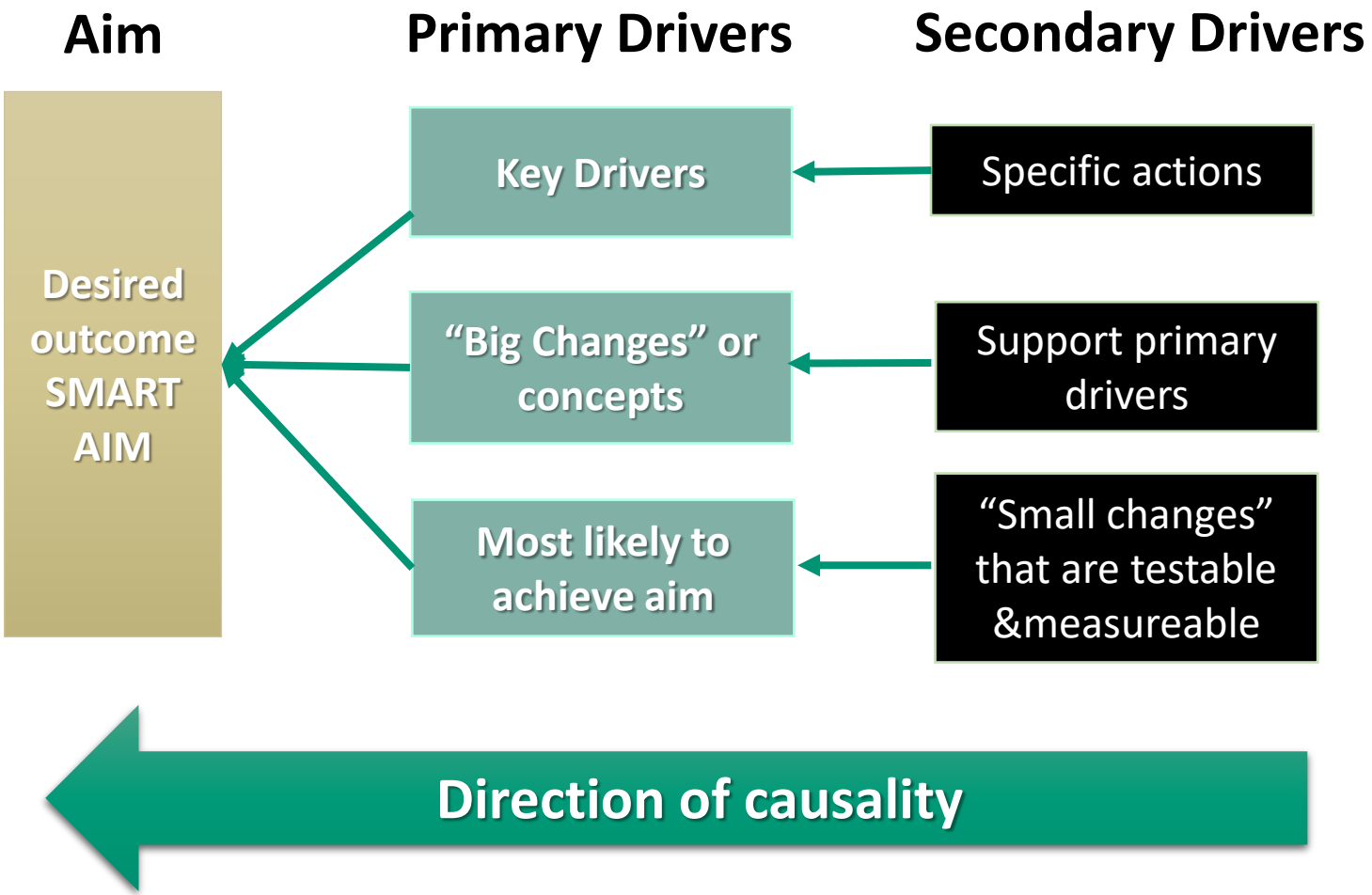
PAIRED Theory of Change: Key Driver Diagram and Measurement Grid

Estefania Rubio, MD, MPH
FPQC Data Manager

Key Driver basic concepts



PAIRED—Family-Centered Care

Date: 10/9/2020

AIM

PRIMARY

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).

