

Achieving the Goal: An Integrated Multidisciplinary NICU

Where Everyone Has a Voice

with
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DISCLOSURES

TexScope LLC- Owner
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Time ordered agenda:

- 12:00-12:05 PM- Introduction
- 12:05-12:15 PM- Discussion of NICU team member roles/responsibilities
- 12:15-12:30 PM- Overcoming potential barriers to multidisciplinary collaboration
- 12:30-12:50 PM- Discussion of NICU feeding programs and importance of continuity of care
- 12:50-1:00 PM- Questions

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Objectives:

1. List at least 2 ways to foster collaboration among disciplines
2. List two factors in making decisions on nipple selection
3. Name at least one way the new ICD-10 codes for Pediatric Feeding Disorder can affect continuity of care

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Turn Off All Distractions

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In this webinar, I'm going to show you that creating a strong, multidisciplinary and well integrated NICU team is possible. By the end of our time together, you're going to learn steps you can take to help make this into a reality.

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Brené Brown

"Courage is contagious. To scale daring leadership and build courage in teams and organizations, we have to cultivate a culture in which brave work, tough conversations, and whole hearts are the expectation, and armor is not necessary or rewarded."

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- ✓ If you work in the NICU, you likely know that it is often an intense environment, filled with highly competent individuals, as well as many different personalities and egos.
- ✓ In order to truly succeed within the team, you must learn how to navigate what can often be uncomfortable situations and experiences.

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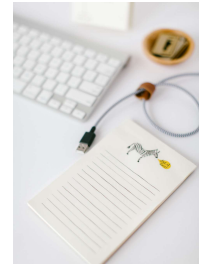


- ✓ As a Speech-Language Pathologist with specialties in caring for the fragile infant within the NICU - I am in this with you.
- ✓ Working in the NICU is truly one of the most complex environments in healthcare.

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You may feel...
unheard.



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You may feel...
**a sense of,
"Where do I go
from here?"**



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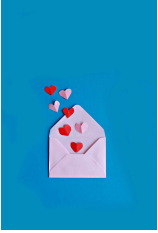
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You may feel...
overwhelmed.



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- * Although you may not experience these exact feelings- I want you to know that whatever you may feel, your feelings are valid.
- * I also want you to know that it is possible to create a healthy working environment within your NICU, where *everyone has a voice*.

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- * We must model kindness, clarity and hope.
- * We must not use power over people to achieve our end goal. This has the possibility of creating a toxic work environment.
- * We must find a way to cultivate commitment and shared purpose- and learn to put our egos aside. (This can be challenging)!

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When personal agendas become more important than the team and the overarching mission's success, performance suffers, and failure ensues.

-Jocko Willink

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Where We're Going...

Discussion of NICU team members roles and responsibilities




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Where We're Going...

Discussion of NICU team members roles and responsibilities



Suggestions for how to overcome potential barriers for team collaboration


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Where We're Going...

