Moving from Family Centered Care to Family Integrated Care

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Objectives
An understanding of the difference between Family Integrated Care and Family Centered Care
The partnership between nurses, parents and veteran (graduate) parents within Family Integrated Care philosophy will be shared

Where my story begins
Bed rest concerns
Early Arrival
Fish out of water
The incentive for Mum
The incentive for dad
A typical FICare day
Participation in rounds
Increased Skin to Skin
Daily education sessions
Daily education sessions
Daily education sessions
Veteran parent support
FICare nurses
Dad’s participation

Tenacious Tess’ participation
Tess’ FICare Stats:
  • 18 months of Breastfeeding
  • 66 rounds presented by Mom/ Dad
  • 372 hours of skin to skin by Mom & Dad

Tenacious Tess now

Family Integrated Care (FICare)
  • Shattered dreams
  • FCC versus FICare
  • FICare pilot, philosophy, research
  • Nurse and parent education
  • Challenges/opportunities
  • Canadian/Australian research
  • Veteran parent role

Dreams...shattered
Role reversal:
My baby, yet not my baby!
- Uncertainty versus anxiety
- Underestimate amount of information
- Feel dumb, feel dangerous

Inside is as important as outside

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

Words versus actions
- Awareness bound: we know that
- Discrepancy continues between the philosophy, principles and practice
- General misconception that only NICU professionals can truly provide care
- Are we truly in line with parent perception and need?

Estonia
“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

Our road to FiCare
Welcoming
24 hour care
Going down memory lane
Pilot study: 4 pillars
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

FiCare 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

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 (not in control group)

What is the same for nurses?
• Continue to provide care in accordance with College of Nurses Ontario (CNO) standard and MSH policies
• The professional responsibility and accountability of nursing remained the same as current practice
• Nurse to Patient ratio unchanged
• Nursing clinical responsibilities and accountabilities unchanged
• Nurse charting unchanged

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

Family Integrated Care Expands
• Study suggested the FI Care model is feasible and safe in a Canadian healthcare setting had the potential to improve other short and long-term infant and family outcomes
A multi-centre randomized controlled trial is now underway to further evaluate the efficacy of FiCare in the Canadian/Australian context.

**Canadian research**
- 20 NICU's randomized
- 10 research/10 control
- 2 day workshop, (researcheducation program)
- Site challenges
- Culture of the unit
- Need champions
- All research sites
- Parent education
- Veteran parents
- Changing philosophy
- Site visits

**Expands to Australia**

**Introducing FiCare: pilot, unit philosophy & research**

**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

**Three key concepts of FiCare philosophy**
1) Teaching nurses what they do not see
2) Teaching Parents what they do not know

**What we see/What they see**

**Developing a curriculum**

**FiCare - so what does that really mean...rumor mill**

**The changing role of nursing**

**NICU-“yester”years**

“Intensivists”
“Doer” to “Doer and facilitator”
Multidisciplinary health care team

Nursing workshop requirements

- Primary objective
- Information necessary to support families
- Supported by Nursing Unit Administrator
- Mandatory 4 hour education day

Nurse’s workshop

- Parent-Infant bonding and
- Re-conceptualization of the Nursing Role
- Coaching Skills for nurses
- Emotional Readiness/assessment skills
- Conflict resolution skills
- A day in the life a FiCare nurse and parent
- Veteran parent presentation
- Psychological implications of premature birth
- Postpartum depression
- Mentoring, Challenging Situations and Assessing Parent Readiness
- Infant development (developmental care)

Three key concepts of FiCare

1) Teaching nurses what they do not see
2) Teaching Parents what they do not know

History: designing the parent education program

Building on past experience

Sharing of emotions is as important as practical knowledge
Most common emotions reduced: helplessness, guilt,
Grief, emptiness, fatigue

FiCare parent education

- Growth and Development
- Self Care
- NICU basics
- Understanding your baby
- Breastfeeding and pumping
- Advocacy
- Decreasing infection
- Planning for discharge
- The first weeks at home
- Parenting
- Veteran parents experiences as lead/co-lead
Parent education program
what is so unique?

Challenges: nursing
- Nursing- their changing role
  - Culture shift, mind set
  - Noisy rushed environment
  - Unit culture-team approach
  - Confidentiality

“As the head goes so the tail
Wags”
- Consider
  - Education, follow up
  - Invite/participate in parent education
  - Champions/advocates

Challenges: parents
- Parent perspective: it is all about healthcare personalities
- Good communication
- Sets tone for the day
- Difficult to advocate if
- Not supported (safe advocate)
- If not supported
- Feel in the way
- Need champions
- Can become more frustrated
- Know their infant better than the “nurse” for the day”

What does it take?
- Parental commitment
  - Understanding of their role
  - Given a purpose
  - Mother’s health, allowances

Staff commitment
- FICare should be a philosophy and not research
- Unit supports
- Ongoing follow up
- Facilitator
- Won’t happen over night!

“It’s like landing on a cushion before
you know you are falling”
-Mount Sinai NICU Dad
**Three key concepts of FICare**

1) Teaching nurses what they do not see
2) Teaching Parents what they do not know

**Role of Veteran parents**

**FICare Veteran Parents across Canada**

**Lessons learned from FICare and Parent Partner Project**

**Successes**
- Increased patient and family support
- Decreased anxiety
- More effective coping skills during crisis
- Ensure stability of parent programs
- Maintained past successes
- Develop future initiatives in keeping with patient and family –centered care
- Increased Patient Satisfaction

**Challenges**
- Defining roles of patient advisors
- Readiness of the unit
- Expectation of volunteerism
- Investment in developing skills of patient advocates/mentors
- Sustainability and the long term gains
- Supporting the advisors

**Mount Sinai Hospital Family Integrated Care Path**

**FICare Teleconferences**

**FICare……priceless!**
- “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)
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