Respectful Care in the NICU

Quality Improvement Toolkit
September 2026

Nebraska Perinatal Quality Improvement Collaborative
NPQIC

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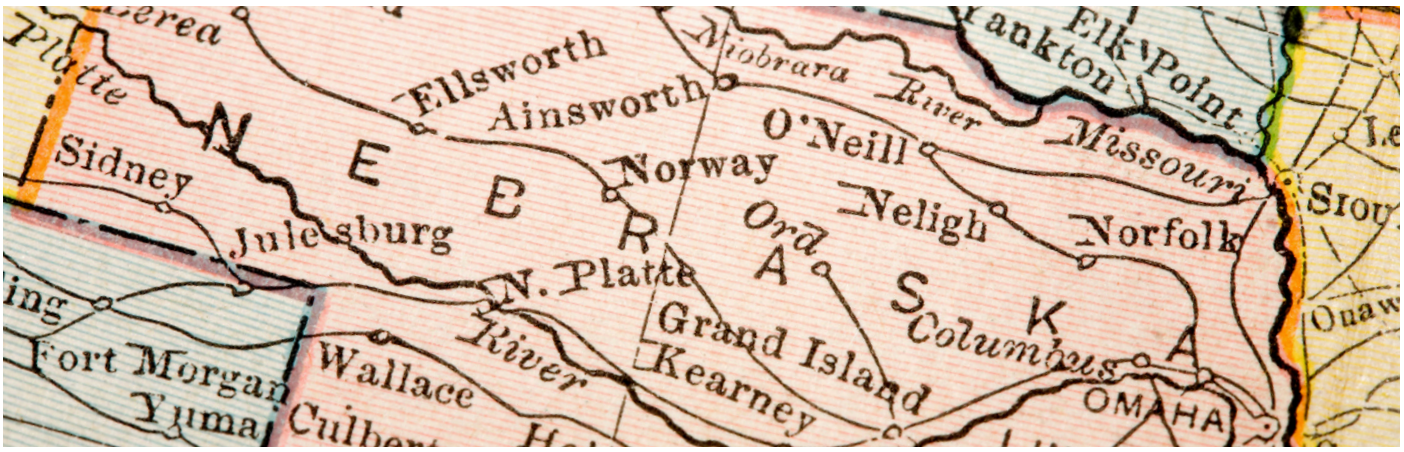
About NPQIC

The Nebraska Perinatal Quality Improvement Collaborative (NPQIC) is a nationally recognized statewide network of hospitals, clinicians, patients, and community organizations that seeks to provide respectful and dignified patient-centered care for all Nebraska perinatal and newborn patients. NPQIC aims to make Nebraska the safest place to give birth and be born.

Since its inception in 2015, 100% of Nebraska delivery hospitals have been engaged with NPQIC in quality improvement work. The collaborative provides support to hospital teams in the form of education, initiative materials, subject matter experts, and structure. Additionally, NPQIC serves as a conduit for hospital teams to network with one another.

NPQIC's work is enhanced by the contributions from clinical experts, as well as the Nebraska Alliance for Maternal and Infant Health (NAMIH), a group of diverse members providing community and patient perspectives.



Respectful Care: Background

Respectful Care is the foundation for all statewide quality improvement initiatives to prioritize just, dignified, and patient-centered care for all Nebraska perinatal and newborn patients and their families.

Across the nation, NICU admission rates have consistently increased over the last decade (Centers for Disease Control and Prevention, 2025). Admission to the NICU can be an emotionally distressing experience, and parents may experience anxiety, depression, stress, and post-traumatic stress symptoms during and after their infant's hospitalization. Further, mistreatment of caregivers and infants in the NICU contributes to distrust in the healthcare system, mental health concerns, and poor care experiences and outcomes.

Themes Reported by NICU Staff Members

Workplace culture can both protect against and enable unjust treatment
Most participants described their NICU as a positive, collaborative, and supportive workplace. At the same time, staff reported microaggressions, stereotyping, and dismissive interactions involving both staff and families

Lack of cultural congruency in the workforce
Staff noted that the demographics of the workforce did not adequately reflect the families being served, particularly with respect to Black and Hispanic providers.

