

Ward rounds... where are our parents?

Improving parental presence on ward rounds in the neonatal unit

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BACKGROUND

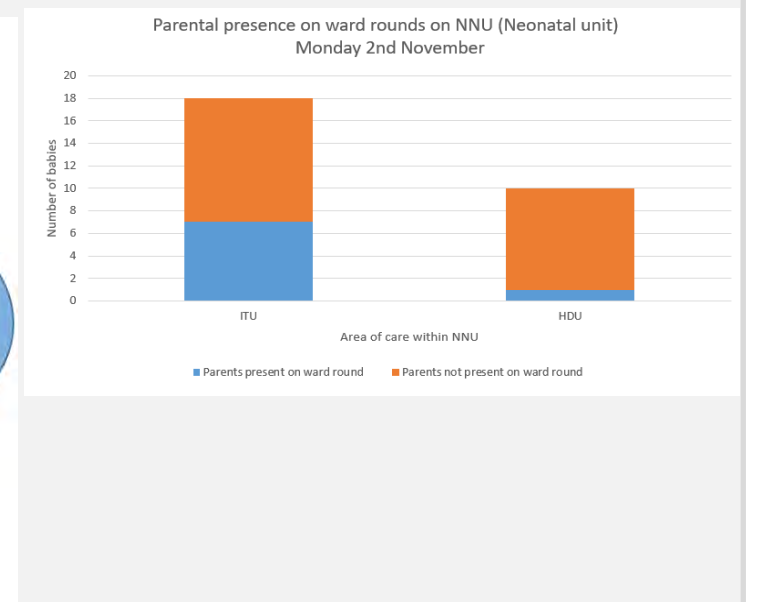
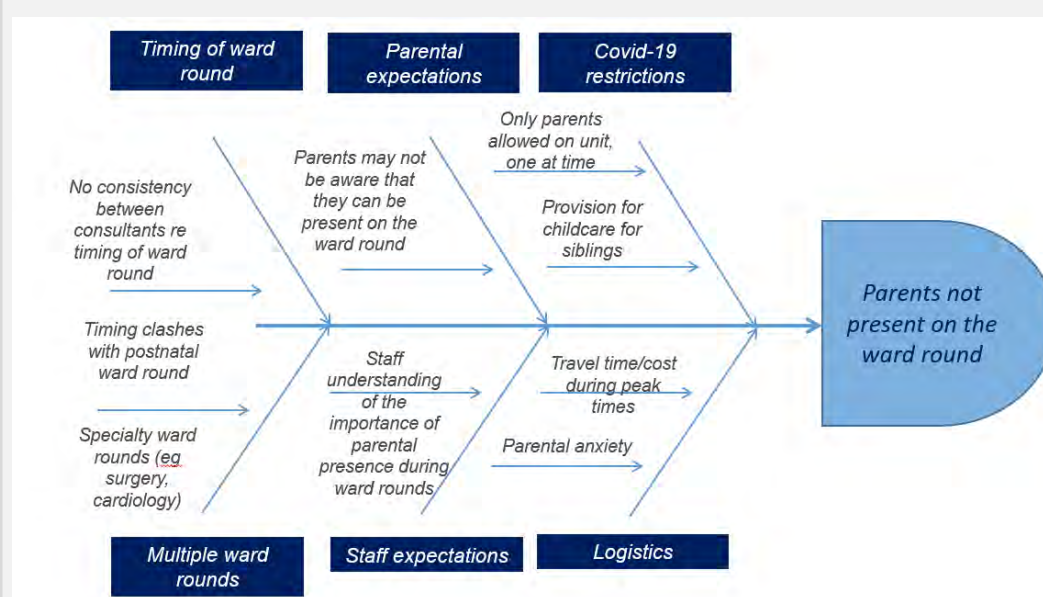
Parents should be actively involved in decision making for their babies. Ward round attendance on our unit is not as good as it could be.

Bliss Baby Charter

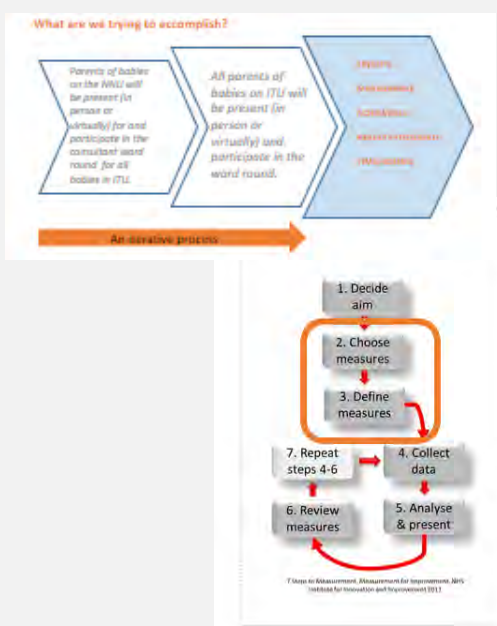
Principle 2 Decision Making

2.1H Parents have regular access to their baby's named consultant or senior medical staff, are invited to be present at ward rounds and encouraged to participate in them.

