



Strengthening Care for Infants with Medical Complexity During the Transition from the NICU to the Community

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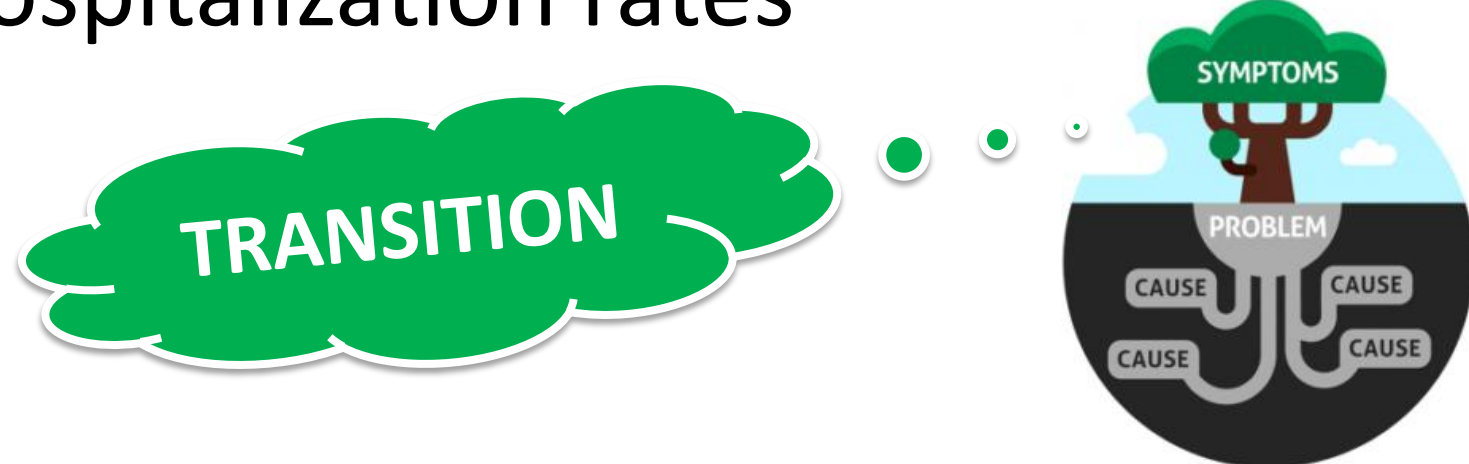
Background

- Neonates with medical complexity (NMC) are living longer, consequently the complexity of medical and social needs are increasing exponentially
- Heterogeneous group of patients **BUT** core care needs are similar
- At BC Women's Hospital NICU, NMC are cared for by the NCC Team with a focus on **PROACTIVE** and **FAMILY INTEGRATED** care
- Transition related issues are the underlying cause of high morbidity and rehospitalization rates in NMC

Hypothesis

NICU to community transition related issues are the underlying cause of high morbidity and rehospitalization rates

- ↑ Mortality rate
- ↑ readmission rate
- ↑ emergency visits



Global Objective

Engage stakeholders at BC Women's and BC Children's Hospital in implementing system-level change to champion the successful transition of NMC into early childhood

