



FAMILY-CENTERED CARE
TASK FORCE



FAMILY-CENTERED CARE
TASK FORCE

FCC Task Force Educational Session

Malathi Balasundaram, MD

Colby Day, MD

&

Caroline Toney Noland, MSc

July 14th, 2022



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Partnerships



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NEONATOLOGY TODAY

Peer Reviewed Research, News, and Information in Neonatal and Perinatal Medicine



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Agenda



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New Executive Council Members

Caroline Toney Noland - CPQCC program manager

Dr. Daphna Barbeau - Marketing and Communication Chair

Dr. Vargabi Ghei - FCC Newsletter Committee Chair

New Family Partner - Betsy Pilon and Dr. Vishal Kapadia

Task force Update

Educational Session

Family Partner Panel

Unit Examples of FCC; El Camino Health and Lurie Children's Hospital

Closing & Feedback Survey



**FAMILY-CENTERED CARE
TASK FORCE**

FCC Task Force

New Executive Council Members



**FAMILY-CENTERED CARE
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Program Manager



***Caroline
Toney-Noland***
*Program Manager,
CPQCC*

Communication & Marketing Chair



***Dr. Daphna
Barbeau***
*Neonatologist HCA
University Hospital
Director, High Risk
Infant Follow up
Clinic*

Newsletter Committee Chair



Dr. Vargabi Ghei
*Attending
Neonatologist,
HCA East Florida
Northwest Medical
Center*

Family Partners



Betsy Pilon
*Founder,
Executive
Director,
Hope for HIE*



Dr. Vishal Kapadia
*Assistant Professor
UT South Western &
Father to 32 weeks
twin girls*



FAMILY-CENTERED CARE
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Taskforce Update



FAMILY-CENTERED CARE
TASK FORCE

- Formed Nov 2021
- Total number of hospitals: 37 units from 21 states and two international participating in 5 small groups; all groups include family partners
- Total Listserv members: 200+
- Email account: Familycenteredcaretaskforce@gmail.com
- Twitter: @FCCtaskforce
- Padlet: See QR Code





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Family Partner Panel



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Moderated by Colby

Brief introduction of six family partner panelists & Why do you think family centered care and partnering with families in the NICU is important?

What is one/few things you feel that health care providers should know or improve upon with respect to family centered care?

Better Together: Partnering with Families to Improve NICU Care

FCC Task Force

Jessica T. Fry, Kerri Z. Machut

July 14, 2022



Early conversations

- Shared interest in published models of family-centered care
- Commitment to improving parent/family experiences
- Prior clinical and academic work focused on parent communication, decision-making, and perspectives on continuity of care

- Multiple existing hospital resources focusing on the patient and family experience
 - No established ways to incorporate NICU parent voices into clinical, policy, or academic initiatives

Overview of Our Unit

- 64 bed mixed acuity unit
 - Private Rooms
- Approximately 500 admissions a year
 - 12% from ED
 - 37% from Prentice (delivery hospital next door)
 - Local outside hospitals
- Average length of stay is 54 days
 - 22 week gestation to 1+ year of age
 - 31% admitted for surgical intervention
 - 23% admitted for respiratory diagnoses



Support Services

- BPD Program
- Care Coordination Program
- Fetal Health

- Social Workers
- Chaplain
- Child Life Specialists
- PT, OT, ST, Music Therapy

- Lurie Family Advisory Board
- NICU Family Experience Committee



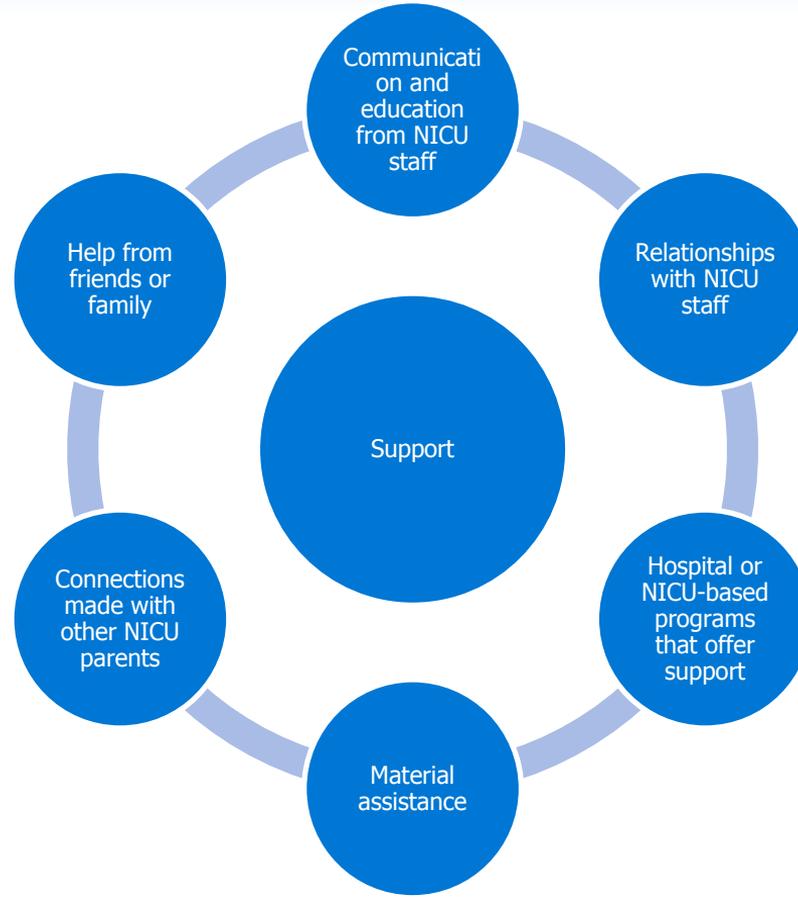
Starting with data

- Surveyed families about family support 2 weeks after discharge

Main Take-Aways:

- “Family support” means different things to different people
- COVID changed their experiences of support
- Multiple areas for improvement
- Connections with other NICU families are important
- Most parents endorsed the idea of a resource parent program

Types of support



The Family Partnership Council

- Staff recruitment
 - Importance of interdisciplinary collaboration
 - Open invitation, goal of diverse recruitment
 - Monthly planning meetings
- Parent recruitment
 - Possible parents identified by staff group discussion >1 year from discharge
 - Goal of diverse recruitment
 - Demographics & clinical
 - Representative of the patient population served
 - Outreach made by staff member familiar with family
 - Utilizing hospital-wide Patient Family Experience orientation process

NICU FPC Meetings

- Monthly meetings, via online platform
 - Evening meetings requested by parents
- Began with introductions
 - Conversations organically moved towards themes related to improvement
- Selecting a focus
- Introducing QI methodology
- Parent project leadership

Milestones

- Almost 300 volunteer hours!
- Launching 1st parent project
- Launched Culture of Family Centered Care research study
- First in person gathering – Anniversary & Gratitude Celebration

Improvement Ideas from Parents

Building
community

Mental
Health
Support

Transition to
Home

Orientation
Process

Research

Follow Up
Experience

Journey to Home Discharge Guide

If you're reading this guide, your child's medical team must be starting to talk about discharge from the NICU.

