

Enhancing Family Integration in Neonatal Intensive Care : An Interprofessional Initiative through Family- Centered Care Rounds

Background:



Difficult communication
with professionals



Helplessness, guilt, loss of
role and control



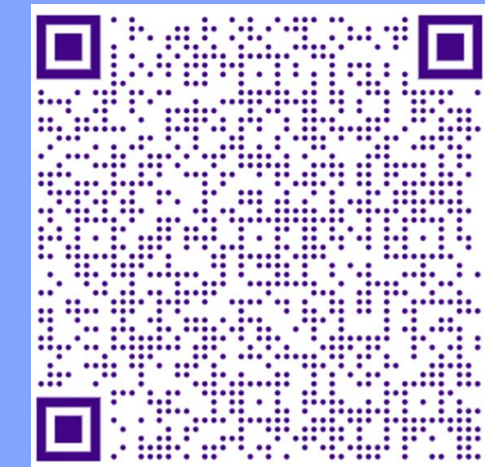
Anxiety, post-
traumatic stress,
depression

The solution:



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**Family-Centered Care
Rounds (FCCR)**



FCCR implementation obstacles:

- Complex and poorly documented implementation process.
- Significant variations in the operationalization of rounding process.

Aim:

Implement and assess the feasibility of the FCCR in the NICU of the University Hospital of Lausanne

Method:

Multiphase study:

Phase 1

Support implementation, descriptive design.



Systematic context analysis:

Barriers and facilitators?

(Damschroder et al, 2009)

- Cultural change, power relations, the place given to parents
- Parents feel incompetent
 - Architectural issue → confidentiality
- Parents feel incompetent to participate in the FCCR
 - Lack of resources for training and implementation
 - ...

- Needs for better communication process
 - FCCR already implemented in 3 other units
 - Positive overall perception regarding the FCCR
 - ...

Implementation strategies

(Powell et al., 2015; Waltz et al., 2019)

