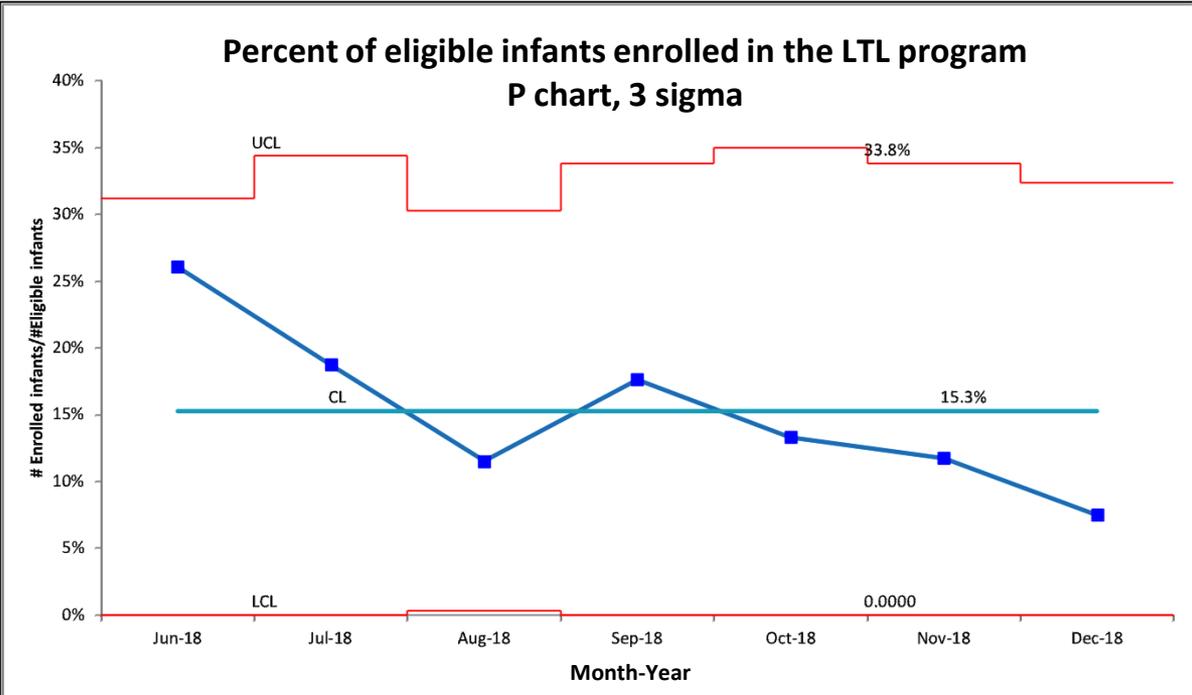
Outcome measure		
Measure	Definition	Source of data
<u>Primary outcome measure:</u> Percent of eligible infants who were enrolled	$\frac{\# \text{infants enrolled in LTL}}{\# \text{eligible infants}}$	<ul style="list-style-type: none"> <li>List generated from Metavision</li> </ul>
<u>Secondary outcome measures:</u> Percent of LEP eligible infants who were enrolled	$\frac{\# \text{LEP infants enrolled in LTL}}{\# \text{LEP eligible infants}}$	<ul style="list-style-type: none"> <li>List generated from Metavision</li> </ul>
Percent of parental survey respondents who reported reading >30 min/day at 1 month post-discharge	$\frac{\# \text{respondents reporting reading } >30 \text{ min/day}}{\# \text{survey respondents}}$	<ul style="list-style-type: none"> <li>RedCap</li> </ul>

Process measures		
Measure	Definition	Source of data
Time from eligibility to enrollment	#days from eligibility to enrollment	<ul style="list-style-type: none"> <li>Date of eligibility and date of enrollment (Metavision)</li> </ul>
Time of active language exposure in infants enrolled in cuddling program	#average minutes of talking/reading/singing per day per infant in cuddling program	<ul style="list-style-type: none"> <li>Cuddler's monthly log</li> </ul>

**M  
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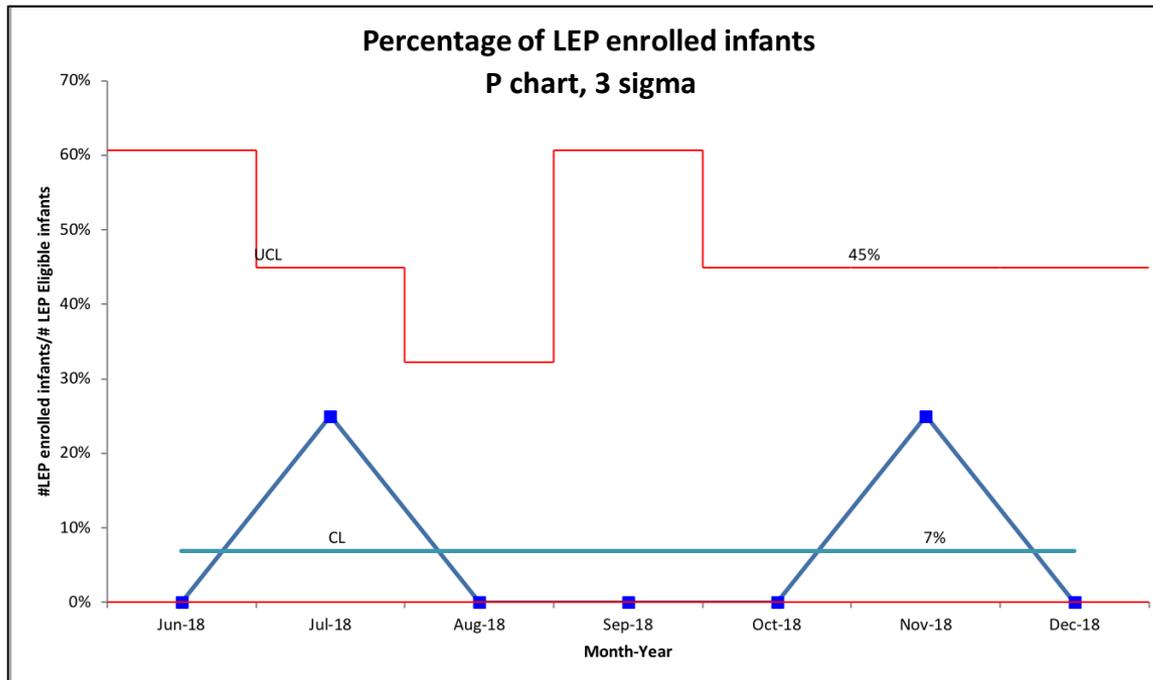
Balancing measures		
Measure	Definition	Source of data
Parental concerns regarding any unfavorable aspects of the LTL program	Any parental concerns received by the LTL team	<ul style="list-style-type: none"> <li>• In person/email communication</li> <li>• RedCap parental survey</li> </ul>
Staff feedback regarding any unfavorable aspects on the program on the family, the infant or the staff workload	Any staff feedback received by the LTL team	<ul style="list-style-type: none"> <li>• In person/email communication</li> <li>• Direct feedback request</li> </ul>