Biased communication and language barriers
Communication emerged as a major pathway through which impartial care could occur.

Unequal allocation of resources
Participants described differences in how resources, attention, and advocacy could be distributed among families.

Austin et al. 2025

Respectful Care Improves Health Outcomes and Experiences for Infants and Families

To improve the quality of NICU care, healthcare systems can support family-centered care that respects and incorporates the values, needs, preferences, and goals of infants and their families. NICU healthcare providers can promote meaningful family involvement in care and decision-making, ensure that parents and caregivers feel heard and respected, and recognize families as essential members of the healthcare team.

Respectful NICU Care:

- Maintains dignity, privacy, autonomy, and confidentiality
- Ensures freedom from harm and mistreatment
- Allows for shared decision-making and continuous support during NICU admission
- Upholds provider accountability and provision for informed consent

Key Strategies

Respectful Care in the NICU is an extension of the full NPQIC Respectful Care Initiative (RC), intended to be implemented in all 15 Nebraska NICUs. The goal of RC in the NICU is to support infants' health and development while respecting the dignity, needs, values, and choices of families.

Key QI Strategies:

1. Establish Respectful Care practices during admission and survey caregivers on their experience before discharge.
2. Take steps to engage parents/caregivers to provide input on quality improvement efforts.
3. Take steps to implement family-integrated patient rounding.
4. Standardize a process for implementing an individualized discharge planning tool upon admission.
5. Facilitate coaching for caregivers on infant care.
6. Implement education for providers, nurses, and staff on preventing trauma, practicing active listening and shared decision-making, and obtaining consent.
7. Implement NPREM survey.
8. Standardize a process for PMH screening and referral.

