Infant Family Centered Developmental Care (IFCDC)
Considerations for Implementation

Authors: Consensus Committee on Recommended Standards, Competencies and Best Practices for Infant and Family Centered Developmental Care in the Intensive Care Unit
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Some things to consider when implementing performance competency-based IFCDC practice in your intensive care unit (ICU) by an interprofessional collaborative team:

Systems' Thinking in complex adaptive systems

- Are the baby and the family central to the mission, values, environment, practice, and care delivery?
- Do you have a written evidence based strategic plan, policies, guidelines, and performance standards and competencies to standardize practice? Are they reviewed and updated regularly—every 3-5 years?
- Who are the members of the team?
- Does your team welcome the integration and interaction of the family?
- Does your team, including parents and family, educate and train together?
- How is the team competence regularly evaluated, as well as the competence of the individual professional? Is performance competence evaluated at least annually?
- Is the team, and the professional, held accountable for performance improvement?
- Does the culture encourage open communication, relationship-building, respect and value for all individuals, and creative thinking? What are the strategies and evaluative metrics that you use to accomplish this?
- Does the unit have the infrastructure to practice IFCDC? What are your strategies and metrics used to improve or sustain the infrastructure?
- How do you support families to feel confident as a nurturing caregiver of their baby, and competent decision-maker in managing current and anticipatory health requirements?
- Is there consistency in information and care delivery along the continuum from inpatient to home, and follow-up? How is this demonstrated and evaluated?
- What does the information and data tell you about the operation, infrastructure, outcome, education and training, practice performance, and improvement implementation of the unit(s) of your institution? Is improvement continuous? Is there a designated person assigned to the unit who is qualified to extract, program, manage, and report data? What articulated metrics are collected, monitored, evaluated, and compared with standardized outcomes?
- Is there transparency in the dissemination of information and data?
- Can you articulate a cost-to-benefit ratio to justify, or identify opportunities, for developmental care? How is this accomplished?
- What are the strategies used to provide a continuum of care from admission to transition to home, and follow-up care in the community?
- How is the information and data shared between in-patient and primary care teams to improve the continuum of education and care management from in-patient through primary care?

Positioning and touch for the newborn

- Is there standardized education to guide the performance of team members, including families, to support the musculoskeletal, physiologic, and behavioral stability of the baby?

- Does the unit have a written evidence based guideline to support the value and implementation of individualized developmentally appropriate position and touch management?
- Is positioning therapeutic and individualized to the baby given the care situation, and support (equipment) modalities?
- Is body positioning used as an appropriate intervention for cranial shaping, prevention of torticollis and skull deformity, gastrointestinal symptoms, and safe sleep?
- Is the assessment and intervention of positioning consistently documented?
- Can you confidently describe the "voice", or behavioral communication, of the baby?
- Is the assessment and plan for touch individualized to the baby—frequency, duration, for comfort, physiologic regulation, and quiet sleep?
- Is the documentation of positioning and touch evaluated by the team, and changed consistent with the needs of the baby?
- Does the family demonstrate confidence in managing the baby's positioning during daily life activity?

<u>Sleep and arousal interventions for the newborn</u>

- Are the environment and the furnishings conducive to optimizing developmentally appropriate sleep for the baby?
- Does the unit have a written guideline to support the value and implementation of individualized developmentally appropriate sleep and arousal management?
- Is there standardized evidence based education to guide the performance of team members, including families, to assess, support, and evaluate individualized age-appropriate quality and quantity of sleep?
- Can you, and the family, confidently describe the "voice", or behavioral communication, of the baby?
- Is the assessment of the baby's cyclical rest and activity pattern, and response, documented?
- Are the rest and sleep periods of the baby protected in the plan of care?
- Does the individualized plan of care reflect modifications to optimize sleep and arousal?
- Do the team professionals encourage family presence, engage individualized interaction with their baby, strengthen their confidence to evaluate response, and foster developmentally appropriate behavior modification?
- Is the documentation, individually and population, regularly evaluated for improvement opportunities in education, interaction, and performance?

