Children's Mercy Kansas City

SHARE @ Children's Mercy

Nurse Presentations Nursing

2-2020

Kangaroo Care in the ICN

Taylor Disper Children's Mercy Hospital, tedisper@cmh.edu

Johanna Moore Children's Mercy Hospital, jmmoore1@cmh.edu

Nicole Westlie Children's Mercy Hospital, nawestlie@cmh.edu

Let us know how access to this publication benefits you

Follow this and additional works at: https://scholarlyexchange.childrensmercy.org/nursing_presentations



Part of the Maternal, Child Health and Neonatal Nursing Commons, and the Pediatric Nursing

Commons

Recommended Citation

Disper, Taylor; Moore, Johanna; and Westlie, Nicole, "Kangaroo Care in the ICN" (2020). Nurse Presentations. 14.

https://scholarlyexchange.childrensmercy.org/nursing_presentations/14

This Book is brought to you for free and open access by the Nursing at SHARE @ Children's Mercy. It has been accepted for inclusion in Nurse Presentations by an authorized administrator of SHARE @ Children's Mercy. For more information, please contact hlsteel@cmh.edu.

Kangaroo Care in the ICN

By Taylor Disper, BSN, RN, Johanna Moore, BSN, RN and Nicole Westlie, BSN, RN







Acknowledgements



Hannah Elder, BSN, RN, RNC-NIC KT Scholar



Samuel James, BSN, RN, RNC-NIC KT scholar

We would like to recognize the following Children's Mercy Staff members and thank them for playing a role in this quality improvement project!



Beckie Palmer, MSN, RN, ACM Quality Improvement Program Coordinator



Andy Pollard

Video Photography Producer

Communications and Marketing



Julie Lang, MSN, RNC-NIC, CPST RN Residency Program Coordinator



Sarah Carboneau, BSN, RN, RNC-NIC Education Coordinator I



Janet Klein, MSN, RNC-NIC, NE-BC
Intensive Care Nursery Department Nursing Director



Amy Straley, MSN, RN, CPN RN Residency Program Coordinator



A3 Overview

Date Approved: Focus: KANGAROO CARE Owner: Nurse Residency Program Department Director Signature: A3 Team: Taylor Disper, JoJo Moore, Nicole Westlie KT Scholar: QIC: KT Scholars: Sam James and Hannah Elder Clarify the Problem: **Develop and Implement Countermeasures:** Just in time training: Overall, Kangaroo Care has not improved in the Intensive Care Nursery at Children's Mercy despite multiple Kangaroo Care Standing Transfer Demo Kick-Out Challenge interventions. Multiple barriers have been identified. Documentation Present at update DQI 1. Currently 20% of eligible patients at Children's Mercy ICN participate in kangaroo care on a daily basis. Hard NOC reminding days to Developmental care 2. Ideally 100% of all eligible patients at Children's Mercy ICN will receive kangaroo care for one hour daily. **Education Posters with** rounds kangaroo Interactive QR Code: Kangaroo Care Improve charting Awareness Day ICN Family room Confirm eligibility Break Down the Problem: ICN Nurse Quotes on Kangaroo Care: Lactation Room Possible Implement 6. What barriers do you feel limit kangaroo care in the ICN? "It is not part of our culture" Identifier at bedside Just in time training "Safety of getting patient in and "Staff not offering or Parent handout KC poster in Lactation room and ICN family out of beds makes it feel scary to educating parents on Parent phone call transfer" benefits" Admission packet Video "Our unit has been so focused on UPE's that I'm scared to be the Low High one who ruins our streak, I don't trust that parents fully understand how big of a deal the ETT is" **Check Results and Process:** Percent of Eligible Patients who Kangaroo Care JITT Set a Target: PDSA cycle one: January 7, 2020 Starting January 2020 Intensive Care Nursery Nurses and interdisciplinary staff will work together to improve - January 12, 2020 = 17% kangaroo care rates from 20% to 35% by February 2020. PDSA cycle two: January 13, PEOPLE METHODS **Identify Root Cause:** 2020 - January 20, 2020 = 16% □ Eligibility Unknown Inaccurate Documentation □ Parent Fears Standardize and Follow Up: RN fear of Unplanned Extub (UPE) Patient stability/eligibility un □ Parent Schedule ☐ Medical Stability □ Lack of Knowledge ENVIRONMENT MATERIALS

Kangaroo Care

- Kangaroo Care is a form of developmental care beneficial to <u>all</u> premature infants.
- Direct skin to skin contact between preemie and parent.
- Benefits to Kangaroo Care: promotes autonomy for parents, bonding, neonatal motor and cognitive development all while being in the stressful environment of an ICN. These benefits continue beyond the ICN.