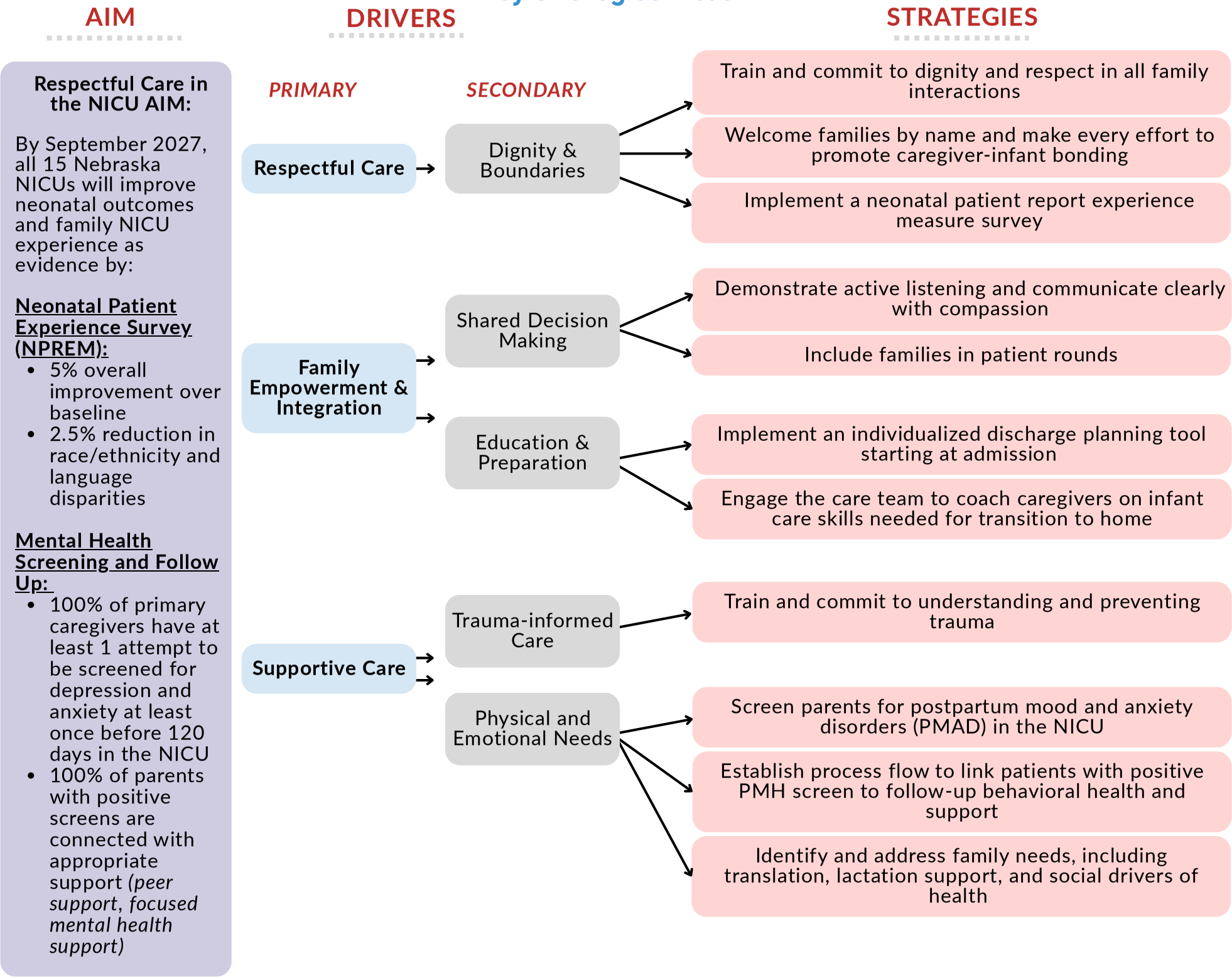
Aims and Measures

AIM: By September 2027, all 15 Nebraska NICUs will be participating in Respectful Care in the NICU to improve neonatal outcomes and family experiences.

Evaluation Process: Participating hospitals will report on their Structure, Process, and Outcome Measures monthly.

- Structure Measures will be reported using the stoplight method (red=not started, yellow=working on it, green=in place).
- Process Measures will be reported by percentage ranges (0-9%, 10-19%, and so on up to 100%).
- Outcome Measures will be monitored by chart audits and NPREM responses

Key Strategies Visual



Aims and Measures

Structure Measures

- % of hospitals that have a strategy for sharing expected Respectful Care practices with NICU staff and parents/caregivers (including appropriately engaging support persons)
- % of hospitals that have engaged parents and/or caregivers to provide input on quality improvement efforts
- % of hospitals that have implemented a Neonatal Patient Reported Experience Measure (NPREM) survey to obtain feedback from parents/caregivers of NICU patients and a process to review and share results
- % of hospitals that have established a protocol for integrating families in patient rounding
- % of hospitals that have a standardized process for implementing an individualized discharge planning tool upon admission
- % of hospitals that have a standardized system for coaching caregivers on infant care
- % of hospitals that have a standardized process for PMH screening and referral

Process Measures

- % of patient caregivers completing the NPREM each month
- % of providers, nurses, and staff completing education on preventing trauma, practicing active listening and shared decision-making, and obtaining consent

Outcome Measures

- % of patient caregivers completing NPREM survey who reported always or often felt like an important member of baby's care team on NPREM (data provided by NPQIC)
- % of sample patient charts with documentation of individualized discharge plan
- % of sample patient charts with documentation of PMH screening

Implementation Timeline

The timeline below outlines the time commitment and staff contributions that will be needed. The materials that follow provide more details to support your initiative implementation.

