



Assessment of Family Integrated Care and Quality Improvement in NW IPA NICUs:
AWHONN 2019 Annual Conference
October 1st, 2019
February 28, 2019





Learning Objectives

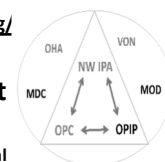
- To provide background on the **project**
- To provide a description of the **Family Integrated Care and Quality Improvement (FI-C-QI)** assessment tool development and data collection
- To provide an overview how **Family Integrated Care and Quality Improvement (FI-C-QI)** assessment tool findings were analyzed for each site and then across each site.
- To provide an highlight of the key findings:
 - Overall **areas of strength** across NWIPA
 - Overall **areas for improvement** opportunities across NWIPA
- To describe next steps

Commercial Disclosure

I have no commercial interests to disclose.

Collaboration Across Improvement Efforts Focused on Prenatal-Adolescence

1. **Oregon Perinatal Collaborative:**
<http://www.oregonperinatalcollaborative.org/>
2. **Northwest Neonatal Improvement Priority Alliance (NWIPA)**
<http://www.oregon-pip.org/projects/NWIPA.html>
3. **Oregon Pediatric Improvement Partnership (OPIP):**
www.oregon-pip.org



Oregon Pediatric Improvement Partnership (OPIP)

- OPIP supports a meaningful, **long-term collaboration of stakeholders** invested in child health care quality, with the common purpose of improving the health of the children and youth of Oregon.
- **OPIP staff and projects focus on building health and improving outcomes for children and youth by:**
 - 1) Collaborating in **quality measurement and improvement** activities;
 - 2) Supporting **evidence-guided quality activities**;
 - 3) Incorporating the **patient and family voice** into quality efforts; and
 - 4) Informing **policies that support optimal health** and development
- OPIP uses a **population based approach – starting with child/family**
- Primarily contract and grant funded
- Based out of Oregon Health & Science University (OHSU), within the Pediatrics Department
- www.oregon-pip.org

Assessment of Family Integrated Care and Quality Improvement in NW IPA NICUs

- NWIPA members identified the **need to focus future quality improvement** efforts on enhancing the degree to which care in the NICU is **family-integrated (FIC)** and the degree to which families are **integrated in the NICU's quality improvement efforts (QI)**.
- Incorporating the **patient and family voice into quality efforts** is a core component of the Oregon Pediatric Improvement Partnership (OPIP) mission and they have experience with measuring family-centered care and family involvement in quality improvement efforts.
- Opportunity to include **an effort focused on FI-C-QI** in the OPC CDC grant

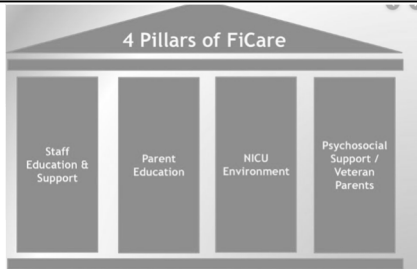
Oregon Perinatal Collaborative (OPC) grant from the Center for Disease Control Supported the Following:

- Development of a **baseline assessment tool** of the level of family integrated care and quality improvement that will be completed by each of the teams in 11 NICUs participating in the NWIPA.
- **Site visit to the NICU site with the highest quality of FIC and FIQI** so that we can understand how they developed their processes and key parts of their efforts that can be shared with the other NICU sites in their quality improvement efforts. This site visit will include interviews with the NICU staff and with parents who are engaged in their quality improvement efforts.
- **Summarize the learnings from the assessment and site visit** to the NWIPA leadership and at the annual meeting of the NWIPA to guide and inform future quality improvement efforts focused on improving family integrated care and quality improvement processes.
- Summarize the **process** with the **Oregon Perinatal Collaborative** to guide and inform their future efforts with their member partners focused on collecting baseline information about FIC and FIQI across member sites.

What is Family Integrated Care?

