

## **Stakeholder script - Final**

1 - Making H-HOPE the standard of care in your NICU.

2 – “It (Massage+) made me feel connected. It didn’t make me feel like just another parent in the NICU that had a baby that wasn’t doing well. It was almost a motivating factor to say, look, I gotta get there today because my baby needs this, as opposed to that doomed feeling of, oh, my baby is sick and my baby is in the NICU.”

3 – Here is one parent perspective

4 - The purpose of this presentation is to review the evidence –based H-HOPE developmental and behavioral intervention. H-HOPE has evolved over 40 years of nursing research. Your engagement and commitment as a key stakeholder is important to making this intervention a standard of care in your NICU. H-HOPE should begin as early as possible when the infant is ready.

5 – The benefits of H-HOPE have been demonstrated through 40 years of research.

6 - The research shows improvements in maternal-infant interaction; specifically, mothers are better able to respond to their infant’s stress and promote behaviors that contribute to the infant’s growth and development. Infants exhibit clear behavioral cues and are better able to respond to their mothers. During interactive sessions, both the mother and the infant are more responsive to each other.

7 - Infants who receive Massage+ exhibit clear behavioral cues that demonstrate improved oral feeding and growth with lower stress reactivity.

8 - During interactive sessions, both the parent and infant learn to become more responsive to each other. Parents+ sessions have been shown to increase the parents’ confidence to care for their babies at home.

9 - Furthermore, H-HOPE has demonstrated a reduction in length of stay and overall reduced hospital costs.

10 – What is H-HOPE?

11 - With the advancement of neonatal care, we now understand and accept the significance of sensory interventions to influence optimal neurodevelopmental outcomes. H-HOPE has two components: Massage+ and Parents+.

12 – As nurses and other team members engage with parents implementing H-HOPE, both the parent and infant benefit supporting the development of the parent-infant relationship.

13 – H-HOPE has two components:

- Massage+ supports the neurologic systemic development in four areas: autonomic, sensory, motor, and state regulation. Massage+ is a feedback system of communication between the infant and the caregiver. It strengthens the quality of interactions and specifically, contributes to the development of the caregiver's sensitivity to the infant's cues and responses
- Parents+ is a program to help parents learn how to give Massage+ to their infants and learn their specific behavioral cues. These include behavioral state, engagement and disengagement, hunger and satiation cues.

14 – Parents and staff are both trained to administer Massage+ so that infants may receive it twice a day while in the NICU and after hospital discharge.

15 – Trained staff use a participatory approach when working with parents. This means that the staff listen and respond to parents questions about massage and infant cues during the learning sessions. There are two sessions in the hospital provided by trained NICU staff, as soon as the infant is ready. Two sessions are also conducted at home to support the family after discharge.

16 - Successful implementation of H-HOPE requires planning and system support

17 – Leaders expectation and support for the H-HOPE intervention is essential for successful implementation. It is imperative to assess unit culture and belief in developmental care using bidirectional communication.

18 – It is important to identify a leadership team to plan, implement and sustain. Determine infrastructure, processes and people needed to facilitate H-HOPE implementation. The champion role will need additional time for orientation and to assist clinicians at the bedside. It is essential for experiential learning to increase comfort level of the clinician with this intervention.

19 – Bidirectional communication will facilitate engagement with leaders and clinicians. It will be important to create an environment that welcomes clinician participation and opinion to build awareness, commitment and thoughts on how to integrate H-HOPE into the workflow. Communicate progress with others during planning. Identifying potential facilitators and barriers early on will help guide the planning and implementation.

20 – Planning also involves determining all resources needed for implementation. Reviewing educational materials and resources on Pathways.org will help you decide what is needed in your NICU. Consider modifications to the electronic health record which will support clinician documentation of Massage+ and Parents+ and serve as an evaluation tool. Determine any additional system and unit changes before go-live to make implementation a smoother process.

21 – Resources for clinician training and information for CEUs are available on Pathways.org. Determine the training method that fits with your NICU. Consider Train the Trainer model for in-person training with champions.

22 - Scheduling time with parents at the bedside to implement Parents+ sessions is recommended. Consider planning group classes with parents to support instruction at the bedside. Before discharge, arrange for the two Parents+ sessions conducted at home. These sessions may be in-person or virtual. Multi-racial/ethnic training dolls may be ordered for teaching sessions. Videos on Pathways.org provide supplemental information.

23 – Develop strategies that will create excitement and enthusiasm for implementing H-HOPE. Some of these may include: scheduling a Go-Live day, scheduling champion availability to support staff at the bedside, daily rounding by operational and clinical leaders, shift huddles to share thoughts and feedback and communicating with families.

24 – A variety of evaluation strategies may be used to document outcomes, such as audits of documentation, observation, and solicitation of feedback from parents and clinicians. Evaluation of facilitators and barriers for implementation will assist with modifications needed for sustainment.

25 – Sustainment for any practice change can be challenging. Establish strategies ahead of time that will be needed to sustain H-HOPE as a standard of care, even during high census and short staffing. Include H-HOPE training into new employee orientation so that clinicians learn to incorporate into their practice. Three online modules for staff training can be found on Pathways.org. It is important for staff to review all three modules. Leader expectations and rounding along with support from the NICU Developmental Committee demonstrate that H-HOPE aligns with unit goals.

26 – This is a video of a mother delivering Massage+ to infant

27 – References are provided for topics related to infant behavior, sucking organization, growth and hospital cost.