GLOBAL AIM: critical transitions of care for every newborn will meet the Institute of Medicine STEEP criteria: Safe, Timely, Efficient, Effective, Equitable, Patient and Family Centered, and Socially Responsible

Rationale / Background
- Staff dissatisfied with discharge readiness and parent preparation for care at home
- Discharge preparation not standardized and not discussed regularly throughout admission
- Developed discharge readiness tracker
- Average score – 12 out of 18 possible points
- Trouble areas – Education, Timely Appointments

SMART Aim
- We aim to increase our average discharge readiness score by 4 points by August 1st of 2020

Driver Diagram

Current State

Measures Plan
- Main outcome measure
  - Average Discharge Readiness Score
- Secondary outcome measure
  - Nursing Satisfaction Score
- Process measures
  - Compliance with roadmap and discharge criteria
  - Individual Readiness Components
  - % Trackers Completed
- % Families Contacted/Surveyed
- Value measures
  - Length of Stay/# Social Holds
  - Balancing measures
    - Nursing and Patient Satisfaction Scores

Tests of Change / Implementation
1. Traffic Light Discharge Anticipation System
   - Color coding names on huddle board
   - Green = discharge in 1-2 days
   - Yellow = discharge in 3-7 days
   - Started as we began collecting baseline
2. PDSA Cycle 1
   - Developed standardized medical discharge criteria and distributed to staff and medical team
   - Created a "Flight Plan for Home" guideline for parents and placed at each patient’s bedside
   - Disseminated a step-by-step discharge guideline for medical residents rotating through the unit
   - What we’re learning
     - Flight Plans fostering discussion between the parents and the medical team
     - Nurses are more regularly engaged in discharge preparation and encouraging colleagues
     - Residents are displaying clearer understanding of criteria for and process of discharge

Nursing Survey Responses

We Would Appreciate your Help With
- Fostering parent engagement in the face of no parent accommodations, limited transportation
- Coordinating care with Department of Human Services to prevent social holds leading to prolonged stay and/or unknown caregiver until day of discharge
- Addressing adult focused hospital standardization that hinders a neonatal approach to education and discharge preparation

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