Discussion of NICU team members roles and responsibilities

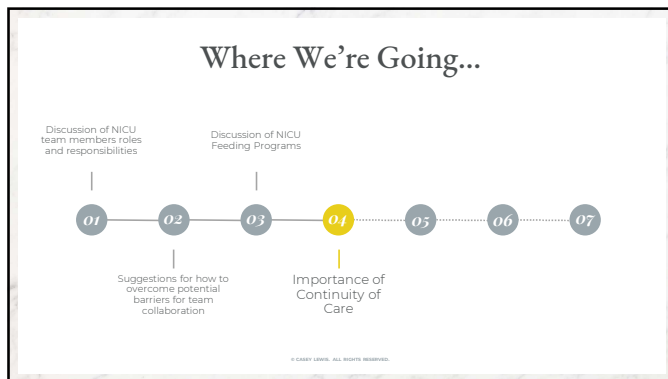
Discussion of NICU Feeding Programs



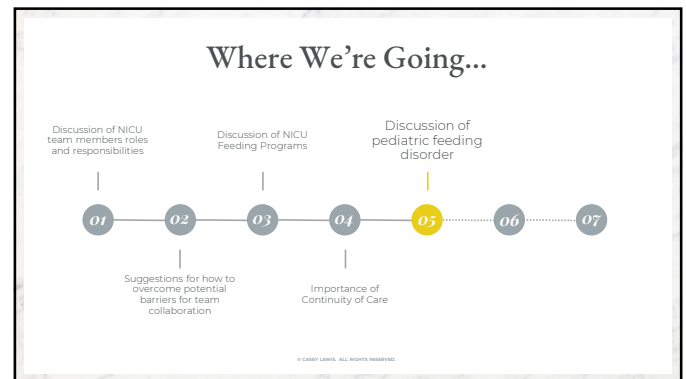
Suggestions for how to overcome potential barriers for team collaboration

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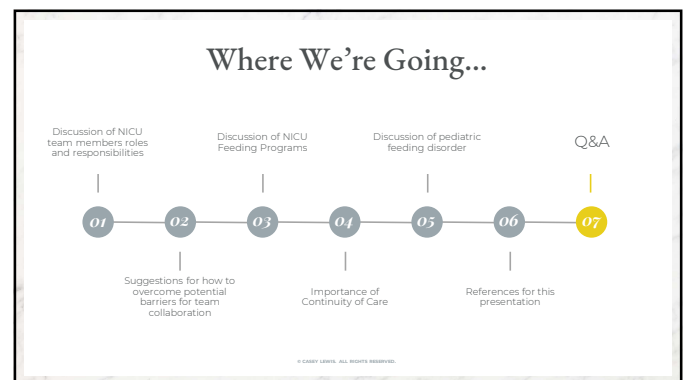
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Neonatologist: physician who specializes in the diagnosis & treatment of preterm and/or sick term infants, and directs the medical care of infants requiring hospitalization within the NICU.

Neonatal Nurse Practitioner- a Registered Nurse who has completed advanced education and training in the care and treatment of newborns and their families; examines, diagnoses, and designs a care plan for the infant and serves as an education resource for the NICU team.

Neonatal Therapist- an occupational therapist, physical therapist or speech language pathologist who provides direct patient care and/or consultative services for the premature and/or medically complex infant in a Neonatal Intensive Care Unit (NICU), focusing on offering neuro-protective care, with developmental outcomes held paramount.

Registered Nurse- manages the neonatal care plan, they collaborate with the infant's providers and are with the infant for 12+ hours/day.

Respiratory Therapist- helps babies breathe, often when their lungs have not fully developed; cares for infants with upper respiratory infections and lung-related conditions; likely to attend all high-risk deliveries.

Dietician- good nutrition is an essential component of the infant's health, particularly those facing medical challenges; dietitians may work daily with the medical team to optimize the infant's nutrition.

Social Worker- helps the family navigate personal or family-related challenges and helps to coordinate services outside of the hospital before or after the infant goes home; helps with insurance or financial problems, parenting, family conflicts and finding community resources.

Chaplain- spiritual caregivers who supports the infant's family with decision-making or healing.

Volunteer- helps to support the NICU in whatever capacity that is determined by each specific unit; greet family members, help with storage of supplies, offer encouragement to staff.

Parent/Caregiver- the "team captain" of the infant's care!

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- This list is not all encompassing! ☺
- The point is to show you that there are multiple team members involved in the infant's care, which means a lot of expertise within the walls of the NICU.

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PILLAR 02

Suggestions for how to overcome potential barriers for team collaboration

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Leaders must own everything in their
WORLD



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My best advice: get to know your teammates. And I mean, really get to know them. Genuinely and authentically.

What are the names of their children? What is their favorite drink? Where do they like to travel?



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"It turns out that trust is in fact earned in the smallest of moments. It is earned not through heroic deeds, or even highly visible actions, but through paying attention, listening, and gestures of genuine care and connection."

BRENE BROWN

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- Attend multidisciplinary rounds. Speak up!
- Communicate the "why" to your team members while at the bedside. Teach in the moment!
- Talk to your providers. Pull them aside, ask them questions. They need to know that you are really in this with them.
- Ask if your teammates know how to access your notes. If not, sit with them and show them!



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Does your unit use a staffing board? If not, advocate for one! This allows everyone to know who is on staff that day and sets the team up for success.