# Baseline data: Enrollment



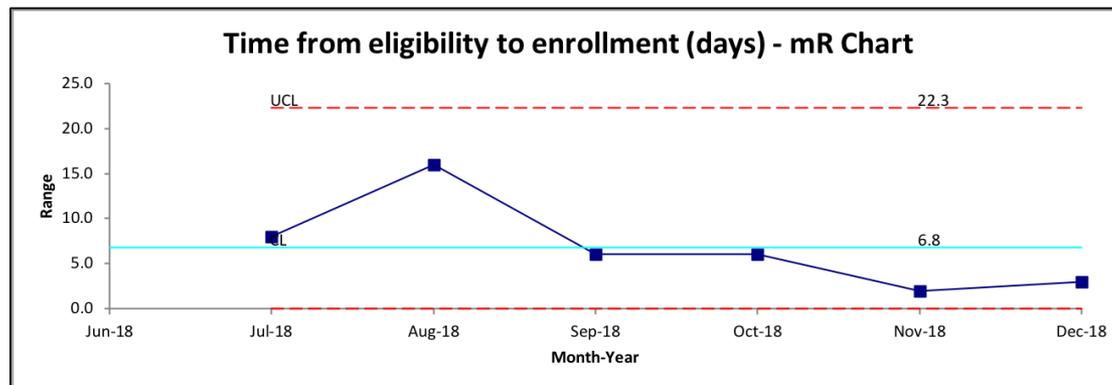
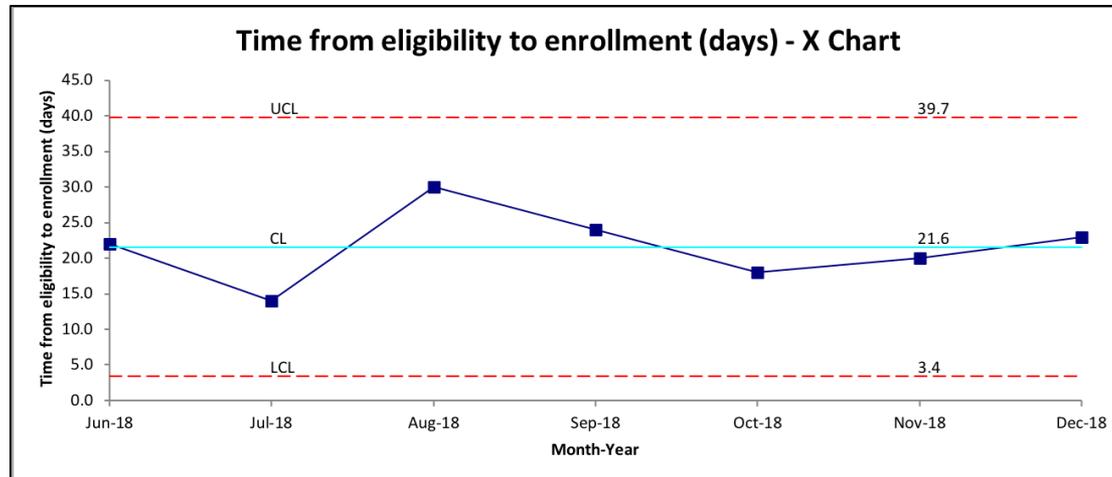
#Enrolled infants	12	6	6	6	4	4	3
#Eligible infants	46	32	52	34	30	34	40

# Baseline data: LEP enrollment



#LEP enrolled infants	0	1	0	0	0	1	0
#LEP eligible infants	2	4	9	2	4	4	4

# Baseline data: Time to enrollment



# Changes: PDSA cycles

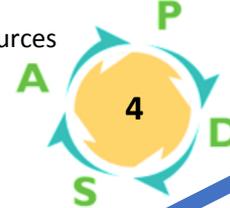
## Cycle 4 : Multi-team approach to enrollment

- Weekly rounds to enroll/card invite families to program
- LTL learners email for families to contact team directly
- Partnership with cuddling program
- Online repository of developmental resources



## Cycle 2: Education

- 1:1 onboarding for interested staff
- Site group education sessions
- Laminated card in desktops to encourage documentation



## Cycle 5 : Post-COVID

- Personalized email invitation with link to LTL material and online repository
- Link to program in MyNICU website



## Cycle 3 : Translation of LTL materials

- Brochure/bookmark translations to Spanish/Chinese/Portuguese
- Re-design: Pictures of families of diverse backgrounds and family structures
- Parental survey (RedCap) 1 month post-discharge

## Cycle 1 : Program visibility to staff and families

- LTL posters in family lounge, NICU public areas
- Flag in LTL book bin SCN



# LTL materials/interventions

Language Through Listening (LTL) Learners Program at BIDMC



## Tips for Families

### Getting started

*Before you start, let your baby settle – hold skin-to-skin, take slow deep breaths.*

*Talk/Read/Sing softly, pausing sometimes to let your baby process your words.*

*If your baby seems stressed (frowns, squirms), pause your voice for a few moments until your baby settles again.*

### Ways to Increase Words

Talk about what you are doing and thinking.	Repeat and add to what they say and do.
Comment on what your baby is doing or looking at.	Follow their lead, do what interests them.
Name things they are interested in.	Wait for their response
Imitate them, and add words.	Encourage them, be positive.
Make faces, use gestures.	Be Silly! Relax and have fun.