From parents who have been there, congratulations! This is an exciting yet nervous time.

We put together this guide on what to expect with discharge, and to share what we wish we'd known then.



Tips & Tricks



Advice from Parents

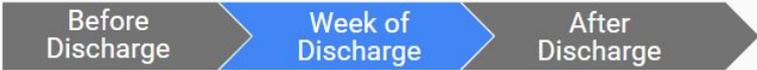


Checklists



For Families

Example Page



DME Drop off - this is usually the day before or even of discharge

- Be prepared to take notes and video if able - they will cover a lot of information in a short period of time - and don't be afraid to ask them to repeat something or explain if you don't understand!
- If you can have more than 1 person there during DME drop off to receive teaching and help remember the details, do!
- Try to use the equipment at least one time to make sure everything works properly
 - Example, try to use your feeding pump even if it is just setting it up with water in the bag so that you can practice and make sure there are no error messages

Set Expectations with Family and Friends

- You know what is best for your child and your individual situation - do not be afraid to set expectations or boundaries with your family and friends
- Some examples may be:
 - Masks required to hold the baby; or maybe no one holds the baby and just looks
 - All visitors must be vaccinated (Flu, COVID, T-Dap)
 - No visits if you have been sick in the last 7 days
 - No visitors for the first month home

Thank you!





Stanford
SCHOOL OF MEDICINE

Family Centered Care Program (FCCP) in Community Level III NICU

Malathi Balasundaram MD
Clinical Associate Professor
Stanford School of Medicine
Chair, Family Centered Care Committee
El Camino Health NICU

Dharshi Sivakumar MD
Clinical Professor
Stanford School of Medicine
Medical Director
El Camino Health NICU

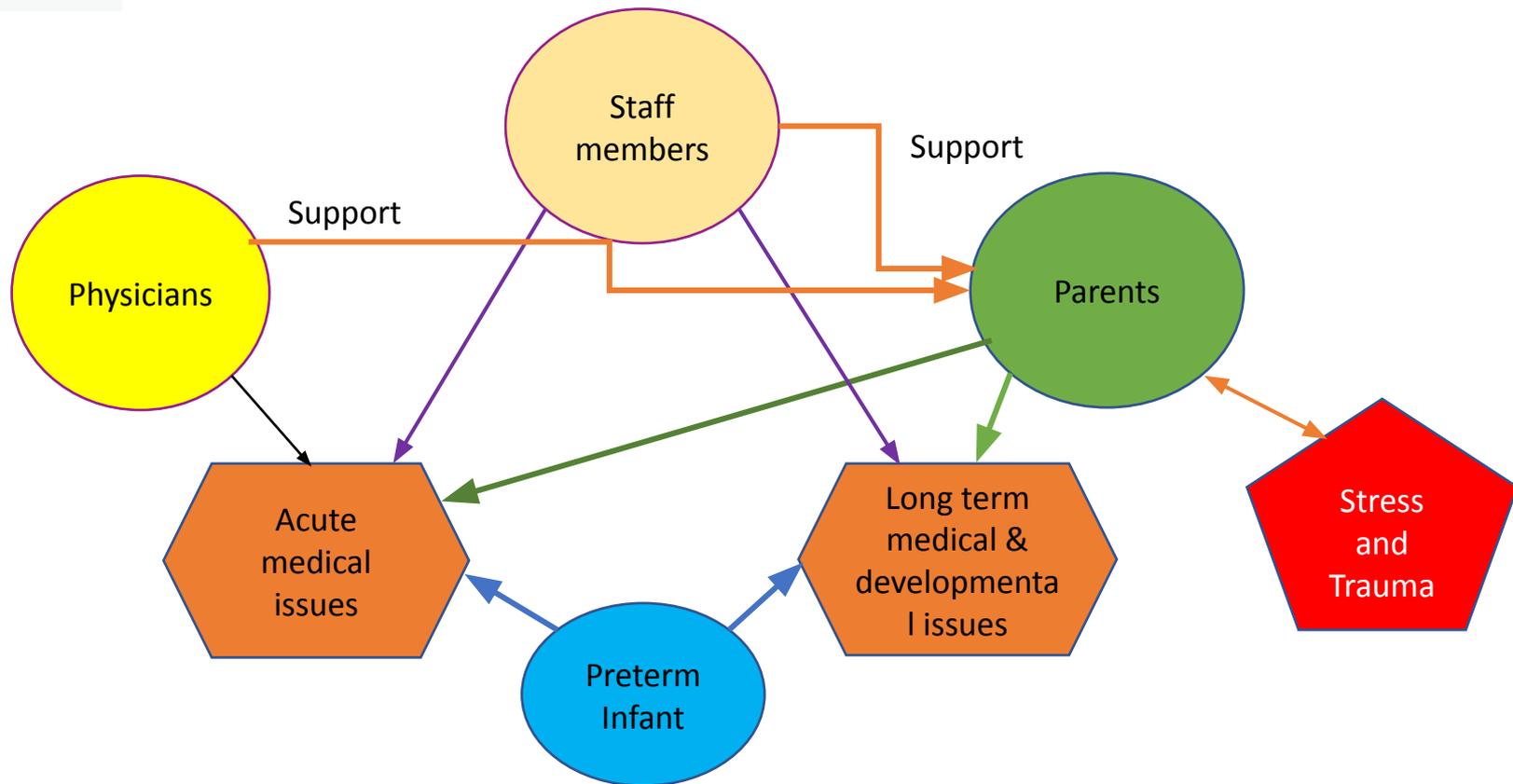
Patient and Family-Centered Care and the Physician's Role

- “Patient- and family-centered care is an innovative approach to the planning, delivery, and evaluation of health care that is grounded in a mutually beneficial partnership among patients, families, and providers that recognizes the importance of the family* in the patient’s life.”
- AAP policy statement, 2012, confirmed in 2018

