PAIRED Implementation Guidance

Susan M. Bowles, DNP, RNC-NIC,
PAIRED Nurse Consultant
Keys to Building a Successful Initiative

- Engage Key Stakeholders from the Start
- Multidisciplinary Planning and Implementation
- C-Suite Support
- Consistent Commitment by All Team Members
Components of Successful Participation

- Create a QI culture—a team environment emphasizing quality and patient safety
- Hold regular QI team meetings to follow and make progress
- Share important information, progress and successes with everyone around
- Be creative and flexible!
WHO SHOULD BE ON THE TEAM

- Neonatologists
- Nursing Staff
- Director/Manager
- Quality Improvement
- IT
- Social Work
- Therapists/ RT, OT, PT,
- Parents
- Others
Create a Culture Ready for Change

• Must be a multidisciplinary effort
• Teams must meet regularly
• Ability to provide a safe environment for:
  • Listening
  • Questioning
  • Persuading
  • Respecting
  • Helping
  • Sharing
  • Participating
• Use the Toolkit!
Team Meetings

- Meet bi-weekly/monthly to start then may be less frequent later
- Include all departments impacted by your work
- Have an agenda and take minutes.
  - Review data, 30-60-90 Day Plan, PDSA cycles, and potential community partners
  - Discuss insights from webinars/coaching
  - Share progress and challenges with administration – follow communication plan
Quick Start Checklist

30-60-90 Day Plan

Key Driver Diagram

PDSA Cycle
Quick Start Checklist

1. Recruit QI team – lead, physician lead, nurse lead, QI/data lead, administrative champion
2. Review, complete and return PAIREDS Data Use Agreement
3. Attend PAIREDS Kick-off Meeting
4. Complete the PAIREDS Team Readiness Survey and identify team goals
5. Write down questions or concerns
Quick Start Checklist

Key Driver Diagram

30-60-90 Day Plan

PDSA Cycle

Tools to Use
PAIRED—Family-Centered Care

AIM

PRIMARY

By 6/2023, each NICU will achieve a 20% increase from 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.

SUPPLEMENTAL

By 6/2023, family caregiver 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 4 domains.

PRIMARY DRIVERS

Participation

Participation of family in care

Dignity and Respect

Identification of each infant and family member as an individual

Collaboration

Respectful and effective communication and partnership with families

Information Sharing

Education about medical care and clinical processes

SECONDARY DRIVERS

Educate family caregiver(s) to become active participants in the care of their infant from admission to discharge

Provide family caregiver(s) with appropriate and increasing direct care opportunities.

Acknowledge that each infant and family member is an individual. Incorporate family knowledge, values, beliefs and cultural backgrounds into the planning and delivery of care.

Establish a culturally sensitive environment in which families feel respected and that fosters anticipatory and effective communication with and trust from family caregiver(s).

Encourage collaboration with families, caregivers and unit leaders in the development, implementation, and evaluation of policies and procedures; in educational programs; and in protocols for family participation in care.

Provide family caregiver(s) with complete, accurate and unbiased information and graduated education throughout the NICU stay to allow effective participation in care, to optimize decision-making, and to enable caregivers to become competent primary caregivers for their infant(s).

PBP's

• Encourage family caregiver(s) participation in early skin-to-skin care
• Include of families in daily rounds/creation of daily care plans/handoffs
• Provide early and continuing lactation support to promote breastfeeding
• Revisit and revise policies that limit caregiver interaction with infant

• Create a culturally sensitive environment supportive of skin-to-skin care (reclining chairs, access to food and water, privacy)
• Identify infant and family caregiver(s) by appropriate names in all interactions
• Celebrate milestones and transitions

• Consult families, revisit and revise policies that limit family caregiver interaction with infant (protocols regarding skin-to-skin care, holding, visitation, signage, etc.)
• Improve antenatal counseling
• Adopt technologies to improve communication with family caregiver(s) who cannot be at bedside
• Recruit, create and sustain a family advisory council/partnership team
• Engage families in the development of effective patient safety and quality initiatives
• Develop uniform approach to scheduling and staffing complex care conferences with families

• Initiate family caregiver and staff competency training on skin-to-skin care
• Initiate medical education early and throughout NICU stay
• Utilize verbal, written, and graphic methods of teaching to support family understanding and health literacy
Quick Start Checklist