### More Ideas

Get other family members involved. Older siblings + grandparents would love to help.

Find a copy of your favorite childhood book. Talk to your baby about your memories of reading it.

Bath time is a great time to have a conversation with your baby.

You can sing about doing laundry, going to the grocery store or your new favorite song on the radio.

Try to spend at least 20 min every day talking, reading, or singing. Soon it will become part of your routine.

Tips for families

There's always time for a good **Book**



## LTL Learners

Language Through Listening (LTL) Learners Program at BIDMC

### Reading to your baby

**Books:**  
Read slowly to baby, so they can catch each word.  
Baby's love watching your face, so use lots of facial expressions.  
If the story is short, point out things in the pictures (shapes, colors).  
Books with bright pictures, photos, or things to touch can help baby connect words with what they see.  
Books with rhymes or interesting sounds help baby learn patterns.

**Songs:**  
Singing also helps baby learn patterns.  
Sing your favorite songs or just about what you did today.  
Gently touch baby while singing. Softly pat baby in time with your song or if baby is ready, sway gently with baby in your arms.

**GOAL: AT LEAST 20MIN/DAY**

Beth Israel Lahey Health  
Beth Israel Deaconess Medical Center

Bookmark

There's always time for a little **Chat**



## LTL Learners

Language Through Listening (LTL) Learners Program at BIDMC

### Using The Three T's\* with baby

**Tune In: Watch**  
Watch what baby is doing and talk about it with baby. "What a strong kick you have." "Do you like being swaddled?"

**Talk More: Describe**  
Describe everything to baby. Talking about the routines we use are easy ways to bring words and descriptions to baby. "Let's wrap you up, nice and snug, in this blanket. One arm over here..."

**Take Turns: Pause**  
Watch for baby's response. Positive responses, such as soft facial expressions and relaxed arms and legs, will let you know that baby is enjoying your chat. If baby frowns or squirms, take a moment to pause your voice and give baby a few moments to read just before beginning again.

**GOAL: AT LEAST 20MIN/DAY**  
\* SUSKIND, D (2015)

Beth Israel Lahey Health  
Beth Israel Deaconess Medical Center

# LTL materials/interventions



**Los padres o personal a cargo de cuidar al bebé prometen hacer lo básico**

Con mi corazón le miraré  
Y procuraré que esté bien.  
Con mi boca hablaré de lo que siento.  
Con palabras suaves  
Y de esas canciones cada vez que te miró  
a detenidamente que me inspiran el alma.

Con mis dedos anunciaré a los objetos que nombro  
Y los señalaré en grupos para comprender.  
Con mis pies te llevaré afuera para explorar.  
Mientras jugamos y disfrutamos de aire libre.

Con mis ojos leeré mientras te muestro el mundo  
A través de imágenes brillantes e historias en libros.  
Estas son formas de asegurarme  
Que tu cerebro está creciendo.  
Para así con certeza quiero que crezcas.

Esta es mi promesa que hago desde el día de tu nacimiento.  
Que estos conceptos básicos voy a hacer cumplir.  
Porque mi trabajo es ayudarte a crecer feliz e inteligente.  
Comenzando a pensar que la vida es buena.  
Aprenderás que tu vida es una obra de arte.  
Y que tu eres el artista a cargo.  
Pero antes de decidir qué hacer con tu vida  
escúchame ahora.  
Al fin y al cabo,  
De mi corazón.

Copyright © 2016 by Renald F. Ferguson.  
Please find related video and print materials at [www.ltlforcolic.org](http://www.ltlforcolic.org)

**LTL Learners**

Lenguaje a través de escuchar (LTL)  
Programa de aprendizaje en BIDMC

**Quieres Empezar?**

Preguntale a tu equipo de cuidado para más información.

Los bebés deben tener un mínimo de 32 semanas de edad corregida para empezar el programa.

Beth Israel Deaconess Medical Center

Brochure

**Congratulations!** Your baby is ready to start learning!

**Want to boost your baby's language development?**

- 
□ Email us at [LTLlearners@bidmc.harvard.edu](mailto:LTLlearners@bidmc.harvard.edu) with your baby's name and last name in the subject line.
- 
□ You get a gifted **BOOK** and access to **EXCELLENT MATERIALS** to jump start your baby's learning.
- 
□ If you want to talk to a member of our team directly just indicate that in the email and we will call you or meet in the NICU.