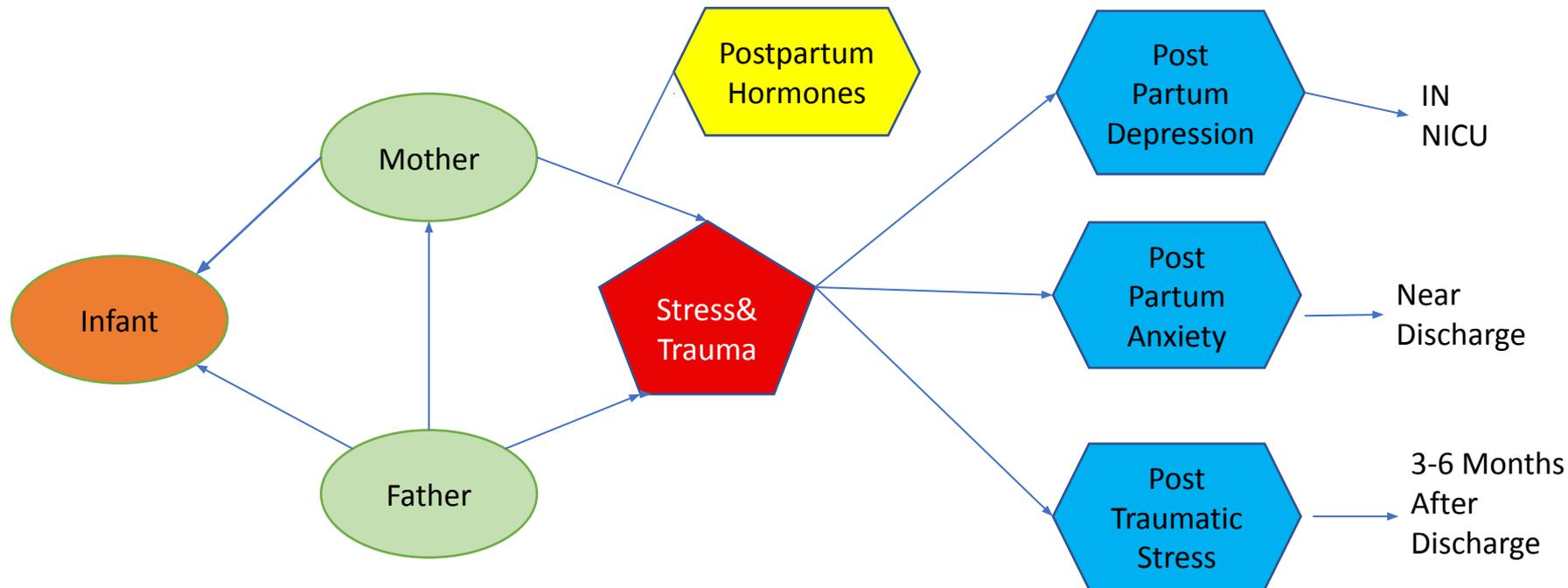
US News and World Report Scoring

- NICU-specific Family Psychosocial Support Program
- Parental presence 24 hours a day, 7 days a week
- Sibling visitation allowed
- NICU specific **parent-to parent support** groups
- Designated mental health professionals available for referrals
- NICU dedicated multidisciplinary developmental care team
- NICU specific **parent advisory committee** that meets at least quarterly with direct impact to NICU leadership and management decisions
- Former NICU family member involvement with QI projects
- **Kangaroo care** routinely provided to infants receiving mechanical ventilation

Care in the NICU



Parental Stress in the NICU

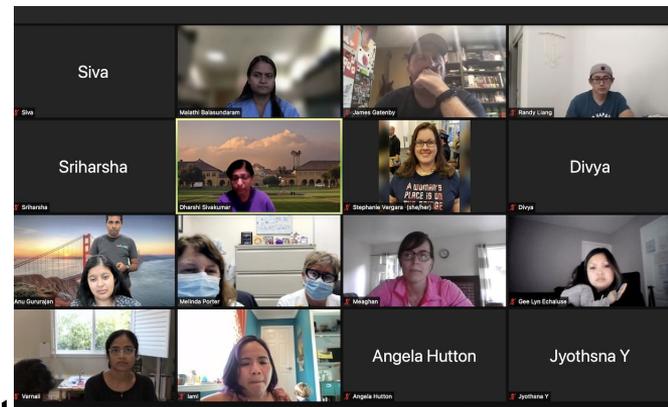


Identify Stakeholders

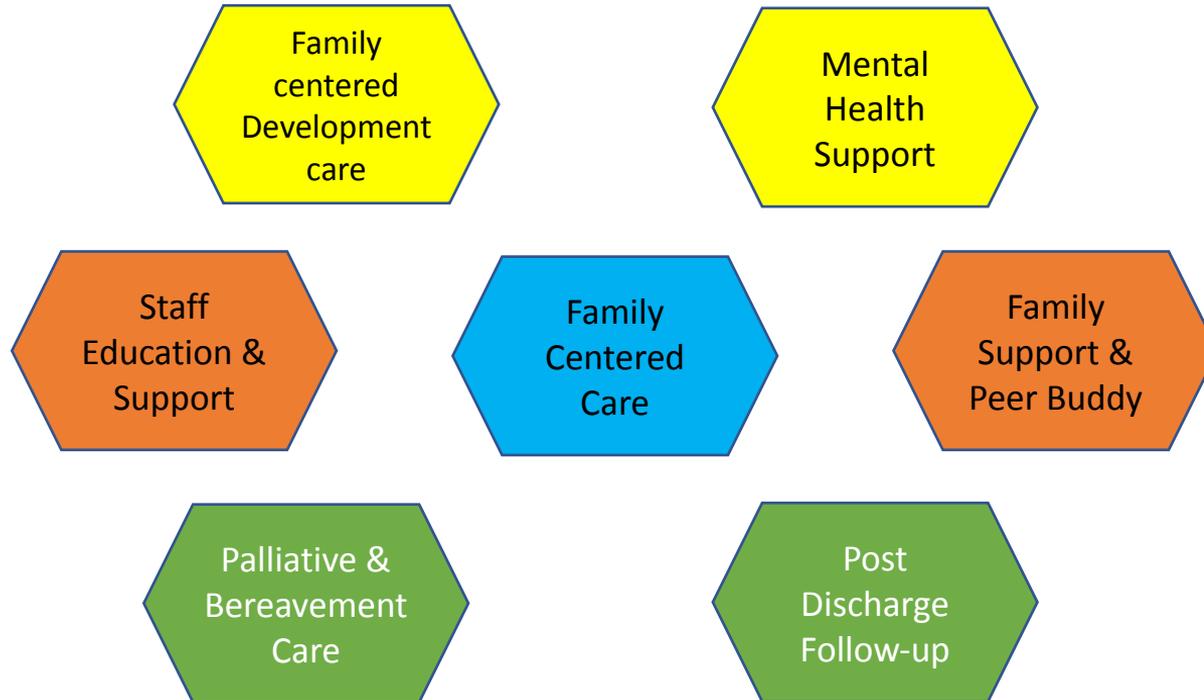
- Hospital Patient Experience
- Senior Hospital Administration Team
- NICU Specific Family Advisory Board
- Nurses, Ancillary staff and Physicians passionate about FCC
- Our Families!

