

Background and Context for Change

- Provision of skin-to-skin care (SSC) in the SickKids NICU is challenging due to the high acuity and complexity of patients (majority are surgical or have neurologic conditions) with many perceived barriers
- Rate of SSC in the SickKids NICU is 8 % in 2024, which is lower than that seen in other children’s hospitals and there is room for improvement
- This project complements the ongoing Home on Milk Every Time (HOME) Project in the SickKids NICU, which is an international collaborative QI project including other children’s hospitals in the Children’s Hospitals Neonatal Network, which targets increased SSC to increase breast milk usage

Aim Statement

Specific: Increase the proportion of babies receiving SSC in NICU from 8% in Dec 2024 to 15% by May 2025

Measurable: SSC documented on EPIC.

Achievable: This project builds on existing initiatives to increase breast milk and family involvement.

Relevant: Aligns with global health recommendations (WHO) and addresses critical NICU needs to obtain the benefits of SSC in improving neonatal outcomes and maternal milk production.

Time-bound: Planned over a six-month timeline

Family of Measures

Process Measures

- Number of SSC rounds conducted each month
- Number of babies reviewed for SSC each month

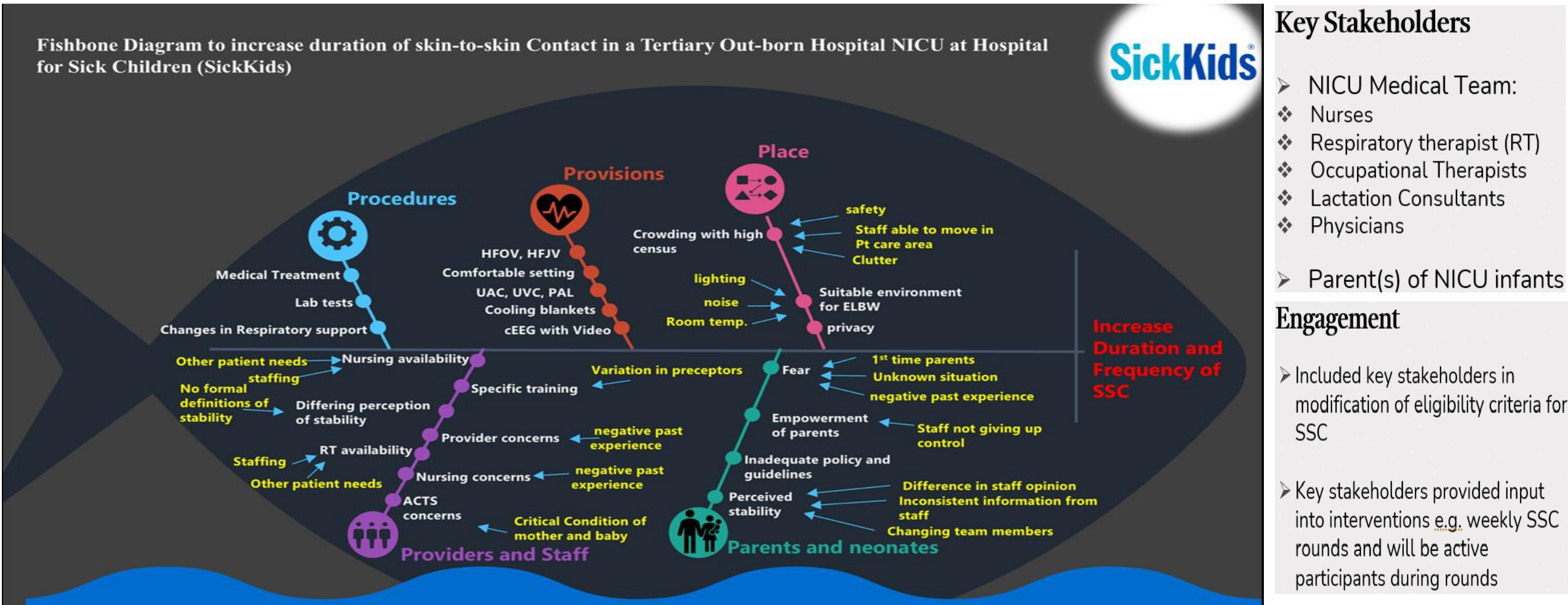
Outcome Measure

- Proportion of eligible infants receiving SSC

Balancing Measure

- Unplanned extubations during SSC
- Line dislodgements during SSC
- Safety reports during SSC

Problem Characterization



Interventions

Change Theory

- Increased knowledge and structured protocols and tools will lead to increased uptake of SSC

