NPC QIC Care Transition Bundle[#] (discharge preparation activities)

Care Transition Bundle Elements	Suggested Resources
1. Assign Discharge Coordinator	Trained and dedicated personnel
2. Use standardized checklist format to confirm completion of Care Transition Bundle activities	Discharge checklist Journey Board
3. Evaluate family's ability to obtain medications and refer for additional resources as needed	Trained and dedicated personnel
4. Provide written materials for post-discharge care that are culturally and language appropriate	Medication list Nutrition plan Red Flag Action Plan Home Monitoring Plan Preventive Plan/Immunization list Interstage Emergency Card
5. Offer training in Infant CPR and provide a hard copy of CPR instructions	CPR instructions
6. Facilitate home scales and oxygen saturation monitors; assure caregiver is competent in use	Home Monitoring Plan Use "Teach Back" methodology
7. Provide parents and baby rooming in at least 24 hours e.g. simulating home environment, with independent feeding and care for baby	Rooming In Key Driver Diagram Rooming In Checklist Use "Teach Back" methodology
8. Use teach- or demonstrate-back or other confirmation methods to assure family competency of key care elements	Use "Teach Back" methodology
9. Schedule appointments convenient to family with PCP, HH, Cardiology Clinic et al.	Trained and dedicated personnel
10. Set at least one follow up contact or appointment with a health care provider within 72 h after discharge	Trained and dedicated personnel
11. Schedule conference call with all post-acute caregivers e.g. parents, PCP, HH, Cardiologist, parents to communicate patient status and Home Monitoring Plan	Conference call agenda and script

[#] *Organized chronologically and based upon NPC QICs Key Driver Diagram, input from families of post-Norwood infants, and "Reducing Readmissions Key Design Elements to Consider from a Physician Group Perspective" from the California Quality Collaborative.*