Timeline	Action Items
Preparation	• Meet with colleagues to establish buy-in and determine co-leads • Complete and submit participation agreement • Review your hospital's data and identify opportunities for improvement
Getting Started	• Schedule recurring meetings with team to review implementation • **Attend kickoff webinar September 17th @12pm** • Plan internal launch of RC in the NICU • Review Toolkit Materials • Review Data Collection Form with your team; identify needed systems changes
Launch Week	• Launch RC in the NICU internally • Collect RC Commitment sign-offs • Post RC Commitments in patient-facing areas
Early Implementation	• Collect baseline data • Create a draft 30-60-90 day plan • Plan first PDSA cycle to address 30-60-90 day plan
Ongoing	• Develop protocols for educating new staff on RC • Continue incorporating RC case scenarios in regular training • Regularly review patient feedback with staff for QI • Attend monthly webinars with NPQIC team

Resource Checklist

Find the resources listed here in the pages that follow:

- 5 Steps for Getting Started
- Key Strategy Implementation: Getting to Green
- Press Release Template
- Participation Agreement
- RC Commitments Posters
- RC Commitments Patient Handouts
- RC Commitments Sign Off Sheet
- Quarterly Data Entry Form
- Quick Links
- Supporting Evidence

5 Steps to Getting Started

1	Determine RC team leads and clinical champions. Schedule regular internal RC team meetings (at least monthly) to review implementation of RC principles and education completion.
2	Review reccomended readings from NPQIC and plan internal launch.
3	Schedule RC launch meeting or grand rounds to officially announce your hospital's participation in the initiative. Include an overview, key strategies, and your goals to facilitate clinical staff buy-in.
4	Draft your 30-60-90-day plan using baseline data and insights from your Readiness Survey.
5	Explore the online **Respectful Care Toolkit** for resources and printable materials. Reach out to NPQIC with questions!

Internal Respectful Care NICU Team

Team Lead:
Provider Champion:
Nursing Leader:
Senior Leader:
Education Coordinator:

Date for internal Respectful Care NICU Kickoff:
Time and Day for monthly RC meetings:

Next Steps:

Key Strategy Implementation: Getting to Green

Use this guide to support your Key Strategy implementation as well as determine the appropriate responses for quarterly data submission.

KEY STRATEGY	WORKING ON IT	IN PLACE
Establish Respectful Care practices during admission and survey caregivers on their experience before discharge	• Develop process flow • Plan a kickoff/grand rounds to educate clinical team and staff on RCPs • Gather sign-offs	RCPs are posted in patient rooms in the NICU and shared verbally with caregivers of each patient upon admission. All staff trained/ sign RC commitments for each patient.
Take steps to engage parents/caregivers to provide input on QI efforts	• Recruit caregiver/community representatives to join QI work • Develop clear ask and compensation plan • Navigate internal channels as necessary • Develop onboarding process	Patient representative has been identified and onboarded. Clear effort to engage parents/caregivers to provide input on quality improvement efforts.
Implement family-integrated patient rounding	• Include parents/caregivers as active participants during patient rounds. • Encourage families to share observations, concerns, and updates about the patient. • Collaborate with families when discussing the plan of care. • Invite caregiver questions and confirm understanding during rounds.	Standard practice is that caregivers are included in rounds, with active collaboration during all steps in an infant's care.
Standardize a process for implementing an individualized discharge planning tool upon admission	• Examine gaps and opportunities in current discharge procedures • Explore which resources you will hand out during admission and at discharge • Educate nurses on reviewing handouts in depth with patients	The planning tool is initiated with every patient upon admission. Handouts are reviewed and shared with caregivers at discharge. Clear, individualized discharge instructions are specific to each family and their needs.

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Key Strategy Implementation: Getting to Green

Use this guide to support your Key Strategy implementation as well as determine the appropriate responses for quarterly data submission.

