FAMILY-CENTERED CARE INITIATIVE: PAIRED

APPLICATION GUIDE

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This application guide explains the objectives of the PAIRED Initiative to promote and improve family-centered care, reviews our model for quality improvement, your role as a participant, the initiative timeline and activities, and proposed initiative measures.

Initiative Overview

Family-centered care (FCC) is defined as a shared approach to the planning, delivery, and evaluation of health care that is grounded in mutually beneficial partnership among health care professionals, patients, and families. FCC places an emphasis on collaborating with people of all ages and backgrounds, at all levels of care, and in all health care settings. FCC assures that health care is responsive to priorities, preferences, and values of patients and their families. FCC recognizes that families are essential partners not only to improve the quality and safety of health care for the patient but also to improve outcomes for the family. Core domains of FCC include: (1) **pa**rticipation in care and decision-making; (2) dignity and respect in identifying every infant and family as **i**ndividuals; (3) **r**espectful collaboration with families; and (4) information sharing regarding **ed**ucation for families about medical care. (Adapted from the Institute for Patient- and Family-Centered Care: https://www.ipfcc.org/bestpractices/sustainable-partnerships/background/pfcc-defined.html). The Florida Perinatal Quality Collaborative (FPQC) hopes to improve the provision of FCC in partnership with hospitals through this initiative. The initiative's name, PAIRED, reflects the initiative's emphasis on the need for paired care between the medical team and families, by recognizing and utilizing the four core FCC domains underlined above. In support of this concept, PAIRED is being developed with direct input and support of a PAIRED Advisory Council as well as having participating family advisory group members.

FCC changes the culture of providing healthcare. Despite growing evidence that family participation in hospital care improves the outcomes of NICU infants, there are currently no validated metrics related solely to FCC. We plan to outline key processes to welcome parents and families into a paired care team model that encourages them to begin graduated participation in their infant's care starting at admission, to assist them in recognizing and responding to their infant's individual personality, to improve processes of communication with the medical team, and to educate families throughout the NICU stay about their infant's medical care so that they become competent and confident independent caregivers by the time of discharge. We also will provide participating NICUs with metrics to track and measure their improvement in the delivery of FCC in their own unit.

Using results of a literature search and extensive input from the Family Advisory Council, the PAIRED Advisory Group identified a large number of potentially better practices that have face validity for improving FCC. Many of these potentially better practices will be included in the toolkit for hospital teams to review and choose to implement in their units. Skin-to-skin care will be the centerpiece of the PAIRED initiative and will be recommended for every participating NICU. Skin-to-skin care has been shown repeatedly in the literature to be associated with better outcomes for infants and families. In addition, it is an initiative that can be adopted with relative ease and at minimal cost to hospitals. The initiative will be enhanced by a robust modular educational program on the evidence-base for FCC that will review potentially better practices that the Family Advisory Council and the PAIRED Advisory Group have identified as most desirable and effective.

Initiative Foci

Standardization related to:

- Fostering family/caregiver engagement and participation in care from admission through discharge
- Developing a welcoming and supportive environment that is respectful of individual patient and family values
- Creating family-centered hospital and unit policies, guidelines and procedures through open collaboration and partnership with families
- Emphasizing the need for family education about medical care and clinical processes throughout admission to bolster family competence and confidence as independent caregivers
- Recognizing the need for family and staff education regarding implicit bias that exists in healthcare

Initiative Goal

PAIRED's primary aim is that by 6/2023 each participating NICU will achieve a 20% increase from their baseline in the percentage of infants who receive skin-to-skin care from at least one family caregiver within 3 days of clinical eligibility as defined by individual unit protocols. A secondary aim is that by 6/2023, family surveys will demonstrate a 20% improvement from baseline in the perception of the culture of family-centered care in each NICU as averaged across all four domains (participation in care, dignity and respect, collaboration, information sharing). **Pilot hospitals for this initiative** will help assess, refine and optimize the FCC change package, family survey and reporting system for the larger PAIRED Initiative.

Why Join the Initiative

PAIRED offers an opportunity for your facility to implement change and improve the care provided to infants in the NICU and the engagement of their families in care. The initiative's goal is to apply evidence-based interventions (such as prompt skin-to-skin care) and other potentially better FCC practices to improve care for infants and their families in Florida hospitals. FPQC aims to support collaborating hospitals as they develop and implement multi-disciplinary teams and strategies with the ultimate goal of increasing skin-to-skin care and overall family-centered care in their individual units.

