

NICU SITE VISIT TOOL

Overview

Please use the following questions to help organize your observations during the site visit. The questions are not a rigid or exhaustive list. Their purpose is to stimulate inquiry and guide your overall observation of the NICU care delivery context.

- Before conducting the observation, 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 California, as does the Vermont Oxford Network (VON) for its member NICUs at the national level.
- During the observation, we encourage you to walk through the NICU, participate in rounds, watch interactions between staff and families, converse with a reasonably broad cross-section of NICU staff (including leadership as well as bedside MDs, NNPs, RNs), and observe the unit across multiple domains (e.g., physical environment of care, team cohesion).
- Please identify the strengths and opportunities for improvement for the unit in each of the domains (1-5) listed in the tool. Feel free to use additional pages to record your observations and provide specific examples.
- The questions suggested in each section are simply guideposts for you to think about. You do not need to address each question.
- Each question includes prompts in a grey box to help guide your observations and conversations.
- At the end of the observation, we ask you to rate the functioning of the unit in key domains and provide the rationale for your scores.
- For each domain listed in the tool, you will rate the NICU on its quality profile on a scale from 1-9, where 1 indicates exceptional strength and 9 indicates significant opportunities for improvement. The average score is anchored at 5. Your rating should reflect your honest impressions. We will not disclose ratings to NICUs or hospitals.

Unit functioning	Score	Descriptor	Explanation
Excellent	1	Exceptional	Exceptionally strong with essentially no weaknesses
	2	Outstanding	Extremely strong with negligible weaknesses
	3	Excellent	Very strong with only some minor weaknesses
Average	4	Very good	Strong but with numerous minor weaknesses
	5	Good (average)	Strong but with at least one moderate weakness
	6	Satisfactory	Some strengths but also some moderate weaknesses
Significant opportunities for improvement	7	Fair	Some strengths but with at least one major weakness
	8	Marginal	A few strengths and a few major weaknesses
	9	Poor	Very few strengths and numerous major weaknesses

Reflexivity

As a data collector and observer during these NICU site visits, you play an influential role in how we understand care quality in the MOMMS collaborative for this study. You are not just an objective outside observer using the Site Visit Tool; you are an active participant in data creation. It is important to recognize and reflect on how your identity – including your experiences, relationships, values, and biases – influences what you focus on and observe in the NICU, how hospital employees interact with you, and how you interpret the data you gather. The simple act of *observing* can influence the behavior of those being observed.

Being reflexive during the site visits requires ongoing awareness and evaluation of how you contribute to and shape the data being collected and your interpretations of the findings. **Before** conducting the site visit, please reflect on and respond to the following questions:

a. What pre-existing knowledge do you have about this NICU or hospital?

Briefly describe your experience working on any projects, previous site visits, etc., and how well you know the employees at this NICU and/or hospital. Consider the following:

- Have I worked on any projects or programs with the NICU or hospital staff? If so, when and for how long?
- How well do I know the people working in this NICU?

b. How might my pre-existing knowledge about this NICU or hospital influence my observations, conversations, and/or interpretation of the findings?

Reflect on how your knowledge and experience could influence how you collect data and how you might interpret it. Consider the following:

- How would I characterize the culture of this NICU going into the site visit based on my existing knowledge and experience (e.g., work culture, breastfeeding culture, QI culture, care culture)?
- How could my knowledge of the NICU or hospital shape the way people interact with me?

c. How might aspects of my identify, qualifications, professional or personal experiences influence my observations or the way people interact with me during this site visit?

Reflect on your experience conducting site visits. Consider the following:

- How does my experience conducting site visits shape what I look for?
- How might my professional role (e.g., MD, RN, etc.) or other aspects of my identify influence the way people interact with me during the visit?

