



Family Centered Care in the NICU

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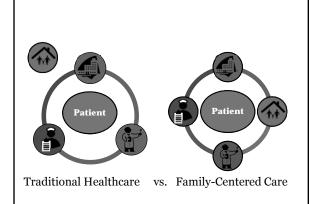
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• I have no disclosures to make

Objectives

- 1. Learn about family-centered care in the NICU
- 2. Understand the importance of FCC
- 3. Steps to implement FCC
- 4. Looking forward "family-integrated care"

• http://www.youtube.com/watch?v=U97XZWvN	
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Hospitalization of Children	
Prior to the 1970s most hospitalized children were separated from their family/parents	
During the 1970s and 80s the importance of families role in the pediatric patient was recognized	
Slower to implement family involvement in the NICU	
 Common for NICUs to still have "visiting hours" Closed multidisciplinary rounds Parents treated as visitors 	
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What is Family-Centered Care Family-Centered Care is an approach to	
planning, delivering, and evaluation of health care that is grounded in mutually beneficial	
partnerships among families and health care providers. • Family plays a vital role in ensuring the	
health and well-being of the patient - Family needs to be seen as partners in	
making health care decisions	

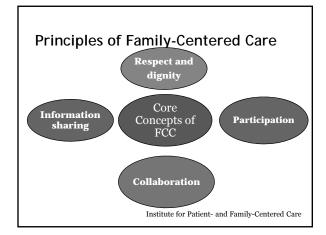


Why Family-Centered Care

- Multiple studies have indicated that parents
 - Feel **disconnected** with their baby
 - Unable to contribute meaningfully to their care
 - Doubtful of their ability to care for the baby once they are discharged
 - $\ ^{\circ}$ Feel like visitors in the NICU
 - Undermined (by staff) in their role as parents
 - Inconsequential in their infants well being

Winton-Galarza, M. et al (2013)

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Principles of FCC in the NICU

- Respect each child and his or her family
- Diversity honoring diversity
- **Strengths** recognize and build on individual basis
- Choice supporting and facilitating family choice
- Flexibility policies and practices
- **Sharing** honest and unbiased information
- **Support** providing ongoing support
- ${\bf \cdot}$ **Collaborating** – all levels of healthcare
- Empowering make informed choices

AAP policy statement

Guideline for Practice (NANN)

- **Family-centered care** is provided to the infant's family
- The **role of the family** in the life of the hospitalized infant is irreplaceable and has an impact on lifelong physiological and psychological events.
- The family (as defined by the infant's parents or guardians) has **unrestricted 24-hour access** to the infant and is provided the opportunity to parent and participate in care.

Respect and Dignity

- Health care providers
 - Listen and honor family decisions and choices
 - Listen and acknowledge family values, beliefs, and cultural background
 - Incorporate families into the **plan** of care

Information Sharing

- Health care providers must communicate and share complete, unbiased information with families in ways that are affirming and useful
- Information needs to be **timely**, **complete**, **and accurate** to allow families to effectively participate in care and decision making



Families are more informed than ever before

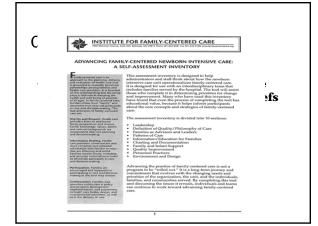
Participation • Families must be encouraged and supported in participating in care and decision making at the level they choose Collaboration • Families and providers collaborate to create Policy and program development ^o Implementation and assessment of programs Designing of health care facility Professional education Delivery of care Steps to Creating a Family-Centered Care NICU Assemble a team Complete assessment inventory Reflect on findings

Develop an action plan

Repeat assessment process

Team

- Team needs a **leader** who has some authority
 - Manager/director
- Team should be **multidisciplinary**
 - All staff should be represented
 - □ Days and nights
- Include a **family** if possible



Review and Reflect

- Take time to **review the findings** of the assessment.
 - Identify areas of strengths & weakness
 - Identify areas where leadership and staff agree and differ
 - Build on common ground