Stakeholders across the state and the U.S. have begun to recognize the importance of implementing family-centered care strategies to improve infant health outcomes and help families be well-equipped to continue care after hospital discharge. Family-centered care approaches that are sensitive to the diverse make-up of families and the challenges they face in learning to address and accommodate the complex needs of NICU infants are critically needed. Additionally, these family-centered care approaches need to come from a paired collaboration between healthcare workers and actual NICU families. Joining the initiative allows your hospital to work in a collaborative and have access to resources to help you implement evidence-based quality improvement recommendations centered on an improvement in family centered care culture. It also offers an environment to learn together with others on the best strategies, methods and tools to adapt and implement in your hospital. Hospitals that participate in multi-organization quality improvement collaboratives achieve more gains faster than those who go it alone. Past participants have found it useful to not have to "reinvent the wheel." Participation in a multi-hospital collaborative is shown to result in more rapid positive change in patient care and safety.

Read on to learn what kind of support the FPQC can provide participating hospitals and what hospitals will be asked to commit in order to participate. If you have any questions about the information presented here, please email FPQC@usf.edu.

Hospital Participation Requirements

We plan to achieve improvements in supporting family-centered care and skin-to-skin care by implementing best practice guidelines as developed by the PAIRED Advisory Work Group. Participating pilot hospitals will start the initiative together in January 2021, launch their initiatives in their local facilities in March 2021, and agree to tailor and implement initial hospital identified process improvements over the next 10 months. After the 10-month pilot phase, pilot hospitals are agreeing to participate in and to contribute to the larger 18-month quality improvement initiative which will begin January 2022 and go through June 2023.

Participating hospitals and providers are expected to make a commitment to implementing change and reporting progress during the collaborative for the benefit of all neonatal services statewide.

Participating Hospitals are required to:

- Participate for the entire time period of the initiative. For pilot hospitals this will include both the 10-month pilot phase and the 18-month full phase. Hospitals recruited for the full initiative phase will participate for 18 months.

- Assemble a strong and full committed QI team including physician, nurse, data and administrative champions and conduct regular team meetings to track progress throughout the initiative.
- Complete FPQC pre and post implementation surveys during both the pilot and full initiative phases.
- Commit at least one team member to attend every PAIRED Initiative learning series coaching call/webinar.
- Schedule an onsite educational and technical assistance visit with FPQC advisors.
- Develop, add or amend hospital or department policy to reflect recommended quality processes and procedure changes.
- Sign Data Use Agreement and document, submit, track, and report all required FPQC process and outcome measures on a monthly basis throughout the initiative.
- Notify FPQC of changes to the QI team.
- Send at least two members of your team to participate in the virtual Kick-Off meeting and attend another Initiative face-to-face or virtual training meetings in the fall each year.
- Participate in presenting during monthly learning coaching calls and webinars on sharing progress, overcoming challenges, seeking consultation, or other topics.

Hospital Administrator in Participating Hospitals:

- Promote the goals of the collaborative and develop links to hospital strategic initiatives.
- Provide the resources to support their team, including time to devote to this effort (team meetings, learning sessions, FPQC PAIRED Initiative virtual and in-person meetings and monthly coaching calls/webinars) and facilitate active senior leadership involvement as appropriate.
- Closely track initiative progress to assure adequate initiative support during the pilot and full initiative duration.

Neonatologist and Nurse Leaders in Participating Hospitals:

- Lead the hospital's quality improvement efforts, including convening regular team meetings.
- Develop a strategy for accountability among partners to help assure progress toward local goals.
- Attend PAIRED Initiative virtual and in-person meetings and monthly collaborative coaching calls/webinars.
- Share information and experiences from the initiative with fellow participants on coaching calls/webinars and at in-person meetings.
- Perform tests of change that lead to process improvements in the organization.
- Work with your peers to gain support and incorporate initiative components into practice.
- Spread successes across the entire hospital system where applicable.

Strategies will be adaptable to all hospital settings. While the toolkit provided to participating hospitals will outline various potentially better practices with resources and metrics for improving the culture of family centered care, we recommend that all participating hospitals prioritize skin-to-skin care as the centerpiece of the initiative and to submit data on metrics for skin-to-skin care. Participating hospitals are encouraged to submit data on the other additional potentially better practices from the toolkit based on their individual needs assessment. The toolkit will contain a questionnaire to help guide each hospital in its needs assessment. Each facility can either adopt an existing set of protocols or guidelines and tools or develop/adapt protocols or guidelines and tools over time using the evidence-based elements.