PBPs

- 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

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

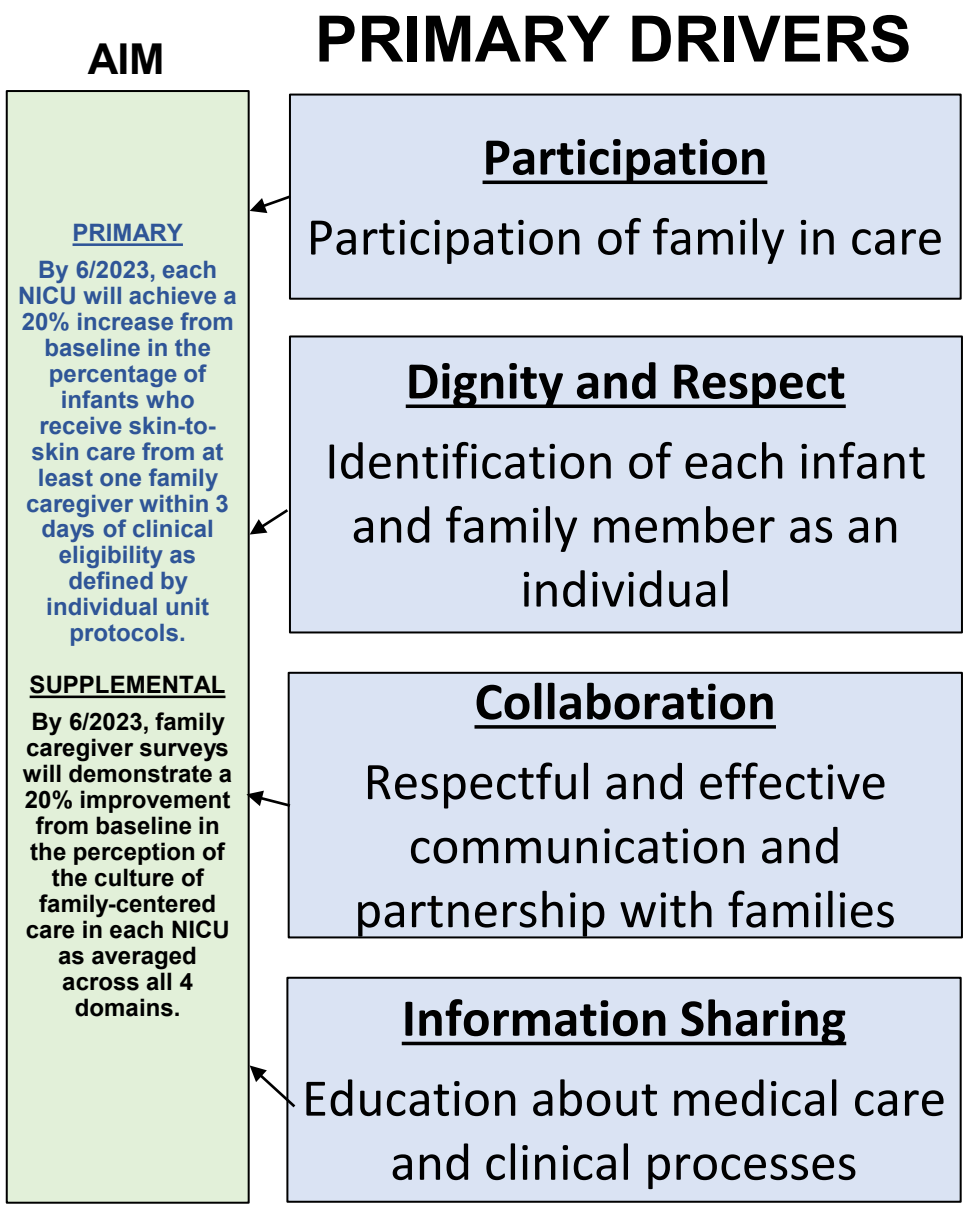
By 6/2023, each NICU will achieve a 20% increase from baseline in the percentage of infants who receive skin-to-skin care from at least one family caregiver within 3 days of clinical eligibility as defined by individual unit protocols.