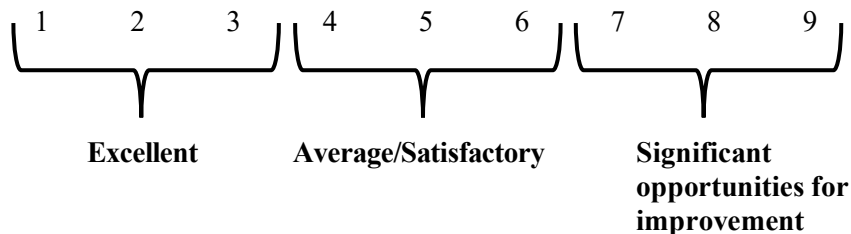
1. Initial impressions

- a. What were your initial impressions of this NICU (i.e., what sense did you get from visiting the unit)?

Briefly describe the physical environment, thinking about your perception of the NICU. Consider the following:

- How purposeful and coordinated did clinical activities seem?
- How would you characterize the security, cleanliness, modernity, and organization of the space?
 - For example, you could consider whether the environment seems bright and welcoming; if equipment is up to date, tucked away neatly or cluttered in the hallways; availability of single-family rooms
- Did the NICU seem adequately staffed?

- b. On a 1-9 scale, circle how you would rate the functioning of the unit based on your impressions of the care environment.



- c. Please identify the unit's strengths and opportunities for improvement in this domain and any additional notes below.

Strengths

Opportunities for improvement

Additional notes

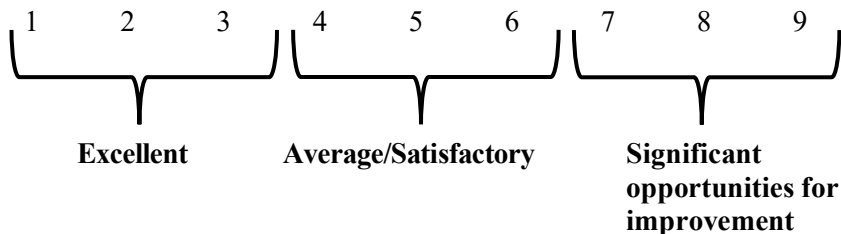
2. Review of NICU performance on quality: Human milk feeding

a. What were your impressions of this NICU performance related to human milk feeding?

Describe your impressions related to human milk feeding performance. Provide examples, considering the following:

- What changes have people noticed as a result of being in the collaborative?
- How aligned are the staff and physicians in talking about their QI goals related to human milk feeding?
- How motivated are staff, physicians, and leaders to working on human milk feeding?

b. On a 1-9 scale, circle how you would rate the unit on its quality profile related to human milk feeding.



c. Please note the unit's strengths and opportunities for improvement in this domain and any additional notes below.

Strengths

Opportunities for improvement

Additional notes

3. Focusing on the supportive conditions for high quality care

a. Staff Interactions: Are interactions within and across job positions supportive?

Describe your impressions based on observations of team interactions during activities like rounding. Provide examples, considering the following:

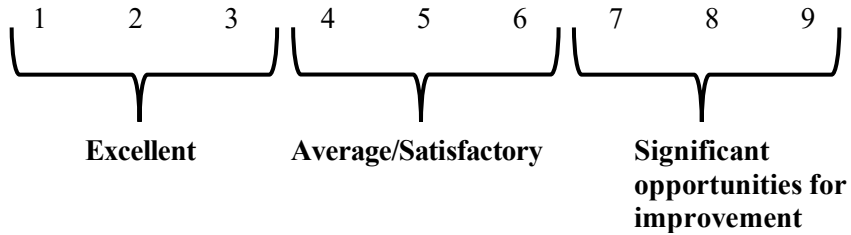
- How do people treat each other – are they supportive, friendly, cold?
- Do people call each other by name?
- How well do different roles and units seem to work together?
- How would you characterize communication and coordination across roles and units?

b. Leadership: How involved is the unit leadership in organizing for quality?

Describe your impressions based on conversations with leadership, staff, and physicians as well as your observations in the NICU. Provide examples, considering the following:

- How involved is unit leadership in facilitating QI (i.e., identifying problem areas, developing awareness, creating a shared approach to problem solving)?
- How do NICU staff and physicians engage with leadership?

