

#### Disclaimer

- My NICU Network educational program received unrestricted financial support from Medela and Prolacta
- 2. National Perinatal Association, Patient+Family Care and Preemie Parent Alliance may receive some financial gain from educational sales
- 3. Audience participating is required
- 4. We are going to have some fun!



## Objectives

- Identify 3 reasons why staff might struggle when it comes to supporting families in crisis, and integrating family centered care into their everyday practice
- Describe 2 reactions families may have to the NICU that staff should be prepared to handle, and how they can best gain confidence in managing those in their daily practice
- Identify at least two ways to improve family support on an individual practice level or unit level to improve family support practices



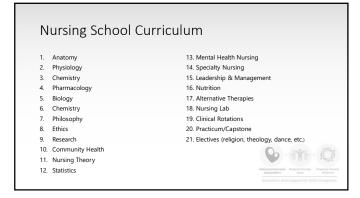
#### Introduction of Presenter

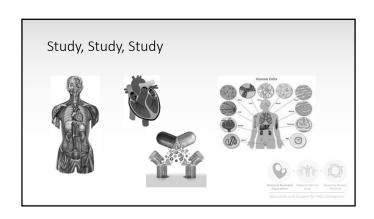
- Sara Mosher, Bend Oregon
   Central Oregon AWHONN Chapter Leader & Conference Co-Chair
- NICU Nurse 2001-2014
  - Bedside nurse, Charge Nurse of NI/Peds, R-Team Lead, Neonatal Critical Care Transport Nurse, Clinical Practice Coordinator, MOD Family Support Specialist and Training Faculty Member & NICU Manager
- 2004 transitioned to Care Coordination and Population Health
  - Started Patient+Family Care

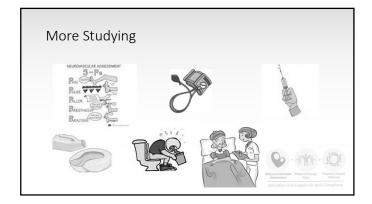


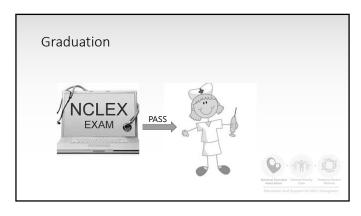
















#### Begin Working

- · Health System & Hospital Culture, Policies and Practices
- Joint Commission, CMS, Regulatory Requirements
- Department Specific Culture, Policies, Procedures and Practices
- PEOPLE
  - Coworkers, Doctors, Administrators, Leaders, Other Department Peers, Pediatricians, Clinic Staff, Parents, etc.



## On the Job..... Equipment

- Open Warmers
- Beds
- Monitor
- IV Pumps Syringe Pumps
- Ventilators
- Oscillators
- **CPAP** Machines
- **ECMO**
- Computers



Bio Medical Technician



## On the Job..... Stethoscope

- Breath sounds
  - wheezes, crackles, rales, stridor, pneumothorax, etc.
- Heart Sounds
  - S1, S2, S3, S4, gallop, murmur, aortic sclerosis, aortic regurgitation, aortic stenosis, septal defect, ASD, VSD, coarctation of the aorta, PDA, etc.
- Bowl Sounds

normal, hyperactive, hypoactive, absent

Audiologist

## On the Job..... Airway Management

- Suction
  - · When to suction?
  - · How often to suction?
  - · How deep to suction?
- · Maintain Airway
  - ET Tube CPAP
- Nasal Cannula
- Manage Oxygen



Respiratory Therapist



## On the Job..... Radiologic Exams

- What type of film?
- What position?
- · What is normal?
- What is abnormal?
- · What is artifact?
- How do I interpret?
- How do you explain results to a family?
- How do you treat?

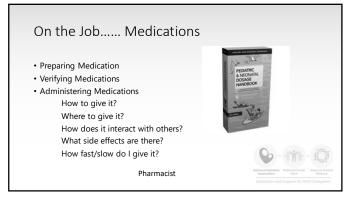
Radiologist





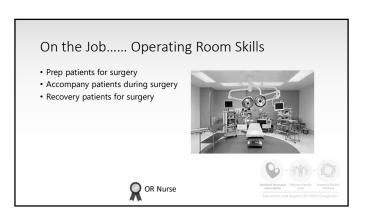
# On the Job..... IV access/Lines IV lines Central lines **Umbilical Lines** Lab Draws

