

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?