



Heart to HEARTT: Supporting Nurses to Partner with Parents Caring for Critically III Infants

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Background

- Infants are physically and emotionally separated from their parents in the NICU
- Family Integrated Care (FICare) is a model of care where parents are integral members of their infant's care team
 - http://familyintegratedcare.com/
- 4 core components to support successful parent engagement The FICare Pillars

Staff Education Support

Education

Psychosocial

- Implementation of FICare is supported by staff and parent education programs, a peer-to-peer parent support program, and adaptation of unit policies and procedures to enable greater parent participation
- FICare was first piloted at Mount Sinai Hospital, Toronto and further evaluated in an international cluster randomized controlled trial (cRCT) involving 13 intervention and 12 control NICUs^{1,2}
- FICare is associated with improved developmental outcomes for infants and decreased mental health risks for parents
- FICare Plus was developed to extend this model of care, in the first two weeks, for critically ill infants

Objective

 To determine how FICare Plus can support parents to safely and meaningfully become engaged in the care of their critically ill infants, specifically in the first two weeks

Methods

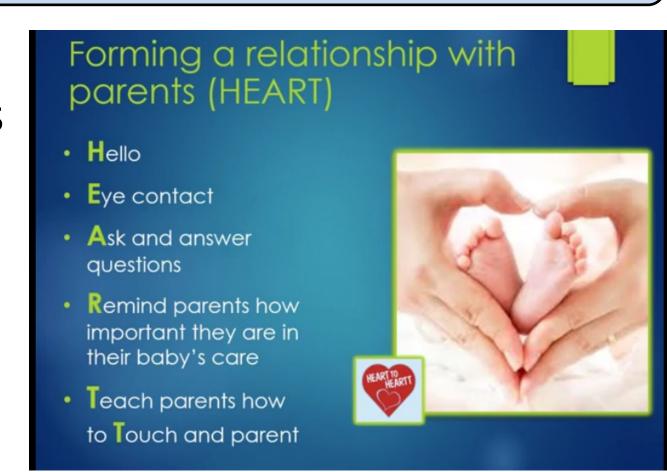
- A cross sectional survey of NICU staff at 2 hospital sites in Toronto
- Descriptive and thematic analysis performed.

Results

- 68% of staff felt education programs could be improved to help them understand and support families better
- Nursing education needs were identified as follows: to receive further education related to parent readiness, establishing and sustaining engagement, providing emotional support, and strategies to support bedside parent education

Innovation

 The Heart to HEARTT staff refresher was developed in collaboration with NICU parents and consists of short videos, slide shows and resources focusing on parents' perspectives.



References

O'Brien et al, BMC Pregnancy Childbirth, 2013; 13(S12)

O'Brien et al, (2015) BMC Peds, 15(1), 210. https://doi.org/10.1186/s12887-015-0527-0

Survey Results

Study Survey was developed in collaboration with parent advisors



Recognizing families as members of the team - not visitors Strategies to establishing and sustaining engagement Strategies to support bedside teaching and communication