FPQC will:

- Build a strong collaborative learning environment to support hospitals with driving change
- Coordinate experts and other resources to support the improvement process
- Offer content oversight and process management for the initiative

- Offer participants evidence-based information on the subject and information on applying that subject matter via medical and quality improvement experts
- Offer tools and resources to support hospitals in implementing process changes and improving documentation
- Develop/adapt/update useful materials and tools as needed by the initiative
- Host an online resource toolbox for hospital implementation
- Offer guidance and feedback to participating hospitals on executing improvement strategies
- Provide educational events and conduct on-site technical assistance consultations
- Convene regular learning session coaching calls and webinars to support hospitals in driving change
- Facilitate an online data submission process and provide monthly quality improvement data reports for participating hospitals as well as a baseline assessment report
- Communicate progress and deliverables to the stakeholders of FPQC
- Evaluate and report results in a fashion that does not publicly identify hospitals and providers

PAIRED Initiative hospitals will learn improvement strategies that include establishing goals and methods to develop, test, and implement changes to their systems with the goal of improving the culture of family-centered care. Sites will collect quantitative and qualitative data and submit monthly to FPQC using REDCap, a HIPAA-compliant, secure online interface. FPQC will regularly share de-identified comparative data with hospital teams. A data use agreement will be established with hospitals prior to the start of the initiative.

PAIRED Initiative Timeline

Timeline is subject to change.

Tasks	Target Completion Date
Recruit Leadership Team and Submit Hospital Application to Participate	September 2020
Prepare for Hospital Kick Off, Establish Local Team Meeting Schedule	October – December 2020
Virtual FCC Pilot Kick-Off Meeting Training, Complete Pre-Implementation Survey	January 2021
Individual Hospital Kick-Offs of FCC Initiative	March 2021
Regular Learning Session Webinars for training and collaboration (including at least one presentation from each facility on your progress) Hold regular local team/department meetings	February – October 2021 (pilot)
On-Site Technical Assistance Consultations from FPQC	January – October 2021 (pilot)
Ongoing Data Collection and Technical Assistance upon request	January – October 2021 (pilot)
Recruit Leadership Team and Submit Hospital Application to Participate in Full Initiative	September 2021
Prepare for Full Initiative Phase Kick Off, Establish Local Team Meeting Schedule, Collect and Submit Baseline Data	October – November 2021
In-person or virtual Kick-Off Meeting for Full Initiative Phase	Fall 2021
Pilot Hospital Post-Implementation Survey	October 2021

Individual Hospital Kick-Offs of the Full FCC Initiative	January 2022
Regular Learning Session Webinars for training and collaboration (including at least one presentation from each facility on your progress) Hold regular local team/department meetings	February 2022 – May 2023
On-Site Technical Assistance Consultations from FPQC	January 2022 – May 2023
Ongoing Data Collection and Technical Assistance upon request	January 2022 – May 2023
In-person or virtual mid-project meeting for full initiative phase	Fall 2022
Full initiative hospital post-implementation survey	May 2023
Full Initiative Completion	June 2023

PAIRED Initiative Pilot Recommended Key Practices

1. Form a multi-disciplinary team to address FCC potentially better practices, including skin-to-skin care
2. Encourage family/caregiver engagement in the initiative
3. Develop or revise hospital guidelines and policies that support and promote FCC, including but not limited to those related to skin-to-skin care in the NICU
4. Provide family education throughout NICU admission to optimize infant outcomes and transition to home
5. Educate staff on FCC techniques and approaches, as well as implicit bias that exists in healthcare
6. Provide feedback to strengthen the FCC initiative

A key driver diagram that visualizes factors that impact outcomes in order to assist in prioritizing strategies and actions to improve outcomes is included in Appendix A.

Initiative Core Measures

Data collection and analysis are a key components of quality improvement. What gets measured gets managed! Participants will focus on improving practice metrics for their institution relative to their baseline assessment (aggregate and de-identified data will be submitted by participating sites). We will provide metric outcomes de-identified by hospital to allow each hospital to compare itself to other participating sites.

Participating hospitals will be asked to collect and submit data to support outcome, process, and balancing measures. Please see the Measurement Grid in Appendix B for more information on each measure.