Beside invitation card

# LTL materials/interventions

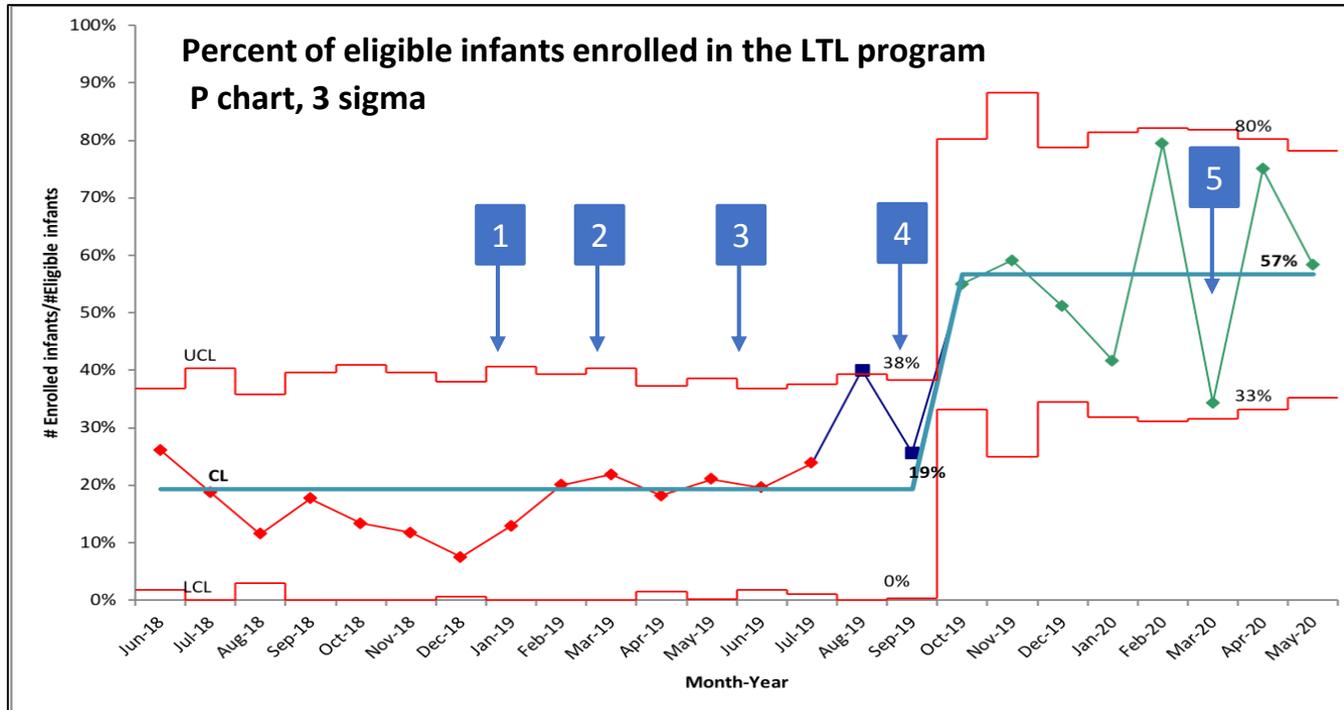


## Newborn Cuddling Program – Reading, Singing, Active Talking

Date	Baby Last Name	Cuddler Last Name	Combined Time : Reading, Singing, Active Talking	Notes
8/5/19			70 mins	baby was wide awake, played music after 70 mins
8/6/19			60 minutes	wide awake and squirmy. Sang, read and talked to him
8/7/19			40 min. 20 mins	Sang, chatted and listened to music Wide eye Story (S)
8/9/19			20 min. a	chatted + music C
8/13/19			60+ minutes	read several books, sang
8/14			20 minutes	singing + a book
8-20-19			60+ minutes	reading books, sing + chat
8/22/19			30 minutes	reading, talking, singing
8/24/19			60 min.	humming, chatting, music music + humming
8/28/19			120 min. 85 mins	Baby fussy past circumstances baby calming back + forth w/ cuddling
9/30/19			60 min.	chatted, sang, etc
9/2/19			45 min.	singing, talking, humming
9/3/19			60 mins	sing talk play music
9/3/19			20 mins	Sing talk hum
9/4/19			60 mins	sing talk story

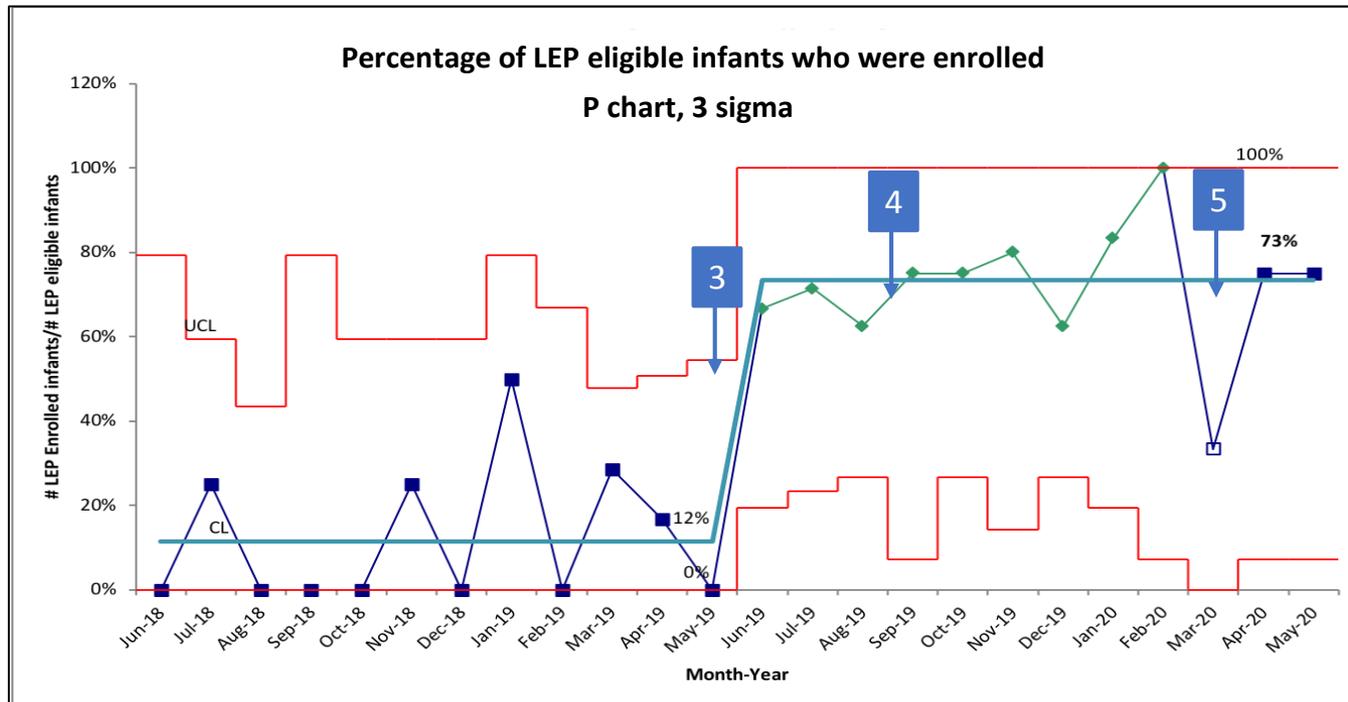
Log of active language exposure- Cuddling program

