

Bliss self-assessment audit tool pilot

Family-centred care is now widely recognised as an important part of the overall care of a baby. This article highlights how Bliss, the special care baby charity has introduced an audit tool pilot into several units and describes in detail how one unit in particular found using it.

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The Bliss Baby Charter¹ was published in the summer of 2009 just before the launch of the Department of Health's Toolkit for High Quality Neonatal Services² (Toolkit). Although Principle 3 of the Toolkit looks at the 'Care of the baby and family experience', Bliss promoted the Baby Charter as a resource that was able to take the Toolkit a step further. The Baby Charter gives practical guidance on how to go about facilitating some of the aspects of Principle 3 and focuses on family-centred care.

The Bliss Baby Charter was very well received but like many new guidelines and resources it was not always filtered down to the hands-on staff working in the unit on a daily basis. Also, the Charter is a set of principles that offers no opportunity for assessment or checking progress. Bliss therefore decided to develop the Baby Charter into a self-assessment audit tool, which units could complete using a multidisciplinary team including parents. The team was required to provide evidence for each section. This enabled units to identify those areas that were working well and those that needed further improvement.

The pilot project was set up in October 2010 and Bliss had great support from units and networks across the country. The units involved in the pilot were:

- Jessop Wing, Sheffield Teaching Hospital
- Southmead Hospital, Bristol
- Alexandra Hospital, Redditch
- Birmingham Women's Hospital
- Birmingham Heartlands Hospital
- Birmingham City Hospital
- Birmingham Children's Hospital
- County Hospital, Hereford
- Good Hope Hospital, Hereford
- Worcestershire Royal Infirmary
- Friarage Hospital, Northallerton
- Royal Victoria Infirmary, Newcastle
- James Cooke University Hospital, Middlesbrough

These units have provided Bliss with great insight into how family-centred care is supported on units. Detailed below is the experience the neonatal unit (NICU) at the Royal Victoria Infirmary (RVI), Newcastle underwent in implementing the audit tool and the positive impact carrying out the audit has had on the unit.

Introduction

The Bliss audit pilot programme was introduced to the NICU at the RVI towards the end of 2010. The author CC was originally asked to work alongside a senior colleague on the project but due to work pressures ended up taking on the role of the lead nurse herself. CC had no experience of leading on a project of such scale and influence, but with support from the project manager (PM) at Bliss and some colleagues, was able to grasp the challenge and begin the audit process. Following an initial conversation with the PM, the first step was to discuss the audit process with senior colleagues. A multidisciplinary team was enlisted to embark on the self-assessment project.

Early stages

The team consisted of a mix of health professionals including two senior consultant neonatologists, modern matron, social worker, physiotherapist, community-liaison sister, CC, an education specialist nurse, a senior research nurse and initially two parent representatives. Members were given a principle from the audit tool to examine and review, input their ideas and suggest a plan of action. A time slot was allocated and regular meetings were organised, which was a challenge in itself due to individual workloads. This required juggling of schedules and devoting specific time, often out-of-work hours, to make it happen. Once each principle had been reviewed in detail the group then prepared an action plan to submit to Bliss, which

Keywords

audit tool; family-centred care; Bliss baby charter standards; change management

Key points

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1. The Bliss Baby Charter Audit tool was piloted at the Royal Victoria Infirmary, Newcastle.
2. The tool enabled positive progress to be made towards developing a family-centred care approach for the unit.
3. Improvements were made to change skin-to-skin contact in order to meet parents' stated needs.



FIGURE 1 Mother and baby enjoying skin-to-skin contact.

would act as a catalyst for introducing change on the unit. SMART (Specific, Measurable, Achievable, Realistic and Timely) objectives were used in order to allow staff time to introduce new initiatives and educate other staff and parents.

Rolling out

Questionnaires were given to parents and staff on the unit in order to ascertain their viewpoints on the family-centred care offered by the NICU. The questionnaires were confidential and anonymised and returned to Bliss on completion. Staff were generally very receptive and keen to offer their views. Many parents recognised the Bliss logo and were eager to get involved. Following analysis the unit then received an overall summary report. This information was extremely insightful and enabled the focus group to look at areas that might benefit from change. One such area highlighted early on was that some parents and staff felt that babies were not receiving the recommended levels of skin-to-skin contact³ (**FIGURE 1**). Following discussion this issue was addressed by increasing staff and parent awareness through education, ie posters on the unit and emails to staff. An in-house audit was initiated reviewing the use of specially designed stickers that documented frequency and duration of skin-to-skin contact (kangaroo care). This has proved to be extremely successful and is now being adopted by other regional units within the

Northern Neonatal Network. This is one of many initiatives that has been achieved by employing the audit process.