Family Advisory Board

- Established in 2016
- Initial brainstorming session
- Regular meetings as work progressed
- Meet twice a year, in person and virtually
- Actively recruit parents from NICU reunion
- Currently have ~40 members
- Attempt to gain diverse perspectives
- They provide valuable insight to FCC projects



Components of Comprehensive Family Support in the NICU



Setting



- 20 bed community level 3 A NICU (provides care to infants 23 weeks gestational age and beyond)
- Open bay unit with approximate delivery volume of 4500 newborns, average of 400 NICU admissions per year
- Staffed by Stanford Neonatologists, nurses, and ancillary staff (no fellows, or advanced practice providers)

Family Support in the NICU

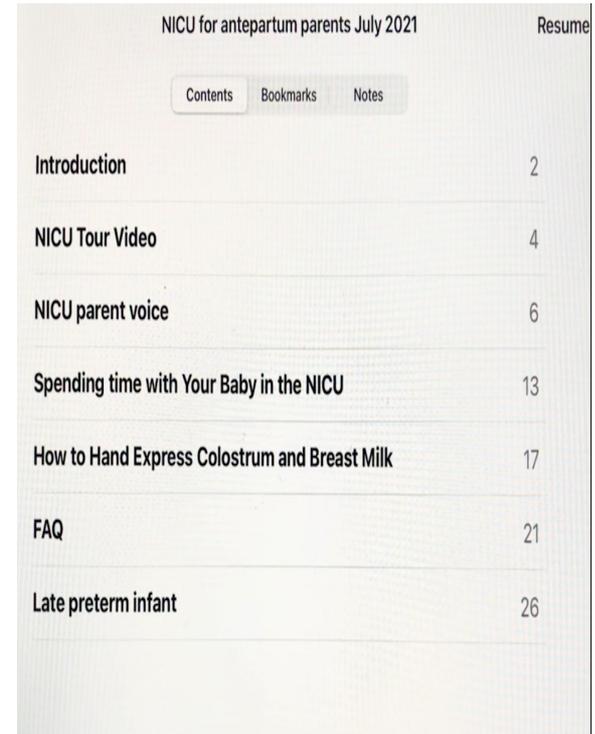
- Antepartum Interventions
- Post Delivery Communication
- Parent support and comfort
- Encourage participation in infant care
- Early and effective Discharge Education
- Peer to Peer support
- Post discharge follow up

Antenatal Consultation

- Antenatal consult is usually the first contact parents have with the neonatal team.
- Perivable gestational age prenatal consultation needs careful collaboration
- Many neonatologists view their main role as information provider and inconsistently address social and parental issues
- Parents want written documents/hand outs about what they can do for their baby, how NICU works

Antepartum Support

- Created antepartum eBook
- eBook loaded onto iPads funded by Family Advisory Board (FAB)
- We informed Obstetricians, Perinatologists and Staff
- Neonatologists provide the iPads to families during the prenatal consultation
- NICU Tour Videos & Wall stories
- Parents review the contents at their own pace



NICU for antepartum parents July 2021		Resume
Contents Bookmarks Notes		
Introduction		2
NICU Tour Video		4
NICU parent voice		6
Spending time with Your Baby in the NICU		13
How to Hand Express Colostrum and Breast Milk		17
FAQ		21
Late preterm infant		26

Wall Stories



Brought into the world at 29 weeks in November 2015, this little

girl was given the name “Emerson” by her parents, as this name means “brave” — it was their way of instilling some hope during uncertain times. Emerson’s 63-day NICU journey was a bit of a cha-cha, where she and her family would take two steps forward, one step back, with multiple failed attempts at coming home earlier. Today, Emerson enjoys chasing her big sister Grace, reading books, and bouncing in the bounce house!



Emery —
“Little Bean”



Keira Calista was born at 23 weeks, 4 days, weighing 1 pound 1 ounce,

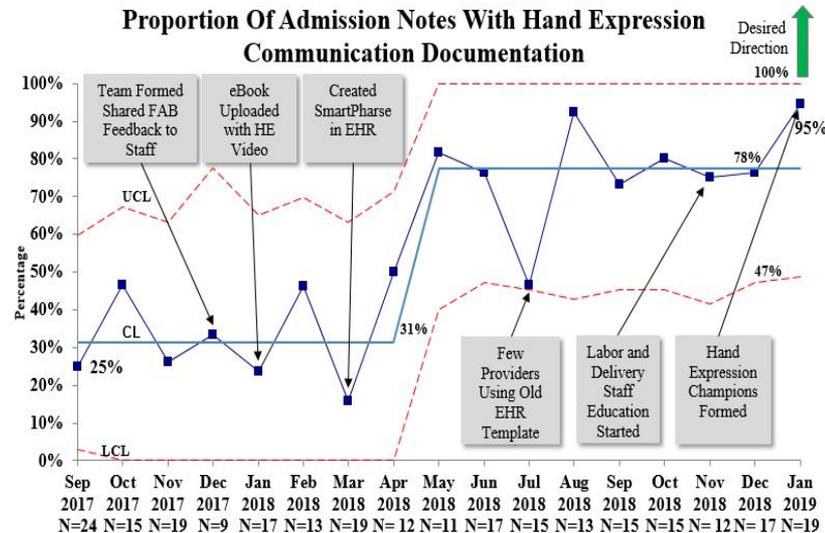
and 11.42 inches in length. Although she was considered a micro preemie, KC fought against all odds, whether it be the ventilation machines to help her breath, multiple blood transfusions, or laser eye surgery. Watching KC fight and progress for 154 days in NICU, showed just how determined she was to come home. Today you will find KC running around, smiling, laughing, eating and stealing the hearts of all those she encounters.



