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In the Pocket with Kangaroo Education

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In the Pocket with Kangaroo Education

a quality improvement project to deliver timely education that empowers parents



**Brett Butler, BSN RN, Carly Creekmore, BSN RN,
and Skylar Suppes, BSN RN**



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Acknowledgements

- **ICN Directors**
- **KT Scholar:** Erin Keith-Chancy
RN, MSN, CCRN-NIC
- **QI Coordinator:** Kate Gibbs
MHA, CCLS
- **March of Dimes Parent
Manager:** Kaylee Hurt



Since 2015, less than 30% of eligible infants in the CMH ICN receive skin to skin care (KMC).



Focus: Increase number of babies receiving kangaroo care	Owner: Nurse Residency Program	Date: 11/7/2018	Approved:
A3 Team: Brett Butler, Carly Creekmore, Skylar Suppes			Coach: Erin, Kate

Clarify the Problem

Current literature suggests that Kangaroo Care (KMC) (when defined as: infant and caregiver, skin to skin, ventral surface to ventral surface, for at least one hour) demonstrates improved outcomes for patients including improved weight gain, fewer apneic spells and shorter length of stay (LOS). However, not all eligible infants in the Children's Mercy Adele Hall ICN are receiving KMC; in fact, in 2017, only 23% of eligible infants received KMC. Ideally, 100% of all eligible infants would receive KMC daily.

At Children's Mercy, there is currently no standard for KMC education in the ICN. However, the previous NLN cohort's trial of March of Dimes "Close to Me" parent education curriculum in May 2018 demonstrated that parents who received education expressed a commitment to provide KMC.

Break Down the Problem

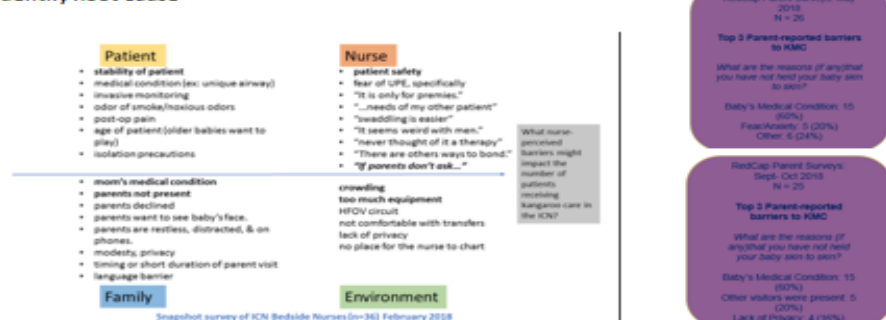
Lack of standard parent education, timing of education to parents (when are they available), timing and availability of kangaroo care, definition/perception of kangaroo care, unit culture of fear
Determine best times for parent education by auditing signs in log. Sept 18-Oct 18 for 4 weeks of data collection on pods B & C. Identified most parents visiting ICN weekdays from 2p-6p--created graf



Set a Target

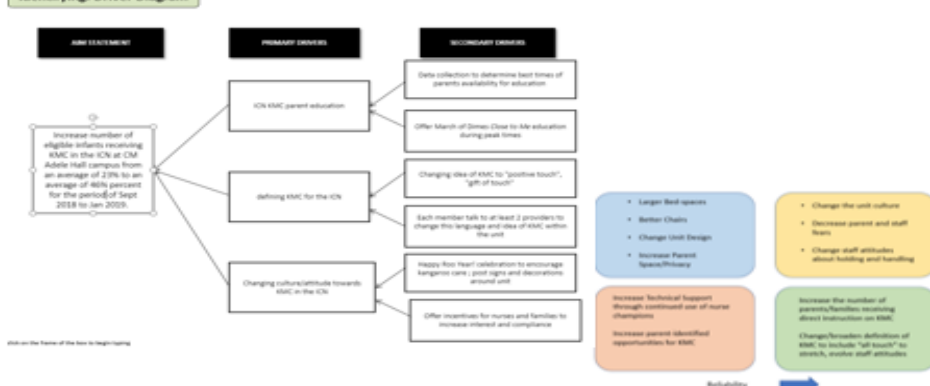
Increase the number of eligible infants receiving KMC in the ICN at CM Adele Hall from an average of 23% to an average of 46% for the period of September 2018 to January 2019.

Identify Root Cause



Develop and Implement Countermeasures

Identifying: Driver Diagram



Check Results and Process

Review ICN daily metric measurement of Kangaroo care performed to determine if Kangaroo Care events have increased from 23% to 46%. Create run chart to determine if increase sustainable/increase/improvement.

