

INTRODUCTION

- Extremely low birth weight (ELBW <1200g) and prematurity are associated with increased risk for developmental delays and long term neurodevelopmental disabilities.
- Many of these infants are not enrolled in Babynet (Part C) at the first clinic visit after hospital discharge.
- There is no standard or statewide system for ensuring that these infants are enrolled in Part C. As a result significant gaps in establishing services is a statewide issue.
- Studies show that earlier establishment of these services prevents service gaps for these high risk infants.

OBJECTIVES

- Investigate enrollment patterns in Part C Early Intervention (EI) for ELBW infants or those who meet automatic eligibility based on diagnosis at hospital discharge.
- Evaluate the current procedures for parental education and referral to Part C services during hospital care and after discharge.
- Establish a new system with the local Babynet intake office to improve enrollment prior to hospital discharge.
- Close the gap between hospital discharge, and first visit with Early Intervention services.

METHODS

STEP ONE:

- Chart review infants seen for first visit in the NICU Graduate Clinic visit between January 2017-January 2018 who automatically qualify or meet established risk for Babynet at the time of hospital discharge.
 - Patients receiving and actively enrolled in Babynet (Part C) Program
 - Patients not or “in process” of establishing services through the Babynet (Part C) program

STEP TWO:

- Establish regular meetings with local Babynet manager to discuss current referral process
- Create a family-centered questionnaire(29 questions) to evaluate discharge process and parent input on referral to Babynet
- Questionnaires given to randomly selected parent/guardians at first NICU Graduate Clinic between February -April, 2018.

STEP THREE:

- Establish collaboration with MUSC NICU case managers, Babynet, and NICU Graduate Clinic coordinator to develop new procedures for Babynet referrals prior to discharge and improve family-centered discharge process.
- Babynet Manager working with Babynet Data Manager to collect data regarding NICU Graduate Referrals and Hospital related referral data once new procedures are in place. (Ongoing)

RESULTS

Step One

258 New patient visits between January 2017-January 2018

Random Chart review **N=123** infants that met “Automatic or Established-Risk” eligibility for Babynet Program

- **(39%) N=48 Receiving Babynet (50%) N=61 Not enrolled in Babynet (11%) N=14 In Process**
 - (51%) N=63 Male (49%) N=60 Female
 - (74%) N=91 Medicaid (26%) N= 32 Private; HMO; or Tricare Insurance
 - (44%) N=54 Caucasian (51%) N=63 African American (5%) N=6 Other
 - (59%) N= 73 BW<28 weeks/<1200g (22%) N=27 Hypoxic ischemic encephalopathy (19%) N=23 Other

Step Two

- 40 Parent Questionnaires (73%) N=29 completed fully (27%) N=11 not fully completed-excluded
- Currently enrolled in Babynet
 - 48% Yes N=14
 - 52% No N=15
- Discharge planning was
 - 52% smooth and caring for child was discussed soon after admission N=16
 - 39% NOT cohesive with different information being provided N=12
 - 10% last minute and rushed toward the end of stay N=3
- Babynet brochures and information available in NICU or hospital
 - 34% Yes N=10
 - 66% No N=19
- Someone spoke with family about Babynet while in the NICU or hospital
 - 83% Yes N=24
 - 17% No N=5
- Families Aware of community support services
 - (7%) Yes N=2
 - (90%) No N=26
 - (3%) unanswered N=1
- Knowledge about self referral to Babynet
 - (3%) Aware N=1
 - (97%) Unaware N=28

CONCLUSIONS

- Gaps in establishing Part C (Babynet) services for children who meet “Automatic or Established Risk” were identified.
- Parents overwhelmingly agreed that contact prior to discharge with Babynet to establish services would be ideal.
- Families reported they were unaware that self referral was an option to initiating services.
- Families lack the opportunity to access written flyers or information about community supports and programs while in the NICU.
- Currently there is no process for tracking the outcome of referrals made in the NICU after discharge.
- Data sharing on referral process/outcome is key for lead Babynet and hospital NICU to best track these gaps in services.
- Implementation of MUSC NICU inpatient Babynet intake process to begin May 2018.
- MUSC will be the only NICU and Graduate Clinic that will involve Babynet at inpatient level in order to meet family needs.

REFERENCES:

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