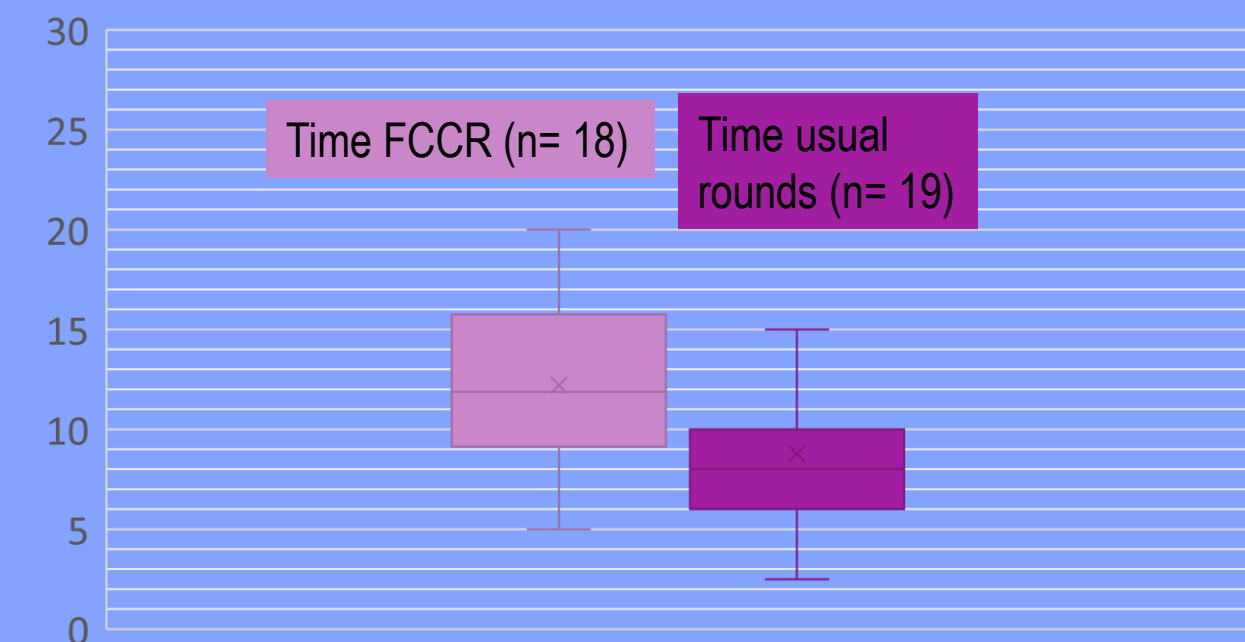
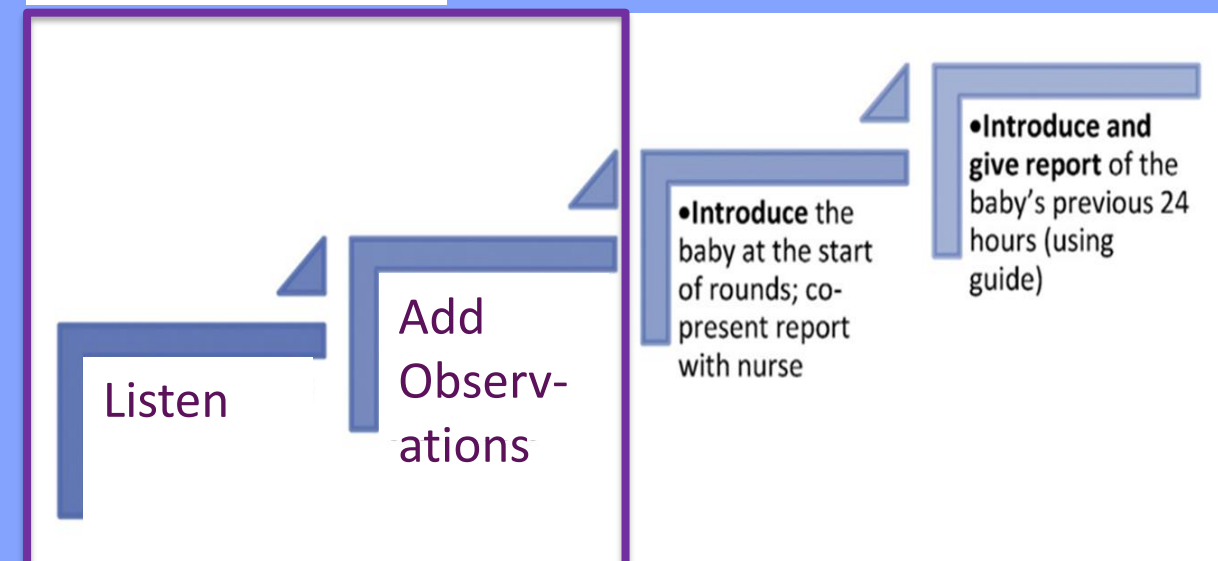
- Champions
- Education
- Promote Privacy
- Ergonomy of the nursing desks
- Family feedback
- Preparing families

- ! Compare usual round/FCCR duration !



Parental involvement

Franck et al., 2020



Aim:

Implement and assess the feasibility of the FCCR in the NICU of the University Hospital of Lausanne

Method:

Multiphase study:

Phase 2

Assess Feasability (Bowen's focuses)
Quasi experimental design

↑ **Interprofessional collaboration**

Tableau 1 – Difference in interprofessional collaboration before and after participation in VMIP (AITCS II)

Domaines AITCS II	Pré - VMIP (n= 24)	Post - VMIP (n=20)	t-valeur	p-valeur
	Mean (ST)	Mean (ST)		
Partenariat	3.54 (0.49)	3.76 (0.50)	t=-1.48	0.15
Coopération	3.90 (0.46)	4.00 (0.37)	t=-0.78	0.44
Coordination	3.11 (0.71)	3.50 (0.48)	t=-2.10	0.04*
Total AITCS II	3.52 (0.49)	3.75 (0.36)	t=-1.80	0.08