By identifying peak times, we were able to increase education events to parents from 3.7 to 6.25 per super user.

After receiving the March of Dimes Close to Me training, 72% of parents who completed the RedCap survey expressed an increase in desire to perform KMC each visit.



Standardize and Follow Up

Kangaroo Care education will be continued through "Just in Time" education training received by parents in the unit. This training has been approved as an ADVANCE "Education of Others" achievement point in order to incentivize nurses to provide this education and continue to promote Kangaroo Care.

The percentage of KMC experiences will continue to be monitored and shared with the unit through the ICN huddle board.

The 2018 Summer GNP cohort will continue to monitor KMC in the ICN as a quality improvement project, along with Kaylee Hurt, the ICN MOD parent manager.

Clarify the Problem

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Current literature suggests that Kangaroo Care (KMC) (when defined as: infant and caregiver, skin to skin, ventral surface to ventral surface, for at least one hour) demonstrates improved outcomes for patients including improved weight gain, fewer apneic spells and shorter length of stay (LOS). However, not all eligible infants in the Children's Mercy Adele Hall ICN are receiving KMC, in fact, in 2017, only 23% of eligible infants received KMC. Ideally, 100% of all eligible infants would receive KMC daily.

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Measures: KMC unit metric (% of eligible patients who received KMC per week in 2018), RedCap parent surveys

Who's Eligible?

Kangaroo Care eligibility requirements, per CMH policy:

- A. Infants who are stable should be considered for Kangaroo Care.
 - A. All neonatal lines and tubes must be well secured. Cover the umbilicus with sterile gauze and secure to diaper as a barrier, if umbilical lines are in place.
 - B. Stable infants undergoing invasive mechanical ventilation, including HFOV, will be individually evaluated by the physician/NNP. RT should be present during transfer to and from parents.
 - C. If infant's parent has any rashes, open skin lesions or contagious illness, infection disease should be consulted.

Breakdown the Problem

Break Down the Problem

Lack of standard parent education, timing of education to parents (when are they available), timing and availability of kangaroo care, definition/perception of kangaroo care, unit culture of fear

Determine best times for parent education by auditing sign in log. Sept 18-Oct 18 for 4 weeks of data collection on pods B & C. Identified most parents visiting ICN weekdays from 2p-6p--created graph.

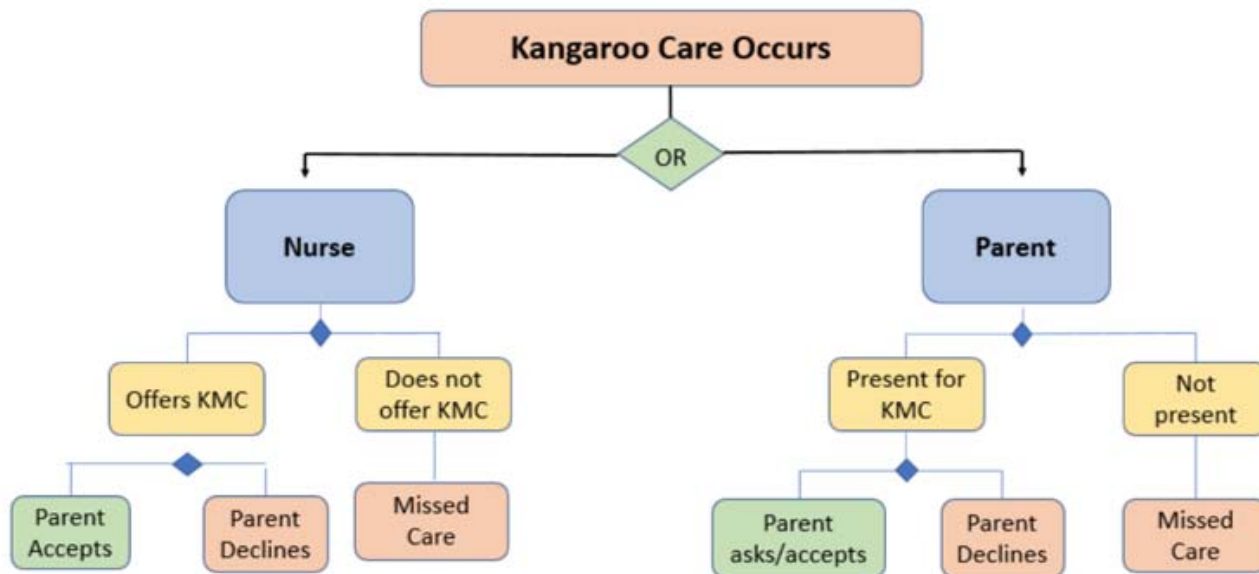


Visitation Log



Peak
visitation
times
determined
as:
2-6pm
weekday

Fault Tree



Set a Target

Set a Target

Increase the number of eligible infants receiving KMC in the ICN at CM Adele Hall from an average of 23% to an average of 46% for the period of September 2018 to January 2019.