# Results: Enrollment



#Enrolled infants	1	2	6	6	6	4	4	3	4	7	7	8	8	9	1	1	1	2	1	2	1	2	1	2	1	3	2	1	3	0	2	8
#Eligible infants	4	3	5	3	3	3	4	3	3	5	3	4	3	4	4	3	3	4	2	4	3	4	3	3	3	3	4	4	3	4	4	8

# Results: LEP enrollment

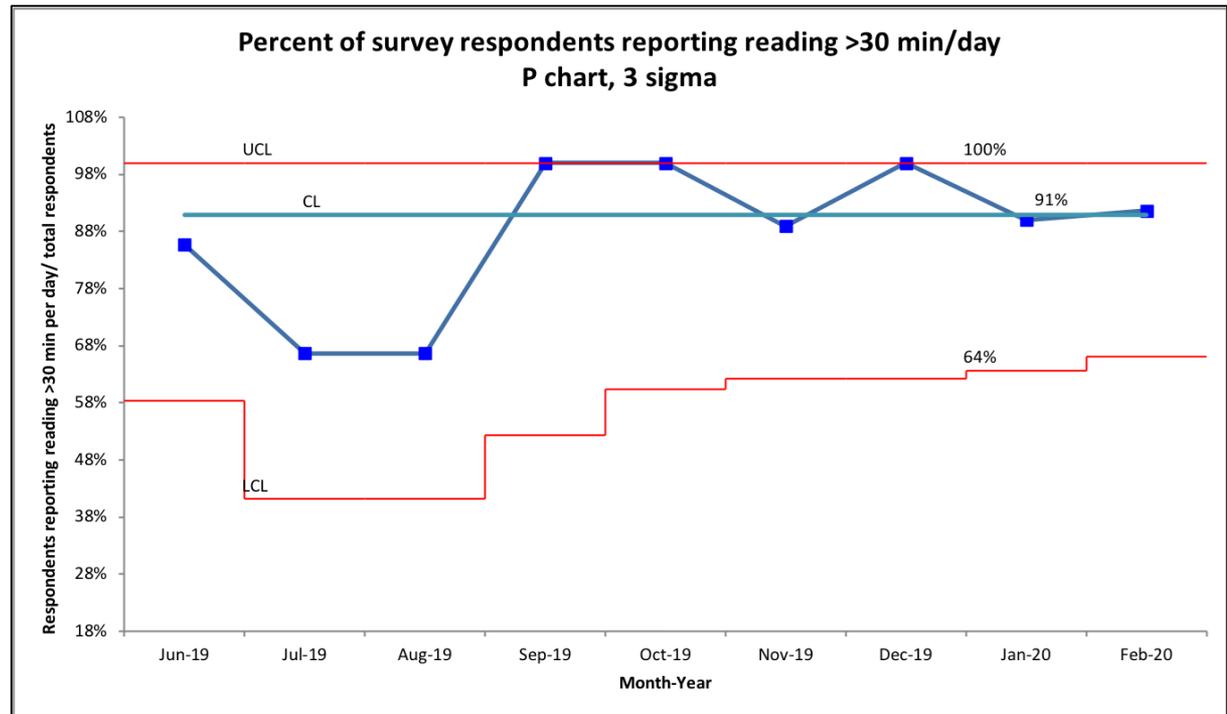


#LEP enrolled infants	0	1	0	0	0	1	0	1	0	2	1	0	4	5	5	3	6	4	5	5	4	1	3	3
#LEP eligible infants	2	4	9	2	4	4	4	2	3	7	6	5	6	7	8	4	8	5	8	6	4	3	4	4

# Results: Active language exposure

Parental survey  
(06/2019 – 03/2020):  
Semi-structured, 1  
month post-discharge

