

Family Centered Care: Feedback and Continuation of Data Collection

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AGENDA

I	ntroduction	1:00pm - 1:05pm
J	ochen Profit, MD, MPH, Principal Investigator	
(Collection of Colostrum as Oral Care in EPIC	1:05pm - 1:15pm
	Nida Lovatanapongsa, MSN, CNS, CCRN	
(Christy Whiteside, IBCLC	
,	Descentation of Data	1.15 1.25
	Presentation of Data	1:15pm - 1:25pm
J	ochen Profit	
F	Feedback from Data Collectors and Proposed Data Report	1:25pm – 1:40pm
	Beate Danielsen, MA, PhD	
(Q/A and Discussion on Continuation of Data Collection	1:40pm —2:00pm
A	All	

Family Centered Care is Critical to Achieving Health Equity







HIGH QUALITY CLINICAL CARE



FAMILY ENGAGEMENT AND INVOLVEMENT IN CARE



INTEGRATION OF THE INFANT INTO THE FAMILY UNIT

Measures of Family Centered Care

- Time to priming with oral colostrum
- Days to first skin-to-skin care
- Delayed social worker encounter

Former NICU Families Describe Gaps in Family-Centered Care

Krista Sigurdson'®, Jochen Profit', Ravi Dhurjati', Christine Morton', Melissa Scala', Lelis Vernon', Christine morton, meissa ocaia, Lens vernon, Ashley Randolph³, Jessica T. Phan⁴, and Linda S. Franck⁵

Abstract
Care and outcomes of infants admitted to neonatal intensive care vary and differences in family-centered care may
Constitute. The objective of this study was to understand families' experiences of neonatal care within a framework of Care and outcomes of infants admitted to neonatal intensive care vary and differences in family-centered care may contribute. The objective of this study was to understand families: experiences of neonatal care may family-centered care, conducted focus goups and interview. with 18 family members whose infants were cared of families of color and/or of low socioeconomic status. Families identified the opproach and centering the accounts and power sharing; conflict with or lack of knowledge about social work; staff judgment of, or of families of color and/or of low socioeconomic status. Families identified the following challenges that indicated a gap in mutual trust and power sharing: conflict with or lack of knowledge about social work; staff judgment of, or socious and statistical processors and the staff judgment of, or socious and statistical processors and statist gap in mutual trust and power sharing: conflict with or lack of knowledge about social work; staff judgment or, or unwillingness to address barriers to family presence at bedside; need for nurse continuity and meaningful relationship with nurses and inconsistent access to translation services. These unmer needs for partnership in care or support unwillingness to address barriers to family presence at bedside; need for nurse continuity and meaningful relationship with nurses and inconsistent access to translation services. These unmet needs for partnership in care or support

Keywords
family-centered care; neonatal care; quality-of-care; grounded theory; patient-and-family engaged research; California;

A growing body of literature documents parents' critical role in promoting the health outcomes of low birthweight and preterm infants and a variety of models have been promoted toward that end (Franck & O'Brien, 2019). Historically, families were not permitted in the neonatal intensive care unit (NICU) or were only permitted on a limited schedule as "visitors" (White et al., 2013). Familycentered care, as an approach to NICU care, recognizes the strengths and needs of a patient's family and their important role in promoting recovery from illness and long-term health outcomes (Franck & O'Brien, 2019).

The origins of family-centered care can be traced back to British children's hospitals in the 1950s when nurses began to involve parents in the care of their hospitalized children (Jolley & Shields, 2009). The approach came to influence care in the United States over the 1980s, as families gradually came to be seen as active care partners of their children (Brewer et al., 1989). Family-centered care, consisting of interrelated principles and practices that recognize the central importance of family members in an individual's health and well-being, has since been widely applied across the lifespan and in various health care settings (Davidson et al., 2017; Johnson, 2000). It is now understood under the larger umbrella concept of "patient- and family-centered care" in that the principles of working with patients and families (rather than doing