The Knowledge

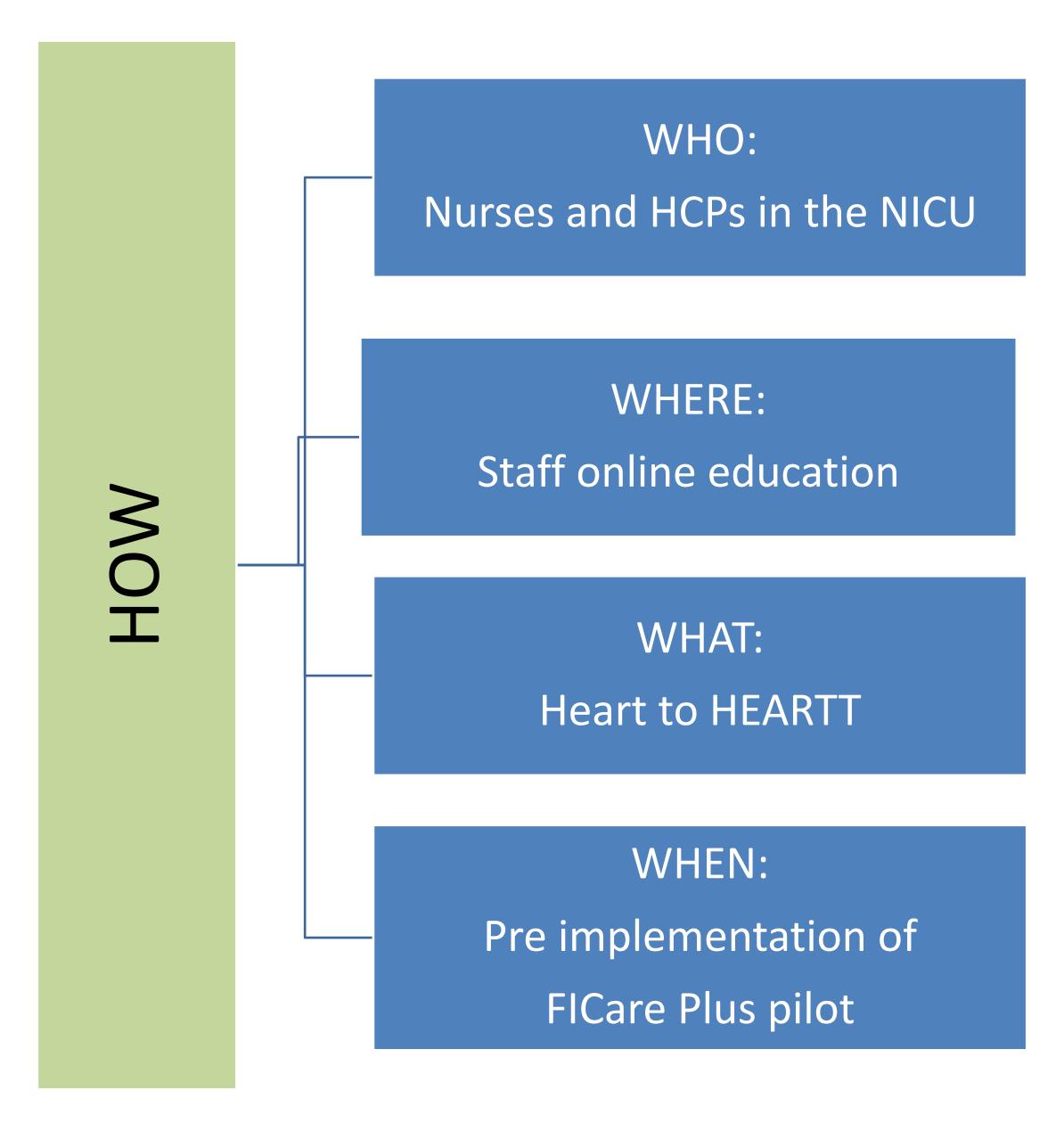
Understanding the Family Journey Understanding trauma in the NICU Understanding toxic stress



- The survey was sent to all staff in the NICU via email
- 65 responded majority were nurses

Implementation

All staff were invited to complete the refresher



Staff received a Heart to HEARTT pin upon completion.

The Innovation

Development of Toolkit- videos, slide presentations, resources





Heart to HEARTT Staff Refresher





Parent readiness: Everyday Trauma in the NICU: The Four Traumas



- Unexpected early delivery or complication, medical status, c/s
- Seeing baby have traumatic medical procedures and lifethreatening events
- Witnessing other infants go through similar experiences
- Continuously receive bad news

Establishing and sustaining engagement: Communication.



- Giving families the voice to speak up
- The impact of empowerment

Providing Emotional support: Empathy: Empathy versus sympathy.



- 4 Elements of Empathy:
- To see the world as others see it
- To be nonjudgmental
- To understand Feelings
- To communicate Understanding³

Strategies to support parent education

Reality: a veteran parent story

 Sharing their story, Yasmin (coauthor) with her husband and son



Parenting: invite, teach, model, and support.

Resilience and attachment

Resilience – adaptive, functioning peer support



Understanding Stress

How Stress and toxic stress are expressed

Next steps

- Post Implementation survey under development
- Areas for improvement feedback from nurses moving forward

