**Solving Communication Gaps Utilizing a Family Advisory Council (FAC) in Neonatal Intensive Care: An Ongoing Continuing Improvement Model**

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**FAC led family involvement during sign off is key to improving family satisfaction**

**Outcomes measures:**

**RUN CHART: Staff response to “Handoff helped me understand plan of care”**

**RUN CHART: Staff response to “Apnea Management education received”**

**Process measures:**

**RUN CHART: Staff response to “Milestones cards were helpful”**

**RUN CHART: % Family Centered Care Surveys completed by family**

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**Keep A Look Out For...**

**I’m on a Spell Count Watch**

**Balance Metric: Nursing satisfaction survey regarding sign offs**

- **Events:**
  - 10 or 15 seconds, do not count, ng need to document 1-20 seconds, allow baby to self-rescue & document

- **Definitions:**
  - **Bedside cardiologist:** Interven for at least 10s or 15s accompanied by deaeration, 70%
  - **Apnea:** 30 s or shorter if associated with bradycardia and or cyanosis
  - **Deaeration:** Clinically significant if <85% with bradycardia for 10 sec or <70% without bradycardia

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**Surprises and Challenges**
- Creating and implementing EBP protocols to maintain consistency of care between providers and nurses was a challenge as some felt it took away from physician and nursing assessment skills resulting in “cookie-cutter care”.
- Nursing staff embraced FCC and encouraged family involvement in care and decisions. This can be difficult due to the physical space of the ICN (one large room) and limited privacy for families.
- Hand-offs became more even integral in maintaining consistency of care with physicians changing every 24 hours and nurses changing every 12 hours. Now done at the beside with on-coming and off-going physicians, nurse and family.
- Inconsistencies of care was very upsetting for families.
- Establishing apnea management guidelines helped significantly in providing consistent care.

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