Clarify the Problem

- Overall, Kangaroo Care rates have not improved in Children's Mercy Intensive Care Nursery despite multiple interventions. Multiple barriers have been identified through pre-survey data.
- Currently 20% of all eligible patients receive Kangaroo Care for a minimum of 60 minutes daily.
- Barriers contributing to low percentage include but are not limited to: staff fear of unplanned extubation, medical eligibility unknown, parent fears, and lack of knowledge.
- Ideally, 100% of all eligible patients in Children's Mercy ICN would receive Kangaroo Care daily for 60 minutes. For this project, the goal is to improve Kangaroo Care rates to 35%.

Pre-Survey Data Collection

- A survey was sent out to the Nursing Staff in the ICN
 - 94 responses were given regarding Kangaroo Care.

Do you feel you have a clear understanding of patients who are eligible or ineligible for kangaroo care?

Yes	82	
No	12	

If no, why?

"Based on nursing judgement, no clear criteria"

"not stated anywhere".

"Being eligible and having a provider who is not comfortable with KC is a major problem". "The kangaroo care policy does not state which kinds of patients are eligible or ineligible for kangaroo care. I am mostly concerned with age. How old does a baby need to be before they aren't going to benefit from kangaroo care."

Which patient population(s) do you feel would benefit from kangaroo care? Select all that apply

Patients < 28 weeks	86	
Patients 28-36 weeks	94	
Patients 36-42 weeks	74	
Patients > 42 weeks	60	
Surgical Patients	60	
Neuro patients	72	
Cardiac Patients	66	

Barriers of Kangaroo Care were also identified by licensed staff members



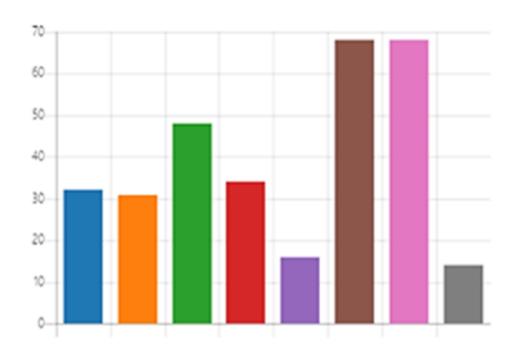
Breakdown the Problem

Utilized pre-survey data and specifically focused on barriers that inhibit RN's, parents and patients from participating in Kangaroo Care.

6. What barriers do you feel limit kangaroo care in the ICN?

More Details

 Lack of nurse education 	32
 Lack of parent education 	31
Parent fears	48
Privacy	34
 Team availability 	16
 Medical stability 	68
Unknown Parent plan/ schedule	68
Other: Please comment your r	14



ICN Staff responses regarding barriers for providing Kangaroo Care

"It is not part of our culture"

"Safety of getting patient in and out of beds makes it feel scary to transfer" "Staff not offering or educating parents on benefits"

"Our unit has been so focused on UPE's that I'm scared to be the one who ruins our streak, I don't trust that parents fully understand how big of a deal the ETT is"

Set a Target

- Increase Kangaroo Care rates in Children's Mercy ICN from 20% to 35% from December 2019 to February 2020. (initial target)
- Increase Kangaroo Care rates in Children's Mercy ICN from 20% to 35% from January 2020 to February 2020. (adjusted target)
- Start date of interventions was January 17, 2020.
- End date of results and target time frame February 29, 2020.

Identify Root Cause

PEOPLE

- Parent fear
- Parent schedules
- Lack of resources (RT)
- Fear of Unplanned Extubation (UPE)

ENVIRONMENT

- Curtains as barriers between patients
- Cramped bed spaces
- Privacy

METHODS

- Time constraints
- Visitor restrictions
- Transfer knowledge
- Inaccurate documentation
- Patient eligibility/eligibility unknown

MATERIALS

- IV poles
- Ventilators
- Extension tubing for vents
- Lack of Kangaroo Care wraps

Problem Statement

Based on this fishbone diagram, and pre-survey data, we conclude that parent fears, lack of knowledge, medical eligibility and RN fear of UPE are contributors to low Kangaroo Care rates in the ICN.



Based on the identified barriers, this group decided to narrow the focus on Fear of Unplanned Extubation (UPE) and Lack of Knowledge from both Parents and Staff.

Develop & Implement Countermeasures

- Hard
- Utilizing the results of our fishbone diagram we developed a pick chart to help better narrow down countermeasures.
- To address the four main barriers, we decided to create just in time training. On both day and night shift, one RN went around the unit to complete this training. By re-educating our RT's and RN's on how to properly complete a standing transfer, would ease the fear of a possible unplanned extubation. Staff were able to participate and interact during the training.
- Based on literature review, Kangaroo Care is beneficial for all gestational ages, not just micro-preemies (23-30 weeks). This project focused on gestations >31 weeks outside the Small Baby Unit.

