

Vermont Oxford Network Potentially Better Practices for Follow-through

I. Promote a Culture of Equity

1. Provide training and education in the social determinants of health to staff^{1,2}
2. Provide cultural sensitivity training to staff³⁻⁷
3. Acknowledge and manage implicit and explicit personal bias⁸⁻¹⁴
4. Promote a culture of equity¹⁵⁻¹⁷
5. Create a disparities dashboard¹⁸⁻²⁰
6. Create a culture committed to follow-through^{18,21}

II. Identify Social Risks of Families and Provide Interventions to Prevent and Mitigate Those Risks

7. Screen all families for social risks and social support using a standardized tool²²⁻²⁹
8. Use electronic health records to identify patterns and inform clinical decisions^{27,30-32}
9. Include a social worker or other social health professional on the team^{33,34}
10. Create alliances with community organizations (clinical-community partnerships)³⁵⁻⁴⁴
11. Include a paralegal or attorney on the team⁴⁵⁻⁴⁷
12. Provide parenting and family support tailored to individual family strengths and needs⁴⁸⁻⁵¹
13. Provide mental health services for families during the hospital stay⁵²⁻⁵⁷
14. Provide referrals for drugs, alcohol, and smoking cessation counseling and treatment⁵⁸⁻⁶³
15. Provide housing, meals, and transportation vouchers for families⁶⁴⁻⁷⁰
16. Provide back to sleep education⁷¹⁻⁸⁰
17. Provide sibling care for families^{81,82}
18. Practice family-integrated care tailored to the capabilities and needs of families^{51,83-85}
19. Provide trauma-informed care^{51,86,87}
20. Provide lactation support using peer counsellors and other approaches⁸⁸⁻⁹⁹
21. Assess eligibility for Supplemental Security Income, Supplemental Nutrition Program for Women, Infants, and Children, early intervention, and other public benefits¹⁰⁰⁻¹⁰³
22. Provide language support and culturally appropriate translation services for families¹⁰⁴⁻¹⁰⁷

III. Take Action to Assist Families After Discharge (Transition to Home)

23. Provide discharge education and planning tailored to each family's needs^{51,106,108-113}
24. Begin discharge planning and teaching at admission¹¹⁴
25. Estimate discharge date at admission and revise regularly during the stay¹¹⁵⁻¹¹⁷
26. Implement a medical home model for patients and families¹¹⁸⁻¹²³
27. Establish effective communications with the primary care provider¹²²
28. Create a health coach program¹²⁴
29. Connect families with appropriate community organizations and services^{18,103,125-129}
30. Screen for developmental risk¹³⁰
31. Provide high-risk infant follow up¹³⁰⁻¹³⁷
32. Conduct home visits before discharge and at intervals after discharge^{51,138-144}
33. Facilitate parent support groups and peer counseling that extend beyond the stay^{88,98}

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34. Implement strategies to identify and minimize risk for readmission^{145–151}
35. Provide telehealth support after discharge^{152–157}
36. Use technology and social media to support families^{158–167}
37. Facilitate access to all necessary clinical specialists after discharge^{122,136}
38. Provide reminders to facilitate health behaviors and keeping of appointments^{79,168–171}
39. Provide mental health and addiction services for families after the stay^{54,57,172}
40. Provide family planning education and contraception referral^{173–178}
41. Develop meaningful clinical-community partnerships²¹

IV. Maintain Support for Families through Infancy

42. Use parent coaches to support families^{98,99}
43. Provide evidence-based early intervention programs^{103,179–184}
44. Use innovative approaches to medical visits^{99,185–188}
45. Establish a reach out and read program for patients and siblings^{189–194}
46. Provide medical and developmental follow-up^{130–137}
47. Provide resources regarding available public benefits at follow-up visits¹⁰⁰
48. Establish partnerships with pre-K programs for patients and siblings^{195,196}
49. Develop and support tools that use parent-reported outcomes¹⁹⁷
50. Provide access to quality high risk obstetrical care^{198–206}
51. Launch a fruit and vegetable prescription program^{207–210}

V. Develop Robust Quality Improvement Efforts to Ensure Equitable, High-Quality Hospital and Follow-through Care to All Newborns by Eliminating Modifiable Disparities

52. Establish measurable improvement aims related to social determinants of health^{211–213}
53. Adopt standardized measures for social determinants of health^{19,20,27,214}
54. Develop strategies to support QI participation by parents including economically challenged, nontraditional, and racially and ethnically diverse families^{215,216}
55. Include pediatricians and other primary care providers for children on QI teams²¹⁷
56. Establish a charter with organizational leaders setting goals and resources for family advisors²¹⁸
57. Provide salary support for family advisors²¹⁸

VI. Advocate for Social Justice at the Local, State, and National Levels

58. Conduct and disseminate research that identifies disparities in access and outcomes^{21,212}
59. Serve on committees and in leadership roles within the local health system and raise awareness of need for social justice in healthcare^{44,219–221}
60. Actively recruit a diverse workforce with respect to race, ethnicity, gender, age, religion, and sexual orientation²²²
61. Educate organizational leaders about social determinants of health
62. Engage organizational leaders with a social determinants of health charter

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63. Advocate for the protection and restoration of nature by forming alliances to prioritize access to green spaces, especially in minority neighborhoods^{223,224}
64. Advocate, organize, inform and lobby to change policy at the local, state, and national levels^{225–228}
65. Play a role in addressing global health inequities^{219,229,230}
66. Advocate for environmental health and justice^{231–234}
67. Name racism and ask, “How is racism operating here?”^{227,235}
68. Engage local, state, and federal agencies with responsibilities for infants and families
69. Advocate to include population health and social justice in the organizational mission^{236,237}
70. Support the establishment of a national commission to explore restitution and atonement for historical and ongoing injustices inflicted on African Americans and Native Americans^{238–241}
- 71. Speak out!**

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