Kangaroo Care in the ICN

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Kangaroo Care in the ICN

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

We would like to recognize the following Children’s Mercy Staff members and thank them for playing a role in this quality improvement project!
A3 Overview

A3 for Problem Solving

Focus: KANGAROO CARE

A3 Team: Taylor Disper, Joel Moore, Nicole Westlie

KT Scholars: Sam James and Hannah Elder

Clarify the Problem:
Overall, Kangaroo Care has not improved in the Intensive Care Nursery at Children’s Mercy despite multiple interventions. Multiple barriers have been identified.

1. Currently 20% of eligible patients at Children’s Mercy ICN participate in kangaroo care on a daily basis.
2. Ideally 100% of all eligible patients at Children’s Mercy ICN will receive kangaroo care for one hour daily.

Break Down the Problem:

ICN Nurse Quotes on 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:
Starting January 2020 Intensive Care Nursery Nurses and interdisciplinary staff will work together to improve kangaroo care rates from 20% to 35% by February 2020.

Identify Root Cause:
- Eligibility Unknown
- Parent Fears
- Parent Schedule
- Medical Stability
- Lack of Knowledge

Develop and Implement Countermeasures:

<table>
<thead>
<tr>
<th>Hard</th>
<th>Challenge</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kick-Out</td>
<td></td>
</tr>
<tr>
<td>Present at update</td>
<td>o DIC</td>
</tr>
<tr>
<td>NDC reminding days to kangaroo</td>
<td>o Developmental care rounds</td>
</tr>
<tr>
<td>Kangaroo Care Awareness Day</td>
<td>o Improve charting</td>
</tr>
<tr>
<td>Confirm eligibility</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Easy</th>
<th>Implement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Possible</td>
<td></td>
</tr>
<tr>
<td>Identifier at bedside</td>
<td>o Just in time training</td>
</tr>
<tr>
<td>Parent handout</td>
<td>o IC poster in Lactation room and ICN family room</td>
</tr>
<tr>
<td>Parent phone call</td>
<td></td>
</tr>
<tr>
<td>Admission packet</td>
<td></td>
</tr>
<tr>
<td>Video</td>
<td></td>
</tr>
</tbody>
</table>

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%

Standardize and Follow Up:
Kangaroo Care

- Kangaroo Care is a form of developmental care beneficial to all 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?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>82</td>
<td>12</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Patients</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; 28 weeks</td>
<td>86</td>
</tr>
<tr>
<td>28-36 weeks</td>
<td>94</td>
</tr>
<tr>
<td>36-42 weeks</td>
<td>74</td>
</tr>
<tr>
<td>&gt; 42 weeks</td>
<td>60</td>
</tr>
<tr>
<td>Surgical Patients</td>
<td>60</td>
</tr>
<tr>
<td>Neuro patients</td>
<td>72</td>
</tr>
<tr>
<td>Cardiac Patients</td>
<td>66</td>
</tr>
</tbody>
</table>

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?

- 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

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

- 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.
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’s 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.


QUESTIONS