

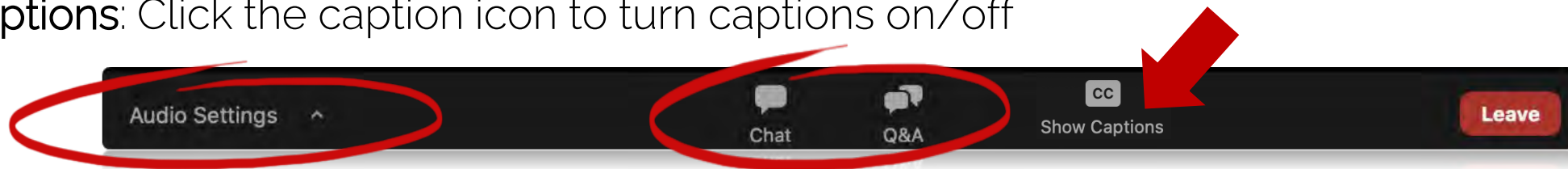
Empowering Families in the NICU: The Transformative Impact of Family Integrated Care

January 23, 2024



Housekeeping

- All participants are muted.
- **Audio Settings:** ability to select your speakers and adjust your volume.
- **Chat:** for sharing of ideas, interacting with speakers and attendees; not for promoting services and products. Make sure you choose 'Everyone' in the dropdown in the chat box.
- **Q&A:** for submitting questions to review at the end of the webinar
- **Captions:** Click the caption icon to turn captions on/off



- Receive follow up email tomorrow with webinar slides, recording and link to survey.

Comments shared in chats do not reflect the opinion or position of The Beryl Institute, but those of individual participants. People found misusing the chat function or engaging in uncivil or disruptive ways via chat may be removed from the session at our discretion.

PX Continuing Education Credits

- This webinar is approved for 1 PXE.
- To obtain patient experience continuing education credit, participants must attend the webinar in its entirety and complete the webinar survey within 30 days.
- The speakers do not have a relevant financial, professional, or personal relationship with a commercial interest producing health care goods/services related to this educational activity.
- No off-label use of products will be addressed during this educational activity.
- No products are available during this educational activity, which would indicate endorsement.

This webinar is eligible for 1 patient experience continuing education (PXE) credit. Participants interested in receiving PXEs must complete the program survey within 30 days of attending the webinar. Participants can claim PXEs and print out PXE certificates through Patient Experience Institute. As recorded webinar, it offers PXE for two (2) years from the live broadcast date.



Our Speakers



Jaylee Hilliard, MSN, RN, NEA-BC, CPXP
NICU Parent
Senior Director of Clinical Strategy
AngelEye Health



Nicole Nyberg, MSN, APRN, NNP-BC
NICU Parent
Neonatal Nurse Practitioner, Cone Health
Founder & CEO, Empowering NICU Parents

Empowering Families in the NICU

The Transformative Impact of
Family-Integrated Care

PRESENTED BY :

Nicole E. Nyberg, MSN, APRN, NNP-BC
Jaylee Hilliard, MSN, RN, NEA-BC, CPXP



DISCLOSURE

Nicole E. Nyberg, MSN, APRN, NNP-BC

NNP at Cone Health

CEO and Founder of Empowering NICU Parents

NICU Mom

No financial gain



Jaylee Hilliard, MSN, RN, NEA-BC, CPXP

Sr. Director of Clinical Strategy for AngelEye Health

CEO and founder of Jaylee Hilliard Consulting, LLC.

