

# Primary Driver # 1: Family Preparedness and Engagement

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**Vision:** Integrate family into a *Family Centered* discharge process that encompasses Dignity & Respect, Participation, Communication, and Information Sharing. The process begins on admission, empowering families to collaborate with the clinical interdisciplinary team throughout their baby's transition from NICU admission to discharge home.

## Primary Key Driver

**Family Engagement and Preparedness**

## Secondary Drivers

Educate caregivers to take ownership of infant care

Implement a discharge planning tool starting at admission

Engage care team to coach caregivers on infant care skills needed for transition to home

*Family-centered care is a universal component of every driver & activity*

## Educate caregiver to take ownership of infant care

- Prepare family for discharge early-on



## Educate caregiver to take ownership of infant care

- Encourage communication among family and team
- Families need to know the plan is tailored to them and their baby
- Confirm the family understands the process (i.e., may not be able to give a specific discharge date, etc.)
- Understand that the uncertain nature of discharge readiness is frustrating to families
- Use consistent messaging

## Ensure Parents Technical Skill Proficiency



## Ensure Parents are emotionally ready for discharge

- Are the parents confident that the baby's heart rate and breathing are safe?
- Are the parents assured that the baby is healthy and mature?
- Are the parents ready for the baby to come home?



## Educate caregiver to take ownership of infant care



- Allow educational opportunities and skill demonstrations.
- Accommodate parents' availability
  - Do they need to room in?

## Parents learning style

- How do they best learn
  - Language?
  - Translation
  - Can they record the session
- Allow them time to process and ask questions





# Implement a discharge planning tool starting at admission



## DISCHARGE ROADMAP FOR FAMILIES



### ADMISSION

- NICU unit orientation
- Review admission information
- I do skin to skin (Kangaroo Care) with my baby when able
- I know my baby's feeding plan (brought in bottles and nipples to be used at home when ready)
- I received education and/or watched videos about:
  - Safe Sleep and SIDS
  - Shaken Baby Syndrome
  - Car seat safety
  - Newborn State Screen
  - Hearing Screens
  - Vaccinations
  - Infant CPR
  - Hand washing
  - Secondary smoke exposure
- I visited the recommended websites/apps:
  - ❖ [Healthychildren.org](http://Healthychildren.org)
  - ❖ [Babystepstohome.com](http://Babystepstohome.com)
  - ❖ [Handtohold.org](http://Handtohold.org)
  - ❖ My NICU Baby® App

Name Sticker

### DURING NICU STAY

- Discharge meeting with the team around the 34-week mark
- Choose a pediatrician and call the office to sign up and check insurance coverage
- I am confident caring for my baby
- Ask the nurse if my baby has had:
  - Vaccines such as Hep B or Synagis® (sign consents for vaccines)
  - Newborn State Screen
  - Heart disease screen (CCHD)
  - Hearing screen
  - Car seat test (if needed)
- Plans for my baby boy to be circumcised if desired
- I received medication teaching and filled the prescriptions
- Sign up for and attend CPR/discharge class if offered
- We are practicing safe sleep
- Get trained on any special equipment such as oxygen, monitor, feeding pump
- I installed the appropriate car seat
- I stayed overnight if needed
- I prepared my home (infant bed, diapers, feeding supplies, etc.)

### DISCHARGE

- My Baby is:
- Maintaining temperature in a crib
  - Feeding well
  - Gaining weight
  - Free from apnea and bradycardia
  - Practicing safe sleep
- I have all the appointments my baby needs
- Pediatrician, subspecialists, and therapists
  - Early Intervention
  - Visiting Nurse
  - Audiology
  - Follow-up Clinic
  - CHILD Clinic
  - WIC
- Questions or concerns I still have about my baby have been addressed
- I know my baby's feeding plan (amount, frequency, formula mixing)
- All equipment and supplies were delivered to my house
- I feel well prepared and confident taking my baby home
- I know when to seek medical advice from the pediatrician or call 911
- I have an Emergency Contact list available at home
- The best time and contact number for follow-up phone call: \_\_\_\_\_

## Engage care team to coach parents on infant care skills needed for transition to home

- Become a family coach:
  - What to expect in the NICU
  - Provide anticipatory guidance
  - Explain preterm baby behavior.
  - Explain and demonstrate technical baby care skills
  - Engage with the baby



## Mental health and psychosocial support for families

Examples for psychosocial support in the NICU may include:

- Family-centered developmental care
- Peer-to-peer support for NICU parents/PTSD
- Provision of mental health professionals in the NICU
- Ensure PDSS survey and hotline phone numbers have been provided
- Palliative and bereavement care support

## Family Engagement in the QI Process

Families can impact outcomes positively through their engagement in quality improvement.

Examples of family engagement in the QI process:

- Sharing their insight based on their personal experience
- Participating in a family advisory council
- Participating in unit-based quality teams
- Serving as a leader of a quality improvement initiative



# Questions?

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