Regular contact with the PM at Bliss was essential to ensure that the pilot audit ran as smoothly as possible. Bliss came to visit the unit and meet the team. This was very much appreciated and came at a critical time within the project when changes were starting to take place. A meeting in London of the audit leads in March 2011 was a good way to share ideas and meet other professionals. Progress to date was reviewed and best practice shared among the teams. The opportunity arose to examine the composition and effectiveness of the tool. Taking the tool forward and accreditation were also discussed at length. A further lead meeting took place in June in Harrogate where the teams reviewed the new look tool and fed back on progress made and the future of the audit project.

Working with Bliss on this project enabled the NICU at RVI to focus on areas that required improvement within a family-centred care sphere. As with the POPPY project⁴ parents' views are essential if the standard of care offered to sick and premature infants is to be improved. The detail of the audit tool ensured that all aspects of care were reviewed in order to measure the unit's standard of care against the Baby Charter and to compare with other units across the country. Overall the RVI is achieving and maintaining an extremely high standard of quality family-

centred care. Despite this the audit established that there was room for development. Many new initiatives have been introduced using the audit as a platform and Bliss as a huge influential factor in supporting them.

Moving forward

At the RVI a parent support group has been set up that helps parents to receive peer support from families with a shared experience. Drop in sessions are now held on the unit enabling parents to meet staff, parents and babies after discharge from hospital. This is done regularly and on an informal basis in a group setting over tea and cakes and feedback has been very positive so far. A book of shared stories of personal journeys is in place on the unit, which provides a degree of support and is now being used in other units. Parents are actively involved in care planning and review of their baby's care and staff are constantly striving to enhance the quality of care delivered to families. The RVI is an example of sharing best practice with other units within the Northern Neonatal Network and indeed further south with the new Bliss family-centred care nurses. Many of these initiatives have been driven by the audit project.

For CC this has been an extremely satisfying and empowering experience, a huge learning curve and a compelling way to improve the level of care delivered. Being the lead nurse on this project has allowed CC to develop and introduce many initiatives that were originally only ideas. Gaining very positive feedback from parents and seeing the effect that changes have made on a daily basis is enormously rewarding. Parents have stated that they feel more confident and involved in planning their baby's care and are spending more time having skin-to-skin contact since the start of the audit process. The audit project has been a platform on which to build a unit that provides excellent family-centred care, that has been used as an example of best practice and that is able to encourage other units to follow this example. This has been achieved through hard work and dedication by the whole team. Parents' perspectives have been invaluable and very much appreciated. It is a work in progress and will be a way in which the staff as care givers, can frequently review and improve their practice.

Challenges

The RVI unit was enrolled in the pilot later than the other units involved and therefore was behind schedule and not prepared for the start of the project. This initially put enormous pressure on the team, who amazingly caught up and in fact became ahead of schedule! At the beginning only sparse background information was available about the project and CC had no concept of the enormity of the task. As the sheer size of the project, such as the audit, became apparent it appeared to be very daunting. On reflection this may not have been the case had the RVI embarked on the project at the correct time and been equipped with the information required for the process to commence.

Some difficulties arose when trying to organise meetings where the whole audit team could get together to discuss progress, due predominantly to the volume of every day work commitments. Also a large proportion of CC's own time, outside work, was necessarily spent on the project.

Conclusion

Based on the experience of the units who piloted the audit tool the key points that have been found to be important for successfully implementing it are as follows:

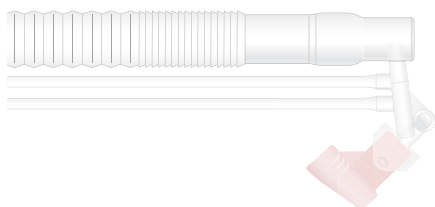
- A team approach in order to share ideas and workload. Liaise with peer units for support and sharing best practice.
- Ensure regular communication with the audit team and colleagues. Use various means to raise awareness, ie face-to-face individual and group sessions, email, posters around the unit.
- Encourage involvement from colleagues and parents. Seek regular feedback from them and incorporate this into change management.
- Make time to have discussions with and listen to parents' views.
- Take small steps to achieve big things!

Bliss is now working with the sites that piloted the audit tool to take it a step further and create an accreditation scheme. However, progress needs to be carefully managed. The plan is to roll out the self-assessment audit tool thoroughly

and with a coordinated approach. This will allow Bliss to identify with units where family-centred care is working well and support units in the evidence they need to provide in order to achieve the standards set out in the Charter. Bliss hope to be able to become a repository of resources so that units don't have to reinvent the wheel but can look at how other units have achieved their goals and adapt them to their own particular unit's culture and way of working. As budgets get tighter in neonatal services it is through innovation and sharing that units can set out to achieve high quality family-centred care.

References

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