<u>Skin-to-skin contact with intimate family members</u>

- Is there an evidence based policy, guideline, education and training, and competencies to standardize the performance of skin-to-skin contact for the team, parents and family members? Are the parents and families included in the learning process and practice? Is the education and performance demonstration mandatory?
- Is the practice of skin-to-skin contact individualized to the baby and family?
- Are the parents, and family members, physically and psychologically comfortable during skin-to-skin contact? How do you know?
- Can you, and the family, confidently describe the "voice", or behavioral communication, of the baby's readiness, stability, engagement, response; and monitoring data, through the process of skin-to-skin contact?
- Do the parents, and family members, interact with the baby to calm, soothe, and connect?
- Are improvements continuously implemented based on credible evidence, data, and evaluation?

- Does the team provide anticipatory guidance, safety measures, and support, for continuing contact with the baby transitioning to home, and home care?

Reducing and managing pain and stress in babies and families

- Are parents encouraged and supported to engage and interact as members of the interprofessional collaborative team?
- Do parents have unlimited opportunities to be with their baby?
- Can you confidently describe the "voice", or behavioral communication, of the baby? How do you teach parents and family members to understand the communication of the baby?
- Do you have written evidence based policies, guidelines, education and training programs, and performance measures to guide the use of pharmacologic and non-pharmacologic measures to manage the baby's stress, discomfort, and pain?
- How does the team assess, monitor, and evaluate the baby's stress, discomfort, and pain?
- Are parents permitted to be present during stressful procedures to provide non-pharmacologic support for the baby?
- Are pharmacologic interventions used routinely for babies who are being mechanically ventilated?
- Are non-pharmacologic interventions routinely utilized to supplement the use of pharmacologic therapies?
- Are there sufficient specialty professionals to support the psychiatric, psychological, social, cultural, and spiritual needs of parents, families, and staff?
- Do parents and families have access to peer-to-peer and psychoeducational group support while in the hospital, and following the transition to home?
- Are there routine educational sessions for staff, including: (a) recognizing symptoms of emotional distress in parents and family members, (b) communication skills emphasizing reflective listening and non-judgmental feedback, (c) available resources for family members in distress, and (d) self-care and avoiding burnout?
- How does your team assess and document wellbeing, and the emotional distress of staff, parents, and families?
- Do the ICU mental health professionals have dedicated time to informally communicate with all parents at the bedside on a routine basis?
- What strategies are implemented to assist staff, parents, and families who experience a lack of wellbeing or emotional distress, to cope in a healthy manner?
- Is information about parental well-being and distress communicated with follow-up providers?
- Do you have sufficient resources to support the psychosocial needs of staff, parents and families through hospitalization, and following the transition to home?

Management of feeding, eating, and nutrition delivery

- Do you provide education on behaviors and physiologic parameters of the baby that indicates age-appropriate feeding readiness, engagement, and the need to stop? Are staff, parents and families included?
- Is the desire of the m/other central to the feeding plan designed by the team? Is this consistently reflected in the documentation?
- Do you provide continuing education and evidence based interventions that are safe and individualized to the baby and the feeding technique used—enteral, breast, or bottle?
- Are team members/staff regularly evaluated on the performance competencies of individualized feeding? Is variability in the skill of feeding minimized? Is discomfort or distress recognized and

managed? Does the baby exhibit a comfortable and enjoyable response? Is nutritional/growth outcome monitored?

- Is suctioning and oral care performed so that stress to the baby is minimized? Is human milk considered for oral care?
- Are there sufficient team/staff professionals to guide and support caregivers, parents, and family members as needed during feeding?
- Is breastfeeding by the mother encouraged and supported? Is early breastfeeding, or feeding with breastmilk, promoted? How is this monitored and the information disseminated?
- Does the feeding management plan demonstrate a feeding and nutrition continuum from in-hospital care through the transition to home, and home care? Are parents and family members informed of feeding and nutrition resources available to them when at home?