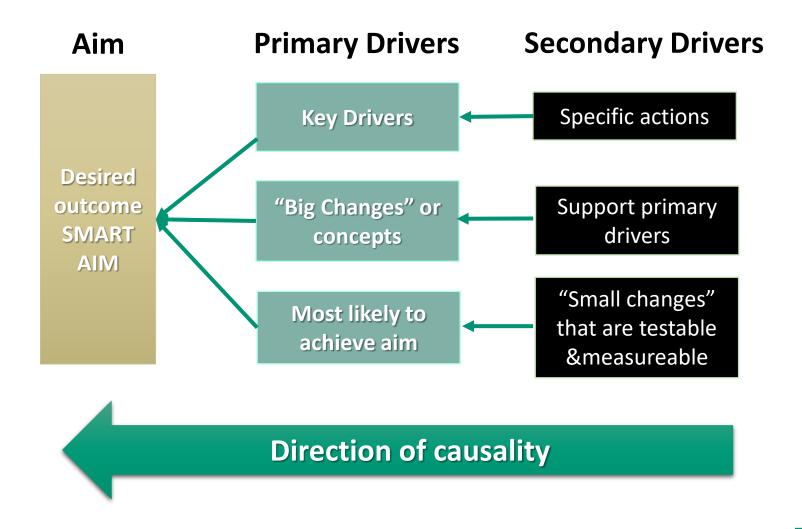
PAIRED Theory of Change: Key Driver Diagram and Measurement Grid

Estefania Rubio, MD, MPH FPQC Data Manager



Key Driver basic concepts





PAIRED—Family-Centered Care

Date: 10/9/2020

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 Provide family caregiver(s) with appropriate and promote breastfeeding 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 receive skin-tosupportive of skin-to-skin care (reclining chairs, Acknowledge that each infant and family member is an access to food and water, privacy) skin care from at **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 from baseline in Encourage collaboration with families, caregivers and communication and partnership council/partnership team the perception of 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 Provide family caregiver(s) with complete, accurate training on skin-to-skin care **Information Sharing** Initiate medical education early and throughout and unbiased information and graduated education throughout the NICU stay to allow effective Education about medical care participation in care, to optimize decision-making, and Utilize verbal, written, and graphic methods of and clinical processes teaching to support family understanding and to enable caregivers to become competent primary health literacy caregivers for their infant(s).

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.

PAIRED—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.



PAIRED—Primary Drivers

AIM

PRIMARY DRIVERS

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.

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

Institute for Patient and family centered care, AAP and IPFCCC Joint statement & MCHB agree on four essential domains of FCC:

- 1) Family participation in care
- 2) Dignity and respect
- 3) Family collaboration, and
- 4) Information sharing



Participation – Secondary Drivers

AIM

PRIMARY DRIVERS

SECONDARY DRIVERS

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.

Participation

Participation of family in care

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.



Participation – Potentially Better Practices

PBPs

PRIMARY DRIVERS

Participation

Participation of family in care

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.

- Encourage family caregiver(s)
 participation in early skin-toskin 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



Participation in care: Outcome Measures

Early skin-to-skin care (SSC)

- % infants receiving prompt initiation of SSC (within 3 days of clinical eligibility)
- Average day of life when SSC was first provided by a family caregiver
- % eligible inpatient days where a family caregiver provided at least one hour of SSC

Lactation support to promote breastfeeding

 % infants receiving any of mother's own milk at the time of initial disposition



Dignity and Respect

SECONDARY DRIVERS

- 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.

PBPs

- •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



Dignity and Respect: Measure

Scores on family caregiver surveys on SSC

 Average score on family caregiver evaluation of SSC experience in NICU during hospitalization of qualifying infants as determined on a survey at the time of discharge



Collaboration

SECONDARY DRIVERS

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

PBPs

- •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

Collaboration: Measure

Development and implementation of an NICU policy promoting SSC for all eligible infants and family caregivers

 A written policy that defines the steps and components of SSC for all eligible infants and family caregivers.



Information Sharing

SECONDARY DRIVERS

PBPs

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 decisionmaking, and to enable caregivers to become competent primary caregivers for their infant(s).

- 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



Collaboration: Measure

Initiate <u>family caregiver</u> and staff competency training on skin-to-skin care

- % of family caregivers who received education about and competency training in SSC
 - Evidence of benefit for SSC
 - Unit policy on implementing SSC
 - Educational materials that demonstrates the physical process of infant transfer from the isolette to a family caregiver



Collaboration: Measure

Initiate family caregiver and <u>staff</u> competency training on skin-to-skin care

- % of providers, nursing and respiratory therapy staff educated about all of SSC
- didactic instruction about the benefits of SSC
- clinical training via simulation, bedside observation, or direct assistance with infant transfers



PAIRED—Family-Centered Care

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PAIRED Balancing Measures

"Are changes designed to improve one part of the system causing new problems in other parts of the system?"



PAIRED Balancing Measures

- % of unplanned extubations associated with SSC among SSC episodes
- % of other documented unplanned events associated with SSC
 - -Significant desaturation/apnea/bradycardia
 - Hypothermia
 - -Line dislodgement



PAIRED DATA WEBINAR

Date: Friday, March 26, 2021 12:00 PM - 01:00 PM EDT

- Importance of data for the PAIRED initiative
- Data definitions, inclusion criteria
- Data tools data collection sheets
- Processes to submit data
- Review of sample report
- Using your report to guide improvement





Thank you!

erubio1@usf.edu



Florida Perinatal Quality Collaborative