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Priorities Identified by Care Team in NICU/CCN Provide Path to Improving Patient Care

Implementing Trauma-Informed Developmental Care in NICU/CCN: Findings from a Pre-Intervention Care Team Survey

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Introduction

- Premature/critically ill infants admitted to Neonatal Intensive Care/Critical Care (NICU/CCN) face multiple challenges/perceived stressors: parental separation, high levels of physical stimulation, and painful procedures.
- Non-medical interventions have been studied and demonstrate decrease in trauma and stress experienced by neonates in NICU. These interventions are referred to as Trauma Informed Developmental Care (TIDC).
- TIDC aims to prevent the long-term neurodevelopmental consequences associated with admission to the NICU.
- Infants receiving high quality TIDC score better on neurobehavioral assessments, have higher language acquisition and report an increased quality of life indicators at pre-school age.

Methods

- Quasi-experimental, one group, pre/post test design.
- Pre-test survey designed to identify perceived practice of TIDC.
- Open to all care team members in the NICU/CCN: Registered Nurses (RN); Advanced Practice Providers (APP); Certified Nurse Assistant (C.N.A.); Respiratory Therapist (RT); other therapists; other team members.
- Survey contained 12 Likert format questions ranging from 0 (never) to 10 (always), 2 questions about role/primary unit and a comment section.
- Pre-test results were utilized to target interventions to increase knowledge, utilization and confidence in TIDC.

Results

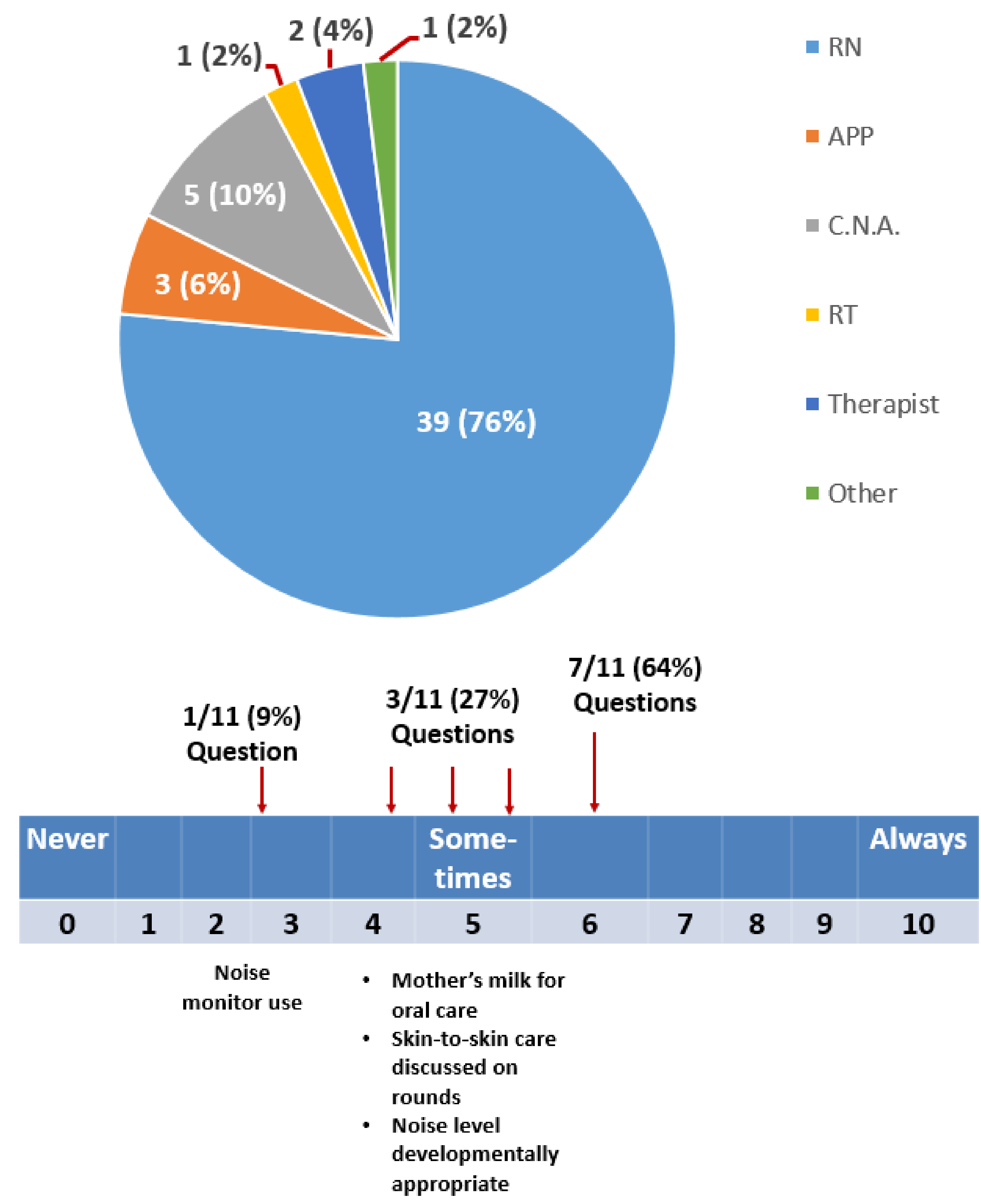
- 51 care team members answered the survey conducted September 2021
- 39 (76%) RN; 3 (6%) APP; 5 (10%) C.N.A.; 1 (2%) RT; 2 (4%) Therapist; 1 (2%) Other
- 39 (76%) worked in NICU/CCN; 12 (24%) worked in CCN
- Most questions (7/11; 64%) had answers between 6 and 7 or “sometimes” – on scale
- Lowest scores related to noise (mean 5.63; SD 1.46; range 2 – 9) and noise monitors (mean 3.02; SD 2.49; range 0 – 9). Low scores for using mother’s milk for oral care (mean 4.86; SD 2.03; range 1 - 9) and discussion of skin-to-skin care on daily rounds (5.33; SD 2.50; range 0 – 10)
- Highest scores related to pain assessment/documentation: mean 6.86 (SD 1.76; range 2 – 10)

Discussion

- The results of the pre-test have helped prioritize interventions aimed at increasing the utilization of TIDC at the bedside.
- Work groups have been formed to address:
 - Skin-to-Skin care
 - Nutrition
 - Protecting Infant Sleep
 - KPI was created to identify barriers to utilizing in room noise monitors.
 - Issues of product availability were identified and remedied through survey comments.

Graphs and Figures

Pre-Intervention Survey Respondents



References

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- 2) Millette, I., Martel, M.J., da Silva, M., & Coughlin McNeil, M (2017) Guidelines for the institutional implementation of developmental neuroprotective care in the NICU. Part b. *CJNR*, 49(2), 63-74.
- 3) Soni, R., Tscherning Wel-Wel, C., & Roberston, N.J. (2021) Neuroscience meets nurture: Challenges of prematurity and the critical role of family-centered and developmental care as a key part of the neuroprotection care bundle. *Arch Dis Child Fetal Neonatal Ed*, 107:F242-F249. <https://doi.org/10.1136/archdischild-2020-319540>.