Moving from Family Centered Care to Family Integrated Care

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Objectives

• To provide an overview of Family Integrated Care and how it has evolved from the principles of Family Centered Care

• To share information about how the philosophy of family integrated care is based on a partnership between nurses, parents and veteran (graduate) parents
“The mother and infant should be considered as a closed psychosomatic system. Everyday ward rounds should focus not only on the infant but also on the needs of the mothers.”

- Dr. Adik Levin

Estonia
Our road to FICare

• Dr Levin approach to “Humane Care”

Principles:

• Mother staying with her preterm baby 24 hours/day

• With the support of nursing midwife & psychologist

• Exercise equipment

• Skin to skin, breastfeeding

Welcoming
24 hour care
How could we take this philosophy of true family integrated care from Estonia and include the principles of Family Centered Care into one model?

- Steering committee
- Working groups
- Veteran parents
Family Centered Care

• Increasing recognition (Helen Harrison)

• Principles 1993
  • from visitors to increased participation
  • Parents on rounds, redesign of NICU’s, involved in committees, parent education programs, parent to parent support

• Partnerships are the cornerstone of FPCC

Today parents see things differently

- Are we in line with parent perception and need?
  - Family empowerment
  - Parental participation
  - Communication
  - Decision making
  - Emotional support
Inside is as important as outside
The changing role of nursing
NICU—“yester” years

• “intensivists”
  – Focus on safe utilization and interpretation of technology
  – Necessary for survival but not sufficient for parent skills & relationship
  – Misconception that only NICU professionals can truly provide care

• “Doer” to “facilitator”
  • Focusing on strengths
  • Support empowerment

• Multidisciplinary health care team
First steps

• Steering committee
  • Workgroups, (research, education, veteran parents, physical space)
    - Nurses and veteran parents

• Review of literature
  - Parental NICU experience
  - Parenting a critically ill infant
  - Therapeutic nurse-patient relationship

• Concepts gathered
  - Parent infant dyad, inseparable mutually dependent unit
  - Nurses are able to reconnect parent and infant guided by their needs
Pillars of Family Integrated Care

• **Parent education**, small group education supported by individual bedside learning

• **Nursing education** provided nurses with tools to feel comfortable with the model of care

• **Environmental support** unit policies, physical & environmental (parking)

• **Psychosocial** supports veteran parents
Nurse education program

Content based on nursing survey of need

• What is Family Integrated Care
  • Is this not FCC?
• Implementation specifics
• Communication /Mental Health
• Growth and Development
• Veteran Parent Experience
• Breastfeeding
FI Care Pilot Project

- Pilot start date: March, 2011
- Expected length of study: 12 months
- Number of patients needed: 40 patients

**Location**
- 4 bed spaces reserved in Level II FI Care area

**Time Commitment for Parents**
- Minimum 8 hours each day - during day

<table>
<thead>
<tr>
<th>Inclusion Criteria:</th>
<th>Exclusion criteria:</th>
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<tr>
<td>•&lt; 35 weeks gestation</td>
<td>• Palliative care</td>
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<td>• On low level respiratory support</td>
<td>• Severe congenital anomaly.</td>
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<td>• A primary caregiver parent, willing</td>
<td>• Critical illness (unlikely to survive)</td>
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<td>and able to commit to spending 8 hours</td>
<td>• Parental request for early transfer</td>
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<td>per day with their baby between the</td>
<td>• Parental inability to participate.</td>
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<td>hours of 0700 and 2000.</td>
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<td>• Parental consent</td>
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Mount Sinai Hospital
Joseph and Wolf Lebovic Health Complex
Who were they?

• 42 mothers (4 sets of twins)
• 17 (40%) had other children at home
• 22 (55%) were Canadian born; 11 lived in Canada >10 years
• All had at least grade 10 high school education;
• 27 (71%) were employed outside the home
• Varied in age from 23-45 years (mean 33 years)
Key Outcomes: pilot study

- Babies in the family integrated care group
  - 9% improved weight gain over the controls
- There was less nosocomial infection
- There was less ROP
- There were fewer incident reports
- Higher breast feeding rates
  - 85% of the infants went home on >90% breast milk
  - Most of those were actually breast fed on discharge
- Decreased parental stress

What is the same for nurses?

- Care provided in accordance with College of Nurses Ontario (CNO) standard
- Nurse to Patient ratio
- Nursing clinical responsibilities and accountabilities
- Nurse charting
What was different?

• Increased parent mentoring and education at bedside
• Parents directing their learning/skill acquisition
• Increased skin to skin
• Signing off on parental acquisition of skills
• Parent on rounds
• Parent charting
• Parent education
Parent education program
what is so unique?

• Daily education-curriculum developed
  • “small chunks”, regularly reinforced in various topics
  • meet multi-disciplinary team
  • bedside education

• Incorporates different learning styles, personality traits, cultural practices and information needs

• Medical stability of the infants addressed
Value of small group education

- Opportunity to talk candidly about self care, postpartum depression, feelings, relationships, loss of full term pregnancy, loss of twin, previous losses
- Share spoken/unspoken fears
- Validate feelings
- Gain perspective and increase independence
What do you see?
What we see/think...

- Is he in pain?
- Does the tape hurt?
- Will the tape marks scar his skin permanently?
- Intubation? CPAP? Low flow? Who do I talk to about all of this? The doctor we had yesterday isn’t here today. Or was that even a doctor?
- Am I going to ever take this sick baby home?
What we see/what they see
Challenges

• Staff- their changing role
  • Unit culture-team approach
  • Confidentiality
  “As the head goes so the tail wags”

• Consider
  • Education, follow up
  • Invite/participate in parent education
  • Champions/advocates
FiCare - so what does that really mean...

- The rumor mill
  - Myths and truths
- Is our work no longer valued?
- Are we going to lose our jobs?
- Are we going to have more work?
- What about our nursing license?
- Posters, pamphlets, edu-quicks, muffins & learn
Applying the philosophy

- Staff education
  - Commitment
  - On going support
  - Follow up
  - Veteran parents

- Parental Participation
  - Understanding of their role
  - Given a purpose
  - Mother’s health, allowances

- Champions
- Won’t happen over night!
Principles of FICare

Parents are integrated into all aspects of care

- Parents are collaborators in their infant’s care
- The family are invited to participate to the best of their ability and supported to do so
- Parents participate on rounds
- Nurses enable families to be part of the team
It is NOT only about the organs

- Parenting and role
- Advocacy
- Education and support
- Communication
“It’s like landing on a cushion before you know you are falling”

-Mount Sinai NICU Dad
• “Implementing Family Integrated Care in the NICU: A Parent Education and Support Program”
  2013 • Vol. 13, (2)

• “Implementing Family-Integrated Care in the NICU: Engaging Veteran Parents in Program Design and Delivery”
  2013 • Vol. 13, (4)

• “Implementing Family Integrated Care in the NICU: educating nurses”
  2013 • Vol.13, (6)