RedCap Survey Results

May 2018

RedCap Parent Surveys: May
2018
N = 26

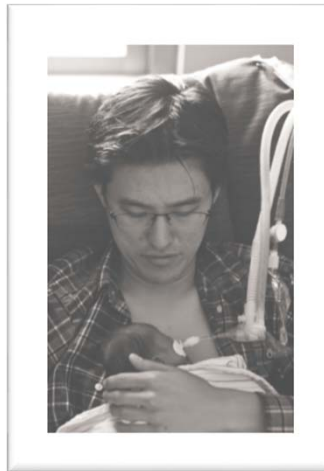
**Top 3 Parent-reported barriers
to KMC**

*What are the reasons (if any) that
you have not held your baby skin
to skin?*

Baby's Medical Condition: 15
(60%)

Fear/Anxiety: 5 (20%)

Other: 6 (24%)



Sept-Oct 2018

RedCap Parent Surveys:
Sept- Oct 2018
N = 25

**Top 3 Parent-reported
barriers to KMC**

*What are the reasons (if
any) that you have not held
your baby skin to skin?*

Baby's Medical Condition: 15
(60%)

Other visitors were present: 5
(20%)

Lack of Privacy: 4 (16%)

Identify Root Cause

Patient

- stability of patient
- medical condition (ex: unique airway)
- invasive monitoring
- odor of smoke/noxious odors
- post-op pain
- age of patient (older babies want to play)
- isolation precautions

Nurse

- patient safety
- fear of UPE, specifically
- "It is only for premies."
- "...needs of my other patient"
- "swaddling is easier"
- "It seems weird with men."
- "never thought of it a therapy"
- "There are others ways to bond."
- *"If parents don't ask..."*

- mom's medical condition
- parents not present
- parents declined
- parents want to see baby's face.
- parents are restless, distracted, & on phones.
- modesty, privacy
- timing or short duration of parent visit
- language barrier

crowding
too much equipment
HFOV circuit
not comfortable with transfers
lack of privacy
no place for the nurse to chart

What nurse-perceived barriers might impact the number of patients receiving kangaroo care in the ICN?