- FIC expands on Family Centered Care (FCC) in that the parents and family become integrated as **equal partners** in the neonatal team. In order for FIC to become the standard of care within a neonatal unit the basic principles of FCC should already be in place.
- Family integrated care involves providing parents with **sufficient education, support and tools** so that they are able to become **confident and independent primary caregivers** of their infant in partnership with the rest of the caregivers.
- Parents are empowered to become **equal partners in the team** caring for their infants in collaboration with medical, nursing and allied health professionals. They participate actively in ward rounds, discuss management plans and share decision making. **Nurses' role shifts to teacher and facilitator** from the role of do-er.

Pillars of Family Integrated Care



- The 4 pillars create the scaffolding that supports the model of FiCare.
- Underpinning the pillars is the engagement of veteran parents, at all the levels of program development

Source: <http://familyintegratedcare.com/about-ficare/>

What is Family Integrated Quality Improvement?

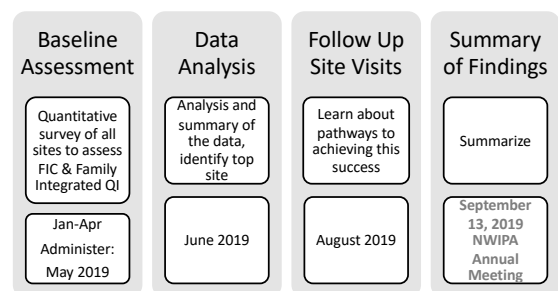
- **FCQI Models in Ambulatory Settings.**
 - Parent advisory group that guide and inform quality improvement priorities, Parent focus group on quality improvement priorities identified
 - Parents serve on quality improvement teams
 - Parent input and review of specific changes strategies or tools that are focus in quality improvement efforts.
 - Parent-derived data is collected and used to guide and inform quality improvement priorities OR to evaluate the impact of the quality improvement efforts
 - Parent engagement, education is a component of every quality improvement project.
- **Institute for Patient and Family-Centered Care (IPFCC):** IPFCC also has a framework that looks at five different levels for family integration:
 - **Level 1:** families complete surveys or engage in other evaluative activities as respondents (e.g. focus groups).
 - **Level 2:** Family advisory councils serve as a resource to QI team (e.g. review projects, documents)
 - **Level 3:** families participate as occasional reviewers and consultants during an improvement project
 - **Level 4:** Families participate as active members of improvement teams and/or may serve on unit based task forces and committees and faculty for staff and clinician education
 - **Level 5:** families are coleaders of improvement initiatives.

Assessment of Family Integrated Care and Quality Improvement in NW IPA NICUs

- Developed a **baseline assessment tool** of the level of family integrated care and quality improvement
 - **Completed by multi-disciplinary teams in 11 NICUs** participating in the NWIPA.
- **Conducted 4 site visits to the NICU sites that excelled in varying domains of the assessment to learn from their strengths and experiences**
 - Understand the **how** and intrinsic and extrinsic motivators
 - Site visits will include interviews with the **NICU staff and with parents**
- **Summarized the learnings from the assessment and site visits**
 - Annual meeting of the NWIPA to guide and inform future QI
 - NWIPA leadership

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Timeline of Key Activities



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Sections of FIC-QI Assessment Tool

COMPONENT 1:

Family Integrated Care Processes & System

- Staff Education & Support
- Parent Education
- Parent as Care Provider
- NICU Environment
- Psychosocial Support
- Leadership Buy-In

COMPONENT 2:

Family-Integrated Quality Improvement

- Data derived from Families Evaluates QI Efforts
- Families Are Engaged Periodically
- Families Provide Input Guidance on the QI Tools/Processes
- Families Are Integrated as Part of the QI Team
- Families Inform Quality Improvement Priorities and Their Input is Prioritized

Sections of FIC-QI Assessment Tool

Section 2:

Staff Education & Support

The first pillar of Family Integrated Care (FIC) is to provide staff with the skills that enable them to educate, mentor, and support parents in caring for their infant in the NICU and in ultimately being the primary caregiver.