"to" or "for" them) can be applied to any care setting (Institute for Patient- and Family-Centered Care, 2020). For the purposes of this project involving parents of former NICU patients, we use the term "family-centered

Models of care that explicitly involve families are now considered best practice in the NICU and the implementation of family-centered care promotes mutual respect and shared decision-making between clinicians and families, ensuring timely and quality psychosocial supports and hospital resources that facilitate family well-being and involvement (Committee on Hospital Care and Institute for Patient- and Family-Centered Care, 2012; Franck & O'Brien, 2019). Family-centered care also includes direct care delivered by families to their infants,

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Point-of-care derived measures developed in collaboration with disadvantaged families. Measures selected through a modified Delphi panel that included family representatives.





Project Goals

- To routinely measure family centered care processes
- To minimize data collection burden
- To use results to establish partnerships with families to improve key care delivery processes





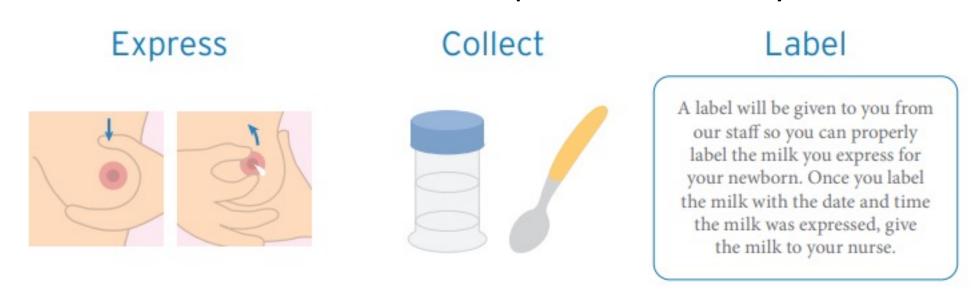
Oral Care: Colostrum

Journey

- Started educating staff and family the importance of colostrum oral care in 2011
- Previously, oral care was performed by the nurses with sucrose water

Hand Expression

- Begins immediately once mother is stable
- Lactation consultant follow-up to provide family support
- Verbal and written instructions are provided to family



Hand Expression Handout for Parents



Expressing breast milk by hand for your newborn



Expressing (pumping breast milk by hand) reduces pressure in swollen or leaky breasts and can be a good way to start a pumping session. When you feed your baby expressed milk in the first few days after delivery, hand expression can be better than using a pump as it can include more of your colostrum.

For sick or premature babies who aren't feeding at the breast, "hands-on pumping" helps ensure you make enough milk. Hands-on pumping combines hand expression and an electrical pump. This technique can increase the amount of milk you can pump, and can also increase the fat content of the pumped milk

The sooner you start expressing your milk, and the more frequently you express, the more milk you will make.

The NICU staff will be happy to help you learn how to hand express.

The goal is to hand express/pump eight times a day, spread out over the 24-hour period. You can follow whatever schedule works out best for you, but don't go more than four hours without expressing your milk.

Follow the steps below to guide you through milk expression:

- 1. Wash your hands with soap and water.
- Placing a warm, moist towel on your breast may help get your milk to flow.
- Gently massage your breast in circles or stroke them from the back toward the nipple to help your milk flow.
- To express milk, cup your breast with your thumb and index finger, one to two inches back from the areola (the dark-skinned area).
- Begin by pressing your hand back toward your chest. Compress your breast between your thumb and finger while moving your hand slightly outward toward your nipple.
- Release the pressure between your thumb and finger, and move your hand back toward your chest again.
- Repeat this pumping action while rotating the
 position of your hand around your breast for
 every few compressions. Changing your hand
 position helps ensure you empty the milk ducts
 all the way around your breast. It will take a
 minute or so before your milk begins dripping.

Express



Collect



Label

A label will be given to you from our staff so you can properly label the milk you express for your newborn. Once you label the milk with the date and time the milk was expressed, give the milk to your nurse.

