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FINDINGS OF THE FIRST YEAR OF OUR NEW FAMILY COUNCIL AT BC WOMEN'S HOSPITAL + HEALTH CENTRE

BC WOMEN'S HOSPITAL+ HEALTH CENTRE

Provincial Health Services Authority



INTRODUCTION

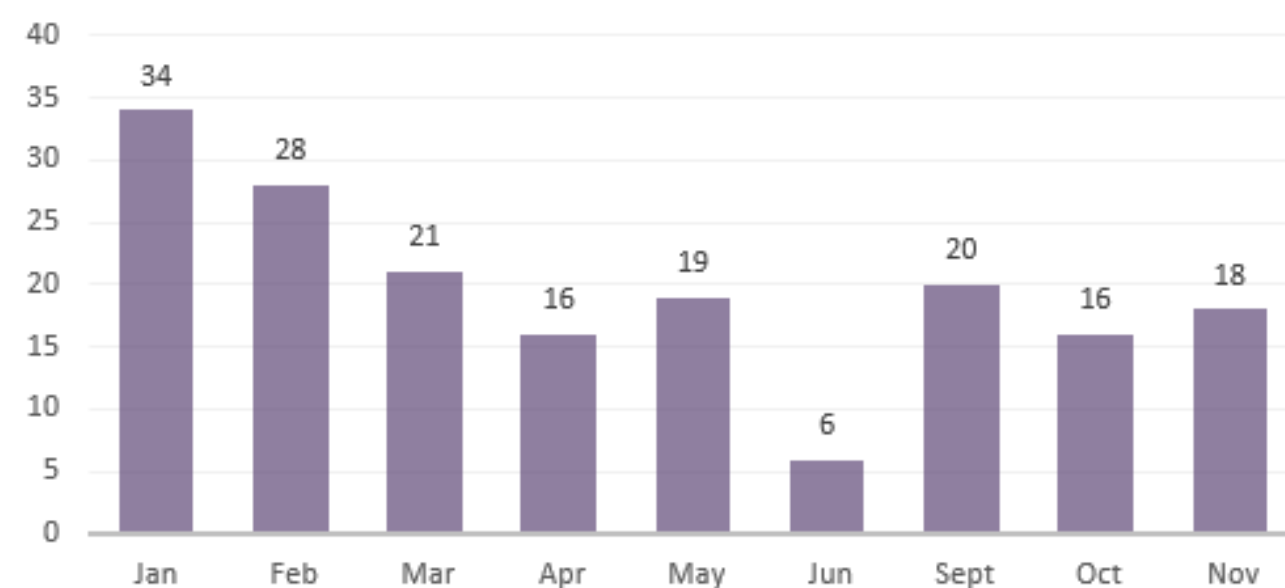
The BC Women's Hospital Neonatal Program (NP) established its first Family Centered Care Committee in 1995, aiming to involve parents in quality improvement events and strategic planning. This evolved into the Patient and Family Engagement Committee (PFEC) which operated continuously from 2010 until the pandemic, focusing on policy and document review.

The availability of virtual platforms to enable broader parent participation across British Columbia and the Yukon led to the creation of the Neonatal Program Family Council in 2024, co-led by community parent partners and a Patient and Family Engagement Advisor. The council, which meets monthly via Zoom, engages in various program initiatives and quality improvement projects, aiming to enhance patient and family experiences and health outcomes.

MISSION STATEMENT

The Family Council, reporting to the NP Leadership Committee, consists of family representatives with lived experience in the NICU and is supported by NP Leadership. It promotes family integrated care in the NICU, Mother Baby Care, Complex Care Program, and Neonatal Follow-Up Program, ensuring a smooth transition from NICU to home or other healthcare facilities. The council also suggests quality improvement initiatives and parent-partner engagement strategies.

Attendance by Meeting



STRENGTHS

- Families are engaged, with an average of 20 attendees per meeting.
- Members have attended an average of 4.24 out of 9 meetings.
- Council members contributed 154.5 hours to committees, workgroups, and quality improvement events outside of the Family Council.
- Family Council members have joined the following NP committees: Developmental Care, Feeding, Research, Complex Care, Pain and Comfort.

WEAKNESSES

- Presentations were felt to be too technical.
- Lack of focused conversations and limited time for discussions.
- Desire to do more. Expand opportunities for additional activities to participate in.
- Introductions at beginning of meetings take too long.
- Connections between members are challenging for such a large group.

"Hearing stories from other parents and knowing that I am not alone. Knowing that our participation and feedback will lead to changes and improvements for future parents in their NICU experience."

