

HATCH Quality Improvement: Development of a Participant Exit Measure



NM Lend Capstone Project 2022

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Agenda

- Problem Framing
- Research
- Product
- Dissemination
- Conclusions

LEND Competencies

- Competency 2: Interdisciplinary Practice
- Competency 5: Person and Family-Centered Care
- Competency 6: Research, Quality Improvement, and Evidenced-Based Practice
- Competency 7: Public Policy and Health Equity

Problem Framing



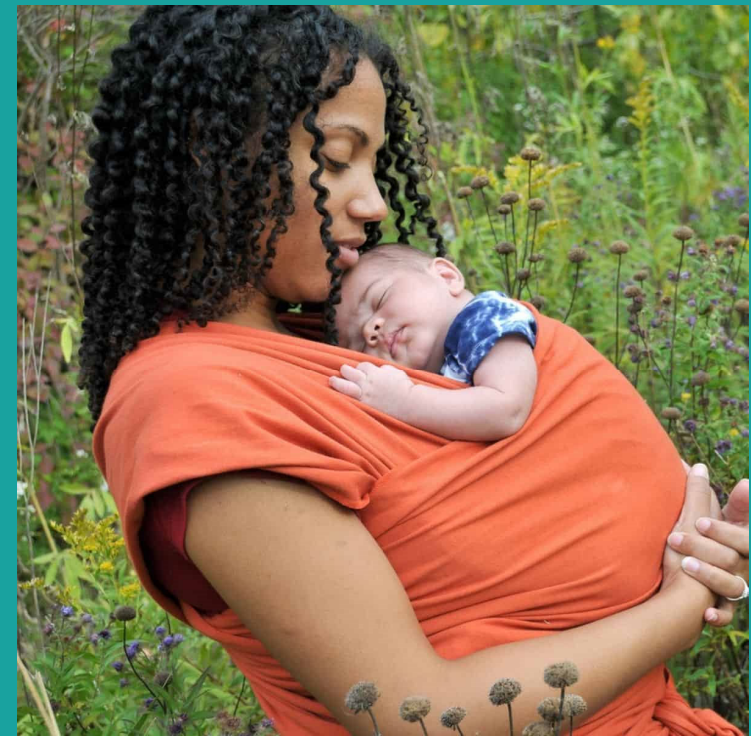
Problem Framing: Transitioning from NICU to Home

- Preterm infants (born <37 weeks) often born with medical complexities that require both medical and technological interventions in the Neonatal Intensive Care Unity (NICU) to maintain health and survival
- Transition from NICU to home is an in-between phase
- Partnering and supporting parents with this phase can facilitate continuity of care for preterm infants with long-term care needs



Problem Framing: HATCH Program

- HATCH (Helping All to Come Home) is a home-visiting program that supports parents and their babies while still in the NICU and as they transition home
- Emotional support for NICU-related experiences, support for development, learning about infants' strengths/needs, facilitating positive infant-parent relationships, connecting to community resources, early intervention, counseling, etc.
- Albuquerque and Las Cruces metro areas (5 NICUS)
- <https://unmhealth.org/services/development-disabilities/programs/early-childhood-programs/echfs/hatch.html>



Problem Framing: Quality Improvement

- Systematically improving care (HRSA, 2011)
 - Addressing systems and processes of a program
 - Focus on patients
 - Being part of the team
 - Use of the data
- Why?
 - Improved infant outcomes
 - Improved clinical processes
 - Method for sustainable improvement and change



How can developing an exit survey for families who transition out of the HATCH program create a data-based measure for future quality improvement projects and program evaluation decisions, to ensure the HATCH program remains relevant and impactful for NICU families in our community?