Methods

Mixed methods , prospective, engagement project

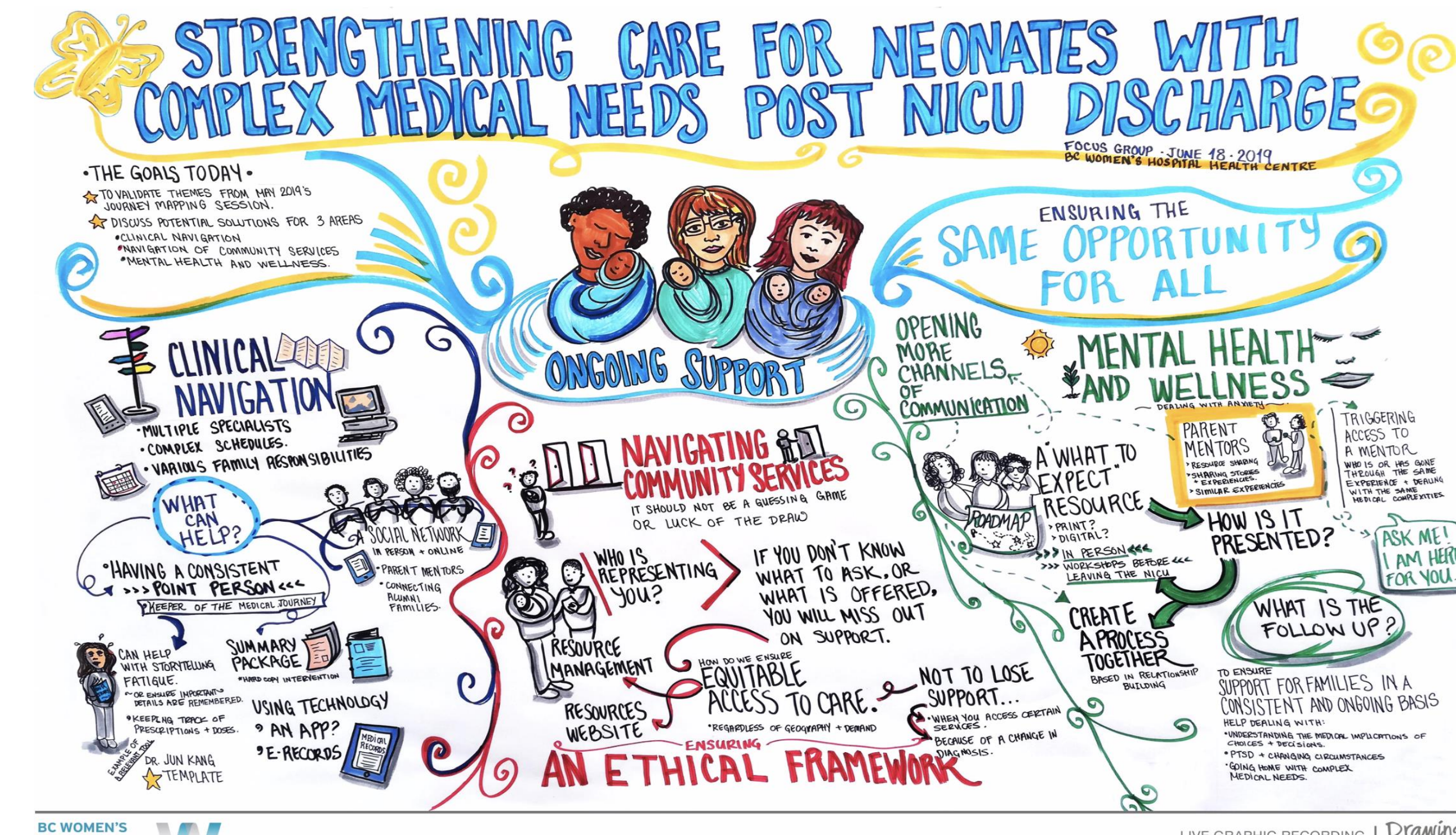
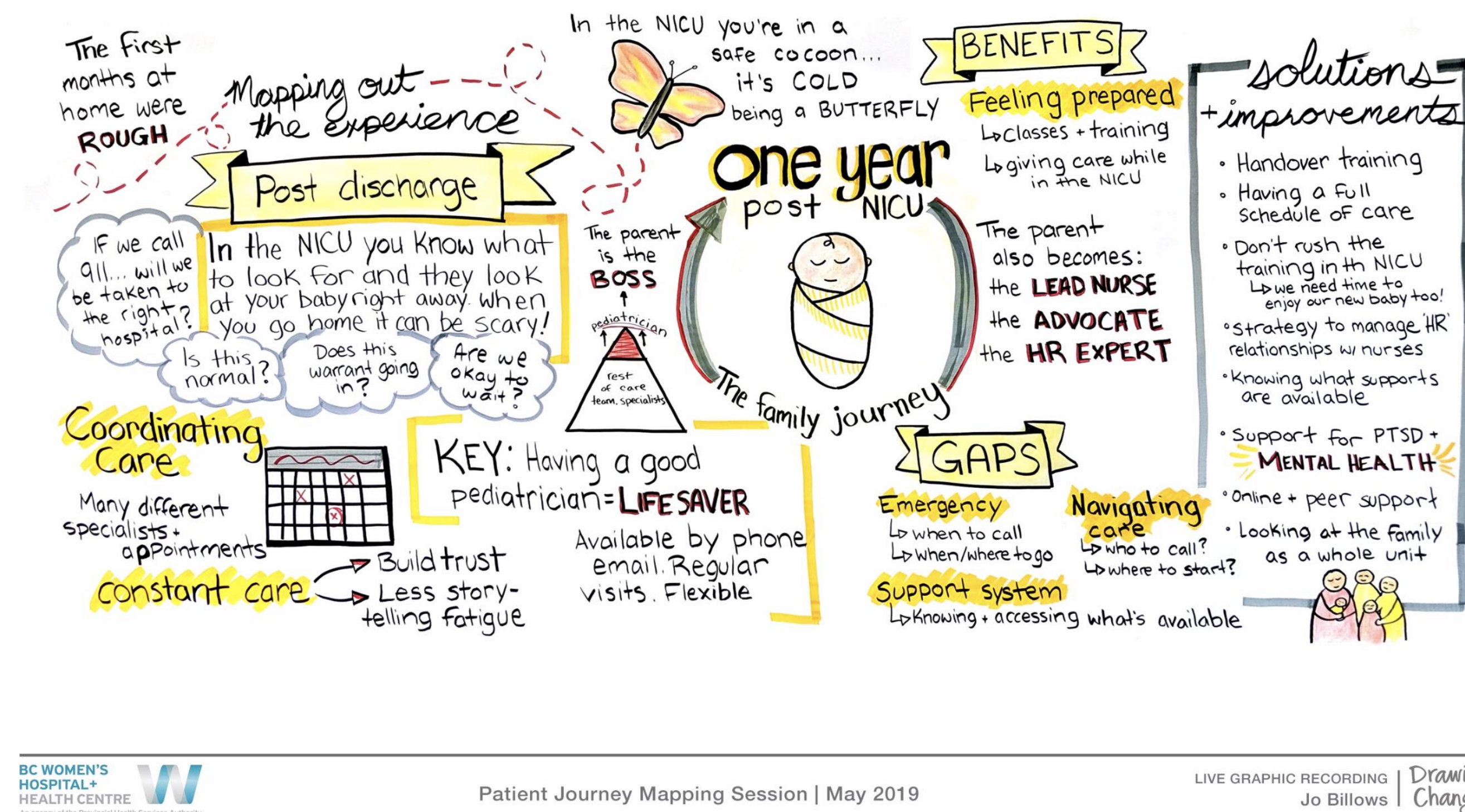
Existing Gaps	Activity
What are the post NICU discharge care coordination needs of families?	- Journey mapping & focus group with families caring for NICU graduates of <2 years with medical complexity
What are the existing evidence-based neonatal to early childhood transition models? How effective are they in improving health outcomes and patient/family experience?	- Rapid scoping literature review - Evidence briefs for stakeholders
What interventions are effective in reducing ED visits and hospitalizations among NMC?	- Literature review - Evidence briefs for stakeholders
In restructuring / reorganizing existing transition process, what referral, training or other supports are needed to ensure successful transition from the perspectives of: (i) patient / family, (ii) care provider, and (iii) hospital?	- Deliberative stakeholder dialogues - Evaluation report