Keira Calista —
“KC”

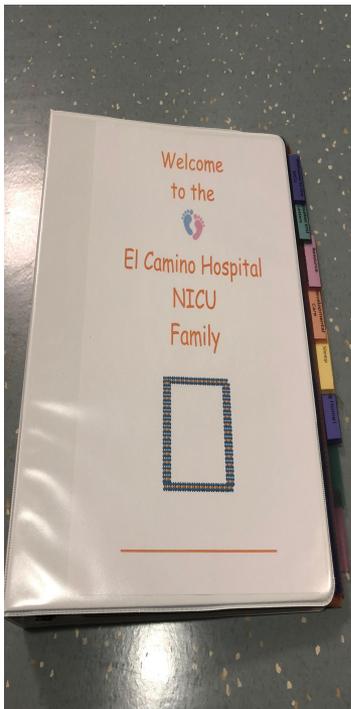
After NICU Admission

- Initial maternal communication is limited, and a spouse or partner relays most information
- Updating the mother immediately after delivery and emphasizing early hand expression of colostrum is crucial
- Implemented QI work in 2018
- Amazing neonatologists continue this work four years later



NICU Support

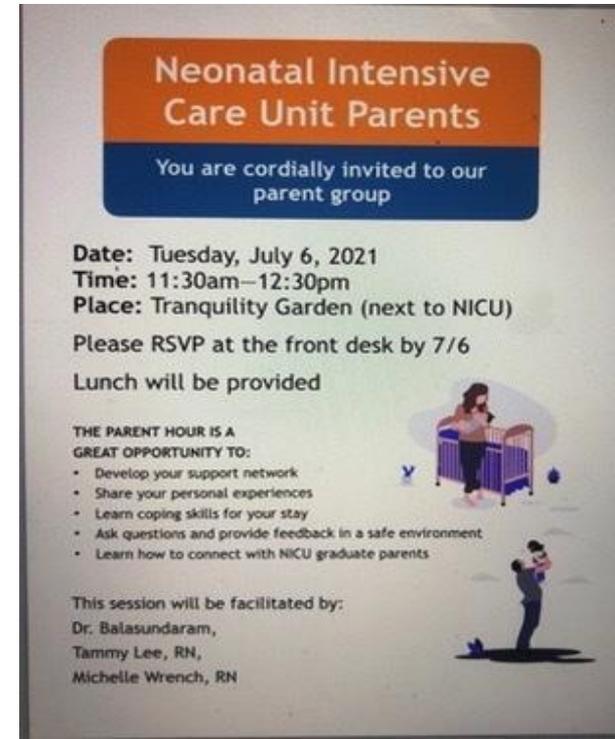
- Emotional support:
 - Parent comfort team
 - Parent Support Group Team
 - Arts and Crafts Team
- Empowering Parental involvement:
 - Early Hand Expression Team
 - Skin to Skin Care Committee
 - Reading Program Team
 - Infant Massage Program Team
 - Developmental Care Team
 - Comprehensive Discharge Teaching Task Force team
- Reunion Organizing Team
- Post Discharge Follow up Team



Parent Support Group



- Meets monthly with the current NICU parents
- Listen to the families to understand their needs
- Opportunity for parents to connect to each other
- Invited professional speaker or a veteran NICU parent to attend
- Leadership involvement to resolve the issues raised in the meeting



**Neonatal Intensive
Care Unit Parents**

You are cordially invited to our
parent group

Date: Tuesday, July 6, 2021
Time: 11:30am–12:30pm
Place: Tranquility Garden (next to NICU)

Please RSVP at the front desk by 7/6

Lunch will be provided

THE PARENT HOUR IS A
GREAT OPPORTUNITY TO:

- Develop your support network
- Share your personal experiences
- Learn coping skills for your stay
- Ask questions and provide feedback in a safe environment
- Learn how to connect with NICU graduate parents

This session will be facilitated by:
Dr. Balasundaram,
Tammy Lee, RN,
Michelle Wrench, RN

ECH NICU “Slack” Community

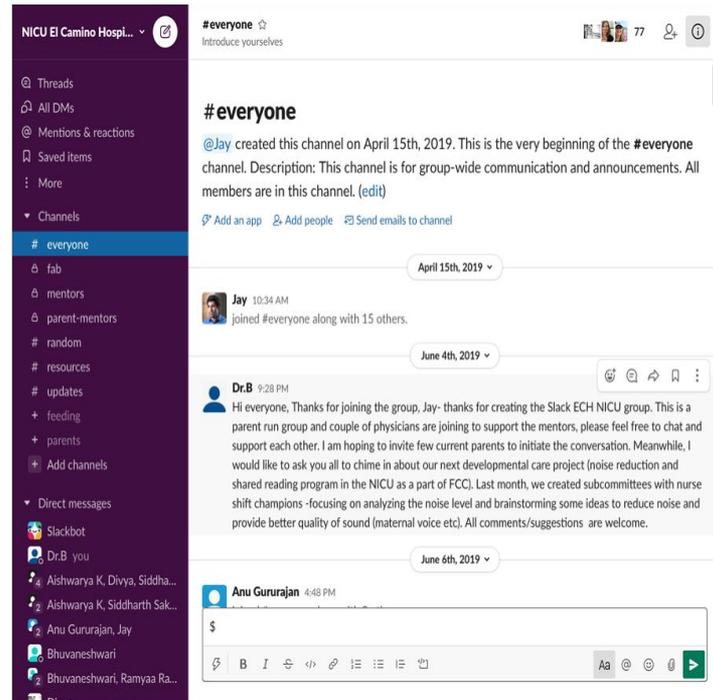
This is another way of providing emotional support

A former NICU parent created our unit specific Slack workspace to support the current NICU parents

Interested current parents receive an invitation to join the group from FCC chair

Parents support each other by participating in the discussions

Two physicians joined this workspace to support mentors in our buddy program



NICU El Camino Hospi... 

#everyone  Introduce yourselves  77 

#everyone

@Jay created this channel on April 15th, 2019. This is the very beginning of the #everyone channel. Description: This channel is for group-wide communication and announcements. All members are in this channel. (edit)

 Add an app  Add people  Send emails to channel

April 15th, 2019

 Jay 10:34 AM
joined #everyone along with 15 others.