KEY STRATEGY	WORKING ON IT	IN PLACE
Facilitate coaching for caregivers on infant care	• Provide coaching to caregivers on essential infant care practices. • Demonstrate safe feeding, diapering, bathing, and soothing techniques. • Educate caregivers on infant sleep safety and daily routines.	One-on-one coaching is provided, specific to each infant's care needs before family is discharged from NICU stay.
Implement education for providers, nurses, and staff	• Explore educational offerings • Identify education coordinator • Communicate education requirements with providers, nurses, and staff, including the reasoning behind them	Completion of education requirements by providers, nurses, and staff is tracked monthly. Support the completion of additional related training around trauma-informed care and shared decision-making.
Implement NPREM Survey	• Engage facility staff to contribute to the development of the policy • Begin the process for internal policy approval • Post NPREM Survey flyers with QR codes in patient rooms.	Process flow in place to ask caregivers to complete survey before discharge to increase % completion. Review NPREM survey responses and share with team on a regular basis.
Standardize a process for PMH screening and referral	• Define a standardized PMH screening workflow • Establish clear referral criteria and pathways • Develop consistent screening and referral tools • Clarify roles and responsibilities across the care team • Track referrals and follow-up to ensure continuity of care	Standardized screening and referral criteria is established with clear referral pathways and team responsibilities defined. Screening and referral tools implemented and referral follow-up and tracking process established.

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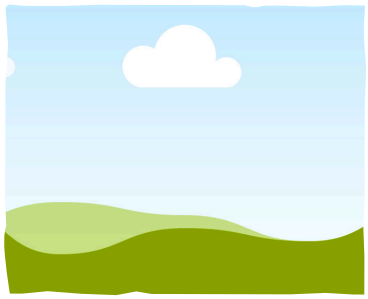
PRESS RELEASE

Date***

[Hospital Name] Leads Change in Maternal and Infant Health Initiative

Many factors contribute to disparities in outcomes for newborns and their families in Nebraska. Rural hospital closures, limited access to specialized neonatal services, and gaps in behavioral health and family support resources can create additional challenges for families whose babies require care in the NICU. Respectful, family-centered care is an important part of improving health outcomes and experiences for newborns and their families. Since [month year], [Hospital Name] has been actively working to strengthen the quality of care provided to NICU babies and their families through participation in the Respectful Care Initiative, led by the Nebraska Perinatal Quality Improvement Collaborative (NPQIC).



Clinical teams and staff on our NICU have signed off on 8 Respectful Care commitments and completed education in this area to provide care for all NICU patients and their families that is dignified, safe, and family-centered.

[Quote from Hospital Representative about the importance of this initiative and the hospital's commitment to improving maternal and infant health outcomes]

[Hospital Name] is committed to addressing these troubling trends and ensuring every mother and infant in Nebraska receives personalized, respectful care.

Press Contact

person@hospitalname.com
https://npqic.org/qi-projects/respectful-care-in-the-nicu-1.html

Participation Agreement

Respectful Care in the NICU is an extension of the Nebraska Perinatal Quality Improvement Collaborative's Respectful Care Initiative, intended to reach hospitals that provide delivery services and care for maternal and newborn patients who reside in Nebraska.

Birthing Facility Name: _____ intends to join NPQIC to improve the quality, safety, and equity of neonatal intensive care through implementing key quality improvement by:

1) Involving those who are directly working with the process of care for patients, including NICU unit leaders, educators, and multidisciplinary direct care providers;
2) Implementing education for NICU clinical team and staff around respectful, family-centered, trauma-informed, and culturally responsive care patients with emphasis on active listening, empathetic communication, and shared decision-making.
3) Activating a process for educating new hires and obtaining sign-offs from all staff on Respectful Care Commitments.
4) Receiving and reviewing NICU-related email communication; and
5) Facilitating progress towards initiative goals

Project Champions:

Effective implementation of key quality improvement strategies in the NICU requires committed leadership and multidisciplinary champions. Each participating NICU will identify provider champion, nurse champion, and project sponsor. The provider and/or nurse champion will lead the unit's QI team in implementing systems-level changes and fostering a culture of respectful, equitable, family-centered care. They will also serve as the point of persons for NPQIC QI Support and are responsible for responding directly to NPQIC's email requests.

Other key team members are recommended, including: NNP, a staff RN, a clinical nurse specialist or NICU nurse educator, a quality improvement professional, respiratory therapist, OT/Speech/PT, lactation consultant, and social worker.

Provider
Name: _____ Email: _____
Nurse
Name: _____ Email: _____
Senior Leader (Project Sponsor)
Name: _____ Email: _____
Patient/Family Advisor or Community Liaison (if known)
Name: _____ Email: _____

Acknowledgement of Champions

I accept the role of **Champion** to provide support and oversight.

