

Our NICU is a Family Integrated Care Unit

What is Family Integrated Care?

Family Integrated Care is the philosophy that guides how we provide care for infants in our NICU. Parents are encouraged to be active members of the team by taking care of their infant while in our unit. Our nurses understand the unique medical needs of infants and can teach parents how to best care for their babies. Our nurses also understand the unique role that parents can play in supporting and caring for their infants, even while in the NICU.

Role of Nurses

Mentors

- Support parents to have a more active role by encouraging them to
 - participate in the care of their baby (parent checklist and baby steps to discharge)
 - attend rounds
 - participate in daily and weekly education sessions

Educators

- Support parents by providing them education
 - at the bedside
 - and by co-leading small group education sessions

Role of Parents

Learners

- Parents are taught how to best take care of their infant through
 - small group education sessions
 - nursing education at the bedside
 - peer-to-peer support

Participants

- Parents will participate in their infant's care to the best of their ability and with nursing support by
 - attending medical rounds
 - holding their infant skin-to-skin care as much as possible



Why are we still doing FiCare research?

The pilot study of FiCare in our NICU (2011-2012) suggested that

- It is feasible to adopt this model of care in the NICU
- Neonatal outcomes are better in infants who received this model of care than in our traditional care model, which was illustrated by
 1. improved weight gain
 2. less nosocomial infection
 3. higher breastfeeding rates

However we do not know

- How many families can really commit to the time commitment for FiCare
- If we can demonstrate differences in short-term neonatal outcomes between infants who are taken care of in FiCare vs non-FiCare NICU units



The objective of the current research study is:

To evaluate the efficacy of the FiCare model in a multicentre cluster randomized controlled trial (RCT) of 18 NICUs across Canada.

All eligible families are approached for their consent in the FiCare study.

Data will be collected only on those infants who meet the criteria and whose parents consent.

Inclusion Criteria

- ≤ 33 weeks gestational age at birth
- On low level respiratory support i.e. oxygen by cannula /mask, or any CPAP/NIPPV, Biphasic
- A primary caregiver parent who is willing to commit to spending at least 6-8 hours per day with his/her baby
- Parental consent

Exclusion Criteria

- Palliative Care
- Major life-threatening congenital anomaly
- Critical illness (unlikely to survive)
- On high level of respiratory support (mechanical ventilator, high frequency oscillatory or jet ventilation, ECMO)
- Parental request for early transfer to another hospital

Parents in FiCare research

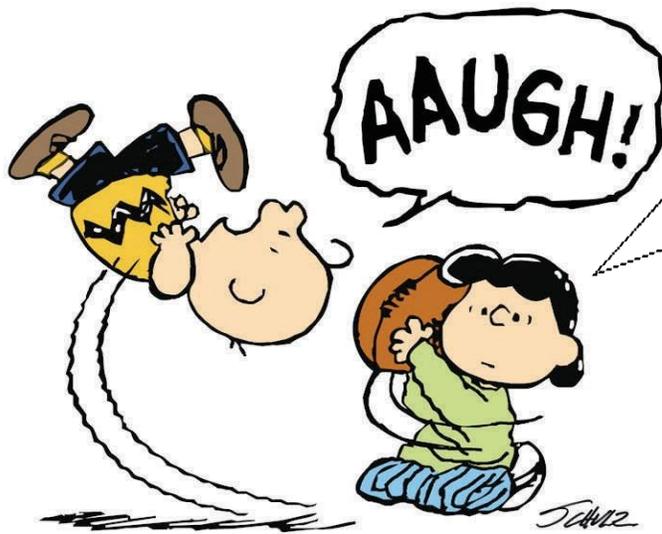
- Commit to spending 6-8 hours a day in the NICU, which can be divided over the day
- Maintain parent chart:
 - parent checklist
 - nurses signature necessary when competency reached
- Parents complete questionnaires on stress, anxiety and socio-demographic information

What parents in the study receive?

- Parking for 3 weeks or TTC pass
- A FiCare parent binder
- Education sessions 3-5 times a week

**The RCT started October 2012 in Mount Sinai NICU and Level 2.
To date: 72 families have been enrolled, 239 are needed.**





“It’s like landing on a cushion before you know you are falling”

-NICU Dad

“I love FiCare... actually it was the mom holding the baby who noticed she was not as active, which made us go back and take a second look.”

- NICU Fellow

The FiCare model has attracted global attention – medical and nursing staff from around the world are planning to visit our NICU to observe FiCare in action! We are considered leaders.

Let’s Work Together to Make FiCare Successful.

Your feedback, comments and suggestions and questions are welcome.