Family-Integrated Care: Small Tests of Change from Salem Hospital

Howard Cohen MD
Medical Director, NICU
Salem Hospital
Portland and Salem, OR

Dr. Howard Cohen has long contributed to the VON Community of Practice. He has thirty-six years practicing neonatology, faculty positions at University of Illinois College of Medicine and Oregon Health Sciences University. Twenty years actively participating in multiple quality improvement collaborative and projects as well as having hospital based administrative positions as Clinical Director of Quality Improvement and Patient Safety Officer.

Heather Austin RN, BSN
Staff Nurse
Salem Hospital
Salem, OR

Heather Austin RN, BSN obtained a BS from George Fox University in 2001 and a BSN from Oregon Health and Science University in 2004. She is a NICU Staff Nurse at Salem Hospital. As a team member she is involved in the NICQ Next Safety homeroom, NICQ Next QI projects include “Improving Our NICU Culture of Safety” and “Family Integrated Care Implementation”.

Andrea Bell, RNC, BSN, MBA
NICU Nurse Manager
Salem Hospital
Salem, OR

Andrea Bell, RNC, BSN, MBA has 7 years of experience beside staff nursing in Pediatrics and NICU and 8 years of management. She obtained her BSN in Nursing from the Oregon Health Sciences University 1999 and MBA in Healthcare from the Marylhurst University in 2012.

Kacy Bradshaw BSN, MN, NNP-BC
Neonatal Nurse Practitioner
Salem Hospital
Salem, OR

Kacy Bradshaw BSN, MN, NNP-BC obtained her BSN in Nursing from the Oregon Health Sciences University 1999 and Masters in Nursing as a Neonatal Nurse Practitioner from the University of Washington in 2010. She worked for 11 years as a NICU RN in multiple unites prior to becoming a Neonatal Nurse Practitioner.
Julie H. Cox RN
NICU Charge Nurse
Salem Hospital
Salem, OR

Julie H. Cox RN has over 23 year of experience in a level III NICU and has been a charge nurse for over 15 years. I have also held various positions in the NICU such as, Manager, Assistant Manager, Charge nurse, Preceptor and staff nurse. My passion is helping families deal with stressful unexpected situations and help them learn and care for their baby. I believe as they are the sole caregivers they will develop a stronger bond for their baby.

Bobbi Kurronen BSN, MHA, MN, NNP-BC
Neonatal Nurse Practitioner
Salem Hospital
Salem, OR

Bobbi Kurronen BSN, MHA, MN, NNP-BC spent the last 22 years working in various NICU’s. She was a bedside RN/Charge RN for most of her career until she decided to fulfill her original goal of obtaining a Master’s degree. She received a Master in Health Administration and took a position as a Nurse Manager. When she decided that position was too far away from the bedside, she went back to school to obtain her NNP.

Alyssa Scheler BSN, RN
NICU Registered Nurse
Salem Hospital
Salem, OR

Alyssa Scheler BSN, RN obtained her BSN in Nursing from the Eastern Mennonite University in 2006 and AA from the Hesston College in 2003. She is a NICU RN since 2006.

Annual Quality Congress Breakout Session, Saturday, October 3, 2015
Family-Integrated Care: Small Tests of Change from Salem Hospital
Objective: Apply the Model for Improvement to a common clinical challenge – the “routine” separation of families from sharing in the care of their infants in modern NICUs.
We have nothing to disclose.

We are not promoting the off label use of any products.

Session Learning Objectives

• Apply the Model for Improvement to a common clinical challenge – the “routine” separation of families from sharing in the care of their infants in modern NICUs.
• Identify essential factors for success in making improvements in family centered care in your NICU
• Reflect on your own NICU to
  – Identify promoters and barriers to more active parent involvement in the care of their baby in your NICU
  – Design a “small” test of change that your team could be done in the next 7 days as a next step to increase FCC
Family Integrated Care From Inspiration to Implementation
Salem Hospital NICU

Time from Birth/Admission to First Successful Skin to Skin

- Median line shown for each year in blue
- 2013 = 0.74 hours
- 2014 = 1.08 hours

Skin to Skin Hours/Baby/Day: 2013 and 2014
- May 4-17, 2013
- May 4-17, 2014

WHAT DID YOU SEE IN THIS VIDEO?

