

# Improving Parental Knowledge of the Status of Medically Complex Neonates Through Scheduled Conferences



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## BACKGROUND

- Reports of parental dissatisfaction due to incomplete or inconsistent information in the ECU Health Neonatal intensive Care Unit (NICU).
- No particular member of the medical team is designated to update families.

## AIM

Within 1 year, 50% of the families of medically complex neonates (<30 weeks at birth, needing surgery, genetic abnormalities) will have a family conference at 10 days and 1 month of life.

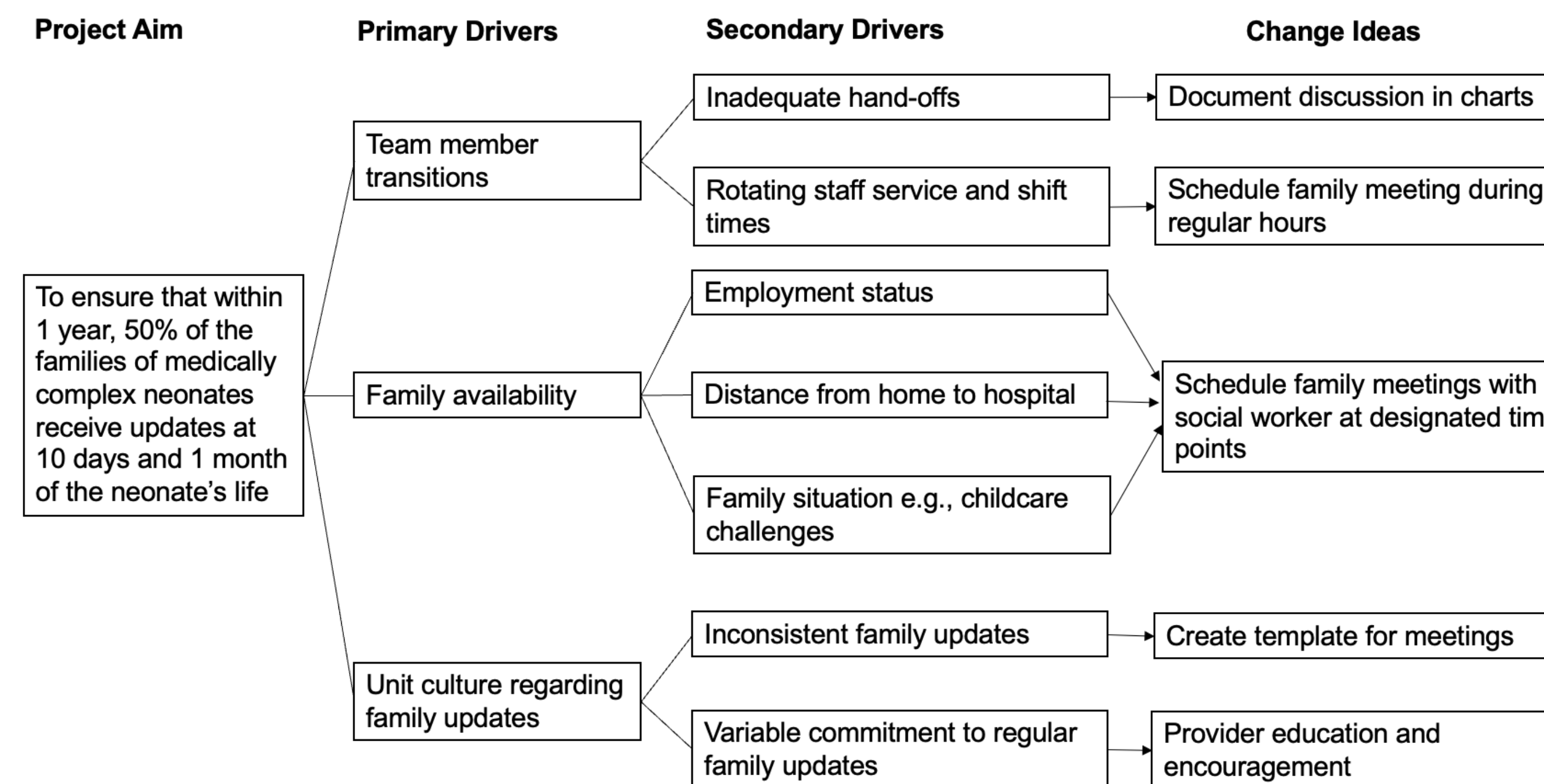
## METHODS

- Multidisciplinary team formed.
- Eligible neonates identified, and social work team schedules meetings with the medical team.
- Medical team surveyed after 6 months to assess burden of meetings.
- Families contacted after the 1-month meeting, to assess impact of the family meeting