Research



Process

1. No IRB approval necessary
2. Literature review
3. Reviewing existing exit survey
4. Shadowing HATCH interventions
5. Interview HATCH clinicians and staff
6. Analyze qualitative data for themes
7. Create rough draft of exit survey
8. Meet as a team to discuss first draft/edit again
9. Create a second draft
10. Meet with Dr. Cahill for development/implementation support
10. Final product and dissemination into REDcap for clinical use

Literature Review

- QI projects in the context of home visiting and NICU transition programs
- Family-centered QI measurement tools
- Clinical exit surveys

Shadowing HATCH Clinicians

- Shadow intake and exit sessions
- Develop understanding of the work
- Building a connection with clinicians prior to interviewing
- Part of a team

Semi-Structured Interviews

- 2 clinicians, clinical director, administration/grant staff member
- Getting an idea of what this work means to the clinicians
- What part of the work is important to capture
- What do they want to know?

Family Exit Survey Measure:

Interview Questions for Clinicians:

1. What do you hope to understand about your families' experiences in the HATCH program?
 - a. What do you feel you haven't been able to learn or understand?
 - b. What part of your families' experiences feel the most challenging for you?
 - c. What parts of the program or your work do you hope to receive feedback about?
2. How would you describe the work that you do for families?
 - a. What is your main goal in working with HATCH families?
 - b. What is your favorite part about working with HATCH families?
3. What do you want this survey to measure?
 - a. What are parts of families' experiences you are curious about?
 - b. What are you hoping to learn from this survey?
4. What do you think families gain from the HATCH program?
5. How do you think we could better serve families?
6. What parts of the program are working well?
7. How many questions should this survey be?
8. What are ways we can make this survey accessible and doable for families?

What did I find?

- Satisfaction with services
- Postpartum mental health
- Access to resources
- Parent-infant bonding
- Infant massage
- Confidence
- Timing
- Sustainability of knowledge



Product and First Draft



CENTER FOR
DEVELOPMENT
& DISABILITY

HATCH Family Exit Survey

1. How satisfied are you with the HATCH program?
 - a. Not satisfied
 - b. Somewhat satisfied
 - c. Satisfied
 - d. Very satisfied
 2. How supported did you feel with your postpartum mental health and wellness?
 - a. Not supported
 - b. Somewhat supported
 - c. Supported
 - d. Very supported
 3. Were you provided with resources to support you in other areas of your life (ex: counseling, WIC, parent support groups, etc.)?
 - a. Yes
 - b. No
 4. If yes, what services were helpful? If no, what services would have helped?
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5. How much has your bond with your baby grown since the beginning of your HATCH experience?
 - a. Not at all
 - b. Somewhat
 - c. A good amount
 - d. A significant amount
 6. How much of an impact has infant massage had on your experiences with your baby?
 - a. No impact
 - b. Somewhat of an impact
 - c. A good impact
 - d. A significant impact
 7. As a parent, how much has your confidence in taking care of your infant increased since starting the HATCH program?
 - a. Not at all
 - b. Somewhat
 - c. A good amount
 - d. A significant amount
 8. How was the timing of the start of your HATCH program services?
 - a. Not good timing
 - b. Timing could have been better
 - c. Good timing
 - d. Perfect timing
 9. If the timing was not good, what would have been a good time to start HATCH services?
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10. What is something you want to hold onto or remember from your time with the HATCH program?
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Next Steps...

- HATCH meeting next week
 - Share draft
 - Discuss as a team
 - Make changes as needed
- Meet with Dr. Cahill to discuss implementation and what is needed for CDD
- Second Draft



Dissemination

- Assessment in REDcap for clinical use with families
- Start to collect data from this tool to inform QI needs and decision making around clinical processes
- Help program determine what's working/what's not
- Improve NICU to home transition care for families in New Mexico



Conclusions



Lessons Learned

- Timeline
- Accessibility for families (paper, email, REDcap?)
 - Still figuring this out
 - How do we get results back
- Teamwork/buy-in
 - Trust supports data
- QI projects
 - Development of
 - Data collection
 - Why it's important



Thank You

- HATCH team
- Peggy Maclean, PhD
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- Sylvia Acosta, PhD



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Questions?