Phlebotomist







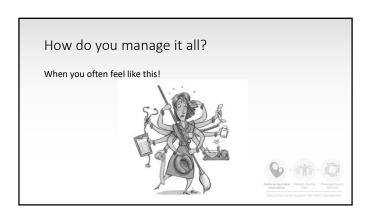




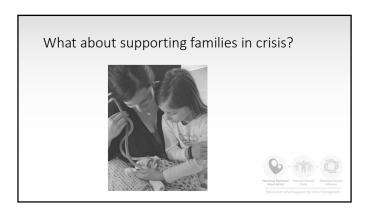


9/17/2018



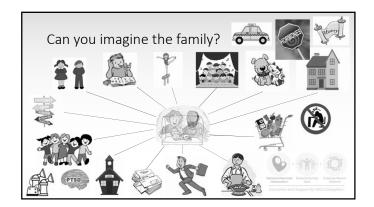


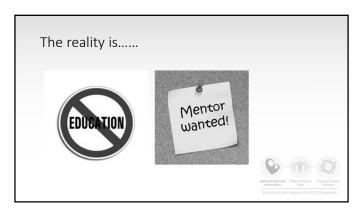












## What helps nurses care for families?

- Emotional Support
- Discharge/Follow Up
- Communication
- Palliative/Bereavement Care
- · Family Centered Developmental Care
- · Supporting EACHOTHER and leadership supporting staff
- Peer-to-Peer Support



#### **Best Practice Recommendations**

- 2015 Journal of Perinatology
  - Psychosocial program standards for NICU parents
     M T Hynan & S L Hall
- 6 Practice Recommendations
  - Improving emotional support with mental health professionals in the NICU
  - · Involving the family in developmental care
  - Peer-to-peer support programs
  - An integrative palliative and bereavement care approach
     Psychosocial support in discharge planning and beyond

  - Enhancing support for parents through staff education and



## **Emotional Support**

- Understanding the range of emotions NICU families might
- How will emotions impact behavior?
- Normalize emotions
- Have layers of support available to families in the NICU
  - · Bedside nursing
  - Social work
  - Psychology within the NICU
- Address Trauma
- Be aware of risk factors for emotional disorders
- Differentiate between perinatal mood and anxiety disorders
- Refer parents to appropriate services
- · Provide education and therapeutic programs



#### Communication

- Be direct, clear and empathetic in your communication
- Reassure parents! And backup reassuring statements with
- Communicate as a coach, rather than just an "expert"
- · Be culturally sensitive
- · Acknowledge and honor language preferences
- Have important conversations when it is convenient and supportive for the family
- Parents need plenty of time to absorb and process information
- A discussion should be summarized at its conclusion



#### Family Centered Developmental Care

- Family should be welcomed in a culturally appropriate manner as a member of the care team, as SOON as possible
- Medical rounds, if held, should include family
- Facilitate and guide the parents into their role as parents through gentle and consistent encouragement and modeling
- Involve extended family
- Involvement should begin before NICU admission and continue post discharge
- Provide education to parents from OT/PT/SLP in neuroprotective developmental care



#### Peer-to-Peer Support

- Peer-to-peer helps parents learn to cope and deal with stress more effectively & become more confident in their role as parents
- Various types of peer-to-peer support:
  - In-person
  - Telephone
  - Group meetings
     Internet groups
- Include grandparents & siblings
- Offer a variety to meet the unique needs of each family
- Create a collaboration between hospital and mentor parents
- Encourage the families you care for to participate in peer-to-peer support opportunities



## Discharge planning and follow up support

- Discharge beings at admission!!!
- NICU staff serve as a coach or a mentor during the NICU stay
- Assess, and reassess, family's health literacy
- Provide education and information in various modalities
- Utilize teach back
- Provide discharge planning
- Ensure parents are empowered to care for their baby independently prior to discharge
- Provide individualized anticipatory guidance about psychosocial stresses families may face once their baby is home



## Palliative and Bereavement Support

- Provide consistent, reliable care
- Develop a policy that provides both palliative and bereavement care that is culturally sensitive and respectful
- Establish a continuum of support services for families across time and settings
- Respect and respond to the psychosocial needs of families AND staff
- Hold debriefing sessions after the passing of every patient. The discussion can be led by a member of the mental health profession staff, neo, member of the palliative care team or a chaplain.
- Encourage memory making
- Become educated on how to have difficult conversations

National Perinatal Patient+Family Preemie
Association Care Alfa

Education and Support for NICU Careg

## Staff Support

- <u>Vicarious traumatization</u>: observing the suffering and distress of the families and babies in your care
- Compassion fatigue: with increased stress levels and a lack of good self-care, irritability and feelings of guilt and anxiety may appear and one might experience alterations in eating and sleeping patters, or may develop even more serious problems such as substance abuse. They may withdraw physically and patients.
- Burnout: emotional exhaustion, numbness and inability to feel positive emotions, a decrease sense of purpose and a decrease of professional satisfaction. Physical symptoms will occur as well and patient care will suffer.
- STAFF NEED SUPPORT!!!



## Staff Support

- Support Each Other
  - Mentor less experienced staff
  - Build relationships across generations
  - Engage in team building activities
    Maintain a positive environment
- Maintain a positive environment and encourage one another
   Debrief as a team after difficult
- Have good self-care practices
- Get plenty of sleep
- Exercise
- Stay hydrated and have good nutritional habits
- Find time for FUN
- Celebrate the talents of others