Section 3:

Parent Education

A comprehensive parent education program is necessary to provide parents with the skills and tools they need to confidently and safely care for their infant in the NICU and to be truly integrated in their child's care.

Section 4:

Parent as Caregiver

The overarching goal of FIC is to support parents in becoming members of the NICU team and provide active care for their infant. Parents need to be supported, become collaborators in care, and integrated into multidisciplinary care teams.

Section 5:

NICU Environment

Another pillar of FIC is a welcoming and comfortable environment that meets the needs of parents and encourages them to participate in the care of their baby. NICU environment includes both the physical characteristics as well as the policies and procedures.

Section 6:

Psychosocial Support

Parents in the NICU often feel lost and overwhelmed. Psychosocial support for families is necessary to enable them to overcome their fears and engage as a partner in the NICU care of their infant.

Section 7:

Family Integrated Quality Improvement

Families and healthcare professionals bring complementary expertise to the quality improvement process.

Completion of the FI-C-QI Assessment Tool

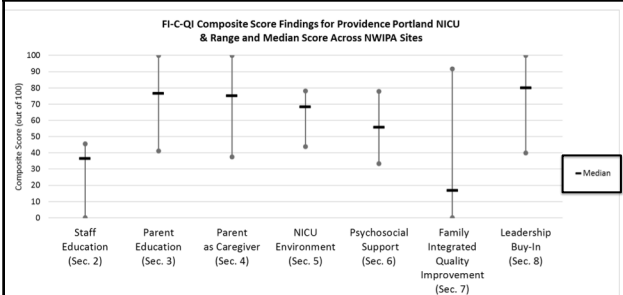
– Pros of Team Reported Tools

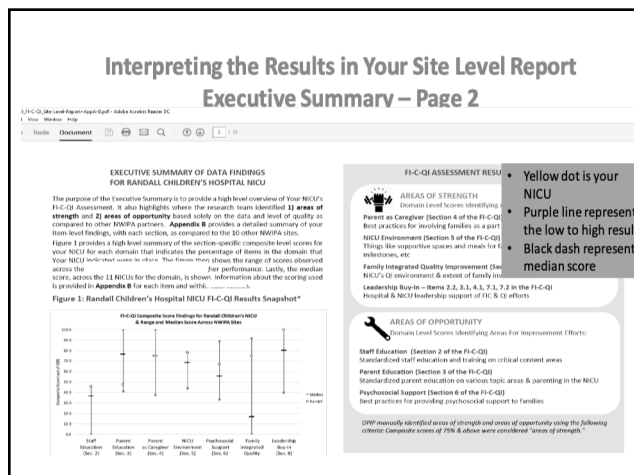
- Create opportunity for team-based discussion about the topics
- Process itself can be a learning
- If done well, supports a team-based approach to perceptions about the NICU environment and identifies area where perceptions and experiences may differ

– Factors to Consider with Team Reported Tools:

- Subjective nature of responses
- Differences in interpretation of the question and what counts
- Lack of requirement for provision of materials that demonstrate systems and processes in place

FI-C-QI Composite Metric Results Across 11 NICUS





Areas of Strength Across NWIPA

- **Parent Education**
 - Proper Hand Hygiene (11/11)
 - Lactation Support (11/11)
 - Discharge planning (10/11)
 - Skin to Skin contact (10/11)
- **Parent as Care Provider**
 - Families remain with infant during nurse change (10/11)
 - Families can be present during procedures, codes, admission (10/11)
- **NICU Environment**
 - 24 hour presence policy (11/11)
 - Dev. Milestones, Holidays (10/11; 11/11)
 - Books and baby toys (10/11)
 - Free parking (11/11)
- **Psychosocial Support**
 - Social Worker (11/11)
 - Spiritual Support Staff (11/11)
- **Leadership Support**
 - Hospital and NICU leadership strong support and value of and efforts focused on quality improvement in the NICU (11/11)

Shared Opportunities for Improvement Across NWIPA

• Where all sites can improve: Staff Education (Sec. 2)

- No site achieved a composite Staff Education score of higher than 45.5.
- Median score: 36.4
- Range: 0 – 45.5