NICU Mom

No financial gain



LEARNER OBJECTIVES

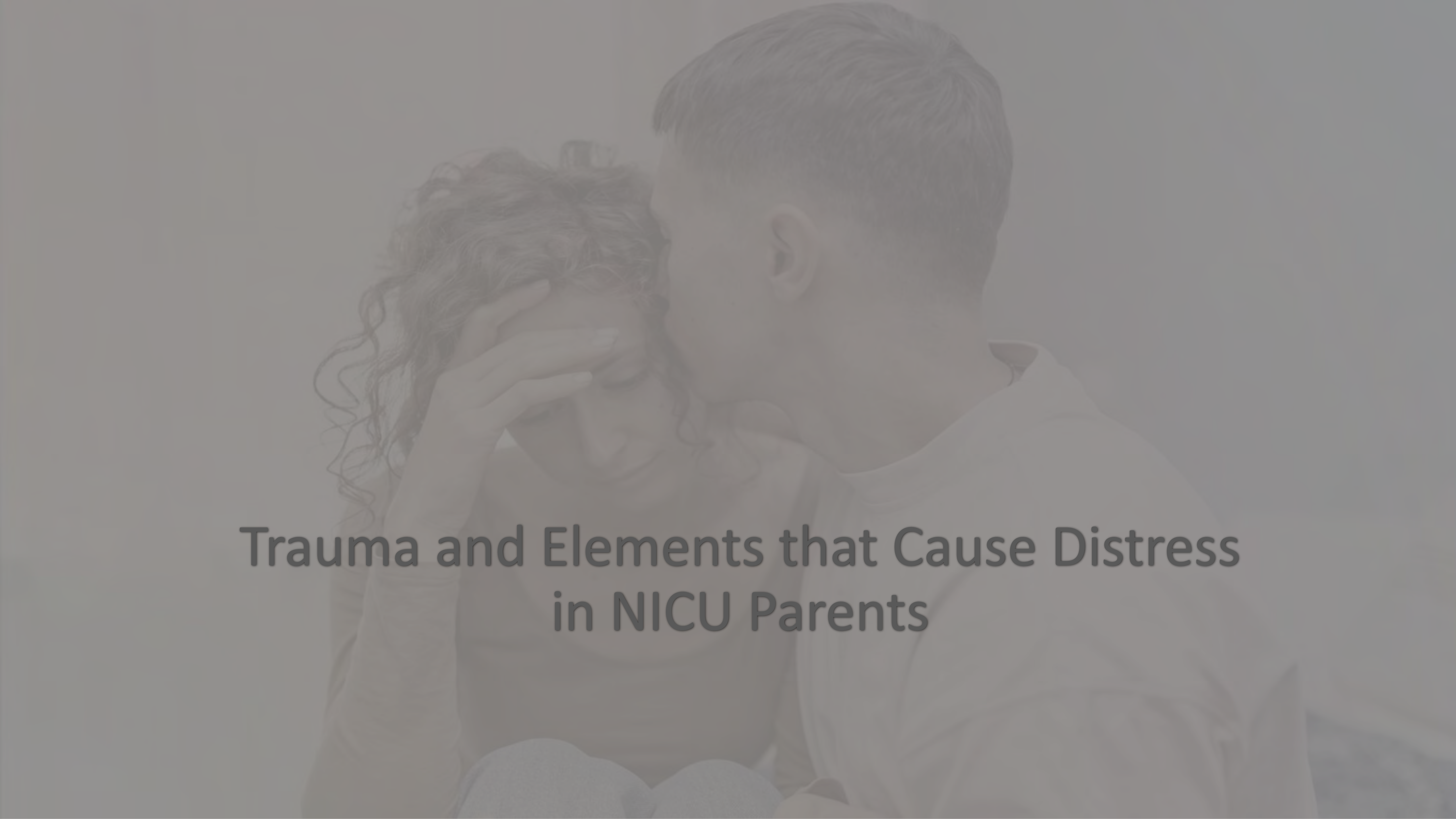
- Understand parental trauma and the elements that cause distress in NICU parents.
- Articulate the impact the visitation restrictions had on parents during the COVID-19 pandemic.
- Articulate the key components of implementing a family-integrated care approach in the NICU.
- Summarize the multifaceted benefits of family-integrated care for the child, family, and healthcare team.