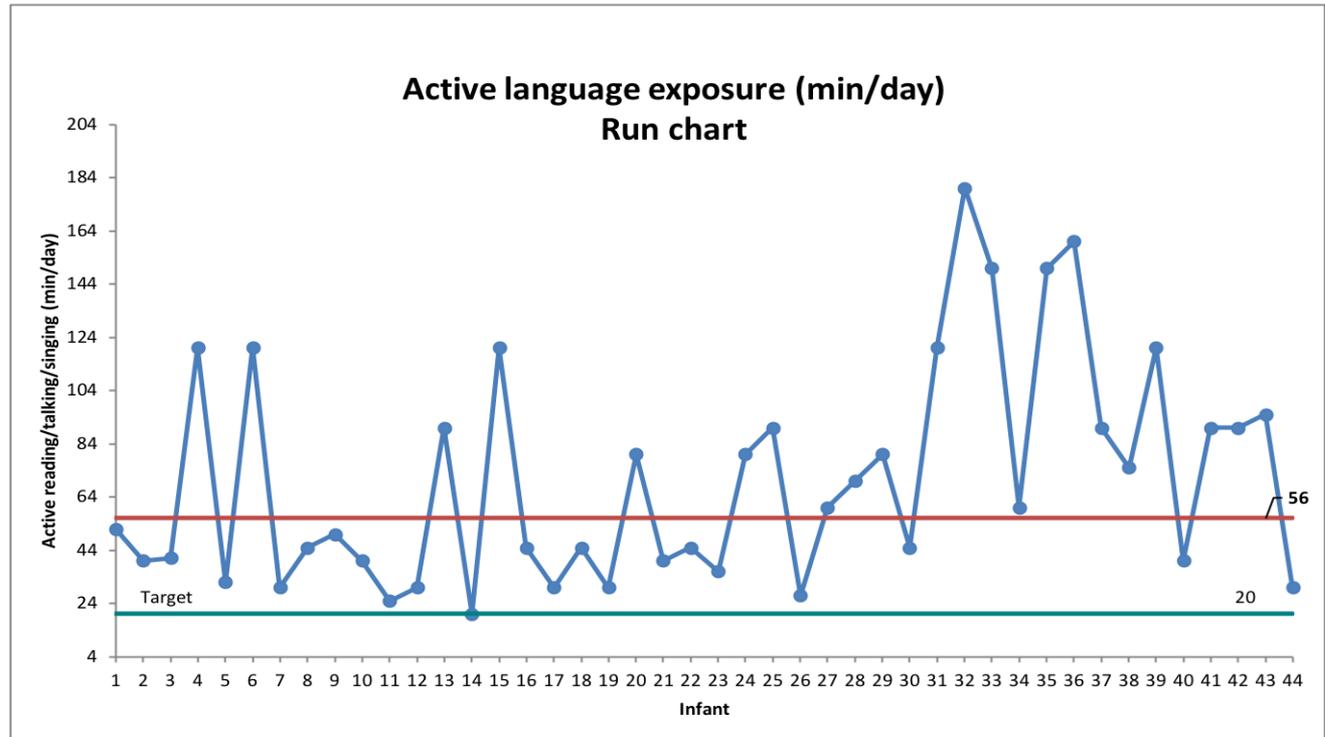
- Response rate:  
66/93 (71%)



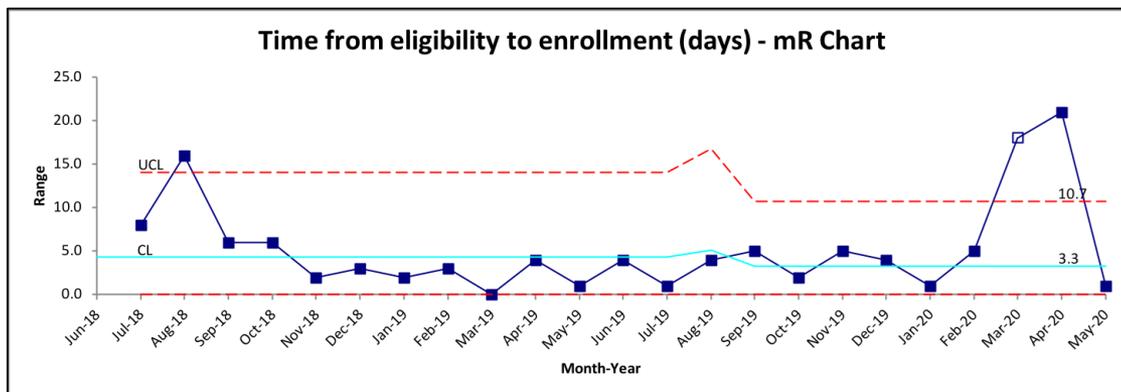
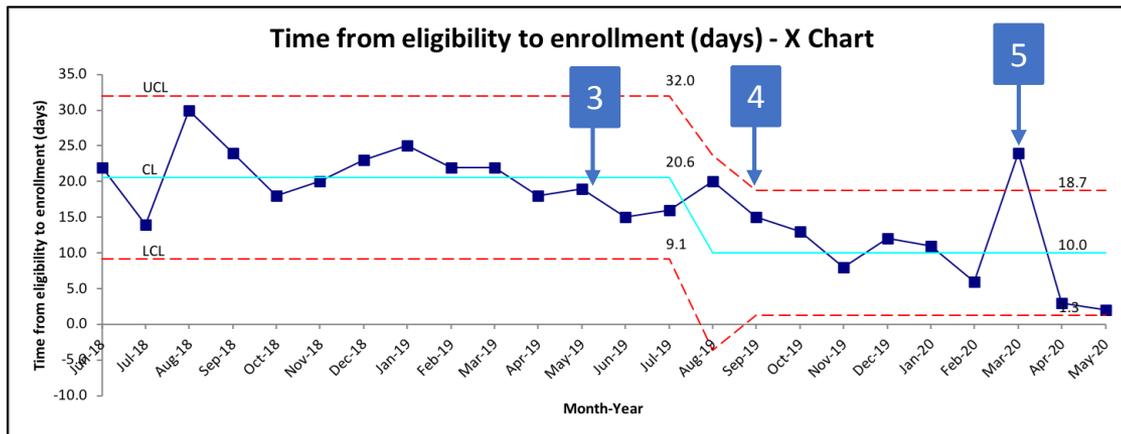
#Respondents reported reading >30 min/day	6	2	2	5	8	8	9	9	11
#Survey respondents	7	3	3	5	8	9	9	10	12

# Results: Active language exposure

Cuddler's log Aug-  
Dec 2019



# Results: Time to enrollment



# Results: Parental survey

Theme	Illustrative Quotations
Recommendations were easy to implement	<ul style="list-style-type: none"><li>- "It was easy to make a routine out of it. After meeting with the team, I felt more comfortable talking out-loud in a shared room."</li><li>- "We continue to follow the recommendations at home. Sometimes forget about the specific tips but they are very easy to follow and very helpful. My mom [grand-mother] is also doing it when she comes."</li></ul>
Program helped parents deal with NICU stress	<ul style="list-style-type: none"><li>- "It was comforting to see H.'s heart rate going down on the monitor when I read to him in a soft voice."</li><li>- "The last few weeks before my baby was ready to go home felt very long. Reading made the day feel more normal."</li></ul>