Signature of Physician Champion: _____ Date: _____

Signature of Nurse Champion: _____ Date: _____

Signature of Senior Leader Champion: _____ Date: _____

Scan and return the completed form to Makaylah Salmon, NPQIC Project Coordinator, at msalmon@unmc.edu

Our Care Commitments

For Every NICU Family

We will...

1. **Treat you and your baby** with dignity and respect
2. **Learn your family's goals** for the NICU stay, and how we can best support you
3. **Communicate effectively** with you and each other to provide the best care for your baby
4. **Listen to ensure** that your voice is being heard
5. **Partner with you** to make decisions that are right for your family
6. **Value personal boundaries** and respect your privacy
7. **Recognize how your past healthcare experiences** may affect how you feel while your baby is here
8. **Ensure we provide you with the skills, support, and resources** to care for your baby.

Striving to provide safe, equitable, and respectful care at all times

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Our Care Commitments

For Every NICU Family:

1. **Treat you and your baby with dignity and respect throughout the NICU hospital stay.** Work to understand your family (background, home life, and health history), so you receive the care you need during your NICU stay.

2. **Learn your family's goals during the NICU hospital stay.** Ask questions to understand what's important to your family for rounds and clinical updates, what concerns you have as you care for your baby and prepare for discharge home, and how we can best support you.

3. **Communicate effectively across your infant's health care team and with you to ensure the best care.** Convey compassion and empathy. Introduce ourselves and our roles to your family upon entering the room, and explain things in a way that you can understand.

4. **Actively listen to ensure that your voice is being heard**. Empower you to speak up, ask questions, and be involved. Be ready to listen to any concerns or ways that we can improve your baby's care.

5. **Collaborate with you to make decisions that are right for your family.** Actively engage you as a partner in your infant's daily care and throughout the stay.

6. **Value personal boundaries and respect your family's dignity.** Protect your and your baby's privacy.

7. **Recognize how your past healthcare experiences may affect how you feel during your baby's NICU stay.** Strive at all times to provide safe, equitable, and respectful care so that you and your baby have the support you need.

8. **Ensure you are discharged with the skills, support, and resources to care for your baby.** Assure you receive anticipatory guidance to understand who to call with concerns, what warning signs should cause you to seek immediate care, and what appointments your baby needs after they leave the hospital.

As a provider, nurse, or staff member caring for NICU infants and supporting caregivers on this unit, I have reviewed and commit to these care practices with every family.

Signature _____ Date _____

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RC NICU Quarterly Data Entry Form

The following __ questions will be answered in the SimpleQI portal quarterly.

Coming Soon

Resources

Family Centered Care Task Force

A Profile of Prematurity In Nebraska- March of Dimes

NICU discharge preparation and transition planning: guidelines and recommendations

Supporting Evidence

Parent Mental Health From Preterm Birth Through the NICU Stay 2026

Family-Centered care in the NICU: an integrative literature review 2026

Staff perspectives on racial inequities in the neonatal intensive care unit: the REJOICE study 2026

Impact of a Novel Virtual Rounding Queue Software on Nurse and Family Presence for Rounds in the Neonatal Intensive Care Unit: A Pilot Study 2025

Facilitators and barriers to the practice of neonatal family integrated care from the perspective of healthcare professionals: a systematic review 2025

Mental health, bonding, family wellbeing, and family functioning in parents of infants receiving neonatal intensive care 2025

Parental mental health & well-being in the NICU: Addressing the surgeon general's advisory 2025

Increases in Neonatal Intensive Care Admissions in the United States, 2016–2023 (CDC) 2025

Empathic Care of Neonates: A Critical Literature Review 2024

Psychological distress in the neonatal intensive care unit: a meta-review 2024

Neonatal family-centered care: evidence and practice models 2023

NICU discharge preparation and transition planning: introduction 2022

Racial and Ethnic Disparities in Hospital-Based Care Associated with Postpartum Depression 2020