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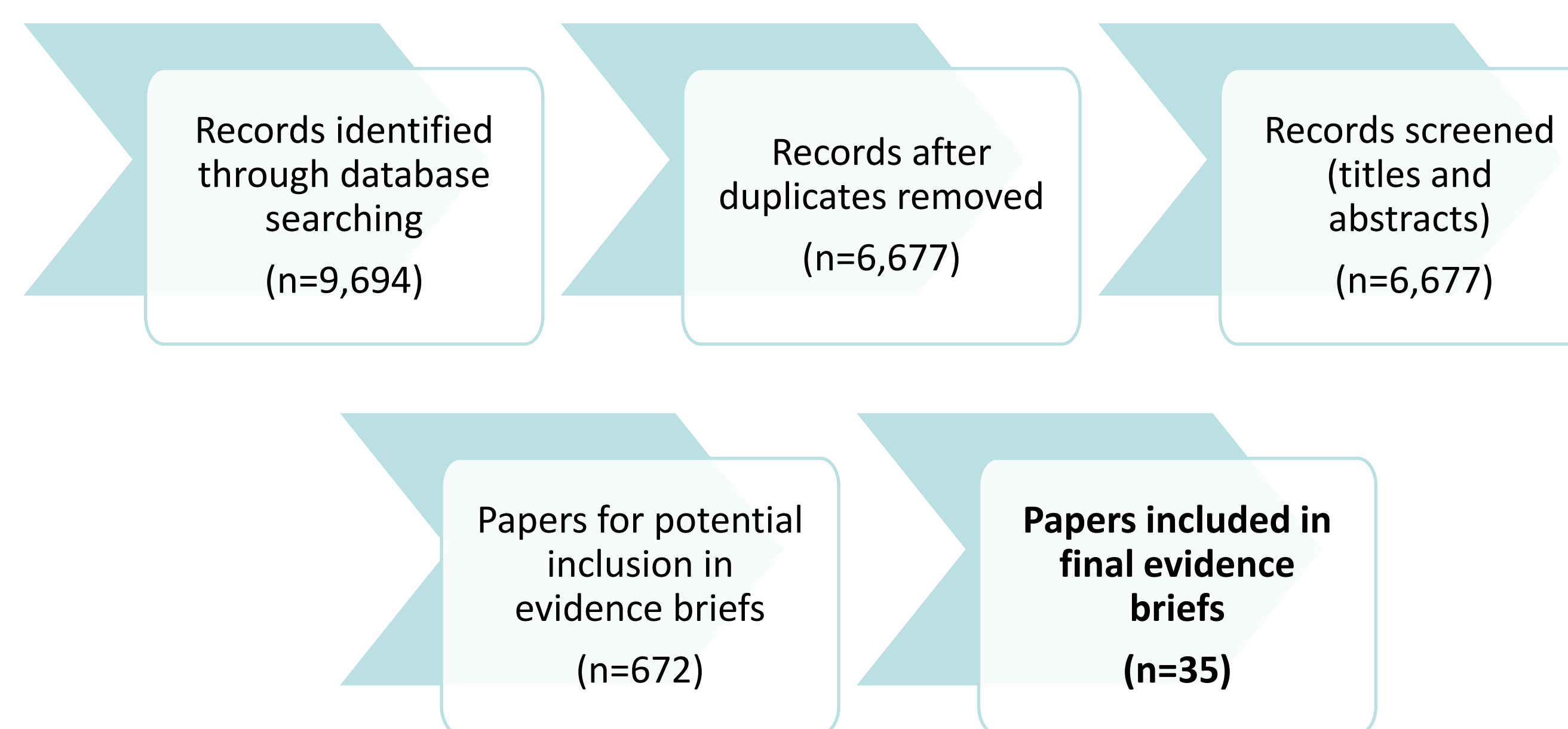
Acknowledgement: We would like to thank Colleen Pawliuk for literature search support and Esther Alonso Prieto for project coordination