* = p-valeur < 0.05 ; mean > 4 = good collaboration

↑ **Parental satisfaction**

Table 3: Difference in satisfaction before and after participating in the VMIP (EMPATHIC-N)

Domains EMPATHIC-N	Pre-VMIP (n=7)		Post-VMIP (n=7)		Wilcoxon Ranks Test	
	Mean	ST	Mean	ST	Z-test	p-value
Informations	4.66	0.49	4.77	0.34	-1.07	0.285
Care and treatments	4.87	0.21	4.92	0.11	-.036	0.715
Participation	4.71	0.31	4.79	0.28	-1.99	0.046*
Organisation	4.73	0.20	4.75	0.26	-0.11	0.915
Professional attitude	4.97	0.04	4.90	0.17	-1.60	0.109
Total EMPATHIC-N	4.83	0.17	4.79	0.19	-0.31	0.753

*= p-value < 0.05

↓ **Parental stress**

Table 2 : Parental stress difference pre- and post-participation in FCCR (PSS)

	Pre-VMIP (n=7)		Post-VMIP (n=7)		Wilcoxon Ranks Test	
	Mean	ST	Mean	ST	Z-test	p-value
Total PSS	2.79	0.92	2.41	0.68	-1.54	0.123

Conclusion:

Support a pragmatic vision of the implementation process, taking into account the local context

Recommendations:

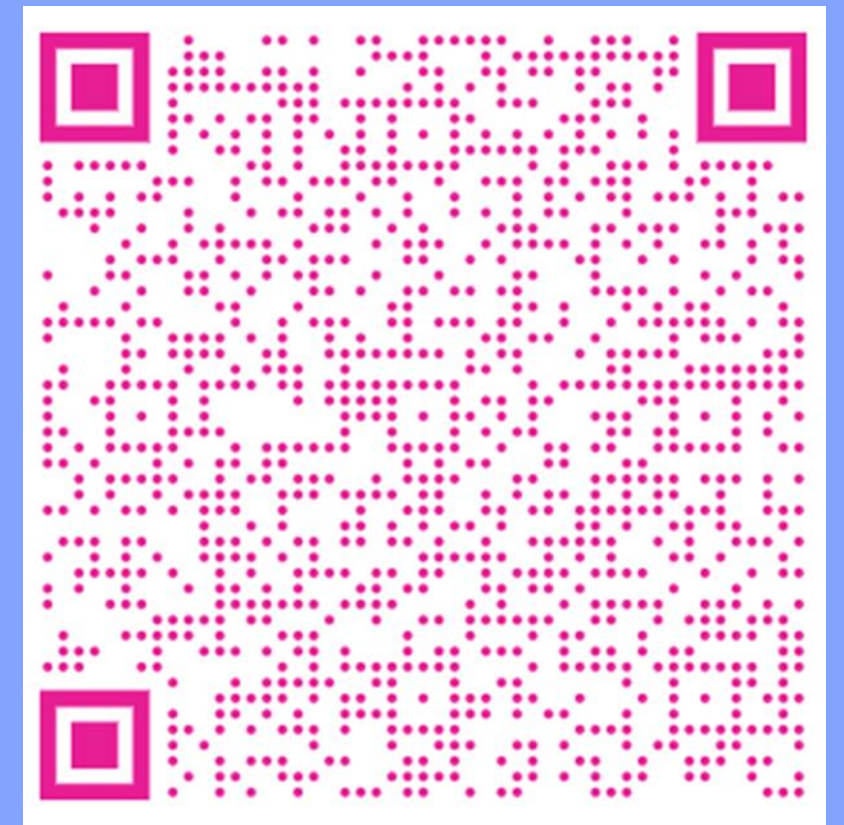
- Include all stakeholders
- Guide the implementation with a model
- Use a standardized format
- Theoretical training & simulation
- Plan the sustainability process early on

Questions?



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