Theme	Illustrative Quotations
<p><b>Program supported parent-infant bonding</b></p>	<p>-“This program is wonderful. It helped me feel closer to my baby and my baby seemed to enjoy it. We are still doing lots of reading together and I am sure she will love books growing up.”</p> <p>-“It is a wonderful way to help parents and baby/ies bond, also I believe that reading, singing and talking to baby only will build their vocabulary as they get older.”</p>
<p><b>Program offered an opportunity for developmental stimulation</b></p>	<p>-“I was relatively educated prior to giving birth regarding the importance of talking, singing, and reading with my baby. But this program inspired me to do it more and more effectively.”</p> <p>-“Both our little sweet babies were in the NICU for weeks.[...] I started to read to them even in the womb, but I loved learning about more ways to boost their language development.”</p>

# Balancing measures

Parent feedback	Response to feedback
<ul style="list-style-type: none"> <li>• Survey (open ended question Re: unfavorable aspects of the program and/or areas for improvement) (2):               <ul style="list-style-type: none"> <li>• “Maybe checking in the family more often as a reminder”.</li> <li>• “Recommending some websites for early stimulation and maybe some lullabies. We wish we knew more.”</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Moved weekly rounding to afternoon and multi-team approach to check-in with enrolled families.</li> <li>• Included online weblinks to pathways and Boston basics as part of PDSA 4.</li> </ul>
<ul style="list-style-type: none"> <li>• Email communication (1):               <ul style="list-style-type: none"> <li>• Feedback to revise survey introduction language (infant transferred to another facility and was still hospitalized when family received survey).</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Direct apology to mother over the phone (JS), revision of introduction language, addition of transfer vs. discharge distinction to survey log.</li> </ul>
Staff feedback	Response to feedback
<ul style="list-style-type: none"> <li>• Direct request for feedback from nursing staff:               <ul style="list-style-type: none"> <li>• Not enough time to go over materials during busy times.</li> <li>• Even when discussing materials, often forget to document in Metavision.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Instituted weekly LTL rounds (PDSA 4) and bedside card with team email. Responsibility of enrollment/ documentation fell on LTL team and families could reach out independently.</li> </ul>

# Conclusions, lessons learned

- Our QI family-centered intervention to increase language exposure resulted in:
  - 42% overall increase in enrollment of eligible infants (above target),
  - 66% increase in enrollment of LEP eligible infants
  - Decrease in lag time between eligibility and enrollment by 10 days
  - Increase in active language exposure during hospitalization and after discharge
- Families perceived the program to reduce caregiver stress, increase parent-infant bonding and support infant's development.

# Conclusions, lessons learned

- Multi-team approach was possible thanks to the commitment and support of NICU leadership, NICU family program and nursing staff
- There is a need to tailor our interventions to better meet families' individual needs (e.g. visuals that promote diversity, materials in preferred language)
- Key partnership with existing programs (cuddling program, MyNICU)
- There is an opportunity for virtual technology to enhance parental engagement and improve the NICU experience

# Acknowledgements

## LTL team

- **Jane Stewart, MD**
- Marge Day, LICSW
- Molly Wylie
- Eileen Malala
- Ayanna McPhail
- Emily Koelsch, RN
  
- James Grey, MD

## Newborn hearing program

- Eileen Malala
- Jennifer Bentley, AuD
- Kristina Rossi, AuD

## NICU leadership

- DeWayne Pursley, MD
- Kathleen Tolland, RN
- Karen Waldo, RN
- Meghan Dalton, RN, PNP
  
- Sarah Evjy, RN (MyNICU)
- All the cuddlers, nurses, NNP and hospitalists in the NICU and SCN!
- David Miedema
- Lisa Graf (media services)

## QI leadership

- Munish Gupta, MD
- Kristie Leeman, MD

## Fellowship leadership

- Stella Kourembanas
- Christy Cummings
- Kristie Leeman
  
- CPIP program
- Co-fellows!

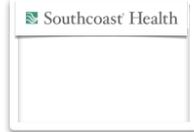
**THANK YOU!**

# Team Sharing: Charlton Memorial Hospital/ St. Luke's Hospital

**Alexander Procaskey, MD**  
**Associate Medical Director**  
**Special Care Nursery**  
**Charlton Memorial/ St. Luke's**

# Implementation of Bedside Discharge Readiness Checklist

Southcoast NeoQIC Team  
St Luke and Charlton Memorial Hospital



**PDSA Status:**  Planned not initiated  
 Planned and in progress  
 Complete

**What Primary Driver Does this PDSA Address:**

**Communication**  
 Social supports/services  
 Hands on care  
 Discharge planning

**SMART Aim: To have a completed Bedside Discharge Planning Checklist for 100% of patients discharged from St Lukes and Charlton SCN by April 30th 2022**

**Do: (please complete if possible!)**

**What happened? What problems or unexpected observations occurred?** Recently completed an internal survey to recond baseline for staff views on current discharge process. Main findings included too much reliance on teaching at day of discharge and improved communication for discharge timeframe.

The major problems that we encountered were with completion of the survey itself. Initially created in a Microsoft program that was recommended by hospital administration, found to not be generally accessible on work computers for most. As a result we ended up printing out the survey and allowing for paper completion and were not able to obtain our goal of 50% of staff surveyed.