DIAGNOSTICS



AIM & MEASUREMENT DEFINITION



Aim
All parents of babies in intensive care on the neonatal unit will be present (in person or virtually) and participate in the ward round.

Chosen measure
NNAP* data from Badgernet- 'parents present on consultant ward round'

Inclusions
All babies on the neonatal unit.

Exclusions
None.

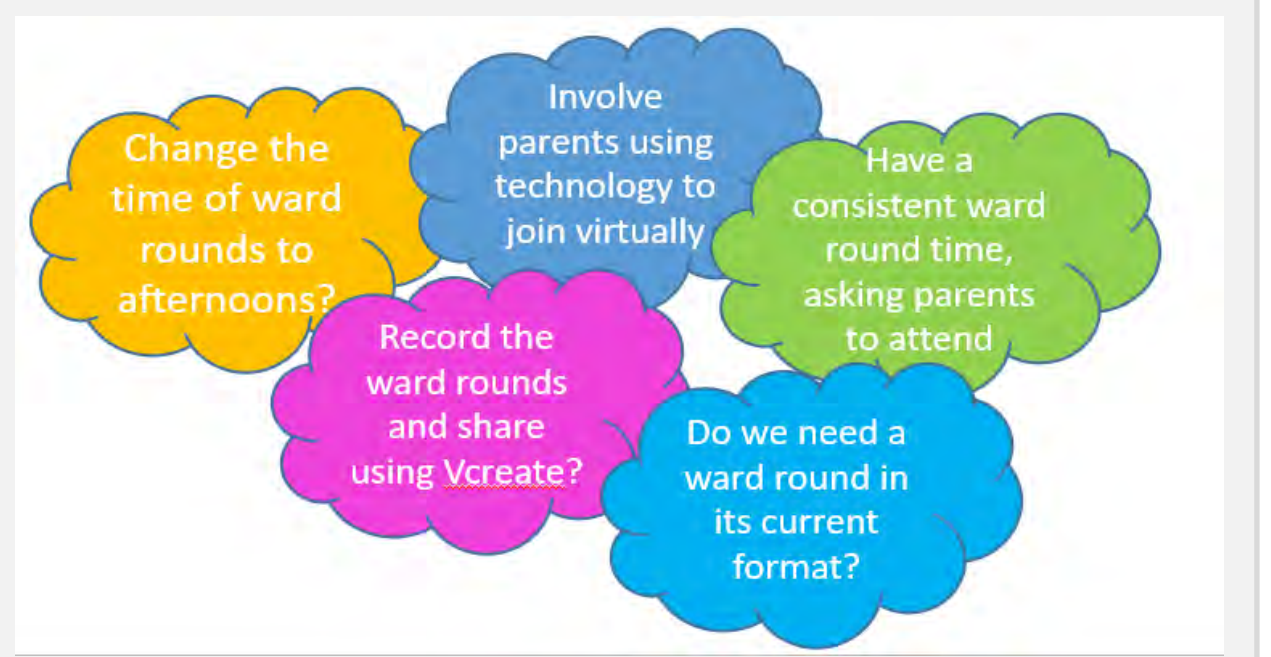
Sampling method & frequency

Using Badgernet data (already collected as NNAP* data), broken down into different clinical areas.