Problem Statement

The urgent need for hospitals to embrace Family-Integrated Care, a proven essential for healthcare efficacy, remains a critical yet unmet imperative.



**Trauma and Elements that Cause Distress
in NICU Parents**

Impact of a NICU Admission on Parents

1. Emotional Impact

- a) Anxiety, fear, sadness, guilt
- b) Overwhelmed by uncertainty and severity

2. Physical Stress

- a) Recovering from delivery
- b) Demands of NICU visits
- c) Pumping breastmilk
- d) Potential for exhaustion

3. Psychological Effects

- a) Risk of depression, PTSD

4. Financial Strain

- a) High cost of care
- b) Possible income loss

5. Relationship Dynamics

- a) Strain or strengthening of family bonds

6. Communication Needs

- a) Desire for clear, consistent information

7. Social Support Needs

- a) Benefit from support groups and healthcare providers

Causes of Parental Trauma in NICU



1. Unexpected Birth Outcomes

- a) Sudden shift from normal to high-stress situation



2. Infant's Health and Survival Concerns

- a) Distress from seeing newborn in a fragile state
- b) Uncertainty about baby's health



3. Lack of Control

- a) Feelings of helplessness in NICU setting



4. Disruption of Parental Role

- a) Difficulty in bonding and performing parental duties



Causes of Parental Trauma in NICU Cont'd



5. Sensory and Environmental Stressors

5. Overwhelming lights, noises, and activity in NICU



6. Communication and Information Overload

5. Challenge of processing complex medical information



7. Extended Separation

5. Impact on parent-child relationship development



8. Previous Trauma or Mental Health Issues

5. Increased susceptibility to trauma



9. Financial and Social Stressors

5. Stress from medical costs, work, and family responsibilities

Unmet Parental Needs Have a Negative Impact

Impact on Parents:



Increased Mental Health Issues: Parents are at a higher risk of experiencing anxiety, depression, and post-traumatic stress disorder (PTSD) if their emotional and informational needs are not addressed.



Impaired Parental Efficacy: A lack of support and information can lead to feelings of inadequacy in parenting skills, which may persist even after the NICU stay.



Strained Family Relationships: The stress and emotional toll can strain relationships with partners, other children, and extended family members.



Chronic Stress and Physical Health Problems: Ongoing stress without adequate support can lead to physical health problems, including chronic fatigue, and can exacerbate existing health conditions.



Decreased Involvement in Infant Care: Parents may become less involved in their infant's care due to feelings of overwhelm or inadequacy, potentially impacting bonding and care decisions.

Unmet Parental Needs Have a Negative Impact

Impact on Infants:



Attachment and Bonding Issues: A lack of parental presence and involvement in the NICU can impact the development of a secure parent-infant bond, which is crucial for emotional and social development.



Developmental Delays: Parental interaction plays a key role in cognitive and emotional development. Reduced interaction due to unmet parental needs can contribute to developmental delays.



Emotional and Behavioral Challenges: Infants with less parental contact and interaction in the NICU may face increased emotional and behavioral challenges as they grow.



Health and Growth: Parental involvement in care has been linked to better overall health outcomes and growth patterns in infants.



Response to Stress: The ability of infants to regulate stress responses can be influenced by the quality of parental care and interaction, which can be compromised if parents are struggling.



Impact of the COVID-19 Visitation Restrictions on Parents

METHODOLOGY

A Qualitative and Quantitative Analysis

Literature Review

- Published from 2020 to present
- Focused on NICU parents' experiences during the COVID-19 Pandemic