Results

1. Visual graphic of transition themes arising out of family journey mapping and focus group events



2. Schematic diagram of rapid scoping literature review

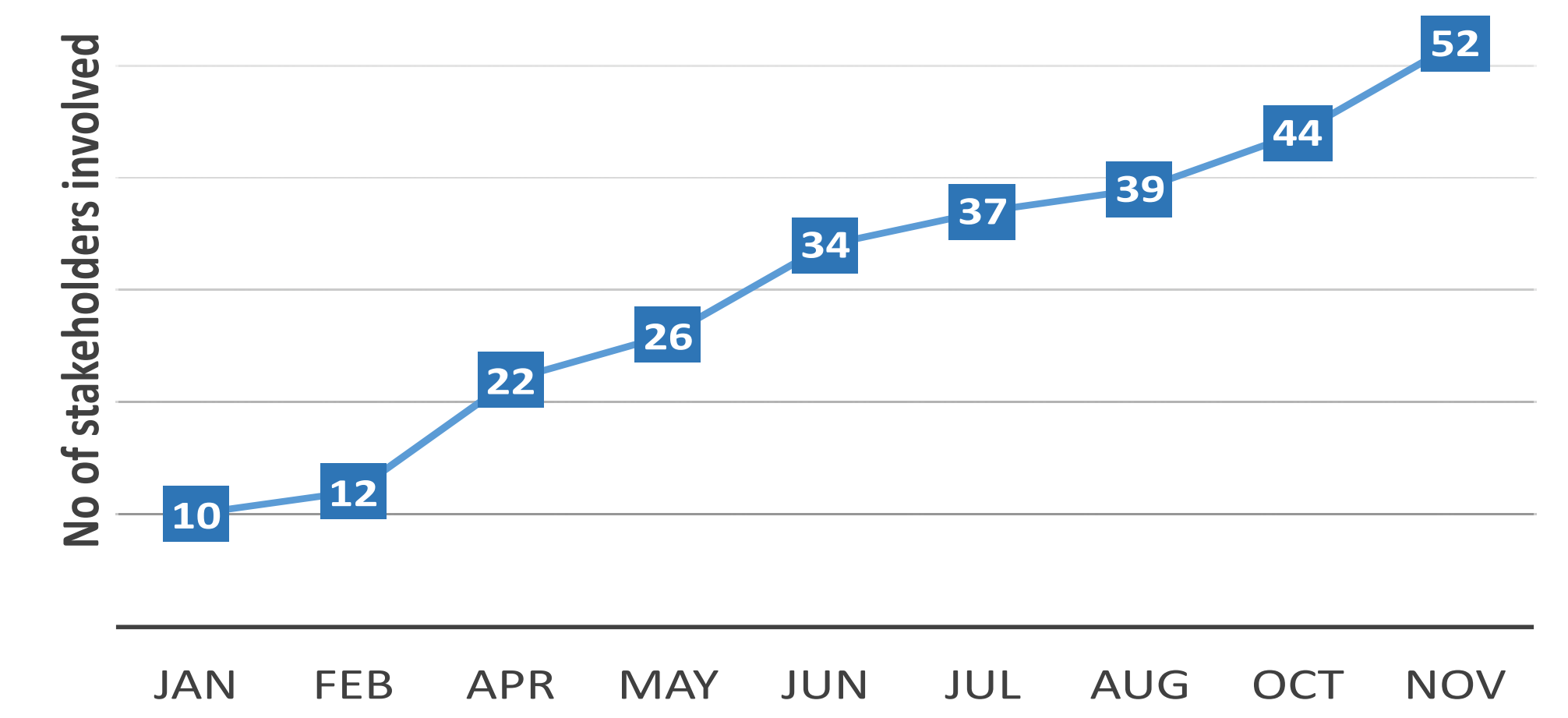


4. Respondents views on the evidence briefs

Statement	% Respondents who reported the process as helpful*
1. Described the context for the issue being addressed	95
2. Described various features of the problem, including its impact on various stakeholders	95
3. Employed systematic & transparent methods to identify, select and assess the research evidence	95
4. Described options for addressing the problem	84
5. Described research evidence findings & limitations	94
6. Took local applicability into account (PICK chart)	83
7. Included a reference list	83
8. Did not conclude with particular recommendations	82
9. Evidence brief as a whole achieved the aims**	94

*- Respondents who indicated the process as slightly, moderately or very helpful, i.e. Likert scale of 5, 6 or 7
**- Respondents who indicated the process as success, i.e. Likert scale of 5, 6 or 7

3. Network of engagement growth over time



52 stakeholders representing BC Children's and Women's Hospitals, families, community care providers, and provincial bodies (e.g. Child Health BC)

5. Respondents views on the stakeholder dialogues

Statement	% Respondents who reported the process as helpful*
1. Addressed a high priority issue	92
2. Provided an opportunity to discuss different features of the problem, including its impact on various stakeholders	92
3. Provided an opportunity to discuss options for addressing the problem	91
4. Provided an opportunity to discuss key implementation considerations	91
5. Was informed by discussion about the full range of factors that can inform how to approach the problem, possible options for addressing it and key implementation considerations	91
6. Aimed for fair representation of operational leaders, care providers and families	82
7. Allowed for frank, off the record deliberations	91
8. How helpful do you consider the use of research evidence in policy making or programmatic decision making?	83
9. Deliberative dialogues as a whole achieved the aims	90

*- Respondents who indicated the process as slightly, moderately or very helpful, i.e. Likert scale of 5, 6 or 7
**- Respondents who indicated the process as success, i.e. Likert scale of 5, 6 or 7

Conclusions

- Transitioning from NICU to community care is especially challenging for parents of NMC
- Evidence briefs and deliberative dialogues appear to be regarded and to have resulted in stakeholders' intentions to act
- Possible to conduct an engagement project involving healthcare professionals, stakeholders and families

Stakeholder
engagement

Deliberative
dialogues to
spark action

Generate action