Family Integrated Care From Inspiration to Implementation
Salem Hospital NICU

What Did We See (What is FIC)

• Increased family presence with their baby
  – Adult hospital bed, meals, privacy, bathroom, shower, eating space, open access
• Increased parents as care providers for their child
  – Defined/co-designed
    • Shared decision making about care
    • Active caretaking roles
  – Increased skin to skin
• Increased nurses as coaching/mentoring parents
  – Rather than doing the care

“LET’S BE LIKE THAT”—WHAT DID WE DO

• We used the Model for Improvement Approach—tests of change
• The beds, the wrap, the Family Integrated Care Guideline

First Test: Adult Bed!
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Test: Adult bed + HFNC/CPAP

Test: Adult Bed + Twins on CPAP

Test: Team Solution

FIC Guidelines

Version 1—Task Oriented
Development of FIC Guidelines: Staff Engagement

Version 2: after Staff Input

Version 3—After Parents’ Input
Phase Oriented
Table Talk:
HOW CAN YOU FURTHER INTEGRATE PARENTS IN THE CARE OF THEIR INFANT IN YOUR NICU?

WHAT DO OUR NURSES THINK?

Current State
• SMART AIM: Family Integrated Care will be the standard model of care in our NICU, that is, for 100% of our families by January 1, 2016
• Measures:
  — S2S hours/day and Percent Families doing/day
  — Checklist
  — Discharge Parent Survey Questions
• Evolving parent involvement in care
  — Connection to Flight Plan
• Variable implementation/Developing standard work
  — Offering bed, wrap, using guideline
  — Consents
  — Building standard work into current work flow
    • Admission
    • Hospital course

WHERE ARE WE NOW

October, 2015
RN’s asking for BEDS!!
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Salem Hospital NICU

Why we’ve been successful—Our Context
- Patient Experience is Organizational Priority
- Skin to Skin is a Family Birth Center priority
- Previous NICU focus/work on FCC
- Parents participated in the work
- Team and NICU knowledge and experience using the model for improvement
- Size, configuration of our NICU
- We’ve celebrated our success

Model for Improvement

The Problem with Just Implementing
Plan, Plan, Plan
Educate, Educate, Educate
Debug
Rollout Over Months
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Plan
Do
Test
Study
Achieve

PDSA Cycle for Learning and Improvement

ACT: Describe What Modifications to the Plan Will be Made for the Next Cycle from What You Learned

Person Responsible

Where to Be Done

PDSA Worksheet for Testing Change

What changes are to be made?

Person Responsible

Where to Be Done

STUDY: Describe the Measured Results and How They Compare to the Predictions for the Test

Predict What Will Happen When the Test is Carried Out

Person Responsible

Where to Be Done

PLAN: List the Tests Needed to Set Up This Test of Change

Person Responsible

Where to Be Done

ACT: Describe What Modifications to the Plan Will be Made for the Next Cycle from What You Learned

PDSA: What actually happened when you did the test

Success Essentials

- Have a great team and keep it great
- Get your organizational and NICU leadership on board
- Know and use the evidence
- Know how to use - Or whatever you do
  - But don’t be a slave to
- Have some idea of
- Know your “adjacent small” test
- Test the change in
- Communicate like
- Engage with your
- Be resilient and

Reading and Knowledge Essentials

- Family Centered Care
  - Electronic reference on FIC Training Modules, Mount Sinai Hospital website. Retrieved December 13, 2014 from https://www.mountsinai.on.ca/education/family

- Quality Improvement
Family Integrated Care From Inspiration to Implementation

Salem Hospital NICU

Additional Bibliography

- Macdonell, K., Christie, K., Robson, K., et al. (2013). Implementing Family Integrated Care in the NICU; Engaging Veteran Parents in the Program Design and Delivery. *Advances Neonatal Care. 13(4);262-269*