Piloting the Bliss Baby Charter Audit Tool
- focusing on Family-Centred Care on the Neonatal Unit

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Piloting the Bliss Baby Charter Audit Tool

The purpose of the Pilot was to produce a working document - BLISS Family Friendly Accreditation programme

This would enable each unit to assess themselves against agreed principles of care

Make it easy to identify the units in which high quality family centred neonatal care is being delivered

The tool was devised using the 7 principles from the BLISS Baby Charter
Every baby should be treated with dignity, respecting their social developmental and emotional needs as well as their medical and surgical needs,

Objectives
- All parents are able to have regular private time with their baby.
- Care provision is designed to minimise the stress of the NICU environment.

Outcomes
- Babies’ long-term developmental outcomes are enhanced
- There is a strong attachment between the baby and their family which is actively supported by staff on the unit.
Bliss Baby Charter Principle 2

- Neonatal care decisions are based on the baby’s best interest, with parents actively involved in their baby’s care.

- Objectives
  - Multidisciplinary neonatal care is responsive to the medical, surgical and psychosocial needs of babies.
  - Decisions made in the baby’s best interest are based on evidence and best practice, and are informed by parents who are encouraged and supported in the decision-making process.
  - Parents are actively supported to participate in providing comfort and emotional support to their baby.

- Outcomes:
  - Parents feel respected and act confidently as partners in their baby’s care.
  - The balance between baby and family-centred care is maintained.
**Bliss Baby Charter Principle 3**

- Babies receive the nationally recommended level of specialist care in the nearest specialist unit to the baby’s family home.

**Objectives**

- All units have sufficient numbers of trained health professionals with the specialist skills and competencies required to care for preterm babies.
- Units have transparent arrangements for transfers to the most appropriate unit as determined by the baby’s condition.

**Outcomes**

- Parents are confident that their baby is in expert hands.
- Parents are able to access the neonatal services their baby needs as close to home as clinically possible.
Bliss Baby Charter Principle 4

• Units encourage parents to be involved in plans and processes for continuous service improvement, and outcomes of care are benchmarked against local and national standards.

• Objectives

• Units monitor their care outcomes against local/national/international benchmarks.
• Units fully commit to delivering national standards and ensuring local levels of excellence.

• Outcomes

• There is a culture of continuous improvement, that involves and is informed by parents.
• Families are confident that high-quality care standards are being met and maintained.
**Bliss Baby Charter Principle 5**

- Parents are informed, guided and supported to help them understand their baby’s care processes and feel confident in caring for their baby.

- **Objectives**

  - All parents receive relevant verbal and written information about clinical conditions, tests and treatment, breastfeeding, financial support, transfers to other units and local facilities (in an appropriate format and language) throughout their baby’s stay on the unit.
  - All parents are proactively shown/informed how they can help to care for their baby while on the unit and in preparation for discharge.

- **Outcomes**

  - Parents feel fully informed and supported.
  - There is a strong relationship between the parents and their baby.
  - Parents are confident in caring for their baby on the unit and feel fully prepared for discharge.
Breast milk expression and breastfeeding are actively promoted, and mothers receive practical support to achieve successful lactation.

Objectives

- Health professionals are supported to gain the knowledge and skills required to facilitate and support breastfeeding and/or expression following a preterm birth.
- Mothers are supported to breastfeeding by trained staff and have access to facilities designed to encourage successful lactation.
- Parents are informed of the benefits of breastfeeding their baby, and understand why staff promote it on the unit.

Outcomes

- Babies benefit from improved growth and tolerance of enteral nutrition.
- Few babies contract infections or suffer from related complications such as necrotising enterocolitis.
- Mothers feel valued and have improved self-esteem in relation to their role as the baby’s parent (and primary care provider).
Bliss Baby Charter Principle 7

- Discharge planning is facilitated and coordinated from initial admission to discharge date, to ensure both the baby and their family receive the appropriate care and access to resources.

- Objectives
  
  - Discharge plans are coordinated from admission.
  - Resources are utilised to ensure that staff can provide a seamless and supported journey from the unit to home.

- Outcomes
  
  - Babies are safely, appropriately and effectively discharged home.
  - Families feel confident that their baby’s ongoing health and social care needs will be met after discharge.
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The network was asked by BLISS to participate in the development of the tool and to be one of the Pilot sites.

Each unit was asked for a Champion to take the project forward.

The network management team agreed to co-ordinate the pilot.

The network had regular meeting with BLISS project lead throughout the process.
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- 9 units involved - 7 units submitted
  - Birmingham Woman's Hospital – (NICU)
  - Heart of England – (NICU)
    - Good Hope – (SC)
  - City Hospital – (LNU)
    - Sandwell – (SC)
  - Worcester Acute Trust – LNU
    - Alexandra hospital – (SC)
  - Hereford County Hospital – (SC)
  - Birmingham Children’s Hospital – neonatal surgery

Neonatal Intensive Care Unit (NICU)
Local Neonatal Unit (LNU)
Special Care (SC)
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- All units agreed to participate
- But 2 units were unable to submit the staff questionnaire due to time limit
- Pilot consisted of:
  - Staff survey – questionnaires were given to staff with envelope for them to return to BLISS – ensure anonymity
  - Parent survey - given to Unit Developmental Care Leads to give to parents during hospital stay these were returned by the units to BLISS – ensure anonymity
  - Gap analysis document - visited each unit and worked with them to complete this
  - Worked with BLISS to produce a Charter Audit Tool
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- Each unit had a contact person / champion
- The network allocated one member of the team to support the project
- Surveys were introduced as part of the network teams visits to units
- BLISS were invited to visit units with the network team
- Parents from the network were also part of the visits
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- Each unit was asked to fill in the gap analysis prior to the Network visits
- The network parents met parents of the unit and worked through the parent questions
- Each member of staff was given a questionnaire to complete
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- We sometimes felt a bit lost in the process
- Units did not receive accreditation
- The paper work was an issue
- All units submitted information back to BLISS
- Result were fed back to Network and unit champions
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conclusion

- Units found the process useful

- Important the units have accreditation against BLISS Baby Charter

- The audit tool will give units an ability to be assessed and improve care for babies and families.

- The actual process of getting staff and parents to complete the survey was fine. My problem with it was that I was not told a cut off date to have the surveys back to Bliss. As a result of this ours didn't get evaluated, As far as doing the gap analyses and action plans they are fine part of how we work anyway.  

  Julie Harcourt (BWH) 6/2/2012
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Questions?

References:


POPPY Steering Group-Family-centred care in neonatal units. A summary of research results and recommendations from the POPPY project. London NCT 2009