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.

FPQC

PAIRED—Primary Drivers

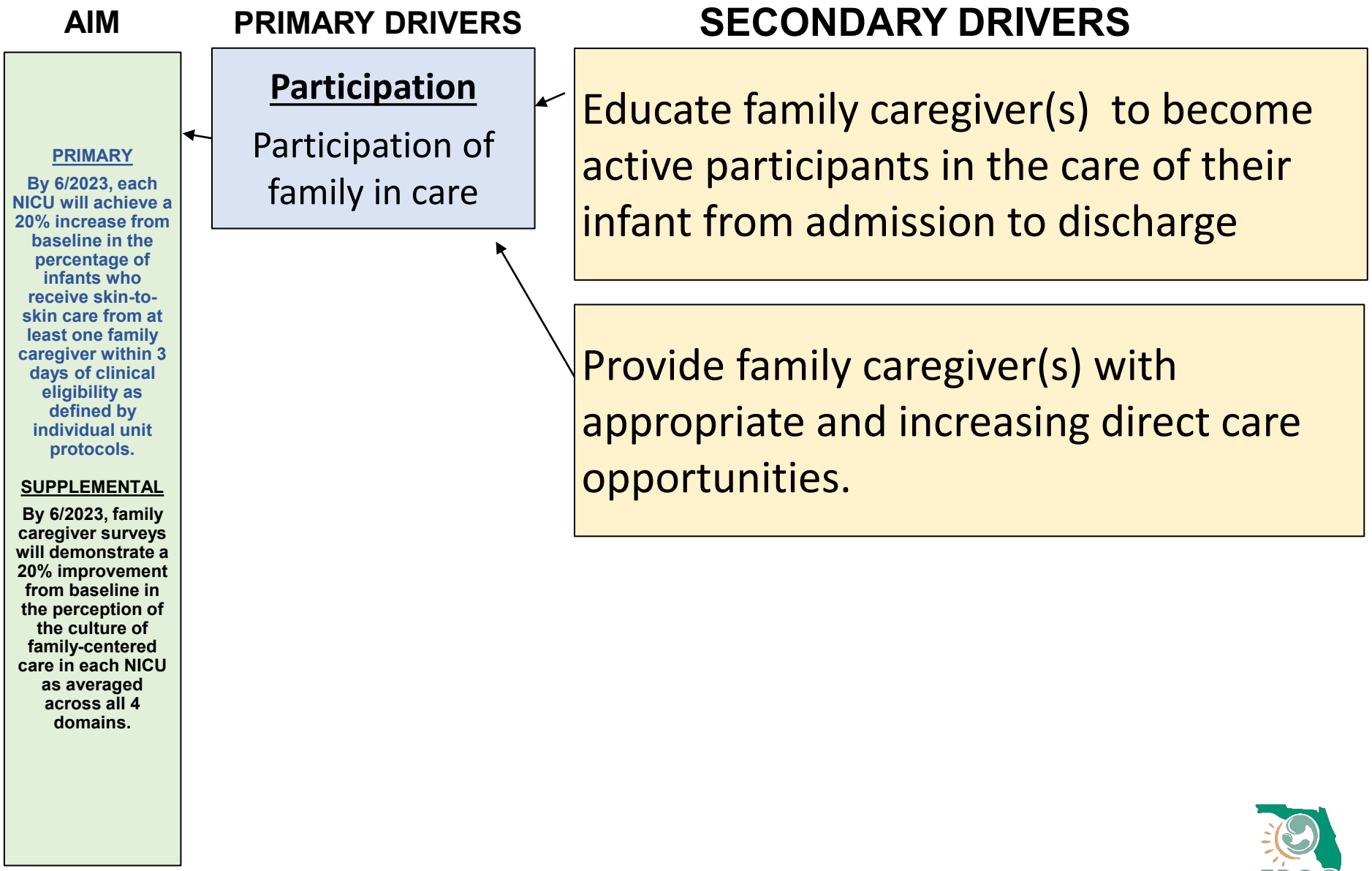


Institute for Patient and family centered care, AAP and IPFCCC Joint statement & MCHB agree on four essential domains of FCC:

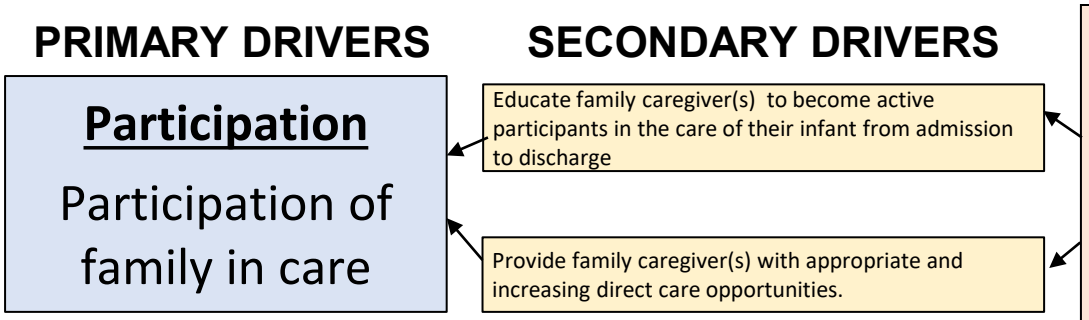
1) Family participation in care
2) Dignity and respect
3) Family collaboration, and
4) Information sharing

FPQC

Participation – Secondary Drivers



Participation – Potentially Better Practices



PBPs

- 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

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

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

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).

PBPs

- 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

FPQC

Collaboration: Measure

Initiate family caregiver 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

FPQC

Collaboration: Measure

Initiate family caregiver and staff 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

FPQC

PAIRED—Family-Centered Care

Date: 10/9/2020

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).