Kick-Out		Challenge	
0	Present at update	0	DQI
 NOC reminding days to kangaroo 		0	Developmental care rounds
0	O Kangaroo Care		Improve charting
	Awareness Day	0	Confirm eligibility
	Possible		Implement
0	Identifier at bedside	0	Just in time training
0	Parent handoutParent phone callAdmission packet		KC poster in Lactation
0			room and ICN family
0			room Video

Low → High



Kangaroo Care Poster

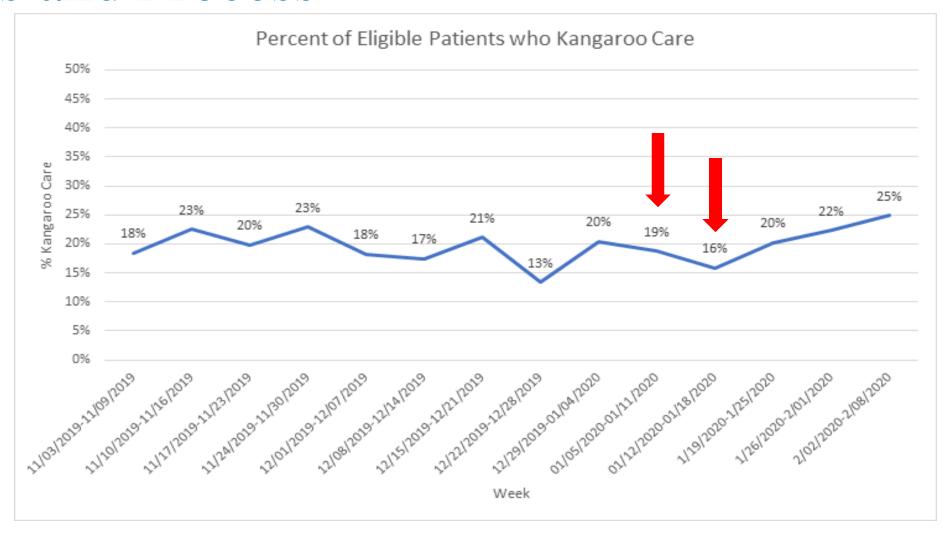
- The poster to the right of the screen was created to educate parents on what Kangaroo Care is, the benefits it provides and encourage to discuss with their neonates RN.
 - Posters placed in all family areas:
 - Lactation Rooms
 - Bathrooms
 - Family Room
 - PDSA cycle January 14, 2020 February 14, 2020
 - February 10, 2020 = 6 viewers



Check Results and Process

• JITT

- PDSA cycle one: January 7, 2020 – January 12, 2020 = 17%
- PDSA cycle two: January 13, 2020 – January 20, 2020 =16%





Barriers & Reflection

- The original intervention was to create a video demonstrating a standing transfer with an actual patient. Due to acuity, there were limitations on finding a patient who was intubated and eligible to be in a video. Changes were made to create just in time training in place of the video.
- While the just in time training aided in re-educating nurses on a standing transfer and how to safely perform Kangaroo Care, there was no overall significant improvement in the ICN Kangaroo Care rates.
- The Kangaroo Care poster was viewed by 6 parents, however, we intended for the number to be higher.
- Once these parents understand the importance and benefits of Kangaroo Care with their neonate, they will be able to continue this practice outside the ICN.

Standardize and Follow Up

- Continue to advocate for Kangaroo Care throughout the ICN by setting an example; encouraging parents to Kangaroo Care when possible.
- Kangaroo Care posters will remain up in the unit with the interactive QR code. The code leads to a video that educates parents on what Kangaroo Care is and its importance from the viewpoint of former ICN parents at Children' Mercy.



Conclusion

• Overall, we learned there is still a lot of work to do to make Kangaroo Care a "habitual" part of patient's daily regimen. Despite the numerous group barriers that affected our results, as ICN nurses we will continue to advocate Kangaroo Care with our patients and families.

References

- Beatty, Jennifer. "The Benefits of Kangaroo Care." *Hand to Hold*, Beb Organic, 15 May 2017, handtohold.org/kangaroo-care-benefits/.
- Klawetter, Susanne, et al. "An Integrative Review: Maternal Engagement in the Neonatal Intensive Care Unit and Health Outcomes for U.S.-Born Preterm Infants and Their Parents." *AIMS Public Health*, vol. 6, 5 May 2019, pp. 99–106., doi:10.3934/publichealth.2019.2.160
- Pados, Britt Frisk. "Physiology of Stress and Use of Skin-to-Skin Care as a Stress-Reducing Intervention in the NICU." *Nursing for Womens Health*, vol. 23, no. 1, 2019, pp. 59–70., doi:10.1016/j.nwh.2018.11.002.
- Photos: Kangaroo Care Children's Mercy video (2014) & Google/pics.

QUESTIONS