Shared Opportunities for Improvement Across NWIPA

- **Parent Education**
 - Pain and pain management (4/11)
 - Respiratory care provided to infant (4/11)
 - Staff role in caring for baby (4/11)
- **NICU Environment**
 - Shared use rest/sleep accessible to families regardless of residence (4/11)
 - Meals provided to both parents free of charge (2/11)
 - Washer and dryer (1/11)
 - **Childcare for siblings (3/11)** Noted by Parents As Impt.**
- **Psychosocial Support**
 - Veteran parent peer to peer support (2/11)
 - Parent support groups (3/11)
 - Medical/Legal Partnership (1/11)
 - Psychologist /Counseling (4/11)
- **Leadership Support**
 - Support the value of and efforts focused on ensuring families are engaged in and inform quality improvement (4/11)

Shared Opportunities for Improvement Across NWIPA

- **Where most sites can improve:** Family Integrated Quality Improvement (Sec. 7)

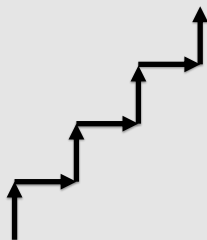
- All but two sites scored less than a 60 on this section.

- Median score: **16.7**

- Range: 0 – 91.7

Item-Level Examples:

- ✓ Families are paid to be on QI team or involved (0/11)
- ✓ Family advisory councils (Family input obtained on changes (2/11)
- ✓ Family engaged, education component of every QI project
- ✓ Families partner in dev of priorities, goals and policies (2/11)
- ✓ Families are co-leaders (2/11)



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One site.....to Four Sites

- No one site scored the highest in every section
- Different sites had different strengths in different areas
- Value in having learning opportunities for every NICU
- Richness in shared and varied ways NICUs achieve FI-C-QI components

Afternoon Session: Learning from High Performers



Areas of the FI-C-QI Where We Can Learn From Each Other

Four sites chosen as they have strategies, tools and tips to share on:

Section 3: Parent Education – Median Score: 76.5

Standardized parent education on various topic areas & parenting in the NICU

Section 4: Parent as Care Provider – Median Score: 75.0

How NICU involves families as care providers

Section 5: NICU Environment – Median Score: 68.3

Things like supportive spaces and meals for families, acknowledging milestones, etc.

Section 6: Psychosocial Support – Median Score: 55.6

Best practices for providing psychosocial support to families

Section 7: Family Integrated Quality Improvement – Median Score: 16.7

NICU's QI environment & extent of family involvement



Oregon
Perinatal
Collaborative



NWIPA



OPIP

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General Themes Observed from Sites with Highest Scores

- Two Sites With Overall Highest Levels
 - FI-C is a **priority area** and they have **dedicated quality improvement** teams focused on this topics
 - Both sites have **participated in VON** for a long time
 - Both have **family advisory councils** and high scores in **family-centered quality improvement**
- Culture matters, hiring is critical
 - **Team-based culture**, recognition of the valuable role each team member plays
 - **Parents are a part** of that team
- **Meaningful and engaged leadership**, Financial support
 - Different levels and types of supports, but all noted meaningful engagement of hospital leadership AND physician leadership
 - Intentional and strategic process on their end
 - **Nursing leadership** is critical, they can often be the biggest champion
 - **Financial support** from their foundations
 - “Family integrated care is not hard to explain to a lay person or board.”
 - Stories are important to back the data and the specific ask.
 - Distill, summarize and communicate. Collect data to demonstrate your impact.

