CA Discharge Collaborative

Introduction

Purpose of the Application

The purpose of this RFA is to solicit applications for the opportunity to participate in a nurse-led, interdisciplinary, multi-site learning collaborative to improve hospital discharge care for children, especially those with special healthcare needs. The collaborative is envisioned to be a catalyst for systems-level changes in discharge care delivery for hospitalized children through the testing and refining of interventions that support standards for pediatric discharge care. To this end, the collaborative will be comprised of several nurse-led teams from children’s hospitals across California, with support from other prominent children’s hospitals across the United States. Together, participant teams will conduct iterative quality improvement cycles to develop, implement, and sustain local discharge activities, all while sharing lessons learned and leveraging successful strategies with each other. Through in-person workshops, webinars, speaker series, on-site observation and teaching, and coaching sessions, the collaborative will promote shared learning among participants about pertinent topics, such as evidence-based best practices for discharge, strategies for fostering local site adaptation of new interventions, techniques for promoting sustainability, manuscript preparation and submission, and podium and poster presentation development.

Benefits of participating include:

- Improved quality and efficiency of systems of discharge care
- Individualized growth in QI leadership knowledge and experience
- Elevated national presence via publications, symposia, abstracts, and presentations
- Continuing Education credit
- Opportunity to showcase participation as part of Magnet Designation standards
- Long-term partnership with other children’s hospitals across California
- Honorarium of $18,000 ($9,000 per year for two years) for participation

For more information, please visit www.candlecollaborative.com.
Institution Information

Hospital/Institution

________________________________________________________________

Number of staffed hospital beds

________________________________________________________________

What type of electronic health record system does your hospital have?

☐ None

☐ EPIC

☐ Medtech

☐ Cerner/Powerchart

☐ Other

Please explain.

________________________________________________________________
Nurse Site Investigator Information

Site Investigator Contact Info

○ Name, Credentials ________________________________________________

○ Department/Division ________________________________________________

○ Position ________________________________________________

○ Email ________________________________________________

○ Phone (no spaces) ________________________________________________

○ Total years in practice ________________________________________________

○ Years in practice at applicant institution

________________________________________________

How much of your time do you spend providing direct patient care?

○ < 25%

○ 25-50%

○ 51-75%

○ >75%
Do you have formal training in Quality Improvement (QI)?

- Yes
- No

If yes, please describe.
________________________________________________________________

Are you now or have you been active in QI work at the applicant institution?

- Yes
- No

What role(s) have you served in with respect to QI projects at the applicant institution or elsewhere in the past? (Check all that apply)

- QI project leader
- Participant in QI projects led by others
- None
- Other

Please explain.
________________________________________________________________
Do you currently serve on any hospital-wide committees?

- [ ] Quality and Safety
- [ ] Patient and Family-centered care
- [ ] Research
- [ ] None
- [ ] Other

Please explain.
________________________________________________________________________________________

What are the primary reasons that you are interested in participating in this new learning collaborative?
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
Please describe up to three discharge-related quality improvement ideas or current efforts that are of interest to you and could potentially be supported by the learning collaborative.

Projects

☐ Project #1 (Working Title): ____________________________

☐ Project #2 (Working Title): ____________________________

☐ Project #3 (Working Title): ____________________________

On the following pages, please tell us about each of your projects.

Current Discharge Practices and Initiatives at Applicant Institution

Project #1 (and/or #2/3, repeating questions from Page 6 to Page 10 for each project)

Briefly describe your project (3-5 sentences max).

________________________________________________________________

________________________________________________________________

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________________________________________________________________
Current status?

- Brainstorming (nothing formalized)
- Active project (not yet implemented)
- Active project (implementation underway)

Has data been collected that describes any of the following?

- Patient/caregiver readiness/satisfaction with discharge
- 30-day re-hospitalization rates
- Patient/caregiver knowledge of discharge instructions
- Post-discharge provider access to discharge summaries
- Other/None

Please explain.

________________________________________________________________

Which of the following methods are/will be employed to collect data?

- Survey
- Observation
- Interviews
- Chart review
- Other
Please explain.

________________________________________________________________

Have you created or plan to create any discharge education tools or materials for clinicians/patients/caregivers to use as part of your project?

☐ Yes

☐ No

Please describe:

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________________________________________________________________

________________________________________________________________

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Have you piloted these education materials?

☐ Yes

☐ No

Please describe:

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________________________________________________________________
Please describe how this project fits into the current QI/research/clinical goals of the applicant institution?

________________________________________________________________
________________________________________________________________
________________________________________________________________

Do you have access to computers, printers, and office space that would be necessary to complete this project?

☐ Definitely yes
☐ Probably yes
☐ Possibly, but not sure
☐ Probably not
☐ Definitely not
Who are the current/planned members of your local site team? (Leave blank if no one identified).

<table>
<thead>
<tr>
<th>Name</th>
<th>Role</th>
<th>Department</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allied health professional (i.e. social worker, case manager, occupational therapist, dietician, etc)</td>
<td></td>
<td></td>
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<tr>
<td>Family representative</td>
<td></td>
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<tr>
<td>Physician</td>
<td></td>
<td></td>
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<tr>
<td>Administrator champion</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other key staff</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

You've indicated that you currently don't have or don't plan to include the following people as part of your team: (Unselected options shown here.)

Please explain.
Institutional Support for Collaboration

Does the applicant institution have a family advisory council or some other formal process for patients and families to provide direct feedback to institutional leadership?

- [ ] Yes
- [ ] No

Please describe this process.

________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________

How will you engage families at your institution given there isn't currently a formalized process for doing so?

________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________

**Strengths**
In the space provided below, list the specific attributes of the applicant institution that will help to be successful in the learning collaborative. (e.g. a culture that supports quality improvement, strong senior leader motivation, etc.)

________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________

**Learning Opportunities**
In the space provided below, list the aspects of the applicant institution that are ripe for growth and development in the areas of quality improvement, qualitative/quantitative analysis, discharge care, etc.

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________________________________________________________________
________________________________________________________________
________________________________________________________________
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