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## AIM

Augment resiliency of parents of infants of children admitted to the RCH NICU by providing 80% of parents “resiliency packages” by September of 2019.

## BACKGROUND

- Adverse mental health is a known issue affecting parents of children in the NICU and PICU.
- Rates of post partum depression have been estimated at 10-15% of mothers (Leonard,1998;Veddoivi,Kenny, Gibson, Bowen, & Starte, 2001).
- Furthermore it is believed these rates are believed higher in mothers of babies in the NICU (Beck, 2003; O’Hara & Swain, 1996).
- One study found that between 26 percent and 41 percent of the mothers who experienced a premature birth reported PTSD symptoms compared with 4 percent of mothers who had full-term deliveries (Pierrehumbert et al.).

## PROJECT DESIGN

### Outcome Measures:

- % parents provided with resiliency package
- Parent satisfaction
- Parents attending Mental Health support sessions

### Process Measures:

- Number ER refs
- Staff satisfaction

### Balancing Measures:

- Patient satisfaction scale
- Staff feedback form score
- (Screen for personality disorder to improve screen validity)

### Aim

To improve mental health resiliency (as defined by providing mental health resiliency package) in parents of children in the RCH NICU by 80% by September 2019

### Primary Drivers

- Existing workflow that includes delivering mental health support to parents
- Parent willingness to be accessed
- Staff time to deliver resources is available
- Validated and evidence informed resiliency tools
- MRP awareness of increased risk of adverse mental health outcomes in parents

### Secondary Drivers

- 1.Workflow has screening built in with pathway for management of parents in distress
- 2.Parental consent process
- 1.Informed consent process
- 2.Parental insight into risk
- 1.Staff aware of importance of screening thus improve buy in
- 2.Clear education re process
- 3.Resource lists and referral pathway accessible in a timely manner
- 4.Delineate clear responsibilities and referral pathway for parent at risk
- 5.Clear location for recording parental data when required
- 1.Time available for education regarding PTSD risk
- 1.Evidence informed design of mental health resiliency package
- 2.Consultation with experts in this field

### Change Ideas

- A.Create a workflow / process diagram for all staff
- B.Staff education re workflow and package
- A.Hand out for parents re education re ptsd and psychosocial risk factors
- A.Efficient workflow in place
- B.Staff education re importance of mental health in this population
- A.Staff education session either formal or on paper
- A.Involvement of psychiatry

## CHANGES MADE

Team members and involved RCH NICU staff have a clearer understanding and appreciation of the potential burden of mental health risk in parents of infants in the NICU. Lines of communication between pediatricians, allied health professionals and managements are better defined so that going forward all parites have a clear understanding of what roles and responsibilities with respect to this issue.

## RESULTS

**Outcome Measures:** we were unable to provide resiliency packages to any of the parents. We were unable to reach agreement with NICU management and social work allied health staff to move forward with this endeavour.

**Process Measures:** we were unable to provide patient satisfaction surveys to any of the parents of children of infants in the NICU. To do so would alter the existing work flow of allied health professionals working in the NICU; this was not possible.

## NEXT STEPS

1. Involve community family physicians who would receive discharged NICU children and their parents.
2. Obtain direct parental feedback and perspectives on resources for ongoing quality improvement

## LESSONS LEARNED

Screening for mental health in parents of infants in the NICU is complex as parents are not patients. Unless medical staff are directly involved, there is no place to appropriately record medical information obtained in this way. Initially we hoped to record this information in the social work records of the respective infant; however this proved to be not possible.

- Regular closed loop communications is vital amongst team members to ensure that all team members and staff agree on objectives, goals and time lines.
- Timely mitigation of identified barriers during PDSA cycles to ensure project momentum and progress
- Avoid altering existing work flow of health professionals
- Clear communication and solid working relationship with all team members and all staff whether directly or indirectly involved

## TEAM MEMBERS

- A. Somani - Project Lead
- M. Stavel - Sponsor
- V. Lau - PQI Volunteer
- J. Hwang - PQI Coach