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General Themes Observed from Sites with Highest Scores

- There are **varied approaches that sites** use to achieve these components- not one shared way
- **Start small – gain small successes** and built comfort with the FI-C-QI
 - “Look for your adjacent possible”
 - “Remember the opportunity to support all these little feelings that happen everyday”
- **Expect push back from nursing staff** as this is a big shift
 - Engagement of nursing leadership is critical
 - Conduct small pilots of change with engaged and thoughtful nurse leaders within the unit
- The **benefits outweigh the discomfort of change**
 - Manager reported reduction in number of parents she had to meet with
 - Physician champions noted their work is more efficient and interactions with parents are more engaged and thoughtful
 - Not one site noted regrets or that they would ever go back to the old way

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NWIPA Annual Meeting Session Format

Speed Round of Information and Tools, Anchored to Sections in Tool

- Section 3: Parent Education
- Section 4: Parent as Care Provider
- Section 5: NICU Environment
- Section 6: Psychosocial Support
- Section 7: Family Integrated Quality Improvement

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Section 3: Parent Education

St Vincent's NICU

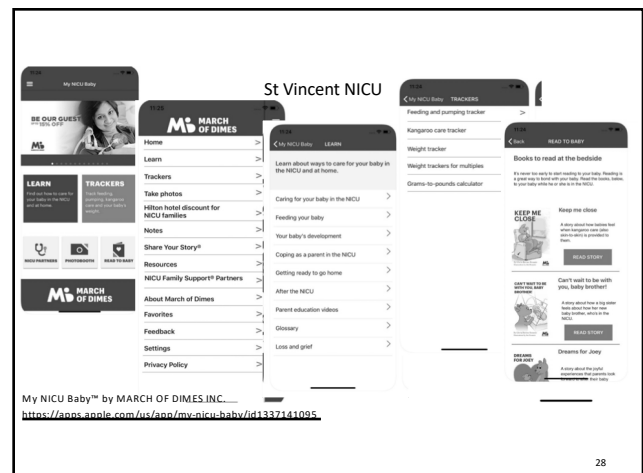
Steal This: Processes and Building Blocks

- Long term strong culture around parent education
- Began with “Baby Briefs” – while still in some use, have moved to a binder that all parents receive and recommendation of online application(s)
 - Period of Purple Crying
- There are also **laminated education sheets** hanging at the bedside that are used in one-one-one education sessions and then are there for parents to refer back to: example – respiratory care.
- St Vincent has the **March of Dimes “franchise”** and have a **funded position: former NICU parent**
- There are **classes and resources** provided through March of Dimes franchise, however, the **March of Dimes smartphone app is available to anyone**
 - **Bi-weekly classes** for parents, builds community
- **Volunteers put together parent education binders**
- Massachusetts Breastfeeding Collaborative – Available in 9 language.

Pearls of Wisdom From Their Experience

- Nurses have strong belief that they are educators, they enjoy it
- Its critical to have the right people on your teams who embrace your culture
- All St Vincent NICU education materials can be shared with other NICUs!
- Anything is a step in the right direction, start where you are and take a step
- Wish list: more parent volunteers, there have been barriers we are working to overcome

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Section 4: Parent as Care Provider

Randall Children's Hospital

Steal This: Processes and Building Blocks

- Starts at day 1
- Specific plans and actions, documentation by parent and staff
 - o Caring for Baby Table
 - o Care log
 - o My discharge plan
- Initial resistance amongst nursing staff
 - o Need to address head on concerns and fears, "What if something happens to the baby when the parent is caring for the baby, am I responsible?"
 - o Nursing leadership supported trainings to empower nurses with this role
 - o Open dialogue to tweak and modify processes is critical

Pearls of Wisdom From Their Experience

- Engaging a parent in their child's NICU care enables a parent to be a better advocate for child's lifetime of healthcare experiences
"You need to know your child's story as you will need to share with daycare, the primary care provider, the school. The more you practice it, the better you will get advocating for your child"
- Staff culture and support of FIC is critical, help staff overcome fears or concerns of how their job will change if parents become caregivers. Ultimately, it makes their job better.
- Manager noted a significant decrease in the number of times she is asked to come and work with a "difficult" family
- "If you don't have a nursing core that embraces FIC, it won't work"

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Randall Children's Hospital

The image shows three forms from Randall Children's Hospital. The first form is 'MY NICU Discharge Plan' with fields for parent name, phone, email, address, and insurance. It includes checkboxes for various discharge goals like 'Sign up for Caring for My Baby class' and 'Get a copy of my child's medical records'. The second form is 'CARE LOG' with columns for Date/Time, Temperature, Oxygen, Heart Rate, Blood Pressure, and Feeding. The third form is 'Caring for My Baby' with a checklist for various tasks like 'Change diaper', 'Feed baby', and 'Comfort baby'.

