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Family-Centered Care Taskforce March 2024 Webinar Summary

Tamara Bledsoe, MS, NNP, APRN-BC-C-ONQS, Vargabi Ghei, MD, MSHS, Pamela Torreblanca, RN

The Family-Centered Care Taskforce stands as a pioneering force, being the FIRST international, multicenter, collaborative initiative solely dedicated to quality improvement in family-centered care. The task force employs a small group model with monthly office hours and a large group model with bi-monthly webinars, enabling effective communication and facilitating change across various healthcare settings. By sharing evidence-based practices and critical family perspectives during webinars and by promoting accountability through small groups, we are creating a forward movement to close the healthcare gap. Our 13th webinar, which took place March 14th, was sponsored by Draeger, whose mission is 'Care for babies like never before,' and Reckitt/Mead Johnson, who 'Protect, heal and nurture in the pursuit of a healthier world.' Our webinar speakers share their skin-to-skin and family-centered care practices in the FCC column below. Find a complete recording and accompanying resources at no cost at www.fcctaskforce.org, and subscribe to receive future Zoom calendar invites for our free educational webinars.

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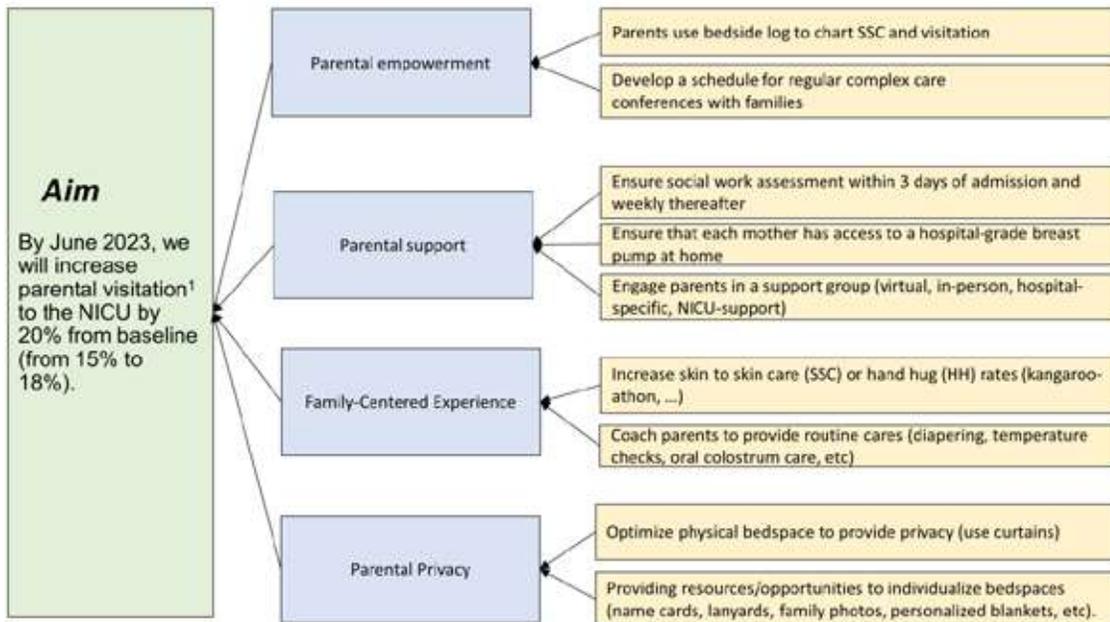
In their talk, entitled “Improving Skin-to-Skin and Family Centered Care in a Community Level 3 NICU,” Vargabi, Tamara, and Pame-

la discussed how their Level III NICU at HCA Northwest Medical Center improved their time to first episode of skin-to-skin care and their staff’s perception of family-centered care. In 2021 and 2022, they faced several barriers, including low parental presence at the bedside due to COVID-19 pandemic policies that limited parental visitation and a lack of standardization regarding skin-to-skin care. In general, there was a lot of fear and anxiety around skin-to-skin care, especially with infants who were intubated or had central lines. Staff felt they had not received enough education about skin-to-skin with such patients and were unsure they could safely help caregivers perform skin-to-skin in these situations.