**Study: (please complete if possible!)**

**What were the results, using measures outlined above?**

88% noted feeling overwhelmed with day of discharge teaching  
84% agreed with earlier teaching  
76% felt families have clear understanding of required milestones and parental skills to master prior to discharge home  
ree responses noted desire to start discharge teaching earlier, the potential benefit for bedside checklist to highlight areas mastered and areas needing reinforcement  
a lot of nurses highlighted the discharge class (something that St Luke's SCN has but not Charlton SCN)

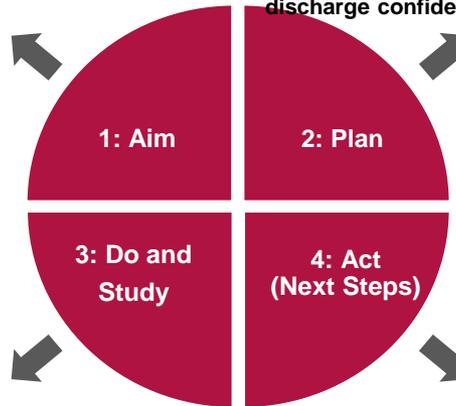
**Plan:**

**What is the change you are planning to test / How will you test this change?** Our upcoming PDSA cycle will focus on our ability to implement the Bedside Discharge Planning Checklist. We plan to track family and staff sentiment via discharge surveys for families and plan to repeat staff survey periodically following rollout tracking changes over time

**How will you know if this change is an improvement?** We plan to compare the results of our periodic staff surveys to already obtained baseline results of staff sentiment to our current practice. Unfortunately we don't have baseline family data and our initial plan is to simply track change in discharge confidence over time.

**What do you predict will happen?**

We predict that this discharge checklist will improve staff satisfaction and stress surrounding discharge teaching as well as improve team communication and families' confidence regarding infant readiness for discharge.



**Act: (please complete if possible!)**

**What did you learn?** Glad to see that staff felt families are well updated, however would be beneficial to see if families share this sense. Reinforced emphasis on starting discharge teaching earlier and general sense for benefit of bedside tracking tool. Also, a lot of positive comments regarding discharge class at St Luke's, may consider starting similar program at Charlton.

**What are your next steps?**

Our next steps relate to the roll out of bedside tool. However, during recent multidisciplinary committee meeting we learned that our pediatric hospitalist team was able also working on a family surveys at time of discharge and recently obtained approval for a discharge survey for families created on iPad with Redcap. Currently team is considering possible benefit of a short delay to roll out while baseline family data is obtained may be of benefit versus continued reliance on paper surveys and greater emphasis on staff reporting.



FAMILY EDUCATION CHECKLIST

PATIENT STICKER



Item	Parent Name	Parent Name	Need More Help	I feel Confidant
<b>Feeding Baby</b>				
Breastfeeding				
Bottlefeeding				
Formula Prep/Expressed Breast Milk Prep and Storage				
<b>Basic Baby Care</b>				
Cord Care				
Bath				
Circumcision Care				
<b>Temperature Control</b>				
Kangaroo Care				
Isolette Care				
Taking Baby's Temperature				
<b>Spells associated with Sleep or Feeding</b>				
<b>Safe Sleep Education</b>				
<b>Medication Education</b>				
Prescriptions: Yes <input type="checkbox"/> No <input type="checkbox"/>				
<b>Social Work</b>				
VNA				
Early Intervention Referral				
WIC				
Support Services				

FAMILY EDUCATION CHECKLIST

PATIENT STICKER



Item	Parent Name	Parent Name	Need More Help	I feel Confidant
<b>OT/PT</b>				
Baby Massage Soothing Techniques				
Other				
<b>Choosing My Baby's Doctor</b>				
Name: _____				
Appointment Date/Time: _____				
<b>Car Seat Test</b> Passed: Yes <input type="checkbox"/> No <input type="checkbox"/>				
Repeat Date: _____				
<b>Room-In Date Prior to Discharge:</b>				
_____				
<b>CPR Training/ Discharge Class</b>				
Date: _____				
<b>State Screen</b>				
Date #1 _____ Results _____				
Date #2 _____ Results _____				
Date #3 _____ Results _____				
<b>CCHD Screen</b> Date: _____				
<b>Hearing Screen</b> Date: _____				
Repeat: No <input type="checkbox"/> Yes <input type="checkbox"/>				
Repeat Date _____				
<b>Immunizations</b>				
Hep B#1 Date : _____				
2 month vaccines: _____				
<b>Follow- Up Appointments</b>				
<b>High Risk Follow Up:</b>				
_____				
<b>Eye Appointment:</b>				
_____				
<b>Other:</b>				
_____				

# Wrap Up and Next Steps

**Aviel Peaceman, MPH**  
**Program Manager**



# Training Opportunity: Communication Skills Training for COVID-19 Vaccination

- Want to improve your counseling skills for discussing COVID-19 vaccination with pregnant and postpartum people, parents and caregivers of young children, and families?
- Registration links were sent out to the collaborative yesterday
- Training dates:
  - January 14th, 12-1:30pm EST
  - January 21st, 12-1:30pm EST
  - February 11th, 12-1:30pm EST
- Continuing Education credits are available. See flyers in email for more details and please share with your colleagues and professional networks!

*This webinar is provided in partnership by PNQIN, MDPH, and the Center for Integrated Primary Care at UMass Chan Medical School and is part of PNQIN's Perinatal COVID-19 Vaccine Initiative.*

# Upcoming Webinar Dates

- March 2<sup>nd</sup> from 2-3 pm
- Spring Summit: May 3<sup>rd</sup> and 4<sup>th</sup> from 1-4 pm each day
- June 8 from 2-3 pm

# Next Steps for Hospital Teams

- Please keep working on your:
  - Data entries in REDCap
  - DUA/SOW for those who have not signed one yet
- Keep working on your PDSAs!

# Any Comments, Reflections, or Questions?



**Thank you!**  
**We look forward to seeing you again  
on the next webinar!**

**We enjoy working with all of you on this journey to improve  
family engagement with NICU families across MA**