- c. On a 1-9 scale, circle how you would rate the NICU's performance on the supportive conditions for high quality care.



- d. Please identify the unit's strengths and opportunities for improvement in this domain and any additional notes below.

Strengths

Opportunities for improvement

Additional notes

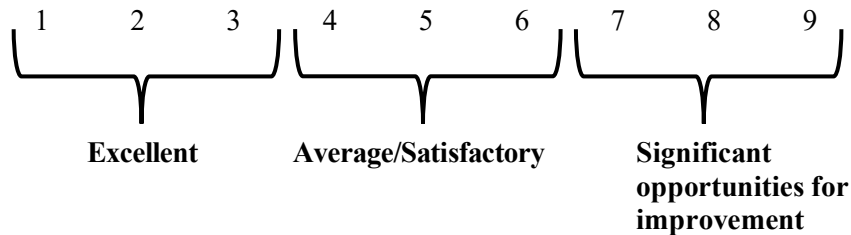
4. Emphasis on family centered care

a. Family centered care: Is it a focus or an afterthought?

Describe your impressions based on observations of family presence and engagement. Provide examples, considering the following:

- Are families present at the bedside?
- What efforts are made by staff to engage and involve families?
- Do interpreters seem reasonably available?
- Does the physical environment support family presence?
- What resources does the hospital provide to support family centered care?

b. On a 1-9 scale, circle how you would rate the NICU's performance on their commitment to family centered care.



c. Please identify the unit's strengths and opportunities for improvement in this domain and any additional notes below.

Strengths

Opportunities for improvement

Additional notes

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

a. Is there visibility for QI projects on clinically important topics (e.g., human milk at discharge)?

Describe your impressions based on observations of the unit and conversations during the day. Provide examples, considering the following:

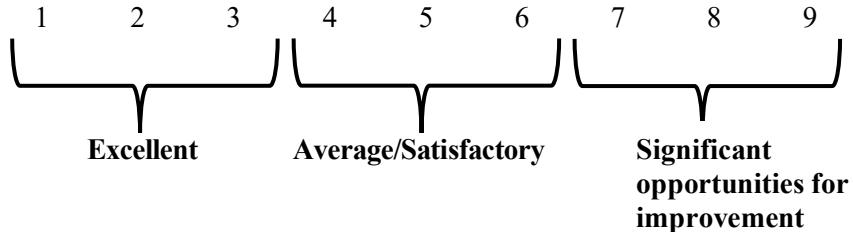
- Is quality data (e.g., QI dashboards, posters, flyers) displayed in prominent areas?
- Who has access to these displays of data (i.e., staff only, families and staff)?

b. To what degree is there unit-wide engagement in QI?

Describe your impressions based on observations of the unit and conversations during the day. Provide examples, considering the following:

- How aware are people of quality issues and what is being done about them?
- Can multiple people on the unit tell you about what the CPQCC collaborative is working on or what the collaborative goals are?
- How strong is the culture of improvement, problem solving, and learning?
- What is the depth of engagement in improvement activity? Is it isolated to a few people or is there broad involvement across multiple roles?

- c. On a 1-9 scale, circle how you would rate the NICU's performance on integrating improvement activity into the day-to-day functioning of the unit.



- d. Please identify the unit's strengths and opportunities for improvement in this domain and any additional notes below.

Strengths

Opportunities for improvement

Additional notes

6. Support and incentives for quality improvement

a. Are incentives for high quality aligned with clinical work?

Describe your impressions of how high quality and clinical work is supported at this NICU, specifically thinking about the use of incentives. Provide examples, considering the following:

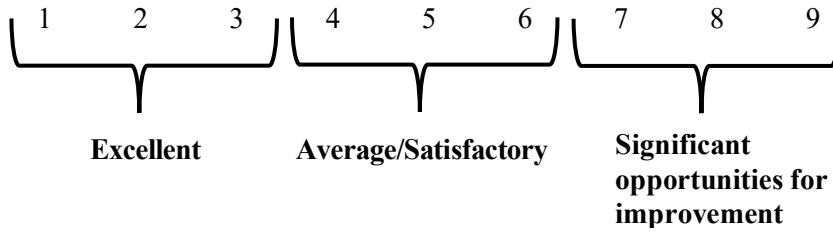
- Are people aware of formal incentive programs in place? If yes, do these incentives seem directly related to QI and clinical outcomes?
- What do people say regarding how these incentives influence their daily clinical practices?
- Is there evidence of systems for providing feedback to staff about their performance in relation to incentives?

b. Are resources (e.g., time, money, supplies, etc.) devoted to QI?