Family

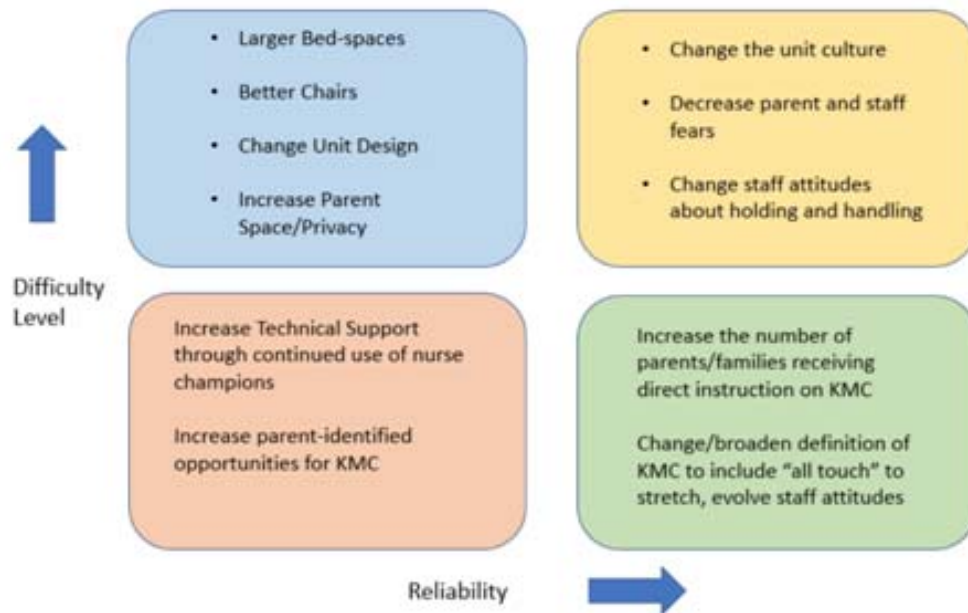
Environment

Snapshot survey of ICN Bedside Nurses (n=36) February 2018

Develop and Implement Countermeasures

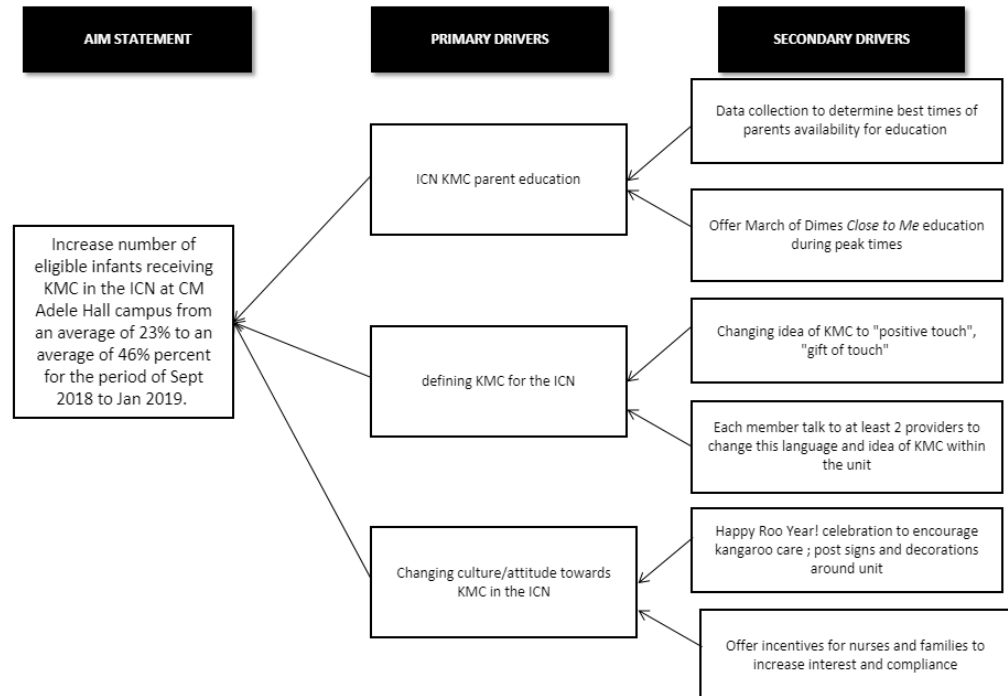


Pick Chart



Develop and Implement Countermeasures

Identifying: Driver Diagram



Aim Statement

AIM STATEMENT

Increase number of eligible infants receiving KMC in the ICN at CM Adele Hall campus from an average of 23% to an average of 46% percent for the period of Sept 2018 to Jan 2019.

ICN KMC parent education

defining KMC for the ICN

Changing culture/attitude towards KMC in the ICN

Driver Diagram Breakdown

PRIMARY DRIVERS

ICN KMC parent education

SECONDARY DRIVERS

Data collection to determine best times of parents availability for education

Offer March of Dimes *Close to Me* education during peak times

Driver Diagram Breakdown

PRIMARY DRIVERS

defining KMC for the ICN

SECONDARY DRIVERS

Changing idea of KMC to "positive touch",
"gift of touch"

Each member talk to at least 2 providers to
change this language and idea of KMC within
the unit

Driver Diagram Breakdown

PRIMARY DRIVERS

Changing culture/attitude towards
KMC in the ICN

SECONDARY DRIVERS

Happy Roo Year! celebration to encourage
kangaroo care ; post signs and decorations
around unit

Offer incentives for nurses and families to
increase interest and compliance

Hoppy “Roo” Year!



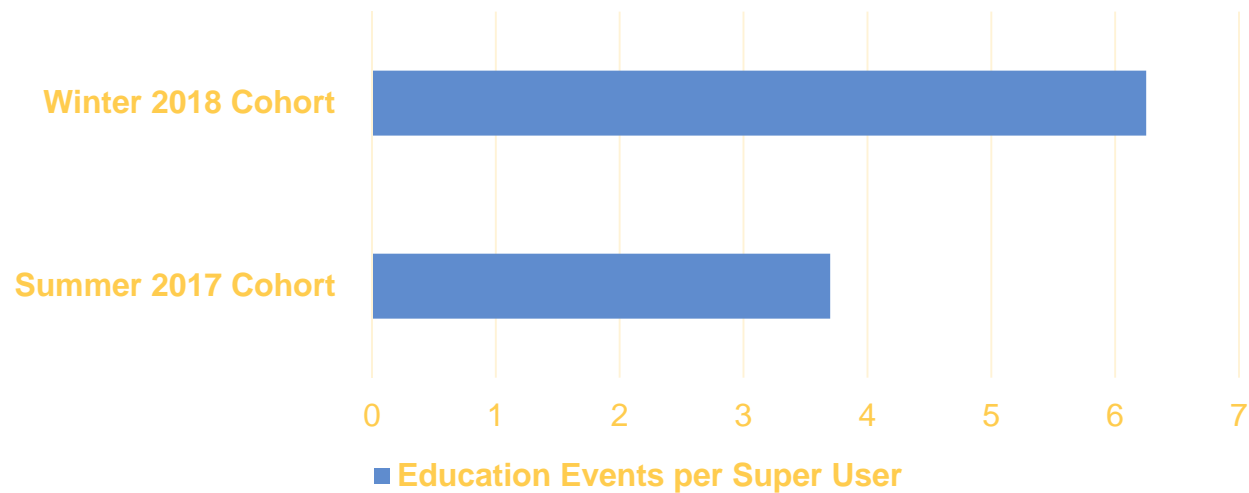
Hoppy “Roo” Year!