Patient Criteria for Oral Care

All NICU babies

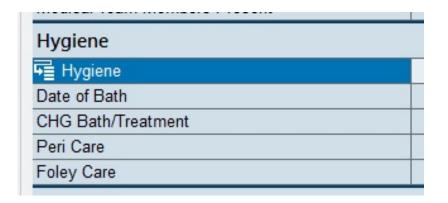
Oral Care Guidelines

- Only the freshest expressed human milk is used
- Provide families with the necessary equipment to bring the freshly expressed human milk to NICU and sister units (e.g. PEDS, PICU and PCTU)
- Support family centered care and family involvement by encouraging and educating parents to provide their baby with oral care

Oral Care Instructions

- Draw up 0.5-1.0 ml of human milk in a clean medicine cup while allowing milk to warm up to room temperature at the bedside
- Dip sterile applicator into human milk and instruct parent to swab and coat the entire buccal mucosa, tip of tongue and lips with milk
- Oral care can be done every 3-6 hours as tolerated

EPIC Documentation



Hygiene





Oral Care with Fresh Breastmilk

Select Multiple Options: (F5)

Bath

Mouth Care/Linen Change

Interdry Ag

Linen Change

Mouth Care

Eye Care

Skin Care

Cord Care

In Line Suction Changed

Moisture Barrier Cream

Diaper change

Oral Care with Fresh Breastmilk

Oral Care with VAP Guard

Bed Change

EKG leads changed

Pulse Ox probe changed

Temp probe changed

Other (comment)

Comment (F6)

Next Steps

- Trialing colostrum collector kit
- Antenatal Milk Expression
 - Early engagement



Reference

The Use of Human Milk During Parent–Newborn Separation. (2021). *Nursing for Women's Health, 25*(5), e15–e48. https://doi.org/10.1016/j.nwh.2021.06.001

THANK YOU





Population Characteristics

	FCC Pilot Participant NICU		
	Yes	No	
	(n= <mark>21</mark>)	(n=114)	P-value
Total admissions	604	4165	
Safety Net (>66% Medicaid)			
No	11 (52)	88 (77)	0.02
Yes	10 (48)	26 (23)	
CCS Level of Care			
Regional	2 (10)	16 (14)	0.72
Intermediate	1 (5)	13 (11)	
Community	16 (76)	75 (66)	
Non-CCS	2 (10)	10 (9)	
Hospital Ownership			
Government	3 (14)	12 (11)	0.40
Non-profit	12 (57)	85 (75)	
Investor	5 (24)	14 (12)	
Other	1 (5)	3 (3)	
Teaching			
No	14 (67)	84 (74)	0.68
_Yes	6 (29)	23 (20)	

Inclusion Criteria

Infants born in 2021
Inborn infants

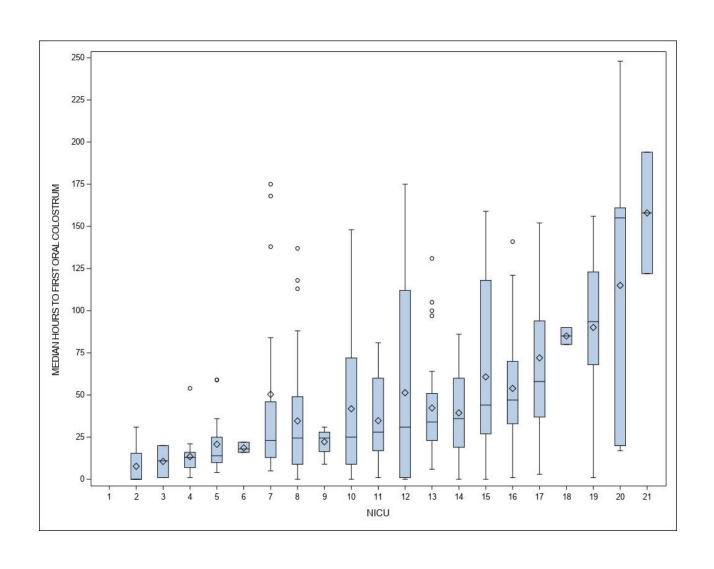
Exclusion Criteria

Infants who died in the delivery room or within 12 hours
Infants with maternal exposures

