Quality Improvement: Improving Parent-Staff Communication in a County Neonatal Intensive Care Unit

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 AIM

Set a baseline and improve reported parent-staff communication by 10% in the County Neonatal Intensive Care Unit between June 2015 and December 2017.

Background

- Effective parent-staff communication is important in a NICU.
  - Improves parent’s emotional well-being leading to better parent-infant bonding and parental involvement in their child’s care.
- There is currently not a baseline measurement of parent-staff communication in the County Neonatal Intensive Care Unit (NICU).

A multidisciplinary team comprised of a medical student, physician, nurse, and nurse practitioner was established to lead the project.

First, physicians and nurse practitioners were interviewed who were primarily responsible for communicating with parents and twenty (20) parent-staff communication interactions were observed. Second, communication flow patterns in and out NICU bay rooms were recorded. Third, a communication process map was developed and analyzed for points of inconsistent execution among staff. Fourth, a quantitative data assessment was developed and conducted with a cross-sectional parent and provider cohort. Fifth, critical to quality drivers were identified that impacted parent-staff communication. Lastly, intervention areas were brainstormed and prioritized.

Setting: A county NICU in Dallas
- Serves 1,300 newborns each year
- Open bay format

Parents of children in the NICU
- n=28, 82% response rate
- Length of Stay > 30 days (all levels of acuity)
- Language: 53% Spanish; 47% English

NICU Physicians, Nurse Practitioners, Nurses
- n=98, 32% response rate

Quality Tools:
- Stakeholder Interviews
- Spaghetti Diagram
- Process Map
- Quantitative Survey
- Critical to Quality Drivers
- Prioritization

RESULTS

Interviews and process mapping identified inconsistency among staff with over 50% of the inconsistency in the daily updating of parents. Communication flow patterns noted that open bay format facilitated greater nurse to parent interaction at the expense of decreased privacy and increased noise. 82% of parents and 32% of providers completed the quantitative data assessment that indicated that overall parents and providers are satisfied with our communication (2.50 out 3.00). However, five focus areas of improvement were identified. Increasing parent engagement; increasing communication with medical team; and minimizing conflicting information were the three critical to quality (CTQ) drivers of parent-staff communication identified by our multidisciplinary team. Four intervention areas were prioritized pending additional data collection.

1. Increase Parent Engagement

2. Minimize Conflicting Information

3. Provide More Frequent Updates from Doctors

4. Diversify Communication Methods

5. Provide Updates on Six Areas

Critical to Quality Drivers

- Increase parent engagement
- Increase communication with medical team
- Minimize conflicting information

We will improve our parent-staff communication from a baseline of 2.50 (parent-staff average) to 2.75 by Dec. 2017 by focusing on:
- Increasing parent engagement from 82% to 92%
- Increasing parent interaction with medical team from 39% to 50%
- Providing translators within 15 minutes of parents being ready

Next Steps
- Move to private room design (Completed)
- Collect post-intervention baseline data (July)
- Conduct a post-move survey (January)
- Intervention #2 (March)
- Intervention #3 (June)

Conclusion and Next Steps

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