June 4th, 2019

 Dr.B 9:28 PM
Hi everyone, Thanks for joining the group, Jay- thanks for creating the Slack ECH NICU group. This is a parent run group and couple of physicians are joining to support the mentors, please feel free to chat and support each other. I am hoping to invite few current parents to initiate the conversation. Meanwhile, I would like to ask you all to chime in about our next developmental care project (noise reduction and shared reading program in the NICU as a part of FCC). Last month, we created subcommittees with nurse shift champions -focusing on analyzing the noise level and brainstorming some ideas to reduce noise and provide better quality of sound (maternal voice etc). All comments/suggestions are welcome.

June 6th, 2019

 Anu Gururajan 4:48 PM

\$



Early & Effective Discharge Preparation

- Quality of discharge teaching is the strongest predictor of discharge readiness.
- We formed a discharge task force in 2017
- Created Discharge eBook
- Integrated into EHR
- Parents reviewed the information early, at their own pace
- Discharge readiness score Improved in post discharge parent satisfaction survey
- Sustaining the work two years later

Use Of Bulb Syringe



A bulb syringe may be used to clear fluid from your baby's nose or mouth. This tool helps you clear nasal secretions if your baby has a cold or to remove milk if your baby spits up. Follow these steps to use a bulb syringe:

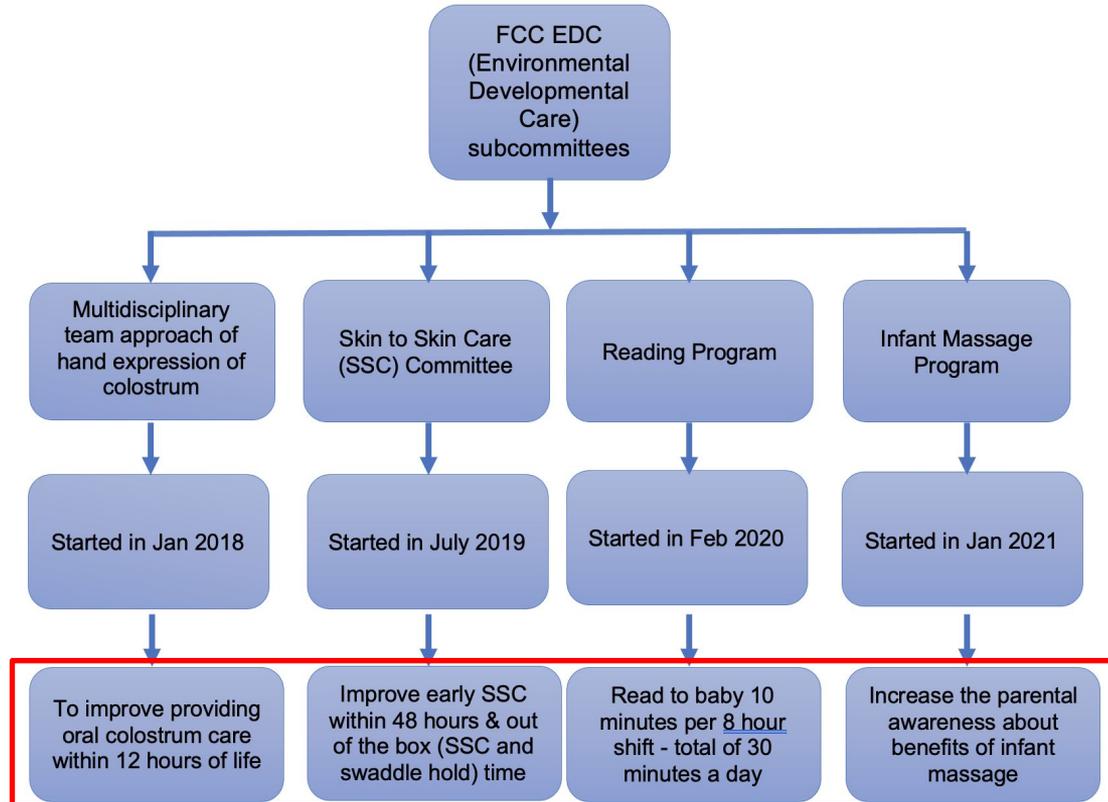
- Squeeze the bulb as shown in the photograph above.
- Insert the tip into the nostril or mouth. IMPORTANT: Take care to avoid inserting the tip too deeply into the nose or mouth, as this may cause gagging or injury.
- Holding the syringe in place (nose or mouth), release the compression of the bulb, suctioning liquid into the bulb syringe.
- Remove the bulb syringe from the baby's nose or mouth and squeeze the bulb again, expelling the contents into the trash or onto a paper towel.

• Clean the tip of the bulb after each use. A bulb syringe may be sanitized by placing it in boiling water for 10 minutes.

Remember that sneezing is a normal way for your baby to clear their nose. Do not put fingers or cotton swabs into your baby's nose.

Video link: <https://www.youtube.com/watch?v=YEQURpUeUjI>

Developmental Care Quality Improvement Work



How to Hand Express Colostrum/Breastmilk

Lactation Services

Hand expression is a useful skill for any new mother. It can help you provide rich drops of colostrum during the first sleepy days, stimulate an abundant milk supply, and relieve breast fullness. It may take a few sessions before any colostrum is expressed. This is expected! As these precious drops start to grow you will be able to collect them in the small tubes we provide for you and then give this wonderful gift to your baby.

Steps for Hand Expression:

1. Wash your hands, have a small tube ready, and gently massage each breast.
2. Position fingers on your breast in a C-shape about 1½-2 inches from the nipple.
 - PRESS your fingers and thumb back towards your chest
 - COMPRESS your fingers together on the inside portion of your breast where you have milk ducts
 - ROLL slightly forward. The drops will then grow.
 - RELAX your hand without moving your hand from your breast
 - REPEAT RHYTHMICALLY. This helps to mimic the action of a baby breastfeeding.
 - Move your hand to different areas of the breast. Try 12:00 & 6:00 o'clock, 3:00 & 9:00...
3. Find your sweet spot: Experiment to find what works best and is most comfortable for you.
4. Switch from one breast to the other every few minutes. This is more effective than longer sessions.
5. Place the provided label with your printed name on the tube, write the date and time on it. Take the tube to the NICU if your baby is there.

AVOID These Motions:

1. Do not squeeze the breast – this can cause bruising.
2. Avoid pulling the nipple – may result in tissue damage.
3. Avoid sliding hands over the breast – may cause painful skin burns.
4. Avoid spreading the fingers apart and tightening skin.

Please watch a Hand Expression video by scanning this QR code.