How to Apply

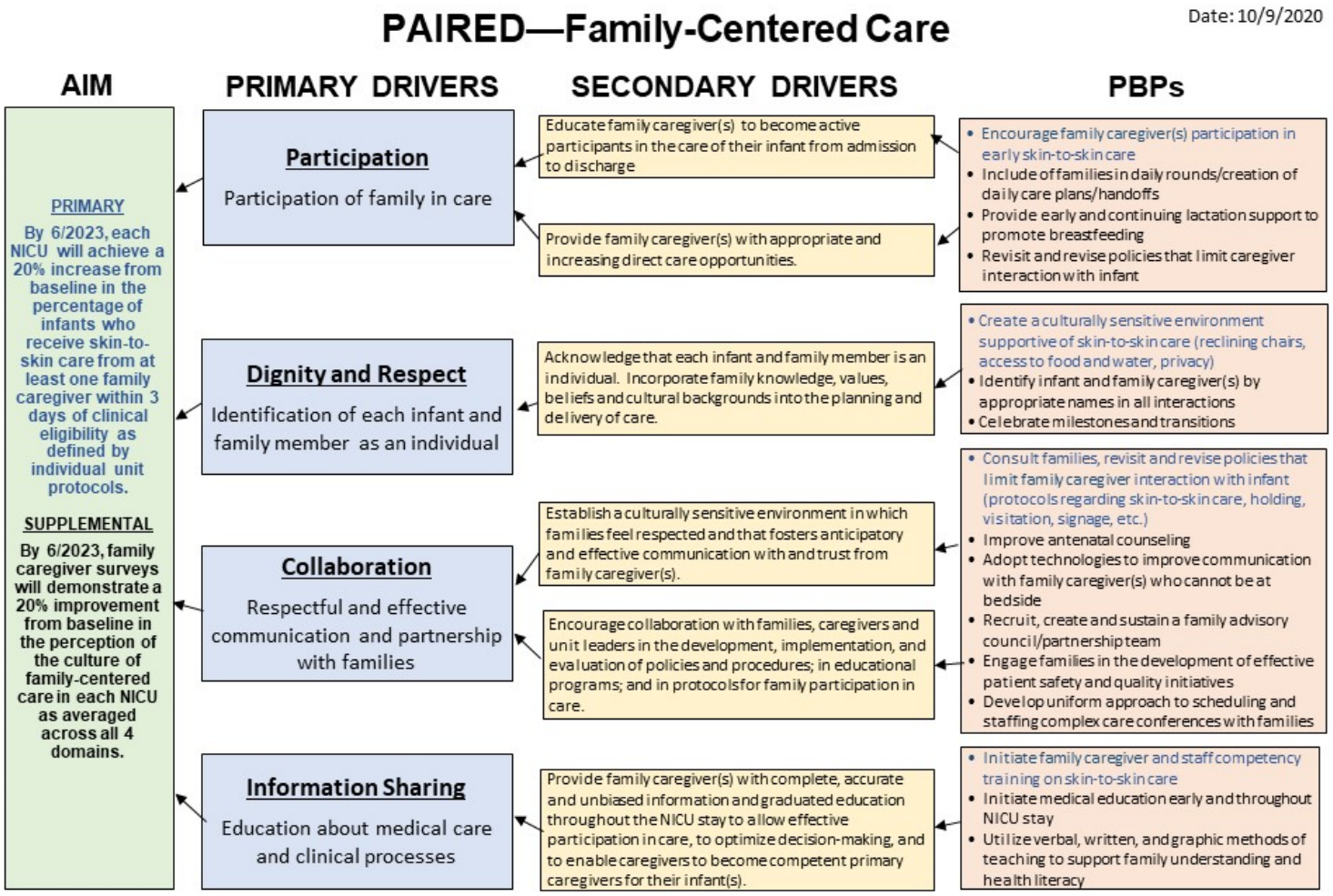
To be involved in FCC Initiative Pilot Phase, please complete the online application at this link: https://usf.az1.qualtrics.com/jfe/form/SV_87U7LfIArvrUG69. The deadline for submitting an application is November 20, 2020. Updated application information will be provided for the full initiative phase in summer 2021.

It is important that you coordinate with your entire department to ensure everyone is aware that you are submitting an application and your hospital does not submit more than one application with different champions. A minimum of 3 team leaders are required. We will contact all team members by email to confirm commitment; **a response from all team members will be required to complete your application**.