Does your NICU have access to team phones? Another great item to advocate for! If not, if you are comfortable with sharing your personal number with your team, or the charge nurse, this may be an alternative option. Sometimes I will step off the unit to go to the Mom/Baby floor, perhaps take lunch early- and I want the team to know that they can easily contact me if needed. (Like being there for a first feeding or doing two person cares!)



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How do you communicate your feeding eval recommendations?



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How does your team communicate updates to parents?



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Does your team utilize a formal multidisciplinary rounding document?



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PILLAR
03

Discussion of NICU Feeding Programs

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Establishing a system is absolutely NECESSARY

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Do you have standing orders on all infants admitted into the NICU? Do you receive orders at a certain age? Does your NICU request you on consult only? Preventative care is best care. ☺


What is your role once you receive orders? Are you fully integrated into the NICU team? Do you offer recommendations and leave? What is the system for following the caregiver's feeding plan? Does your unit offer a protected window to focus on breastfeeding? Does your unit actively encourage skin-to-skin care?

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Some units follow an algorithm, incorporate the Infant Driven Feeding™ Program, or follow a specific protocol. In whatever way your NICU chooses to operate, you need to make sure the process is well understood, well adapted and well respected within the ENTIRE team.



Suggestions for improving collaboration include: meetings with providers, presentations to providers, forming a committee with bedside RNs to dive deeper into unit-wide problem solving, discussions with NICU nursing leadership, etc.

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Bottle nipple selection:

OPTION <i>1</i>	OPTION <i>2</i>
Disposable	Reusable

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- * Nipple selection is not based on a gestational age, but rather the infant's comorbidities as well as feeding abilities.
- * When selecting a nipple, we need to consider the infant's weight, birth age, respiratory history, current respiratory health as well as autonomic stability. (Please know this list is not all encompassing but is suggested to promote a general understanding). ☺
- * Does the infant have a history of intubation? Is the infant currently requiring high flow nasal cannula? Can the infant maintain his/her own temperature? Does the infant have a history of "frequent" apneas, bradycardias and/or desaturations?

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- * Consider reading **Milk Flow Rates From Bottle Nipples: What We Know and Why It Matters** by Britt Pados.
- * This research informs us that there are many differences in nipple flow rates, as well as the possibility of variability in flow rate within the same type of nipple. The name of a nipple (e.g., "Slow") is not always an accurate indicator of the flow rate.
- * This research also informs us that nipples produced by Dr. Brown's provides the most consistent flow rate within the same type of nipple, as compared to other nipples on the market.
- * Why is this important? Consistency is key when learning a new task, especially for a fragile infant requiring hospitalization in the NICU.

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- * The NICU I serve has both reusable and disposable bottle systems.
- * If you are not currently implementing reusable bottle systems within your NICU, consider creating an infection control policy, following the manufacturer's guidelines, for cleaning of the specific reusable bottle systems.
- * Approximately 70% of infants within the NICU I serve receive reusable bottles/nipples, and this is because of the predictable flow rates that these systems provide.

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- * I am personally an advocate for the Ultra Preemie nipple, which provides a small bolus, allowing the infant to focus on learning to coordinate suck-swallow-breathe, rather than volume consumed.
- * Don't be fooled! I also recommend for infants to discharge home on the Ultra Preemie nipple as well. ☺

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- * As previously mentioned, approximately 30% of infants within the NICU utilize disposable nipples.
- * Generally speaking, infants that may be transitioning (meaning, predicted to be in the NICU for a short time), are provided slow flow disposable nipples (ex: Similac and/or Enfamil).
- * This may also be the case if the infant appears to be more robust and demonstrates capabilities to manage the flow rates from disposable nipples.

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PILLAR
04

Importance of
Continuity of Care

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*I believe it is our responsibility
to aid our patients in
connecting with the next*
PROVIDER



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- * Do you know your local provider for therapy services? If not- try to connect with those in your community. ☺
- * Who follows up with the infants from the NICU?
- * Do the families wait until they get to their pediatrician to determine if a referral is warranted? Or is this referral established prior to discharge?

