Family Engagement QI Collaborative Key Driver Diagram

Aim Statement

Primary Drivers

Secondary Drivers

Potential Change Concepts

Adequate and timely communication regarding infant medical care between staff and families

Language barriers and lack of family presence

Increase use of interpreter services often and early Use of multi-lingual virtual platforms

Measure: 1) Parental presence on daily rounds; 2) Timing of first family meeting; 3) Parent

Lack of timely and frequent family updates

Reduce parking cost; Provide public transportation vouchers; Minimize restriction of sibling visitation; On site childcare for siblings; Overnight accommodations for families: Provide meals as needed

report of being informed consistently

Inconsistency of infant care plans among providers

Improve communication among medical consultants and primary team; improve communication among primary team and nurses

By August 2022, hospitals will improve family engagement in NICUs by:

Reduce disparities in key drivers

by race/ethnicity and primary

language

Measure: 1) Date of first social worker contact after admission; 2) Postpartum depression screening performed in the hospital; 3) Standardized assessment of unmet basic needs; 4) Parental report of social, depression screening and assessment of unmet basic needs

Comprehensive social services and supports for

families

Language barriers and lack of family presence

Current social services available not comprehensive to address all needs

Lack of bandwidth of social workers due to competing priorities

Lack of standardization of procedures to assess for mental health and unmet basic needs

- Increase use of interpreter services often and early
- Use of multi-lingual virtual platforms
- * Off load" tasks like screening for PPD and unmet basic needs to other staff members besides social workers.
- Utilize parent peer support groups
- Use standardizes screening tools and streamline existing referral systems

Family engagement in hands-on NICU care

Measure: Skin to skin and breastfeeding continuation (through day 7, 28, and discharge) Language barriers and lack of family presence

Families and NICU staff have unclear expectations about parental role in the NICU; lack of parental empowerment

Lack of access to hospital grade pumps, restrictive policies for skin-to-skin care

- Increase use of interpreter services often and early
- Reduce parking cost; Provide public transportation vouchers; Minimize restriction of sibling visitation; On site childcare for siblings; Overnight accommodations for families; Provide meals as needed
- Educate family on all aspects of care they can participate in; peer-support groups; Standardize family participation in infant's care (FICare)
- Introduce MM education and support during prenatal period; Early pumping initiation; Early and frequent skin to skin; Address lactation issues by phone/telehealth

- -- Chart abstracted measures
- -- Family reported measures

Family participation in discharge planning

Measure: 1) Timing of initiation and completion of discharge teaching for families; 2) parental report of discharge readiness; safe sleep adherence post-discharge;

Language barriers and lack of family presence

Lack of shared decision making in discharge planning

Compliance with safe sleep practices in NICU

- Increase use of interpreter services often and early
- Use of multi-lingual virtual platforms to deliver education
- Reduce parking cost; Provide public transportation vouchers; Minimize restriction of sibling visitation; On site childcare for siblings; Overnight accommodations for families; Provide meals as needed
- Standardize infant sleep practices and environment for all NICU infants

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