Welcome Baby Technical Assistance Webinar Notes

California Hospital Medical Center (CHMC) led a webinar to share key experiences regarding their implementation of Welcome Baby and provided technical assistance to other interested hospitals. Below is a summary of key information as provided by CHMC shared during the webinar.

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<th>Hospital Staffing</th>
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**Hospital Liaisons**

- CHMC initially housed supervision of the Hospital Liaisons within their Social Work Department. However, they recently shifted supervision of the Hospital Liaisons to their Community Benefits Department. Each hospital must assess for the most appropriate Department in which to locate the Hospital Liaison positions.
- Hospitals should consider hiring Hospital Liaisons in cohorts, particularly during the first year of implementation. This will help hospitals better assess the number of Hospital Liaisons needed over time. Hospital Liaisons can also support completion of tasks within the start-up period, such as outreach to physicians.
- Each hospital should take into consideration their unique hospital culture and clinical model as they hire staff. CHMC identified their key qualifications for Hospital Liaisons, including: strong team work skills, high level of flexibility, maturity, and ability to problem-solve. Finding the right staff is critical – some skills can be taught but others are innate. CHMC identified that having a background in health, public health, nutrition, or social work were most appropriate. The ability to practice a client-centered approach is also extremely helpful.
- Hospital Liaisons are entering a set clinical team and must carve out a role within that team. The support of existing hospital personnel and leadership helps set the tone for the overall success of the program.
- Hospital Liaison staff should be culturally and linguistically appropriate, with the ability to communicate in the language(s) represented in the community to be served.

**Other Welcome Baby Hospital Personnel**

- It is crucial to have someone dedicated to oversight of the program within the hospital. There are varying levels of supervision needed, including administrative and clinical supervision. The percentage of time needed for program supervision may vary for each hospital.
  - *Administrative Supervision*
    - At CHMC, direct supervision of the Hospital Liaisons is currently provided by the Director of Community Benefits. CHMC indicated 5-10% of time as sufficient.
• Fiscal oversight at CHMC is completed by the Grants and Contracts Department. It is expected that the first year of implementation may require more administrative support as systems are put into place. For example, the allocation of time in the first year for the Grant Administrator may be 20-25% but is expected to decrease over time. CHMC currently allocates 18% of time for the Grants and Contracts position to manage monthly invoices and participate in monthly collaborative and programmatic meetings.

  o Clinical Supervision:

• CHMC has experienced shifts in the level of supervision required. The CHMC Hospital Liaisons participate in off-site reflective supervision provided by CHMC's community partner, Maternal Child Health Access. Many hospital Social Work Departments may provide weekly supervision, and Nursing Departments may offer case planning meetings – every hospital is unique. The degree to which the Hospital Liaisons are integrated into the care team will influence how much clinical support is needed. Each hospital should assess the best way to provide appropriate clinical supervision, whether by the hospital or in partnership with any partners.

• The success of the Welcome Baby program relies on the support of key personnel in the hospital. Hospitals should assess the degree of involvement needed for key personnel, both for administrative and clinical supervision, and include appropriate funding for this time in the budget.

### Planning Phase

*The Planning Phase indicates the period of time before hospitals and partners begin to offer and provide Welcome Baby services to patients. This typically includes the contract negotiation process with First 5 LA, staff hiring, and training.*

• During the first year it is important to communicate and build relationships with key personnel in the hospital as early in the planning phase as possible.

• Key personnel should be included in the planning process for hiring, training, integration of Hospital Liaisons into the care team, problem-solving, program adjustments, and outreach to the broader hospital community. Key personnel could include hospital administration, physician leadership, and other ancillary departments such as case management and social work, as applicable.

• The support of key hospital personnel and leaders is needed to support the integration of Hospital Liaison’s into the hospital’s existing staff structure.