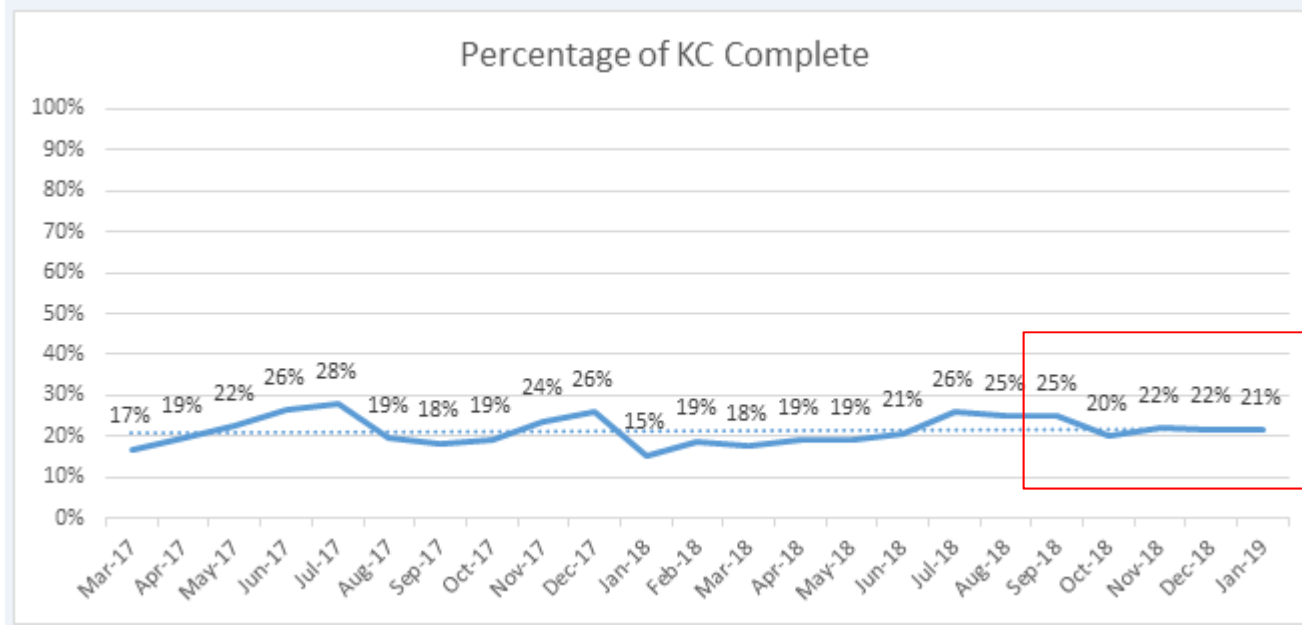
Check Results and Process

1. Parents receiving “Close to Me” parent education continued to report an increased resolve to hold their babies skin to skin in survey data.
2. Identification of peak times for family presence at bedside increased opportunities to provide education events from 3.7 events per nurse to 6.25 events per nurse in a 30 day period.
3. Scheduled hours for “Just in Time” parent education by nurse champions should be made a permanent process.

Education Events per Super User



ICN Kangaroo Care Run Chart



Sept. 18 – Jan.
19 = duration of
cohort
implementations

Standardize and Follow Up

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Kangaroo Care education will be continued through "Just in Time" education training received by parents in the unit. This training has been approved as an ADVANCE "Education of Others" achievement point in order to incentivize nurses to provide this education and continue to promote Kangaroo Care.

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Attributions:

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Questions



Thank you!