Develop Action Plan • Plan should include □ Both short and long term goals Establishment of a formal committee to · Oversee and coordinate the change process • Encourage collaboration • Ensure that changes are directed at improving quality and safety **Repeat Assessment** • Assessment should be **repeated every** 18 months to two years Review changes Look at improving or adding to FCC practices **Areas of Focus Staff training** • Parent education • Parental participation in decision making

• Parent presence and participation in

• Family presence in the NICU

care-giving

Staff Training & Education

- Study in Journal of Clinical Nursing found that Nurses agreed that there are benefits to FCC in the NICU but that staff need "support, guidance, and education"
- Start in orientation if possible
- Find unit champions (super users)
- Formal education
- Have a plan to deal with staff who resist change

Parent Education

- Have a **plan to let parents visit the NICU** if anticipating a NICU baby
 - Birth advisor, trained nurses, LC, MD
- Honest information
- Use common language
- Ask parents about their background and experience and use that information to guide your education

Parental Participation in Decision Making

- **Collaboration** between medical staff and parents on how best to manage care
- Best if starts before birth
- Attendance at medical rounds
- Attendance at change of shift report
- **Family meetings** not just for bad outcomes
- · Primary nursing

Infant Care • Parents involved in everyday care (not just temperature and diapers) • Unlimited access to infant • **Presence** during difficult procedures • Extended skin-to-skin time • Feedings both bottle and breast Family Presence in the NICU • Expand visiting hours for extended family Pre-screen young siblings Coloring books/activity books for young children NICU lounge A place for families to eat, make a call or Support groups **Bedside Report and Multidisciplinary Rounds** • Explain the purpose of rounds and report • Develop practices that **respect privacy** and confidentiality Structure the format and setting Clarify time • Model open communication

Education

One NICU's Journey to FCC

- 31 bed level IIIB NICU
- Open unit (no private rooms)
- Instituted **multidisciplinary rounds with family presence** approximately five years ago
- In January 2012 unit open 24/7
- Parents are encouraged to remain at bedside and listen to change of shift report
- Nursing staff would do bedside safety checks for alarm settings, fluids, lines, etc...

Barriers to Implementation Indentified by Bedside Nurses

We identified three common themes surrounding **perceived barriers to implementing bedside shirt report**

- 1. HIPAA
- 2. Time
- 3. Sensitive data



HIPAA

- Intention of HIPAA was not to impede or interfere with communication between healthcare professionals and patients or their family
- Information that is overheard during normal hospital communication is NOT a HIPAA violation
 - $^{\circ}$ Have risk management come and talk with staff to help clarify HIPAA



Time

- Nurses were concerned that families and patients would ask too many questions and this would increase the time spent during shift change
 Discuss the purpose of shift change report prior to report, including the importance of not interrupting the nurses
 Families should be updated prior to change of shift

 - Change of shift is NOT a time to discuss test results or new medication/treatments with the patient
 Allow parents to op-out or to indicate they don't want medical issues discussed with family members

Discussing Sensitive Data

- Test results or labs that need to be addressed by the physician
- · Sensitive issues such as drug abuse, family dynamics, etc...
 - Have a code work or phrase to indicate a need to discuss something outside the presence of the family/patient



The future Family-Integrated Care



Jennifer Tano holds her son Thomas in the neonatal intensive care unit of Mount Sinai

Jennier Tano nous ner son I nomas in tien enconatai intensive care unit or viount sinai Hospital in Toronto on Wednesday, Sept. 11, 2013. Thomas was born premature at 27 weeks gestation. (THE CANADIAN PRESS/Galit Rodan)

Read more: http://www.ctvnews.ca/health/health-headlines/nicu-program-that-gives-parents-charge-of-baby-s-care-cuts-stress-1.1466866#ixzz2gDGwOV7e

• http://www.youtube.com/watch?feature=player detailpage&v=KbdOy7mnxck#t=45	
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How do you cook a frog?	
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Questions	
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	Additional Resources	_		
	Institute for Patient-and Family-Centered Care,			
	6917 Arlington Road, Suite 309, Bethesda, MD 20814. 301-652-0281. www.ipfcc.org	_		
	• National Patient Safety Foundation, 268 Summer Street · 6th Floor, Boston, MA 02210	_		
	Phone: (617) 391-9900. http://www.npsf.org/	_		
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