El Camino Health

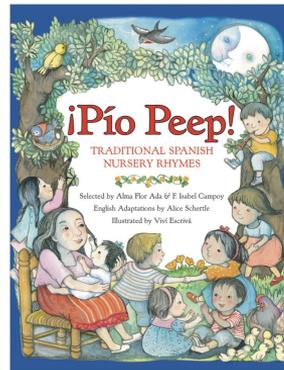
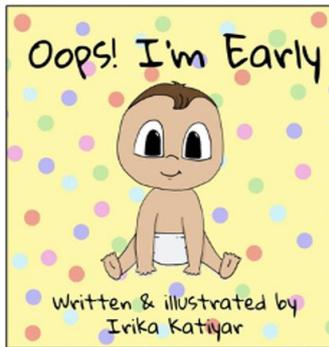
Lactation Services

2000 Grant Road | Menlo Park, CA 94025 | (650) 988-8200

815 Polaris Road | San Geronimo, CA 95022 | (408) 871-2479

elcaminohealth.org/maternity

Hand Out Materials



El Camino Health

Kangaroo Care: Information for Parents

Kangaroo care, also called skin to skin, is a way of holding a premature baby so that there is skin-to-skin contact with the parent. It is used to help from the special mother-baby bond following sudden separation during the birth experience. Kangaroo care is important for fathers, too!

How will kangaroo care help my baby?

Kangaroo care may help your baby

- ✓ Keep his body warm
- ✓ Keep his heart and breathing regular
- ✓ Gain weight
- ✓ Spend more time in deep sleep
- ✓ Spend more time being quiet when awake and less time crying
- ✓ Have a better chance of being able to breastfeed
- ✓ Improve brain function and growth

How can kangaroo care help you?

Kangaroo care may help you

- ✓ Reduce your stress
- ✓ Feel close to your baby
- ✓ Make more breast milk
- ✓ Build your confidence in caring for your infant

Kangaroo care is healing in many ways, for both you and your baby!



Here's what you need to know about kangaroo care.

- ✓ This type of holding your baby usually begins before a feeding and continues for the duration of the feeding. Talk with your nurse about feeding times.
- ✓ You will hold your baby for at least 1 hour or longer to allow for a full sleep cycle
- ✓ Get something to eat/drink and use the bathroom before kangaroo care
- ✓ Wear clothing that opens in the front down to the waist. (Mom will want to remove her bra.)
- ✓ Do not wear perfume, necklaces or chains
- ✓ You may want to grab a book to read to your baby
- ✓ Don't worry, the nurse will help in the transfer process from your infant's bed to your chest.
- ✓ Your baby will be covered snugly with a blanket.
- ✓ No loud conversations with visitors should take place during this time.
- ✓ We recommend you stay off your cell phones during this time. This is a good time to quietly sing, read or talk to your baby
- ✓ For the safety of your baby, please do not sleep while holding your baby. Your nurse will check on you and your baby frequently during kangaroo care.

Your baby's nurse will let you know as soon as your baby is stable enough to hold. We strongly encourage this special type of holding at least once per day. The wonderful thing about kangaroo care is that you can continue it even after you are home.



Electronic Health Record

Tactile Stimulation			
Participant	Mother,Father	Nurse	Nurse
Holding Skin to Skin			
Holding Swaddled		0 min	15-30 min
Containment Touch			
Infant Massage			
Vocal Stimulation			
Participant		Nurse	Nurse
Talking		5 min	0-15 min
Reading			
Singing			
Recorded Voice			
Music			
Comments			

Admission (Current) from 8/28/2019 in MV NICU			
	10/9/19	1700	10/10/19
Search (Alt+Comma)			2300
Method		In person	
Spoke With		Mother,Father	
Reason		Update, plan	
Mother Pumping?			
Daily Pump Volume (mL)			
Infant Care			
Family Participant		Mother	Mother
Infant Care		Diaper	
Tactile Stimulation			
Participant		Mother	Mother
Holding Skin to Skin		>120 min	>120 min
Holding Swaddled			
Containment Touch			
Infant Massage			
Vocal Stimulation			
Participant		Mother	Mother
Talking		0-15 min	
Reading		15-30 min	60-90 min
Singing		15-30 min	
Recorded Voice			
Music			



Parent Buddy Program

- **Setting up the program with support from the hospital “Patient Experience”**
- **Assistance from an expert consultant and psychotherapist to design the training**
- Recruited former NICU parents (17) in 2019
- Trained them to become first mentors
- Connected with 39 current NICU parents as of now
- Recruit annually in NICU reunion
- Celebrated second year anniversary in April 2021
- Recognized mentors as FCC stars of the month
- Mentor and Mentee posing at the reunion



Post Discharge Connection

- Family Advisory Board (FAB) indicated the feeling of abrupt disconnection of their “long time NICU family” after discharge
- Created **Follow Up Phone Call** subcommittee
- Started with <34 week GA then expanded to all NICU admissions
- Written responses shared for improvement
- **Reunion team** organizes yearly reunion to connect and see the thriving NICU babies
- During Reunion, we recruit parents for parent buddy program, FAB, QI project

Challenges



- **Recruiting staff for committees, poor staff attendance**
 - We created subcommittees with 4-5 staff in each and FCC Chair meet with them
 - Formed leadership meeting - FCC chair, Medical Director, Nursing manager, Clinical Nurse Specialist, nurse representative from each shift - Meet monthly
- **Disseminating information to staff, communication**
 - Monthly newsletter
 - Posted on the bulletin board, nurses lounge, bathroom
 - Email communication
- **Timelines and hours for various subcommittees work**
 - Leadership provides some admin time for subcommittee meeting and activities
 - Some nurses & physicians just do it on their own time
- **Sustainability**
 - New staff/yearly refresher update orientation checklist
 - FCC Chair goes through the checklist and signed off by staff (MD,RN,Trainees)
- **Gratitude**
 - Created “Star of the month” in June 2019
 - Posted on the bulletin board in the NICU

Poster



FCC Star of the Month: Maria Oliver!!



Maria is one of the core members of the reunion organizing team
a part of the Family-Centered Care Committee. She and her

Gopal Vedartham!!



"What gets measured gets improved" by Peter Drucker

FCC Star of the Month: Christine Andrade!!



Chris is a "behind the scenes" strong supporter of our FCC mission. As a case manager, she answers the family's financial questions and guides them to appropriate resources. As you all know, transition home is a difficult process for all NICU families, and especially so for the families who take their babies home with special equipment. She spends an enormous amount of time

FCC Star of the Month: Georgette Aquilina!!