If accepted, a Hospital Commitment Letter signed by an appropriate authorizing hospital executive will be required. A Data Use Agreement will be provided to accepted hospitals.

APPENDIX A: KEY DRIVER DIAGRAM

A key driver diagram (KDD) is intended to assist in identifying factors that impact outcomes, and in prioritizing actions and strategies to be undertaken to improve outcomes. This includes potentially better practices (PBPs) that relate directly to the primary aim of improving skin-to-skin care (in blue font), as well as PBPs that relate to the overall goal of an improvement in family-centered care for all four core domains/primary drivers.



Family-centered care is defined as a shared approach to the planning, delivery, and evaluation of healthcare that is based upon a partnership between healthcare professionals and family caregiver(s). There are four essential domains of FCC: 1) family participation in care, 2) dignity and respect, 3) family collaboration, and 4) information sharing.

APPENDIX B: MEASUREMENT GRID

These measures will be calculated and reported to the hospitals in a quality improvement data report on a monthly basis so that facilities can track their progress.
NOTE: These measures are subject to change during the process of finalizing data collection and reporting tools.

Definition of Family-Centered Care (FCC): An approach to the planning, delivery, and evaluation of health care that is grounded in mutually beneficial partnership among the health care professionals, patients, and families. FCC places an emphasis on collaborating with people of all ages, at all levels of care, and in all health care settings. FCC assures that health care is responsive to priorities, preferences, and values of patients and their families. FCC recognizes that families are essential allies for health care quality and safety during the direct care of the patient within the family but also in the effort to improve health care for all. Core domains of FCC include: (1) participation in care and decision-making; (2) dignity and respect; (3) collaboration; and (4) information sharing. (Adapted from the Institute for Patient- and Family-Centered Care: https://www.ipfcc.org/bestpractices/sustainable-partnerships/background/pfcc-defined.html.)

Skin-to-skin care will be the PAIRED quality improvement initiative centerpiece and will be recommended for every participating NICU. The initiative will be supplemented by a robust modular educational program on the evidence-base for FCC and potentially better practices (PBPs) for implementation of skin-to-skin care. The initiative will also provide a toolkit for implementing other potentially better practices other than skin-to-skin care in the four core domains.

#	Outcome Measures	Description	Frequency
1	**Percentage of infants receiving prompt initiation of skin-to-skin care**	Aim: To increase the percentage of eligible infants who receive prompt skin-to-skin care with a family caregiver from the pre-implementation baseline quarter to Q2 of 2022. The goal is to increase this by 20% over the course of the quality improvement initiative. Numerator: # of infants of any gestational age (GA) who require NICU hospitalization for > 5 days and receive skin-to-skin care from at least one family caregiver within 3 days of clinical eligibility as defined by individual unit protocols. Denominator: Total # of infants of any gestational age who require NICU hospitalization for > 5 days and survive at least 3 days beyond their eligibility for skin-to skin care. Exclusion: Infants whose family caregivers (not cuddlers) cannot visit within 3 days of eligibility.	Monthly
2	**Average day of life when skin-to-skin care was first provided by one or both family caregivers**	Aim: To reduce the interval in days between birth and the first family caregiver skin-to-skin care. Defined as: The average of the day of life at which one or both family caregivers provided the infant's initial skin-to-skin care. Every infant in the NICU who had completed more than 5 days of hospital stay and survived more than 3 days beyond eligibility for skin-to-skin will be included in the calculation. Exclusion: Infants who were not eligible for skin-to-skin care at any time or for whom no family caregivers (not cuddlers) were involved with the infant.	Monthly

