POSTER ABSTRACT

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Introduction: Patient empowerment in mother and newborn care requires participation and a family centered approach, but is prevented by insufficient integration of Obstetrics and Neonatology in hospitals. Based on logistic grounds healthcare for sick newborns and sick mothers is still organized separately. The changes as described in this study are fed by the many stress-related disadvantages for empowerment due to separation of parents and newborns. Parents reported higher levels of perceived incapability in caring for their child, caused by a reduced level of bonding and breastfeeding success. This study describes and analyzes the changes for an unique infrastructure for integrated obstetric and neonatal healthcare from the concepts of patient empowerment.

Methods: A qualitative descriptive methods design was used. All filed documentation regarding the preparation of the transition was collected. In-depth interviews with 5 stakeholders were conducted. Thematic analysis was performed using a conceptual map of patient empowerment, describing interventions and moderators at three levels; the Healthcare System, the Healthcare Providers and the Patient.

Results: A positive culture for change of the two units and one vision of integrated care based on proven concepts for better outcomes for mother and newborns was the breeding ground for the transition process. The vision is: "Families always stay together". From here all further changes were initiated. 1. Building one ward with only Single Family Rooms SFR with rooming in facilities for partners. 2. Reorganisation of high obstetric and neonatal level 2 care around the patients in the SFR. 3. The integration of the separate staff into one multidisciplinary staff and the two units into one unit for day to day management. 4. Training of the nurse staff to extend professional goals. 5. Create a new all-round nurse position and training for providing medium care for both, mother and newborn in order to limit the number of healthcare providers around the patients. 6. Implementing medical rounds in the SFR for shared decision making and healthcare planning with parents. 7. Intensify counseling and coaching of the parents.
**Discussion:** Integration of high Obstetric Care and Neonatal level 2 care in the SFR may add to the discussion around patient empowerment.

**Conclusions:** A positive change culture at the healthcare system level with one vision of integrated care for mother and newborn seems to be an important moderator for the design of the integrated infrastructure. All changes facilitating the new infrastructure are interventions and moderators for patient empowerment and should contribute to a higher level of patient empowerment.

**Lessons learned:** Some interventions and moderators for patient empowerment were discussed less. Especially personal values of the staff related to patient empowerment and group-focused interventions such as patient education need more attention.

**Limitations:** This case is about level 2 neonatal care with post-IC facilities. Additional requirements will be necessary for level 3 NICU’s.

**Suggestions for future research:** As the levels of the model of Bravo seem to be interrelated, all levels should be explored in depth. Especially the patient level to establish whether the new infrastructure is sufficient for patient empowerment.

**Keywords:** infrastructure; patient empowerment; family integrated care; single family rooms