Georgette joined the FCC leadership team representing evening shift staff last year. Though she officially joined the FCC team just recently, she has been an amazing advocate for all of our patients and their families by being an integral part of few committees in the NICU and indirectly supporting the FCC mission for a long time. She was a crucial member of the Grow, Babies, Grow (GBG) Team. She diligently attended all meetings and webinars, contributing fundamental ideas to our process change measures and helped to disseminate information and presented our work in 2019 at the Vermont Oxford Network conference. She has been a huge part of the Resuscitation Committee and the Thermoregulation subcommittee. She gave valuable input during the process of creating a new hypothermia policy for the unit. She played a huge role in the development of our

The Family Flash FCC Newsletter for July 2021

On the Spot



*The entire NICU nursing team for implementing Timeless, which is a huge workflow change, on top of everything else they do to provide great care to our babies and families. Thank you!!

*FCC Star of the Month is Karen Brady. Congratulations, Karen!

Heard from Parents

*I feel very confident in the suggestions and decisions made by the doctors.

*The Wednesday rounds are a great idea, but often the numbers shared among the professionals didn't make sense to us. Doctors are most of the time available to talk to.



Tidbits

Studies suggest stimulation of pressure receptors by massage increases vagal nerve activity, which leads to increased stomach emptying and better digestion. This leads to better availability of nutrients, which facilitates the release of insulin and insulin-like growth factor-1 (IGF-1). This plays a key role in regulating preterm infant growth.

Reminders

*Offer parents to perform massage using massage oil when their babies are ≥ 32 weeks gestational age and medically stable.

*Offer infant massage handout (available in the Neonatologist workspace) to parents and ask them to watch the video either on NICU iPads or MyChart Bedside.

Nurse FCC Training Checklist

Name:	
Trainer:	Date:

Antenatal

- Physicians will do prenatal consultation for all high risk babies and at OB's request.
- iPad will be given to parents, encouraged to watch videos on eBook.
- eBook contains NICU tour video, former NICU family wall stories, hand expression of colostrum video, frequently asked questions, late preterm infant information.
- If neonatologist is unable to get to the consultation immediately, they may request staff to show the iPad to parents.
- Provide time for tour if parents request.

At the Time of NICU Admission

- Physician will return to L&D and update the delivered mom about the baby's clinical status; the goal is within 1 hour of admission to NICU.
- Physician may ask the charge nurse, or nurse manager to update mom depending on infants immediate needs (line placements, etc.).
- Encourage hand expression when we update mom. Goal is to administer oral colostrum within 12 hours of delivery. Handout with QR code video in every parent bathroom in L&D. (Hand out is also available on our resources board next to tube system)
- Once first colostrum received, administer as soon as possible - do not freeze or put in the fridge.
- Document under breast milk PO intake row in the NICU I/O flowsheet, make a note in comment section stating first colostrum. Parents can track pumping volume, kangaroo care time, baby's weight on a March of Dimes app "My NICU baby" (Flier is on our resources board next to tube system)

During NICU Stay

- Skin to skin:** Encourage parents to do skin to skin whenever the baby is medically stable, and when parents are ready. Give the handout to parents while talking to them about it (in the drawer in front of Bay 1)
- Goal is to do first skin to skin within 48 hours of life. Give the first SSC certificate to both dad and mom (in the drawer in front of Bay 1)
- "Out of the Box" time: We are working on improving our babies' time out of the isolette, so encourage parents to swaddle hold as well as skin to skin and document in the NICU family/developmental flowsheet.
- R.O.A.R.:** Reach out and Read: Encourage parents/staff to read to their baby 10 minutes per shift (30 minutes a day) to improve positive vocal exposure. ROAR team provides a "welcome book bag" to all NICU families at the time of admission or before discharge.
- Document reading/talking/singing in the NICU family/developmental flowsheet.

7/2/2021

Nurses
Orientation Checklist

Sub Committees Members

SSC committee: Arlene Fleming, Michelle Wrench, Michele Lucido

R.O.A.R committee: Rebekah Babcock, Annie Le, Kelly Matsumoto, Anna Celestino, Melissa Suarez

Early Hand Expression of Colostrum:Lactation consultant - Suzanne DeSandre

L&D: Kim Hutchison, Amber Nicholls, Theresa Esters, Odiri Maku, Naomi Harel, Sabrina Davis, Paola Valenzuela **Post Partum Unit:** Paige Whitney White, Jamie Huang, Marissa Lontoc, Amie Pecho, Eva Ifeishat, Valerie Yermanov, Lanh Dang, Janey Wan, Abigail Galang, Estephani Castro-Torres **NICU:** Arlene Fleming, Laura Haselden, Cristina Canete, Melissa Suarez

Arts and Crafts: Kitty Berghem-Kantor, Jackie Gomez, Cathi Neylan -Marengo

Post discharge follow up phone call: Nona Mateo, Judy Baldwin, Julie Plank, Kristen Chiaramonte

Discharge taskforce: Luz Corton, Rebekah Babcock, Arlene Fleming, Kelly Matsumoto , Anna Celestino, Kitty Berghem-Kantor

Parent Buddy Program: Melinda Porter, Tammy Lee, Sierra Sam, Kelly Younger, Meaghan Andrews (parent) & George Rabanal Jr (parent)

Reunion organizing team: Gilda Primero, Yvonne Chu, Maria Oliver, Tammy Lee

Parent Support group: Michelle Wrench, Tammy Lee

Infant Massage Program: Karen Brady, Georgette Aquilina, Daisy (Ying-ju) Horng

Palliative & Bereavement Team: Georgette Aquilina, Melissa Lara, Stephanie Vergara (Parent)

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- ECH Stanford Neonatologists
- Melinda Porter - Clinical Nurse Specialist
- Jody Charles - Nursing manager
- ECH staff & Respiratory therapists
- Administrative/Ancillary support staff
- Gopal Vedartham – EHR Report Developer III
- Family Advisory Board
- ECH leadership team



Partially finished staff pictures

Thank You

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FAMILY-CENTERED CARE
TASK FORCE



FAMILY-CENTERED CARE
TASK FORCE

Thank you!

Next Webinar: Sep 15th, 11-12:30 PM PDT

"How to build a Family Advisory Council in your NICU"

Molly from Beth Israel, Marybeth Fry from Akron's

Children's Hospital, Jennifer Johnson from U.

Rochester