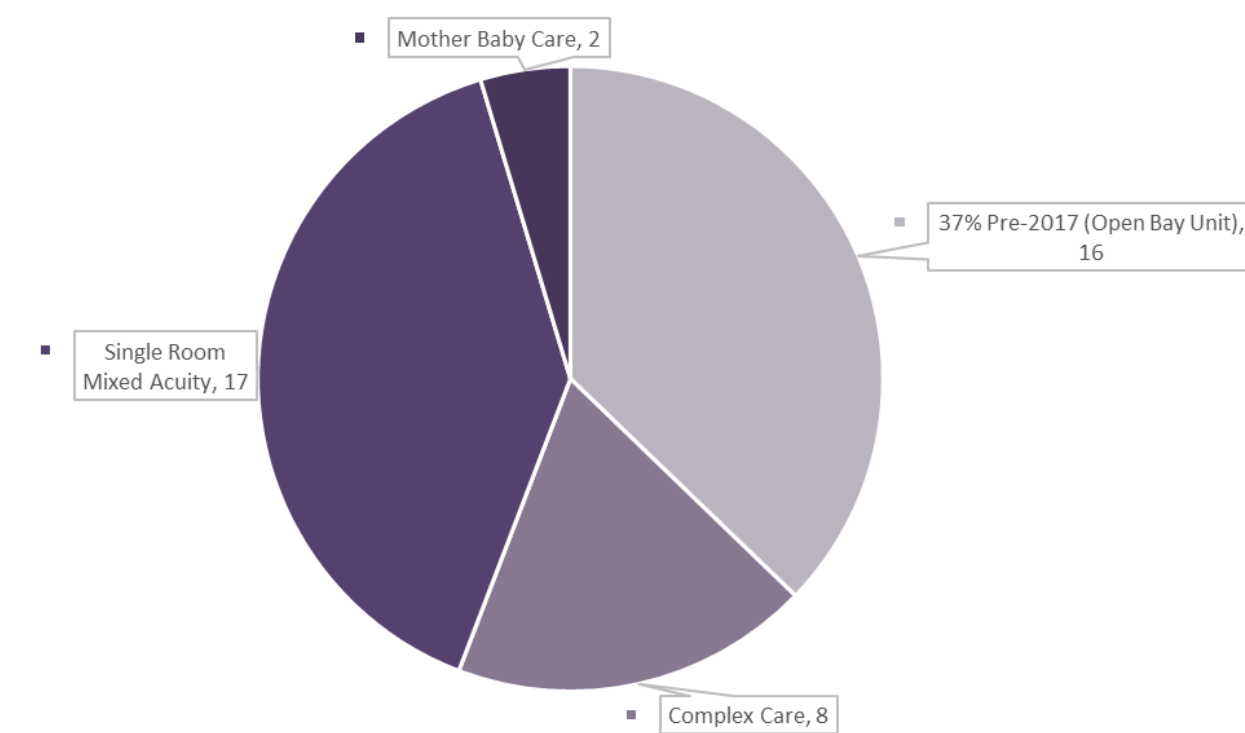
FAMILY COUNCIL PRIORITIES FOR 2025

Collected from survey of council:

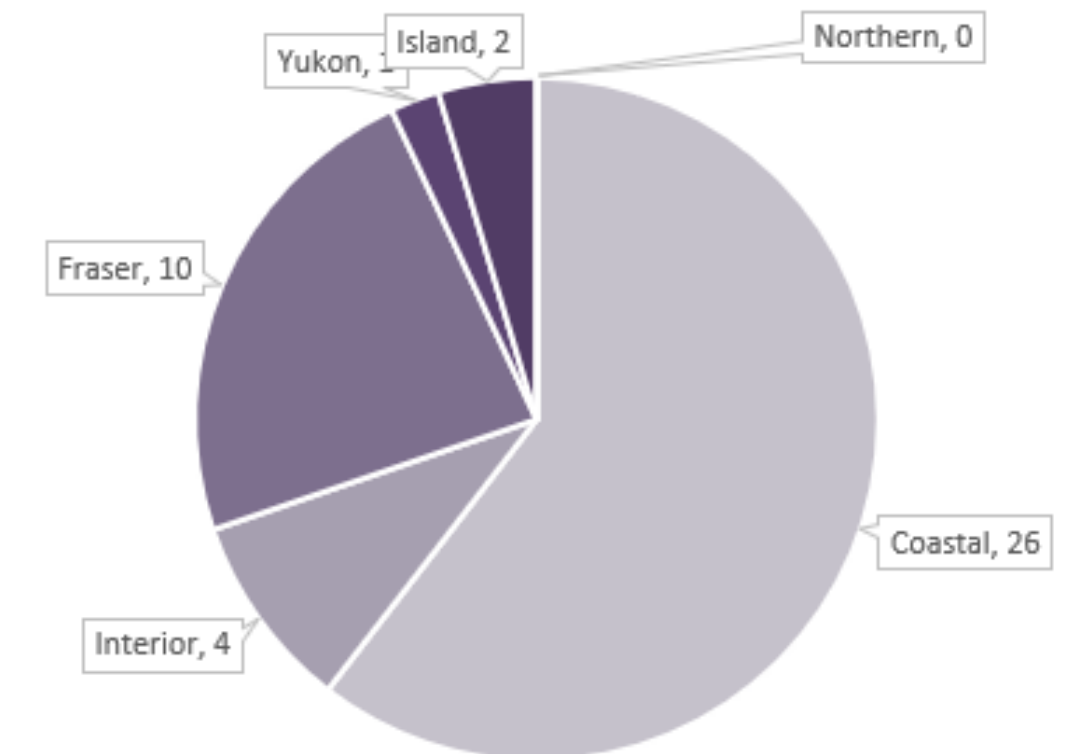
- Increase Co-Chairs' engagement with the family council, reducing reliance on hospital staff.
- Use the new intake questionnaire to ensure speakers' presentations are relevant to family council.
- Engage council to understand their priorities.
- Whenever possible prioritize parent presenters after subgroup or committee participation to make sessions more engaging.



Where Council Members' Babies Received Care



Council Members by Health Authority



CONCLUSION

The relaunch of the family council has been a success in its first year with strong engagement and support from council members. The lived experiences of willing families and the support from BC Women's NP Leadership has set the stage for continued opportunities for current and future families to participate in quality improvement initiatives and parent-partner engagement strategies.

Families are eager to return in our second year. We aim to foster more intentional conversations that lead to improvements for future families. The feedback themes align with our expectations for the first year. With any new committee or group, there are opportunities to learn and implement changes as we progress. Our commitment to BC Women's Hospital drives this council, and we will continue to use our voices as families with lived experiences to help future families.