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In 2022, our NICU joined the Florida Perinatal Quality Collaborative’s (FPQC) PAIRED initiative. The primary goal of this initiative was to decrease the time to the first episode of skin-to-skin care by a baseline of 20% (see Figure 1 Key Driver Diagram). The unit also aimed to make the care in their unit more family-centered. The HCA Northwest NICU formed an interdisciplinary team of three nurses, three neonatologists, a hospital leader, a data champion, and a respiratory therapist. Their main interventions (figure 2) included performing simulations of transfers of intubated small babies who had central lines to caregivers. They also pro-

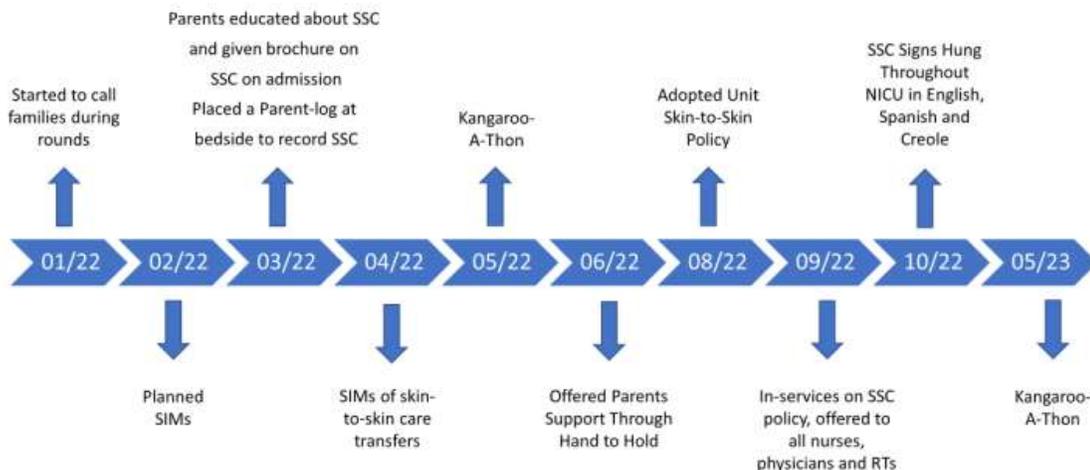




¹* Any parent or caregiver present in-person in the NICU within a calendar day.

Balancing measure: Percent of adverse events (AE) during SSC (# of adverse events during SSC/# of total SSC events); AE = unplanned extubation and/or dislodged central line
Process Measure: Percent of patients receiving HH or SSC (# of patients receiving either HH or SSC on any given day/total daily NICU census that day)

Timeline



vided caregiver education through distributing a brochure on the benefits of skin-to-skin care to parents upon admission. The team hung signs in the NICU reminding parents to ask to do skin-to-skin care with their infants, creating an excellent opportunity for advocacy. Lastly, they created an official skin-to-skin policy for staff in the unit to reference.

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Regarding advancing family-centered care, HCA Northwest NICU started to include parents on rounds via phone when they could not be present in person. Since they did not have a Family Advisory Council, they offered parents the opportunity to receive peer support through Hand-to-Hold. The FPQC provided monthly coaching calls, ongoing feedback, and guidance on the NICU's data.

HCA Northwest reduced their average time to first hold from 7 days to 2.8 days. By completing this initiative, they rose from roughly the 45th percentile to about the 90th percentile for prompt initiation of skin-to-skin care among all of the NICUs participating in the initiative. Based on feedback from staff, the NICU's care also became more family-centered. They mentioned that it was no longer uncommon for intubated patients to do skin-to-skin care, that parents were now asking for skin-to-skin care more often, and found great comfort in having an official skin-to-skin policy to reference.

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Overall, this is just the beginning of the journey towards improving skin-to-skin and family-centered care at HCA Northwest. Future directions include eventually forming a Family Advisory Council and, of course, holding many more Kangaroo-A-Thons!

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NT

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