## Measures

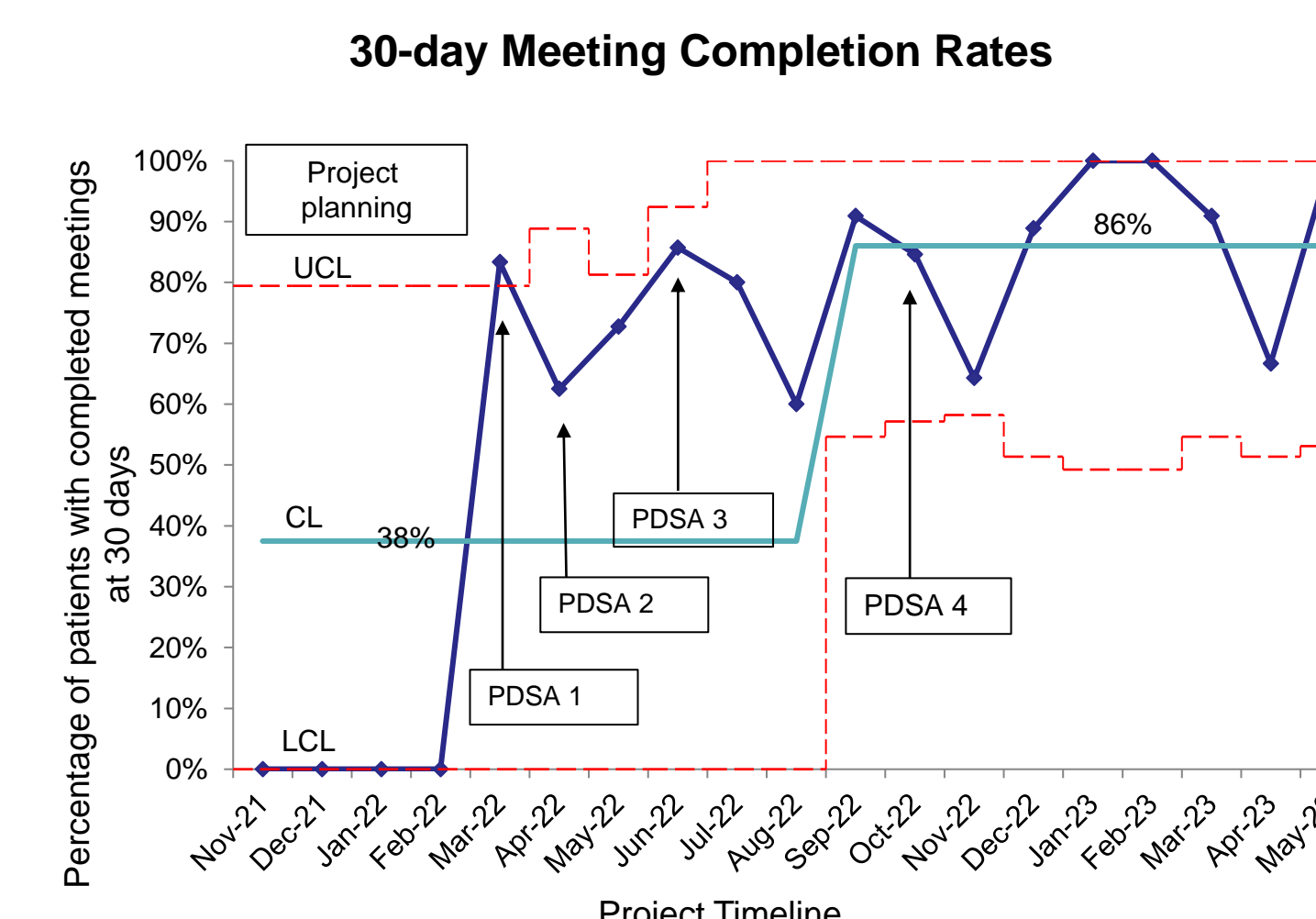
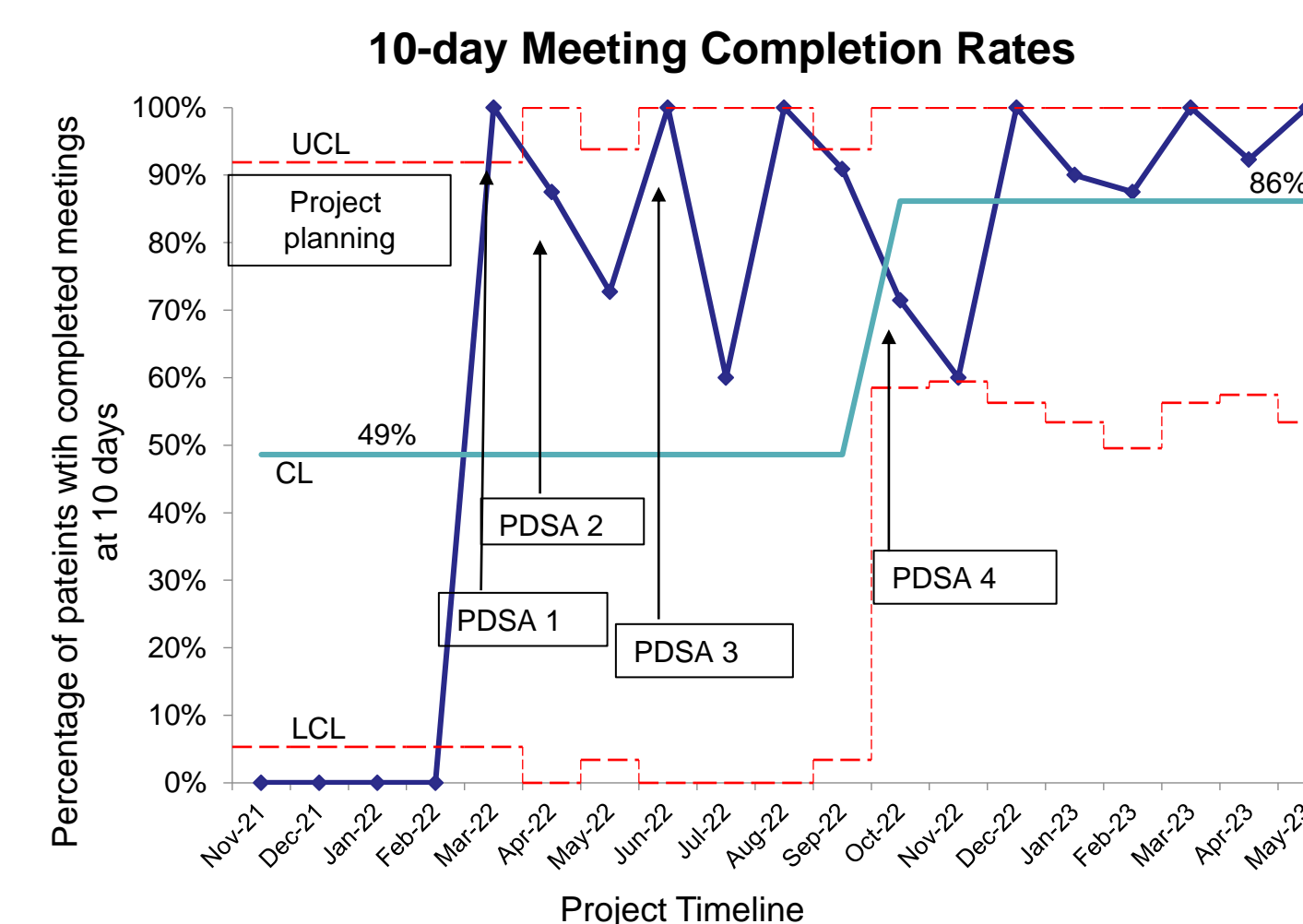
- **Outcome measures:**
  - Percentage of families with completed meetings at 10 days and 1 month of life.
- **Process measures:**
  - Percentage of families with scheduled meetings at 10 days and 1 month of life.
  - Percentage of patients with a meeting problem listed in the Electronic Medical Record (EMR).
- **Balancing measures:**
  - Percentage of families that report extra burden from meetings. Goal <40%.
  - Percentage of providers that report burden from conducting meetings assessed. Goal <60%.