PBPs

- 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

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—Family-Centered Care

Date: 10/9/2020

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).

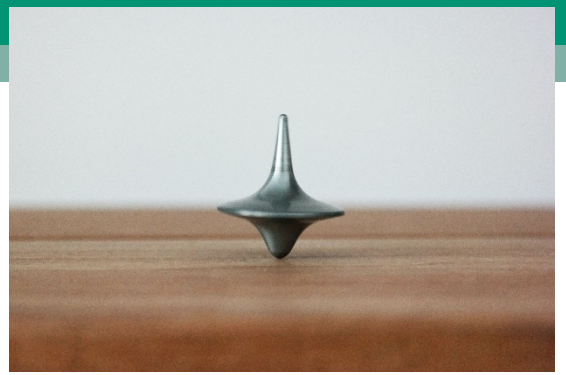
PBPs

- Encourage family caregiver(s) participation in early skin-to-skin care
- Provide early and continuing lactation support to promote breastfeeding
- Create a culturally sensitive environment supportive of skin-to-skin care (reclining chairs, access to food and water, privacy)
- Consult families, revisit and revise policies that limit family caregiver interaction with infant (protocols regarding skin-to-skin care, holding, visitation, signage, etc.)
- Initiate family caregiver and staff competency training on skin-to-skin care

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 Balancing Measures

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



http://www.ihi.org/resources/

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

FPQC

Thank you!

erubio1@usf.edu

Florida Perinatal
Quality Collaborative