

NICU SITE VISIT TOOL

Overview

Please use the following questions to organize your assessment. The questions do not constitute a rigid set nor are they an exhaustive list. The purpose is to stimulate inquiry and help guide your overall assessment of the NICU care delivery context.

- Before conducting the assessment, it would be helpful to review data on current NICU performance on quality. The California Perinatal Quality Care Collaborative (CPQCC) provides reports on a range of clinical and operational indicators for its member NICUs throughout the state of California as does the Vermont Oxford Network (VON) for its member NICUs at the national level.
- During the assessment, we hope that you have a chance to walk-through the NICU, participate in rounds, observe interactions between staff/families, converse with a reasonably broad cross-section of NICU staff (leadership as well as bedside MDs, NNPs, RNs) and assess the unit across multiple domains (e.g. physical environment of care; team cohesion; leadership)
- Please identify strengths and weaknesses of the unit in each of the domains **(1-6)** listed in the tool, and any additional impressions in the notes. Feel free to use additional pages to record your observations.
- At the end of the assessment, we request you to rate the functioning of the unit in key domains and provide the rationale for your assessment

I. Review of NICU performance on quality

Did you have the opportunity to review NICU performance related to specific or multiple clinical outcomes?

(Outcomes assessed: _____; Data source(s): _____)

On a 1-9 scale, with (1=exceptional; 9=poor; with distribution of scores anchored on 5 as average score) how would you rate the unit on its quality profile?

Please note the unit's strengths and weaknesses in this domain and any additional notes below.

Strengths

Weaknesses

Notes

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2. Initial impressions

- Did you perceive the NICU as secure, clean, and well organized?
- Is activity in the NICU purposeful and coordinated? (not chaotic)
- Is there a match between activity level and resources? (adequately staffed)
- Does the physical environment of care support NICU functioning?
- Would you characterize the NICU as a good place to work ?

On a 1-9 scale, with (1=exceptional; 9=poor; with distribution of scores anchored on 5 as average score) how would you rate the functioning of the unit, based on your impressions of the environment of care? _____

Please identify the unit's strengths and weaknesses in this domain and any additional notes below.

Strengths

Weaknesses

Notes

3. Focusing on NICU performance on a specific clinical question

[conversations with the extended team responsible for the clinical process/outcomes]

- Which specific aspects of care might link to the clinical outcome in question?
- Do staff members express consistent ideas about how to achieve the quality goal?
- Have there been efforts by the leadership to develop awareness and a shared approach to addressing the quality issue?
- Do they appear motivated to achieve the goal?
- Is there consistency of practice in other clinical areas?

On a 1-9 scale, with (1=exceptional; 9=poor; with distribution of scores anchored on 5 as average score) how would you rate NICU performance on the specific clinical outcome you have considered? _____

Please identify the unit's strengths and weaknesses in this domain and any additional notes below.

Strengths

Weaknesses

Notes

4. Focusing on the supportive conditions for high quality care

- **Staff Interactions:** Are interactions within and across job positions supportive?
[observations of team interactions during activities like rounding]
 - Do people treat each other well? Are the relationships supportive? Do different groups work well together? Is there good communication and coordination across groups?
- **Leadership:** How involved is the unit leadership in organizing for quality?
 - Unit leadership involvement in facilitating improvement: identifying problem areas; developing awareness; and consensus/ shared approaches to problem solving.
- **Family centered care:** Is it a focus or an afterthought?
 - Family presence at the bedside; staff efforts/policies to engage and involve families; physical environment that supports family presence.

On a 1-9 scale, with (1=exceptional; 9=poor; with distribution of scores anchored on 5 as average score) how would you rate the NICU's performance on the supportive conditions for high quality care? _____

Please identify the unit's strengths and weaknesses in this domain and any additional notes below.

Strengths

Weaknesses

Notes

5. Is quality improvement (QI) an integral part of the work here?

- **Evidence for QI projects on clinically important topics**
 - Is quality data displayed in prominent areas?
 - Are displays of quality data accessible to: 1.) Staff only; 2.) Staff and families.
- **Time and resources devoted to QI**
 - Are adequate staff/resources devoted to QI?
 - Are there systems in place to collect, manage and facilitate use of data for improvement?
- **Unit-wide engagement in QI**
 - Are the staff aware of where the quality issues are and what is being done about them?
 - Is there a culture of improvement- of problem solving and learning?
 - What is the depth of engagement in improvement activity? (isolated to a few people or broad involvement across multiple groups)
- **On a 1-9 scale, with (1=exceptional; 9=poor; with distribution of scores anchored on 5 as average score) how would you rate the NICU's performance on integrating improvement activity into the day-to-day functioning of the unit? _____**

Please identify the unit's strengths and weaknesses in this domain and any additional notes below.

Strengths

Weaknesses

Notes

6. Support and incentives for improvement

- Are incentives for high quality aligned with clinical work?
- What is the support for QI from the hospital? Is the interaction collaborative or antagonistic?
- Has the unit participated in collaborative quality improvement efforts? What were the results?
- In general, are improvement efforts: 1. Isolated to the unit (or) 2. Supported by infusion of ideas, resources, and skills from the external environment (hospital administration; support from hospital-derived groups such as IT; quality collaboratives)

On a 1-9 scale, with (1=exceptional; 9=poor; with distribution of scores anchored on 5 as average score) how would you rate the NICU on the availability of support and incentives for improvement? _____

Please identify the unit's strengths and weaknesses in this domain and any additional notes below.

Strengths

Weaknesses

Notes

Summary

1. Overall, what was the most striking aspect about general quality that you noticed about this NICU?

- Good:

- Bad:

2. On a 1-9 scale, with (1=exceptional; 9 =poor; with distribution of scores anchored on 5 as average score), how would you rate the unit in the domains of:

- **Unit leadership:** _____
(ability to set direction and engage different groups in improvement activity)

- **Staff-interactions:** _____
(communication, coordination, and mutual respect/ support)

- **QI capacity:** _____
(depth of engagement, resources, time and ability to carry out improvement activity)

3. Primary take home change idea/recommendation based on your assessment

Notes:

4. Reflections

Please write down your assessment of the overall strengths and weaknesses of this unit. It would be helpful if you could note the time it took to complete the assessment, staff you had talked to and the behaviors you observed that lead you to your conclusions.

Overall Strengths:

Overall Weaknesses

Notes:

Please help us improve this assessment tool by sharing your feedback.

- What was useful about this assessment tool?

- What could be improved?

Thank you for your sharing your feedback! It will help us better assess the care delivery context and support individual NICUs in creating the conditions for delivering high quality care.