## KEY DRIVER DIAGRAM

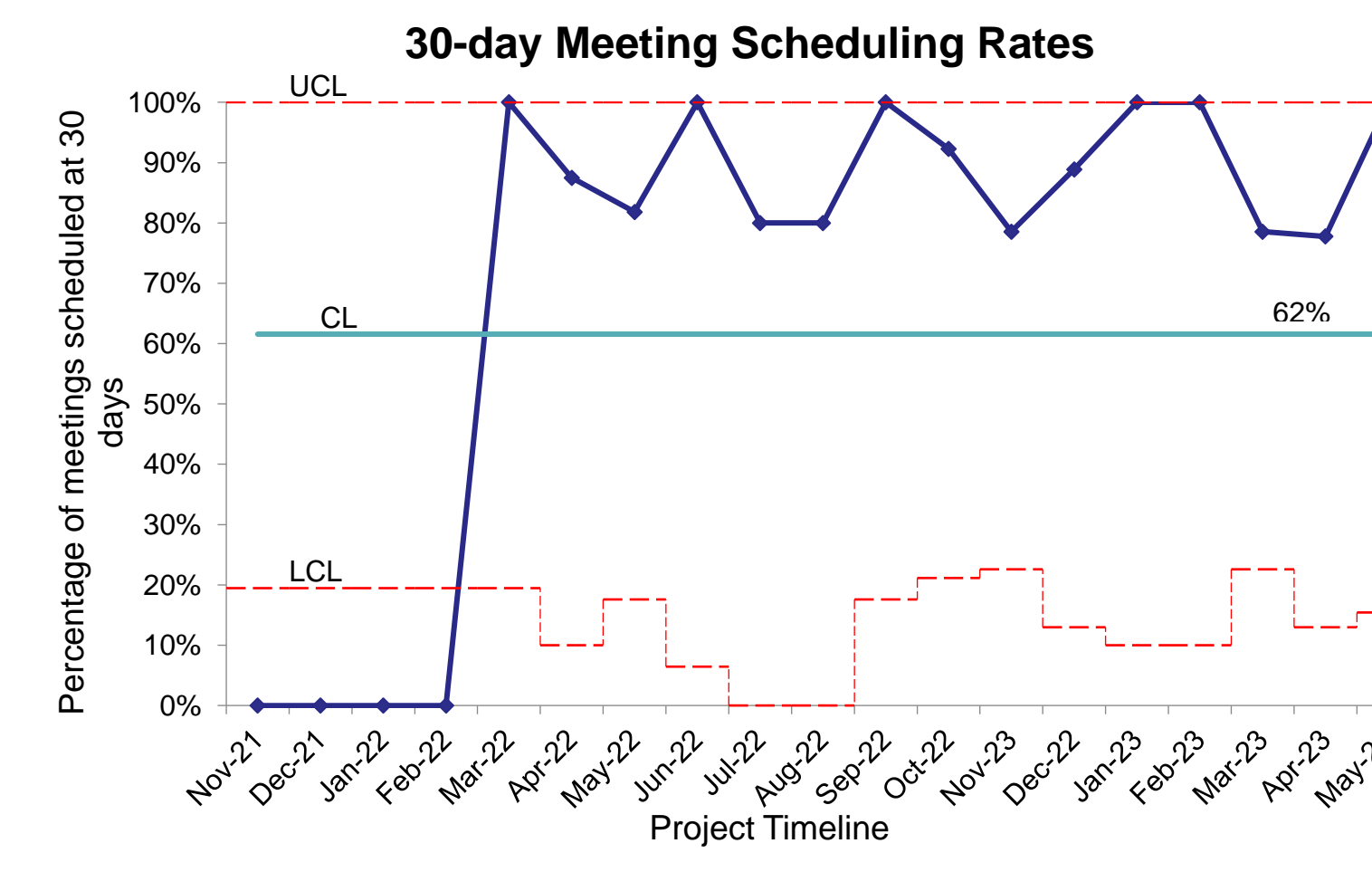
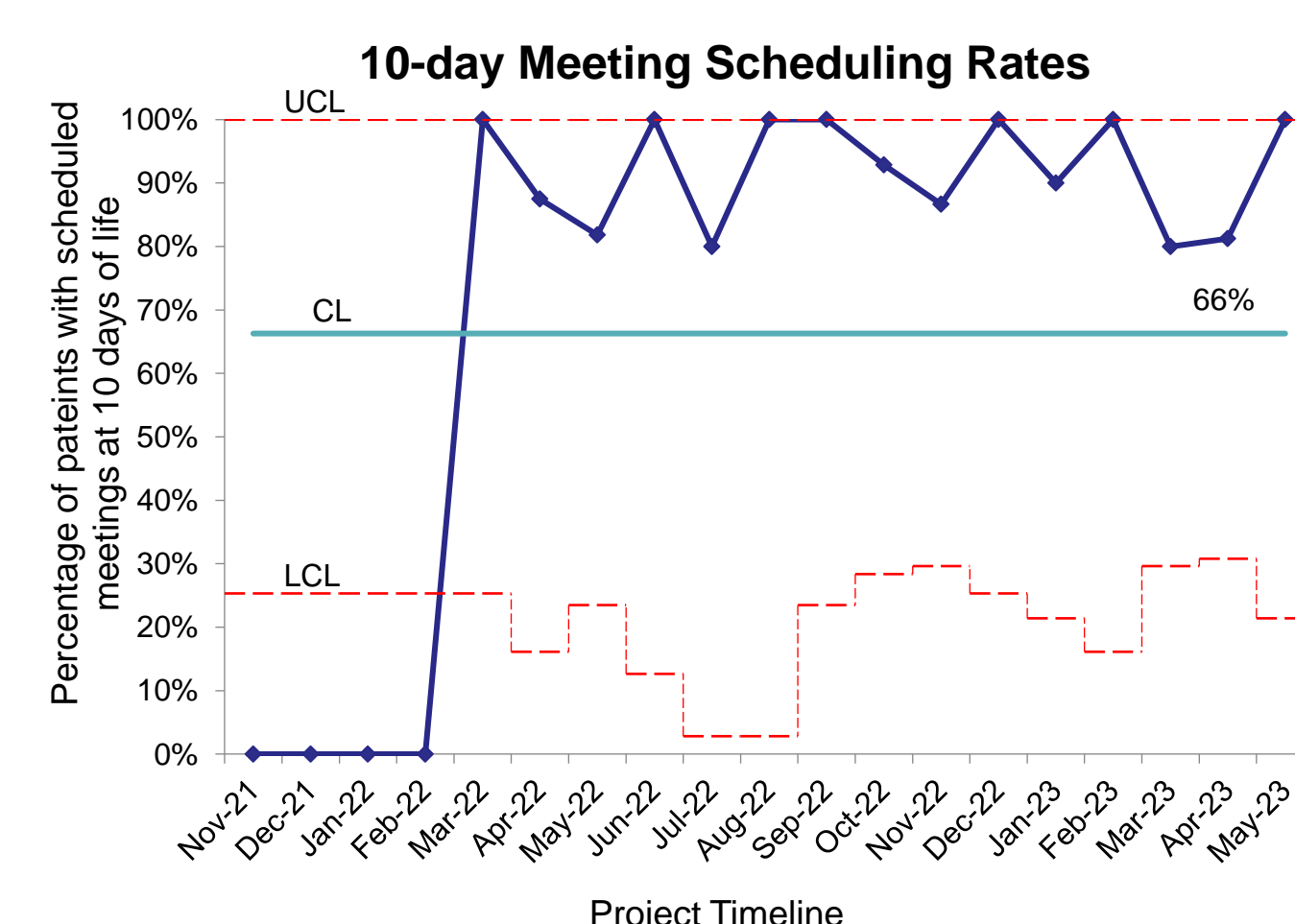