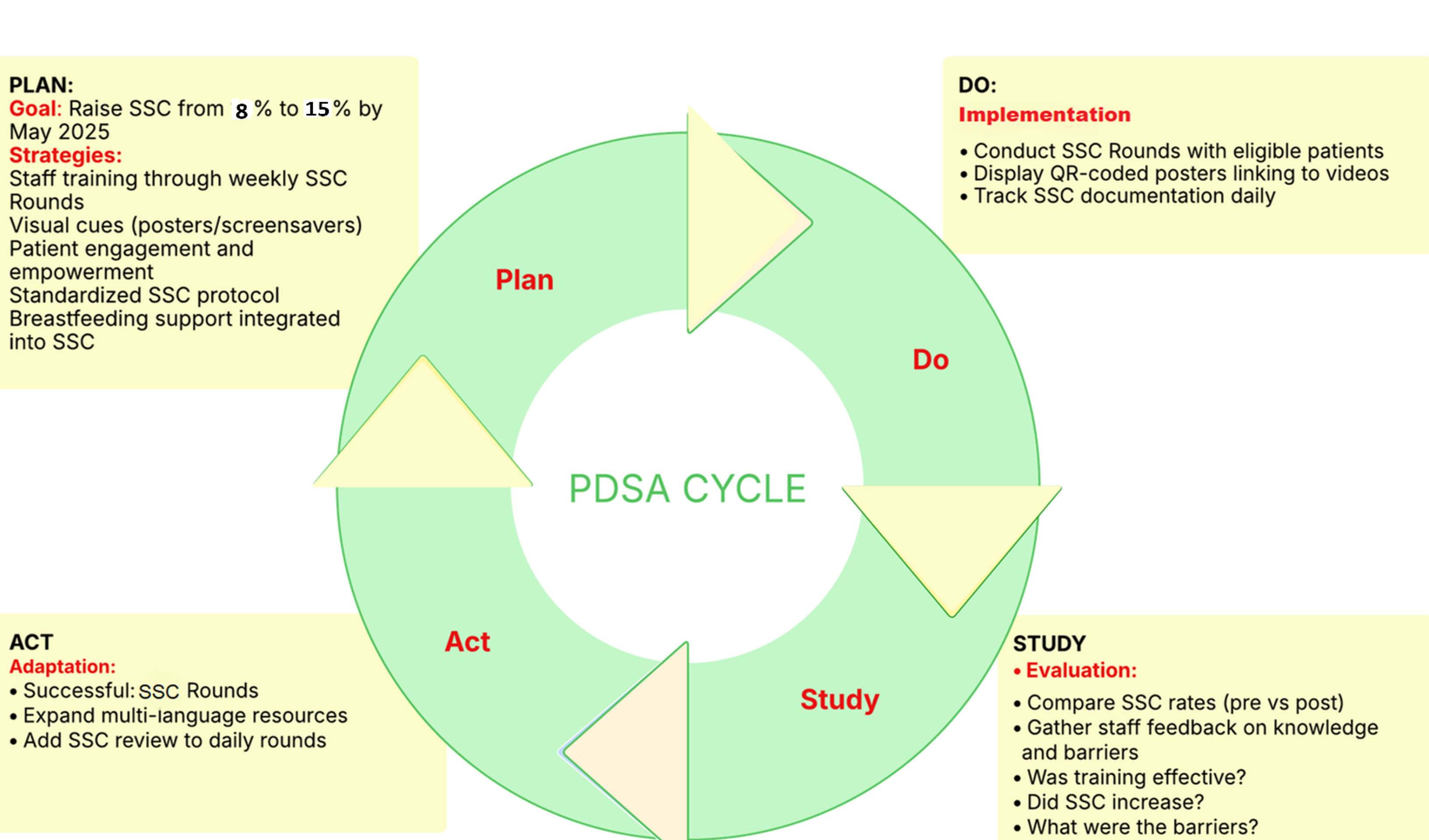
Change Concepts

- Update guidelines for SSC to minimize exclusion criteria
- Bedside reminders during weekly rounds

Change idea

- Skin-to-Skin Guidelines updated to minimize exclusions for SSC
- Conduct SSC rounds weekly to reinforce education to nurses and families: content covered: is baby receiving SSC, what are barriers, how to document in EMR (rounds started Jan 2025)
- Increase use of tools (instructional SSC videos with QR codes, posters promoting SSC at strategic locations for families) to support SSC

PDSA Cycles



Project Results

Barrier	Action
<ul style="list-style-type: none">Parental lack of knowledge/concern regarding ability to do SSC for their sick babies	<ul style="list-style-type: none">Open discussion during bedside rounds to try to do SSC for all babies especially/even if “very sick”Change language to parents by nurses and staff that SSC an expectation rather than an optionEducate re: modified holding techniques, graduated holding (in-bed, then ultimately SSC)Videos for parents on SSC and techniquePosters in high traffic areas for parents
<ul style="list-style-type: none">Nursing resistance to changeLack of nursing resources to support parents for SSC due to high workload	<ul style="list-style-type: none">Highlight importance of SSC at bedsideWeekly discussion with frontline staff, seek and incorporate their input to increase engagement and motivationUtilize OT to teach parents standing transfers
<ul style="list-style-type: none">Respiratory therapist resistance to changeLack of resources to support ventilated babies	<ul style="list-style-type: none">As aboveSim sessions for RTs for SSC for HFJV babies
<ul style="list-style-type: none">Space and privacy constraints in an open bed physical layout	<ul style="list-style-type: none">Increase use of screens, suggest wearing clothing with easy open front
<ul style="list-style-type: none">Gaps in documentation of SSC	<ul style="list-style-type: none">Demonstrating and reinforcing correct documentation, esp. if documented as "Holding" when SSC was actually done

Conclusions

Lessons Learned

- Bedside rounds allowed face-to-face discussion that often-included parents
 - Promoted open dialogue to identify barriers and identify solutions to support parents and nursing to provide SSC
- One of the most important takeaways was the power of open, real-time conversations, especially when parents were involved
 - Helped us quickly uncover and address barriers, making it easier for families and staff to prioritize SSC
- Having a committed, multidisciplinary team, especially the engagement of bedside nurses, was essential to driving change and embedding SSC into everyday care
- Each team member brought their own insights and energy, and that shared commitment created a supportive and unified culture around SSC

Next Steps

- We plan to continue weekly SSC rounds to sustain and reinforce the increasing practice of SSC
- SSC round was incorporated into a wider initiative of weekly rounds to increase parental involvement renamed to Parent Engagement Promotion (PEP) rounds since May 2025
- Update guidelines to facilitate SSC in special situations that we had not considered as barriers prior to bedside rounds e.g. ostomy bags and G-tubes for our high proportion of surgical patients.