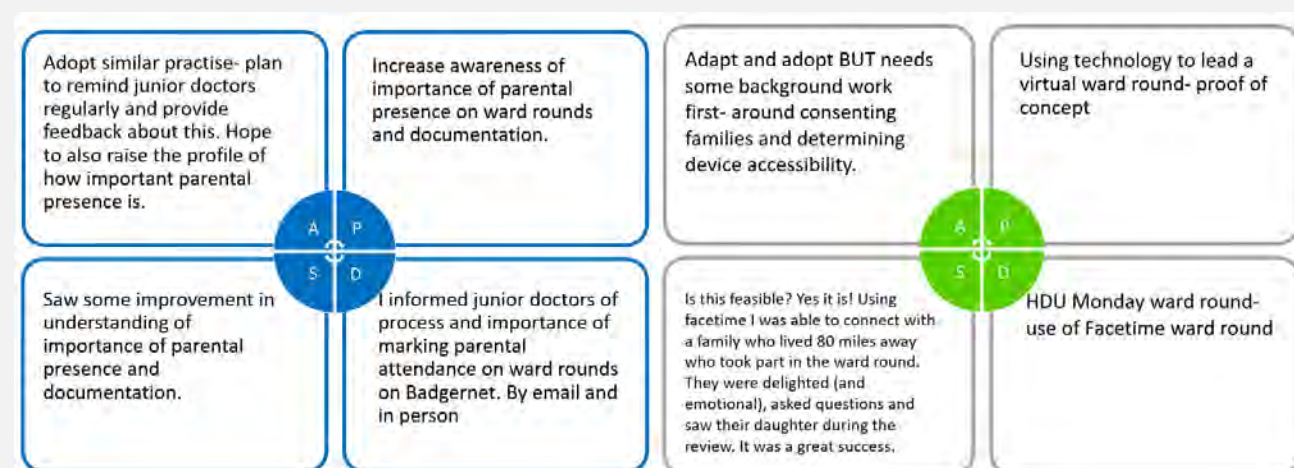
*National Neonatal Audit Programme



CHANGE IDEAS

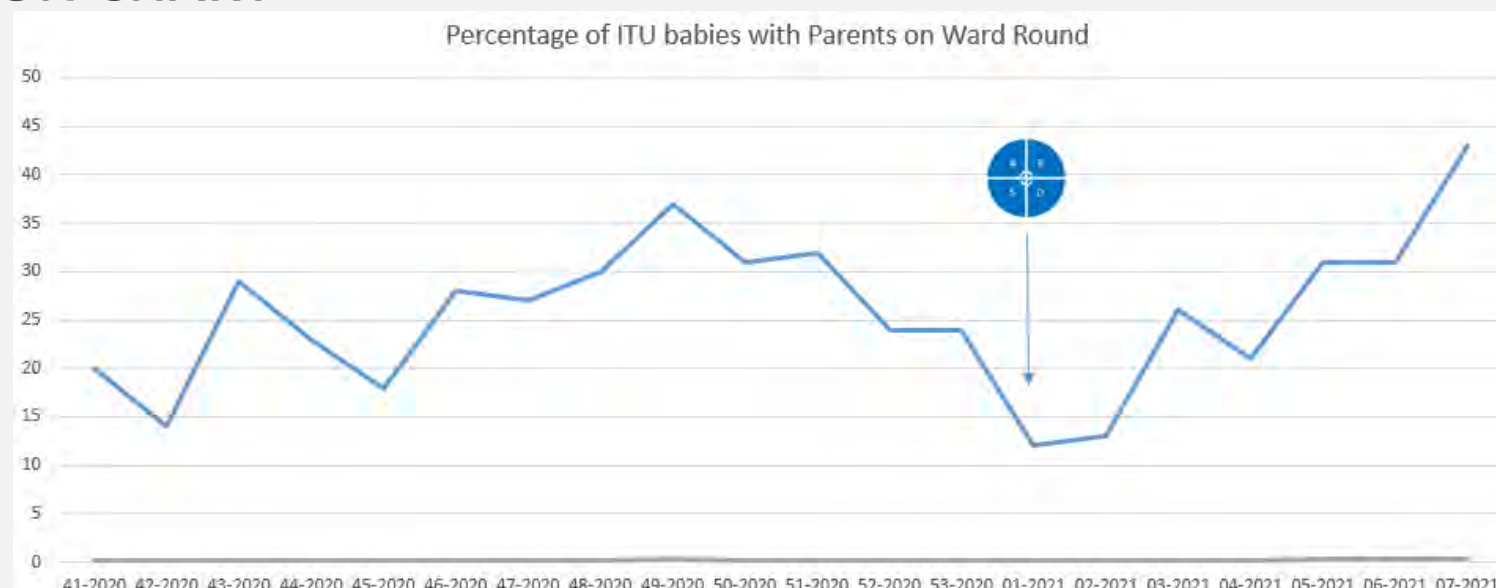


PDSA cycles



PDSA Test #	PLAN	Do	STUDY	ACT
1.1	Increase awareness of importance of parental presence on ward rounds and documentation.	Informed junior doctors of process and importance of marking parental attendance on ward rounds on Badgernet. By email and in person	Saw some improvement in understanding of importance of parental presence and documentation.	Adopt similar practise- plan to remind junior doctors regularly and provide feedback about this. Hope to also raise the profile of how important parental presence is.
2.1	Using technology to lead a virtual ward round- proof of concept	HDU Monday ward round- use of Facetime ward round	Is this feasible? Yes it is! Using facetime I was able to connect with a family in Hastings who then took part in the ward round. They were delighted (and emotional) and took the opportunity to ask questions and see their daughter during the review. It was a great success.	Adapt and adopt BUT needs some background work first- around consenting families and determining device accessibility.
2.2	Using technology to lead a ward round- involving others	Monday morning ward round in all areas- identifying specific babies whose parents cannot attend, 2 per area.	In progress- planned for 1/3	

RUN CHART



REFLECTIONS & LEARNING

- Bringing about change seems huge.. But with PDSA cycles, change becomes manageable.
- Exploring the problem with diagnostics helps to formulate the approach for interventions.
- This work is ongoing. Although the 'problem' seemed huge, I am confident I can bring about change.