3	**Number (percent) of eligible inpatient days where any family caregiver provided at least one hour of skin-to-skin care**	Aim: To sustain the benefits of providing prompt initial skin-to-skin care. Defined as: Among infants eligible for skin-to-skin care, the number of days during which the infant received at least one hour of skin-to-skin care from a family caregiver divided by the number of days for which an infant is eligible for skin-to-skin care. Exclusion: Infants who were not eligible for skin-to-skin care at any time or for whom no family caregiver (not cuddlers) were involved.	Monthly
4	**Scores on family caregiver surveys on skin-to-skin care**	Average score on family caregiver evaluation of skin-to-skin care experience in NICU during infant hospitalization as determined on a survey at the time of discharge. Exclusion: Scores for infants who were not eligible for skin-to-skin care or for whom no family caregivers (not cuddlers) were involved with the infant.	Quarterly
5	**Scores on staff surveys on skin-to-skin care**	Average score on staff satisfaction with skin-to-skin care facilitation at the start, mid-point and end Exclusion: Staff who had not complete education and clinical training; staff who had not facilitated skin-to-skin care.	Start, Midpoint, and End
6	**Percent of infants receiving any of mother's own milk at the time of initial disposition**	Aim: Improvement in skin-to-skin care (earlier initiation, more frequent episodes of significant duration) should correlate with an increase in the number of infants receiving any of mother's own milk (MOM) at the time of discharge. Numerator: # of infants eligible for skin-to-skin care during hospitalization who were receiving any of MOM via direct nursing or expressed breast milk by bottle on the day of hospital discharge. Denominator: Total # of infants who had been eligible during the hospitalization for skin-to-skin care. Exclusions: Infants with contraindications by the American Academy of Breastfeeding Medicine or the birth mother was not involved.	Monthly

#	Structural Measure	Description	Frequency
1	**Use of standardized documentation of skin-to-skin care in the electronic medical record or use of a case report form designed to capture key information for each episode of skin-to-skin care**	Defined as: Implementation of discrete documentation in the electronic medical record or care report form that captures key information for every episode of skin-to-skin care during the infant's hospitalization, including: (1) the start and end time of each episode of skin-to-skin care; (2) the family caregiver(s) who provided skin-to-skin care; (3) the staff members who facilitated transfer from the bed to the family caregiver and the transfer from the family caregiver to the isolette; (4) the occurrence (or not) or any adverse events related to skin-to-skin care	Monthly

2	**Development and implementation of an NICU policy promoting skin-to-skin care for all eligible infants and family caregivers.**	Defined as: A written policy that defines the steps and components of skin-to-skin care for all eligible infants and family caregivers.	Monthly

#	Process Measures	Description	Frequency
	Some process measures will be reported on individual infants, and some will be reported on individual hospitals.		
1	**Percentage of providers, nursing and respiratory therapy staff educated about all of skin-to-skin care (didactic instruction about the benefits of skin-to-skin care, followed by clinical training via simulation, bedside observation, or direct assistance with infant transfers)**	Aim: Providers, nurses and respiratory therapists will receive instruction and clinical training on skin-to-skin care tailored to their roles (simulation, bedside observation, providing direct assistance with infant transfers). **Doctors/Nurse Practitioners/Physician Assistants:** Numerator: # of providers who received education and clinical training on skin-to-skin care. Denominator: Total # of provider who cared for NICU infants in the month. **Nurses:** Numerator: # of nurses on staff who received education and clinical training on skin-to-skin care. Denominator: Total # of nurses who cared for NICU infants in the month. **Respiratory therapists (RTs):** Numerator: # of RTs on staff who received education and clinical training on skin-to-skin care. Denominator: Total # of RTs who cared for NICU infants in the month.	Monthly
2	**Percentage of family caregivers who received education about and competency training in skin-to-skin care**	Aim: Each family caregiver will be introduced to skin-to-skin care as early as possible (including before birth, if possible). Each family caregiver will be given materials describing the evidence of benefit for skin-to-skin care, the unit policy on implementing skin-to-skin care, and educational materials that demonstrates the physical process of infant transfer from the isolette to a family caregiver. Numerator: Number of family caregivers who received education about and competency training in skin-to-skin care during the month. Denominator: Number of family caregivers of eligible infants admitted to the unit during the month.	Monthly

#	Balancing Measures	Description	Frequency
1	**Percentage of unplanned extubations associated with skin-to-skin care among skin-to-skin care episodes**	Numerator: # of unplanned extubations that occurred during transfers or during skin-to-skin care in the month. Denominator: Total # of episodes of skin-to-skin care in the month.	Monthly

2	**Percentage of all unplanned extubations associated with skin-to-skin care**	Numerator: # of unplanned extubations that occurred during transfers or during skin-to-skin care in the month Denominator: Total # unplanned extubations among all infants in the month.	Monthly
3	**Other documented unplanned events associated with skin-to-skin care (including hypothermia, bradycardia, and desaturation)**	Numerator: # of skin-to-skin episodes during which a documented unplanned adverse event other than extubation occurred including hypothermia, bradycardia or desaturation in the month. Denominator: Total # of episodes of skin-to-skin care in the month	Monthly