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Salem Health



"After hours" navigation tips for FBC visitors in four easy steps

If you visit Salem Health's Family Birth Center (FBC) between 9 p.m. and 5 a.m., this "after hours" poster will help you find what you need for food or an appointment.

Getting to the FBC (four steps)

1. Get an after hours badge. Go to the front desk or the nurse station and ask for an after hours badge.
2. Walk through lobby to elevator bank in right, go to second floor.
3. Take Elevator to building 1.
4. Take elevator to upper floors. 4th and 5th are on the second floor. 6th and 7th are on the third floor. 8th and 9th are on the fourth floor. 10th and 11th are on the fifth floor. 12th and 13th are on the sixth floor. 14th and 15th are on the seventh floor. 16th and 17th are on the eighth floor. 18th and 19th are on the ninth floor. 20th and 21st are on the tenth floor. 22nd and 23rd are on the eleventh floor. 24th and 25th are on the twelfth floor. 26th and 27th are on the thirteenth floor. 28th and 29th are on the fourteenth floor. 30th and 31st are on the fifteenth floor. 32nd and 33rd are on the sixteenth floor. 34th and 35th are on the seventeenth floor. 36th and 37th are on the eighteenth floor. 38th and 39th are on the nineteenth floor. 40th and 41st are on the twentieth floor. 42nd and 43rd are on the twenty-first floor. 44th and 45th are on the twenty-second floor. 46th and 47th are on the twenty-third floor. 48th and 49th are on the twenty-fourth floor. 50th and 51st are on 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Section 7: Family Integrated Quality Improvement

Randall Children's Hospital

Steal This: Processes and Building Blocks	Pearls of Wisdom From Their Experience
<ul style="list-style-type: none"> Recruit families through staff and through Family Liaison connection Family advisory group, Require families to wait one year before participating Families are involved in: <ul style="list-style-type: none"> Survey development, parent interviews, etc. Participate as reviewers As members of improvement teams As guides and informants to QI Focus groups In identifying priorities, goals and policies As co-leaders of improvement initiatives Have a funded "Family Liaison" team member for the past 5 years – funded through the Foundation 	<ul style="list-style-type: none"> Value in paid parent to manage committees and make connections Biggest Barriers You will Encounter to Parent Participation: Work and Childcare. <ul style="list-style-type: none"> Wish List: Childcare is a barrier to parent participation, having diverse representation on family advisory committee is a universal challenge Having paid family liaison position is critical, she is a person dedicated to this work and has had family advisory committee more functional. She serves on every committee. NICU leadership advocated hard for it. Parents want to participate in FI-QI: they want to give back, they want to make things better for future parents to try to find a way to make a horrible situation better. Help "all these little feels" have a positive impact on family's experience.

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From Data to Action: NWIPA Site FI-C-QI Improvement Plan



Where NWIPA Is Now and Where You Can Help:

- Reviewed their report and consider what "gems" you want to hear about from other sites
- Utilized the wisdom across NWIPA
- Identified small and identify a specific process you will focus on improving

Next Steps As Leadership Organizations

1. Oregon Perinatal Collaborative

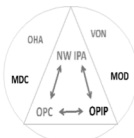
- Learnings from this model
- Importance and value of efforts targeted towards family-integrated care and family-integrated QI in their efforts

2. Northwest Neonatal Improvement Priority Alliance (NWIPA)

- Shared QI project opportunities – in kind support
- Identify funding to support efforts

3. Oregon Pediatric Improvement Partnership (OPIP)

- Explore funding for learning collaborative and QI supports on targeted efforts



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More Information

<http://www.oregon-pip.org/projects/NWIPA.html>

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