## RESULTS

### Outcome Measures



### Process Measures



### Balancing Measures

- Percentage of families that report extra burden from meetings is less than 1%.
- Percentage of providers that report burden from conducting meetings is 14%.
- On the Hospital Press Ganey survey, 64% of the families selected the highest number on a scale soliciting feedback on how well they were kept informed and how well their questions were answered during their hospital stay.

## PDSA CYCLES

PDSA 1	<ul style="list-style-type: none"> <li>• Provided medical team schedule to social worker to help with scheduling.</li> </ul>
PDSA 2	<ul style="list-style-type: none"> <li>• Neonatology fellows included in conducting meetings.</li> <li>• Added a 'family meeting' problem to the EMR.</li> </ul>
PDSA 3	<ul style="list-style-type: none"> <li>• Gestational age limit raised 28 to 30 weeks.</li> <li>• Added phone completion of meetings if parents were unable to attend in person.</li> </ul>

## DISCUSSION

- Communication with families in our NICU was reported to be inconsistent, inaccurate and especially problematic in families who did not speak English as their primary language.
- The NICU team is large and consists of many members which may cause inconsistency in communication.
- We implemented at least two formal family meetings per patient scheduled by social work team and conducted by the medical team.
- We emphasized documentation of meeting discussion in the chart.
- We have met our project aim of completing meetings at least 50% of the time.
- Conducting meetings away from the bedside ensured distraction-free communication.
- We included meetings conducted over the phone for families who could not attend in person.
- Surveys show that families appreciate the meetings and neither families nor medical team report additional burden from conducting or attending meetings.
- Hospital Press Ganey surveys show that majority of families were satisfied with how well informed they were during their child's NICU stay.
- Project outcomes measured for 3 additional months demonstrated sustainability.

## ACKNOWLEDGEMENTS

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