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Problem

- Premature and ill babies cared for in the neonatal intensive care setting are at risk for language and cognitive delays.
- Fostering parent-infant bonding and meaningful participation in care in this setting is challenging.



- What is known:** Shared reading in neonatal intensive care units is associated with increased vocalization by infants, improved language and cognitive development at 18-21 months of age, and decreased parental stress.

Aims



- 1.) Increase the percentage of days that babies are read to by a parent or caregiver to 75% of days that a parent or caregiver is physically at the bedside within 12 months.

- 2.) Increase the percentage of Newborn Critical Care Center (NCCC) inpatient days an infant is read to by anyone to 75% of inpatient days within 12 months.

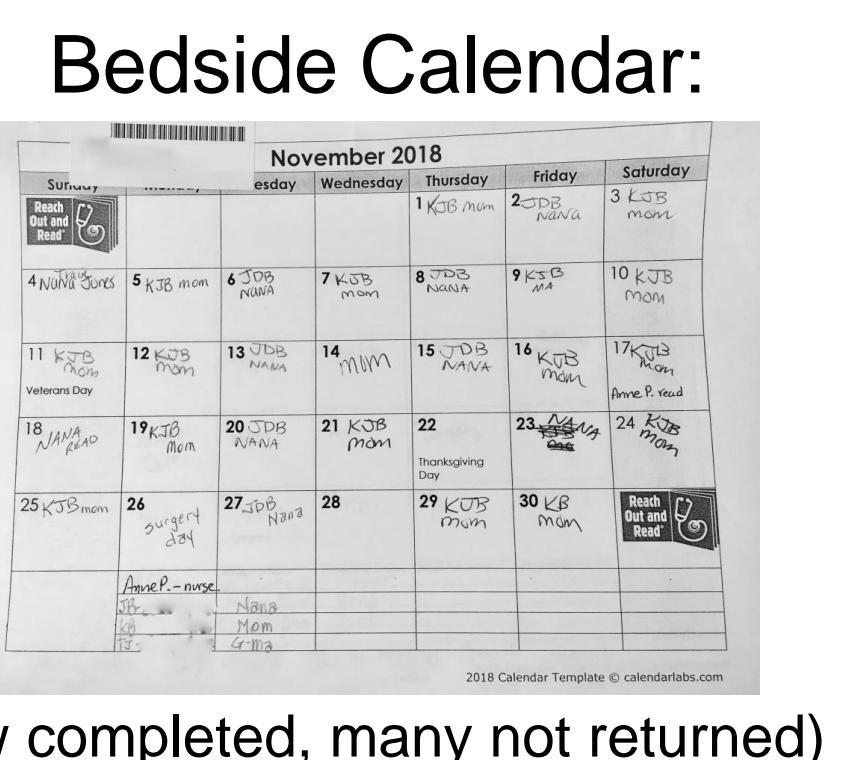
Interventions

- Partnered with Reach Out and Read of the Carolinas (ROR-C)
- Online training modules developed with ROR-C
- Modules completed by NCCC providers and nursing staff (goal: 75% and 50%, respectively: Fig.1).



Interventions, continued

- Newborn Critical Care Center (NCCC) ROR program designed and implemented by a multidisciplinary team.
- Books are gifted at admission, monthly, and at discharge.
- All babies are eligible. The goal is 90% enrollment among all patients admitted to the NCCC (Fig 2, Fig 3).
 - Several PDSAs geared toward ensuring books gifted at agreed-upon times.
- Parents receive anticipatory guidance about shared reading beginning at birth and are encouraged to read whenever they visit.
- Process reminders and visual cues created and refined:
 - Bedside Reminder Cards: Generic card → dry erase, updatable
 - Signs no longer needed after implementation of a monthly "Book Day" (all patients receive books at this time)
- Tracking mechanisms for reading activity by parents and others:
 - Bedside paper calendars abandoned; EPIC flowsheet option developed.



Results