Describe your impressions based on observations of the unit and conversations during the day. Provide examples, considering the following:

- Do people talk about how they are recognized or supported for their QI work?
- What systems are in place to collect, manage and facilitate the use of data for improvement?
- Are improvement efforts isolated to the unit or are they supported by the infusion of ideas, resources and skills from the external environment (e.g., hospital administration, support from hospital IT)?
- How would you characterize the support from hospital leadership for QI?
- How collaborative (or antagonistic) is hospital leadership with NICU QI efforts?

- c. On a 1-9 scale, circle how you would rate the NICU on the availability of support and incentives for improvement.



- d. Please identify the unit's strengths and opportunities for improvement in this domain and any additional notes below.

Strengths

Opportunities for improvement

Additional notes

Summary

7. Reflections

Please write down your reflections of the overall strengths and opportunities for improvement of this unit. Kindly note the amount of time it took to complete the site visit, staff you may have discussed with and the behaviors you observed during your visit that influenced your impressions.

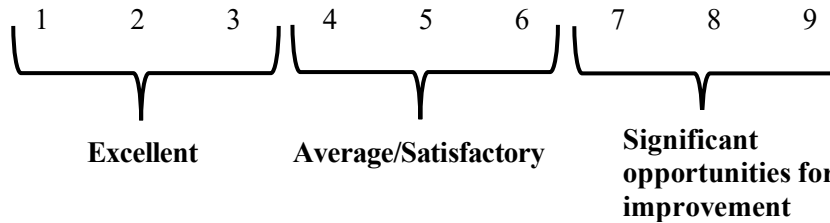
Overall strengths

Overall opportunities for improvement

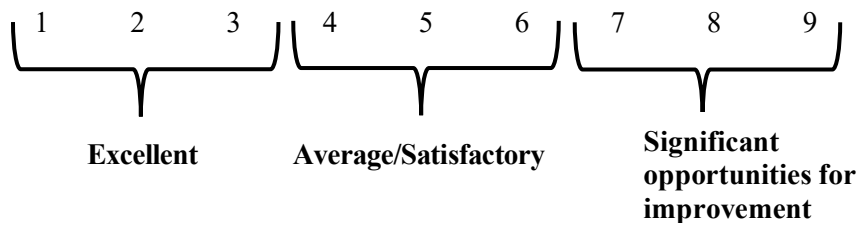
Additional notes

8. On a 1-9 scale, circle how you would rate the unit in the domains of:

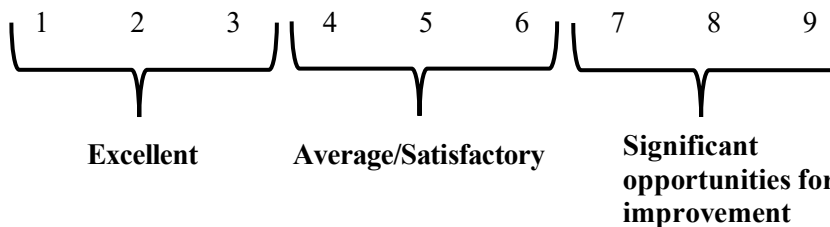
a. Unit leadership: ability to set direction and engage different groups in improvement activity



b. Staff interactions: communication, coordination, and mutual respect/support



c. QI capacity: depth of engagement, resources, time and ability to carry out improvement activities



9. Please identify and provide your primary take home change idea or recommendation based on your observation.

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

What was useful about this 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