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- * In the NICU I serve, I helped formulate a system for referrals to our local Early Childhood Intervention (ECI) organization.
- * This referral is set up prior to discharge, and someone from the organization comes to the infant's home setting to begin the official enrollment process, generally within 1 week from discharge.
- * This provides a great hand off of services from NICU to home and allows the infant and family to be best supported.

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Remember,
preventative care is
best care.

We don't want to
"wait and see" if an
impairment arises
(or worsens)!



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PILLAR
05

Discussion of
pediatric feeding
disorder

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*We must be advocating
about the significance of
pediatric feeding disorder
within our*

**MEDICAL
TEAMS**

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"Pediatric feeding disorder (PFD) is impaired oral intake that is not age-appropriate and is associated with medical, nutritional, feeding skill, and/or psychosocial dysfunction. Conservative evaluations estimate that PFD affects more than 1 in 37 children under the age of 5 in the United States each year. For these infants and children, every bite of food can be painful, scary, or impossible, potentially impeding nutrition, development, growth, and overall well-being."

www.feedingmatters.org

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"Confusion regarding use of ICD codes is common. Feeding skill domain practitioners may assume they are solely medical diagnostic codes to be assigned by a practitioner within the medical domain. However, ICD-10 codes also serve as treating diagnosis codes and may be used by licensed practitioners, such as OTs and SLPs. Practitioners are encouraged to familiarize themselves with coding guidelines specific to their discipline."

**excerpt taken from the Feeding Domain Fact Sheet in the
Feeding Matters PFD & ICD-10 Toolkit**

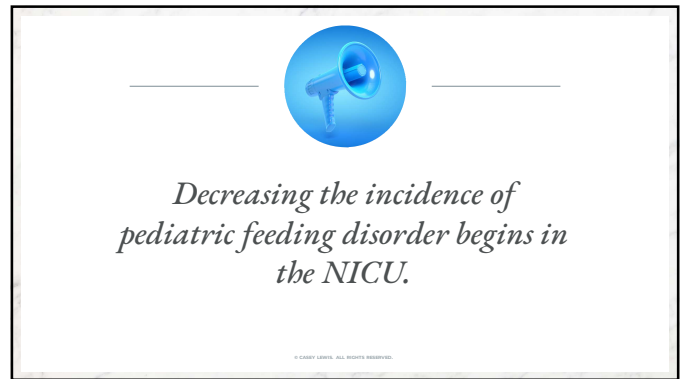
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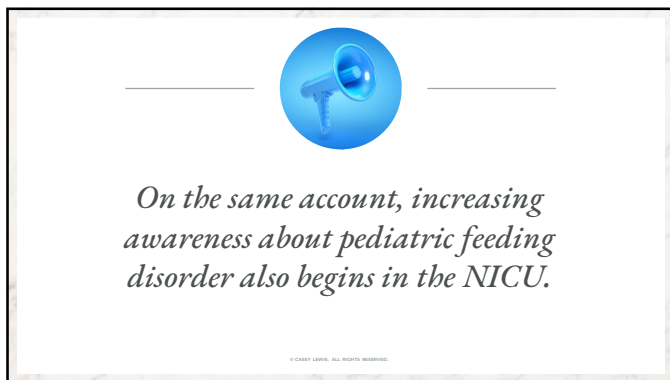
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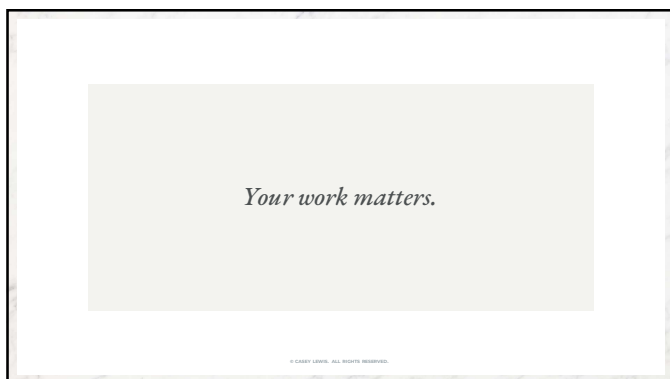
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Thank you!
-Casey Lewis

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References for this
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