• CHMC recommends involving physicians from the beginning of program planning and implementation. Physicians should understand the program and be part of its development. This will facilitate the referral process and support ongoing working relationships on the delivery floor.
• The first fiscal year of implementation is expected to include staff hiring, training, and initial ramp-up of services to clients. It is expected that the provision of services will begin slowly and initially only target a small percentage of eligible patients and increase over time. A more detailed Scope of Work (SOW) will be developed in collaboration with First 5 LA during the contract negotiation process.

**Implementation Phase**

*The Implementation Phase indicates the period of time when hospitals and partners begin to offer and provide Welcome Baby services to patients.*

• The Welcome Baby hospital visit is intended to be minimally intrusive as it is understood how important this time is for a mother and baby to bond and how overwhelmed with information parents already are during their short time in the hospital. Also, the Hospital Liaisons are aware if a mother has enrolled prenatally in the program. These mothers therefore expect to receive the hospital visit. Hospital Liaison staff work to be minimally intrusive and make their visit at an appropriate time.

• It is crucial for hospitals to consider how to design the intervention within their setting and integrate the Hospital Liaison into their caregiving team. For example, at CHMC the Hospital Liaisons have a strong background in breastfeeding and educational support. The CHMC nursing staff and Hospital Liaisons have developed a relationship to allow for flexibility and individualized care on the floor. Some patient’s may need more nursing support and therefore the Hospital Liaison is not as prominent; conversely, a patient may need more educational support and the Hospital Liaison is more prominent in those cases.

• A linkage to additional supports, such as social workers, is also critical. At CHMC, the nurses identify psychosocial issues and then refer cases to the Social Work Department. If a Hospital Liaison identifies a problem, it is communicated to the assigned nurse who then refers it to the Social Work Department.

• Consent is required to share patient information between Hospital Liaisons and hospital partners (staff from community-based organizations or entities). When patients enroll into Welcome Baby, a consent form is completed and included in the Welcome Baby database managed by First 5 LA. Once in the database, all Welcome Baby staff, including Hospital Liaisons, Welcome Baby Nurse, and Parent Coaches, have access to that patient’s information. After the hospital visit Hospital Liaisons include all pertinent patient information in the database, including any clinical notes that require follow-up such as problems with breastfeeding, attachment, or help needed with health benefits. Those notes become part of the database system. The Clinical Supervisor (expected to be staff from a community-based organization or entity partnered with the hospital) reviews patient notes and assigns cases to Welcome Baby nurses and Parent Coaches via the database system.
• While conducting community outreach, staff from the community-based organization or entity may identify mothers who plan to give birth at a different hospital. Patients must plan to give birth at a participating hospital to enroll in Welcome Baby. Outreach staff must screen potential patients during the outreach process.
• The Welcome Baby program provides incentives to patients at key visits in their participation in the program. Examples of current incentives includes diapers; a DVD on emotional attachment; a Welcome Baby pregnancy and parenting support book; a boppy nursing pillow; home safety items; and educational toys. Hospitals do not need to include the cost of incentives in their budget. The process of ordering and purchasing incentives will be managed in collaboration between hospitals partners and First 5 LA or the Oversight Entity.
• CHMC identified various best-practices based upon their experience. This included:
  o Assess families risk and needs and provide appropriate interventions (risk assessment to be accomplished via the Universal Risk Screening interview completed during the hospital visit).
  o Hire staff with the necessary work experience and maturity.
  o CHMC found that some prenatal clinics had the perception and concern that the Hospital Liaisons would redirect patients to other prenatal clinics. Key personnel spent significant time addressing this issue to allay concerns. The focus of Hospital Liaisons is on providing an educational program that is respectful of existing clinical relationships between providers and patients, not on identifying patients for health providers.

Contact Information

First 5 LA:
Diana Careaga, Program Officer: 213.482.7522
dcareaga@first5la.org

California Hospital Medical Center:
Rachel Zupa, Associate Director, Grants and Contracts: 213.742.6475
Rachel.Zupa@DignityHealth.org
Vickie Kropenske, Director of Hope Street Family Center: 213.742.6385
Vickie.Kropenske@DignityHealth.org