Primary Driver # 1: Family Preparedness and Engagement

Sue Bowles and Lelis Vernon







**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

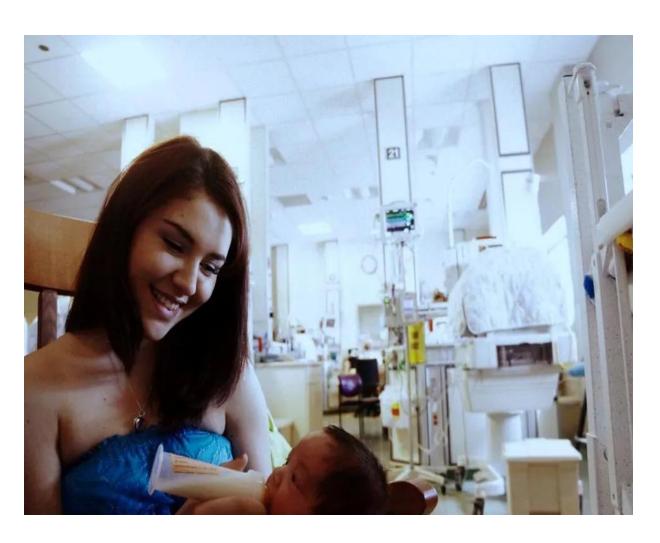




### Educate caregiver to take ownership of infant care

- 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



follow-up phone call:

| BOUND BOUND Quality Collaboration   |   |  |
|---|---|--|
| 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: | 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 | DISCHARGE  My Baby is:  Maintaining temperature in a crit  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 hav about my baby have been addressed about my baby have been addressed (amount, frequency, formula mixing)  All equipment and supplies were delivered to my house  I feel well prepared and confidentaking my baby home  I know when to seek medical adverom the pediatrician or call 911 |
| Name Sticker  | I installed the appropriate car seat<br>I stayed overnight if needed<br>I prepared my home (infant bed,<br>diapers, feeding supplies, etc.)   | I have an Emergency Contact list<br>available at home<br>The best time and contact number for  |

# 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?