Key Driver Diagram

30-60-90 Day Plan

PDSA Cycle
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<thead>
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<td>Strengths</td>
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<th>Looking Ahead</th>
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<tr>
<td>Three Things to Accomplish in the Next 30 Days</td>
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<tr>
<td>Three Things to Accomplish in Next 60 Days</td>
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30-60-90 Day Plan
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<tr>
<td><strong>Strengths</strong></td>
<td><em>We have a strong physician champion and good administrative support</em></td>
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<td><strong>Barriers</strong></td>
<td><em>Some of our providers and staff are very resistant to change</em></td>
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Three Things to Accomplish in the Next 30 Days

1. Review multidisciplinary team members and fill any gaps
2. Schedule team meetings for 6 months
3. Review and revise unit policies to allow for early Skin to Skin Care.
Quick Start Checklist

Key Driver Diagram

30-60-90 Day Plan

PDSA Cycle
What is a PDSA cycle?

- Useful tool for developing & documenting tests of change to **for improvement**
- AKA PDCA, Deming Cycle, Shewart Cycle

**P** – Plan a test
**D** – Do a test
**S** – Study & learn from test results
**A** – Act on results

*Dr. Balakrishnan will delve into PDSAs during her presentation!*
Reasons to test changes

- **Learn** whether change will result in improvement
- **Predict** the amount of improvement possible
- Evaluate the proposed change work in a *practice environment*
- **Minimize resistance** at implementation
Potential Implementation Barriers & Strategies to Overcome

**Potential Barrier Drivers**

- Time limitations

**Strategies to Overcome**

- Make sure meetings are organized and succinct to decrease the impact on time
- Use efforts of staff members—consider use of nurse clinical ladder to support project
- Standardize meeting time for ease of scheduling; consider web-based meetings for those off site
- Use regularly scheduled department meetings to highlight project and results—be succinct
Potential Implementation Barriers & Strategies to Overcome

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<th>Strategies to Overcome</th>
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<tr>
<td>• Resource limitations</td>
<td>• Connect with other hospitals or QI leaders for potential solutions; or sharing resources through collaborative work</td>
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As the Project Continues...

- **Celebrate** successes along the way

- **Display data** by keeping it current AND interesting

- **Make it stick**
  - Routinization

- **Plan for sustainability**
Where do I Start \underline{BEFORE} I start?
<table>
<thead>
<tr>
<th>Assess</th>
<th>Review</th>
<th>Attend</th>
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<tr>
<td>Assess your team to assure all critical departments included</td>
<td>Review PAIRED resources</td>
<td>Attend Data Collection Webinar Friday, March 26, 2021, 12-1 PM ET</td>
<td>Plan for PAIRED launch – bulletin boards; staff meetings; event invitations</td>
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**March-April**
April

Launch

Official launch in your hospital!
Educate providers and facility leadership on importance of facility-wide standards
Engage staff and clinicians
Present your hospital’s PAIRED participation

Begin

Begin submitting prospective data
PAIRED Initiative Resources

- **Technical Assistance**
  - from FPQC staff, state Clinical Advisors, and National Experts

- Project-wide in-person collaboration meetings

- Educational sessions, videos, and resources

- Monthly and Quarterly QI Data Reports

- Custom, Personalized webcam, phone, or on-site Consultations & Grand Rounds Education

- **Monthly e-mail Bulletins**

- **Monthly Collaboration Calls with hospitals state-wide**

- **Online Tool Box**
  - Algorithms, Sample protocols, education tools, Slide sets, etc.
PAIRED Initiative

http://www.fpqc.org/PAIRED

Family-Centered Care in the NICU

Family-centered care (FCC) is 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 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.

The initiative is currently being piloted. Recruitment of new hospitals will occur in late Summer 2021.

About the Pilot Initiative

We are designing PAIRED to assist NICUs in developing and implementing unit-specific strategies that will improve how a family engages with the NICU staff to assist in the care of their infant in a way that provides value to the family and to the NICU team. As its centerpiece project, this initiative will facilitate adoption or expansion of safe skin-to-skin care, which has a growing evidence base for achieving better infant and family outcomes.

Pilot hospitals for this initiative will help assess, refine and optimize the FCC change package, family survey and reporting system for a larger PAIRED Initiative.

Initiative Resources and Tools

The PAIRED Online Tool Box contains project tool kit documents, example policies and educational materials, and more for hospitals who are implementing the PAIRED Initiative.

Click here to visit the TOOL BOX
NOW IT’S YOUR TURN!

QUESTIONS?