Date: 10/9/2020

PAIRED—Family-Centered Care

AIM PRIMARY DRIVERS SECONDARY DRIVERS **PBPs** Educate family caregiver(s) to become active Encourage family caregiver(s) participation in participants in the care of their infant from admission early skin-to-skin care **Participation** to discharge • Include of families in daily rounds/creation of Participation of family in care daily care plans/handoffs **PRIMARY** Provide early and continuing lactation support to By 6/2023, each promote breastfeeding Provide family caregiver(s) with appropriate and NICU will achieve a Revisit and revise policies that limit caregiver increasing direct care opportunities. 20% increase from interaction with infant baseline in the percentage of • Create a culturally sensitive environment infants who supportive of skin-to-skin care (reclining chairs, receive skin-to-Acknowledge that each infant and family member is an skin care from at access to food and water, privacy) **Dignity and Respect** individual. Incorporate family knowledge, values, least one family Identify infant and family caregiver(s) by caregiver within 3 beliefs and cultural backgrounds into the planning and appropriate names in all interactions Identification of each infant and days of clinical delivery of care. Celebrate milestones and transitions eligibility as family member as an individual defined by Consult families, revisit and revise policies that individual unit limit family caregiver interaction with infant protocols. (protocols regarding skin-to-skin care, holding, Establish a culturally sensitive environment in which visitation, signage, etc.) **SUPPLEMENTAL** families feel respected and that fosters anticipatory Improve antenatal counseling By 6/2023, family and effective communication with and trust from Adopt technologies to improve communication **Collaboration** caregiver surveys family caregiver(s). with family caregiver(s) who cannot be at will demonstrate a bedside 20% improvement Respectful and effective Recruit, create and sustain a family advisory Encourage collaboration with families, caregivers and from baseline in communication and partnership the perception of council/partnership team unit leaders in the development, implementation, and the culture of with families • Engage families in the development of effective evaluation of policies and procedures; in educational family-centered patient safety and quality initiatives programs; and in protocols for family participation in care in each NICU Develop uniform approach to scheduling and care. as averaged staffing complex care conferences with families across all 4 domains. Initiate family caregiver and staff competency training on skin-to-skin care Provide family caregiver(s) with complete, accurate **Information Sharing** · Initiate medical education early and throughout and unbiased information and graduated education throughout the NICU stay to allow effective NICU stav Education about medical care • Utilize verbal, written, and graphic methods of participation in care, to optimize decision-making, and and clinical processes to enable caregivers to become competent primary teaching to support family understanding and caregivers for their infant(s). health literacy

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.