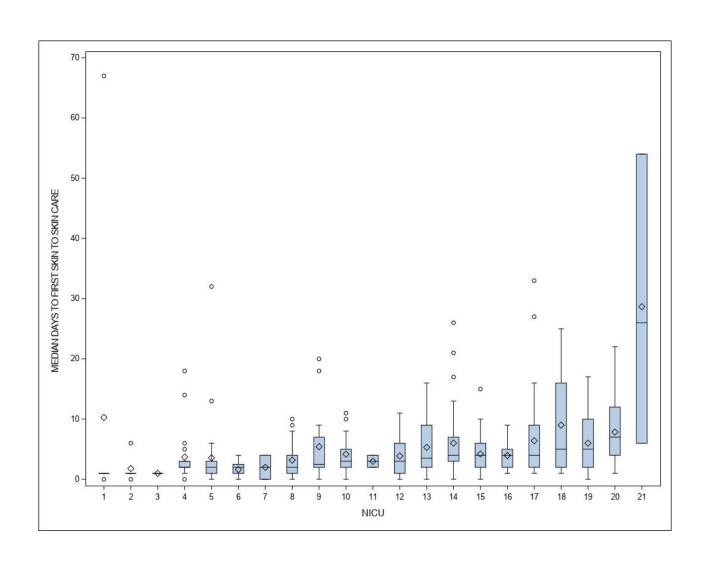




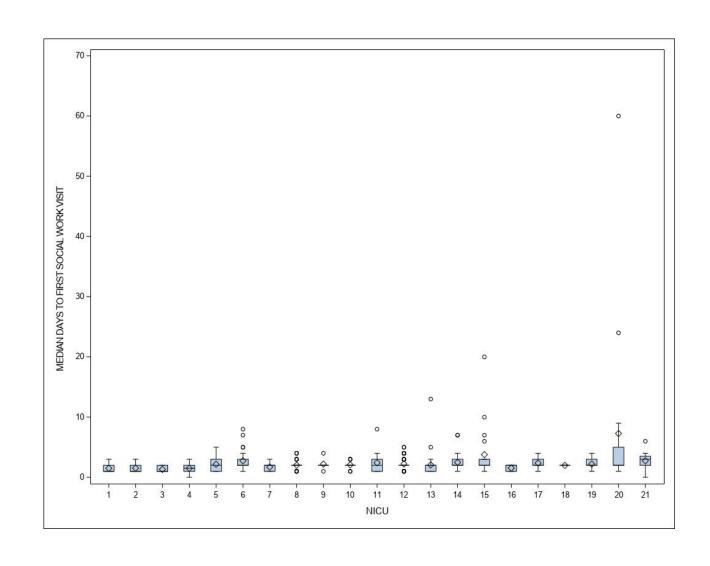
Hours to first administration of oral colostrum



Days to first skin-to-skin care across NICUs



Days to first social worker contact across NICUs



FCC Individual Comments

- 80 comments out of 1046 possible opportunities
- 5 providers reported it was too time-consuming to collect information on the FCC items, especially colostrum
- 3 reported information for start and stop times for skin to skin was not available; if skin to skin was not done immediately after birth, it was difficult to determine skin to skin start time
- 3 listed maternal substance use, so no BM
- 1 listed using iMed/Centricity EHR, thus no data fields available to track FCC items-related data





General Barriers Reported

- Very time consuming to collect the information on skin to skin, colostrum, especially when EHR is not designed to easily track these
- Good number of providers mentioned that baby was transferred on the day of birth so no FCC information was collected
- Limited parental visits were also reported in some cases, and thus little information for these families on FCC items



Discussion

Jochen Profit, MD, MPH Beate Danielsen, PhD, Director, Health Information Solutions Kimber Padua, RN, BSN