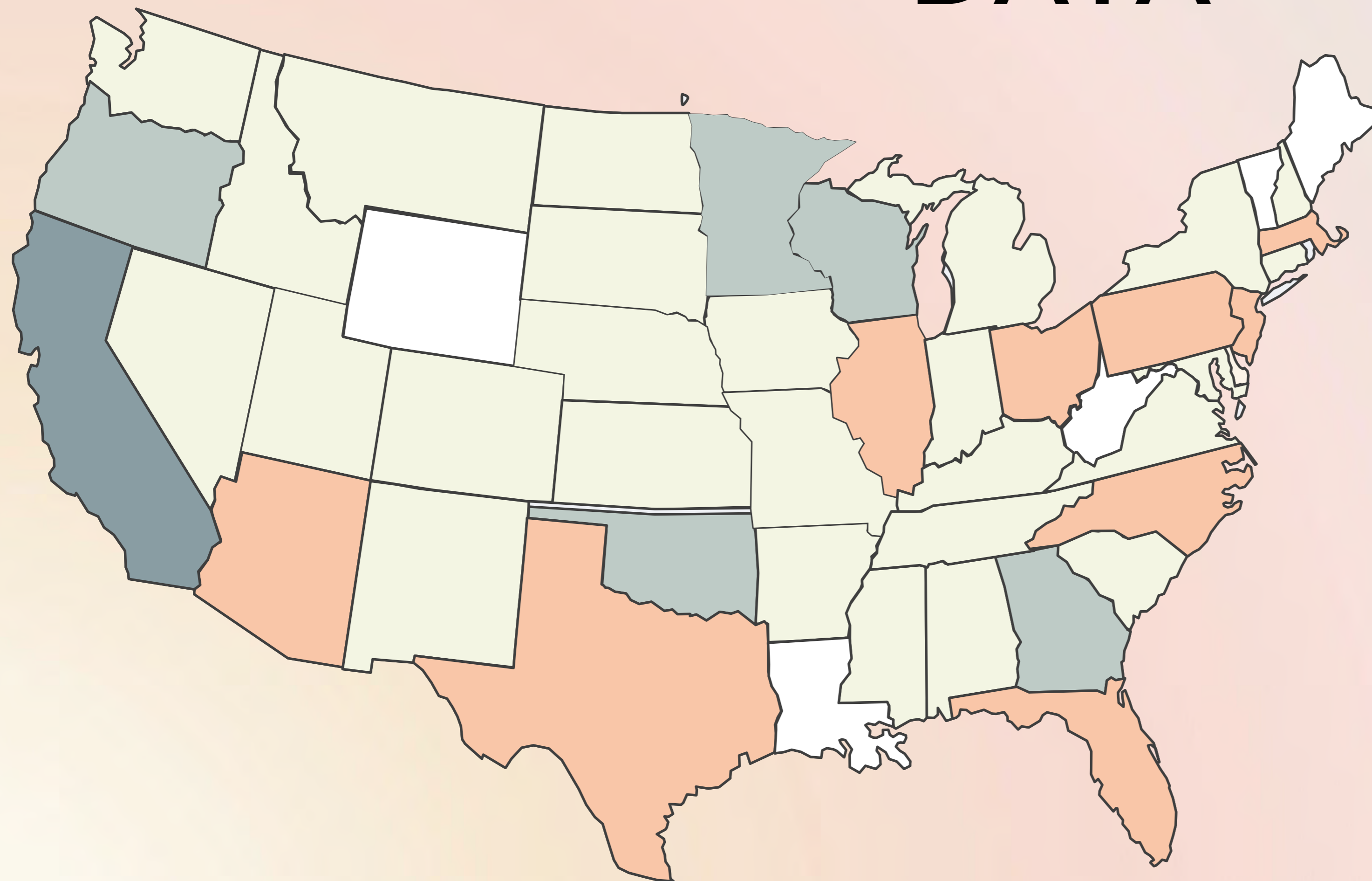
Online Survey Tool

- 24-question online survey (Survey Monkey)
- Participants were obtained via several online NICU parent groups

Sample:

- 287 parents with children admitted to the NICU during the COVID-19 pandemic
- 70%+ of the infants were in the NICU more than 30 days
- 33% of infants less than 28 weeks gestation
- Mother's ages ranged from 25 - 34 years
- Geographically diverse study group from 10 countries

RESPONDENT LOCATION DATA



Number of Respondents

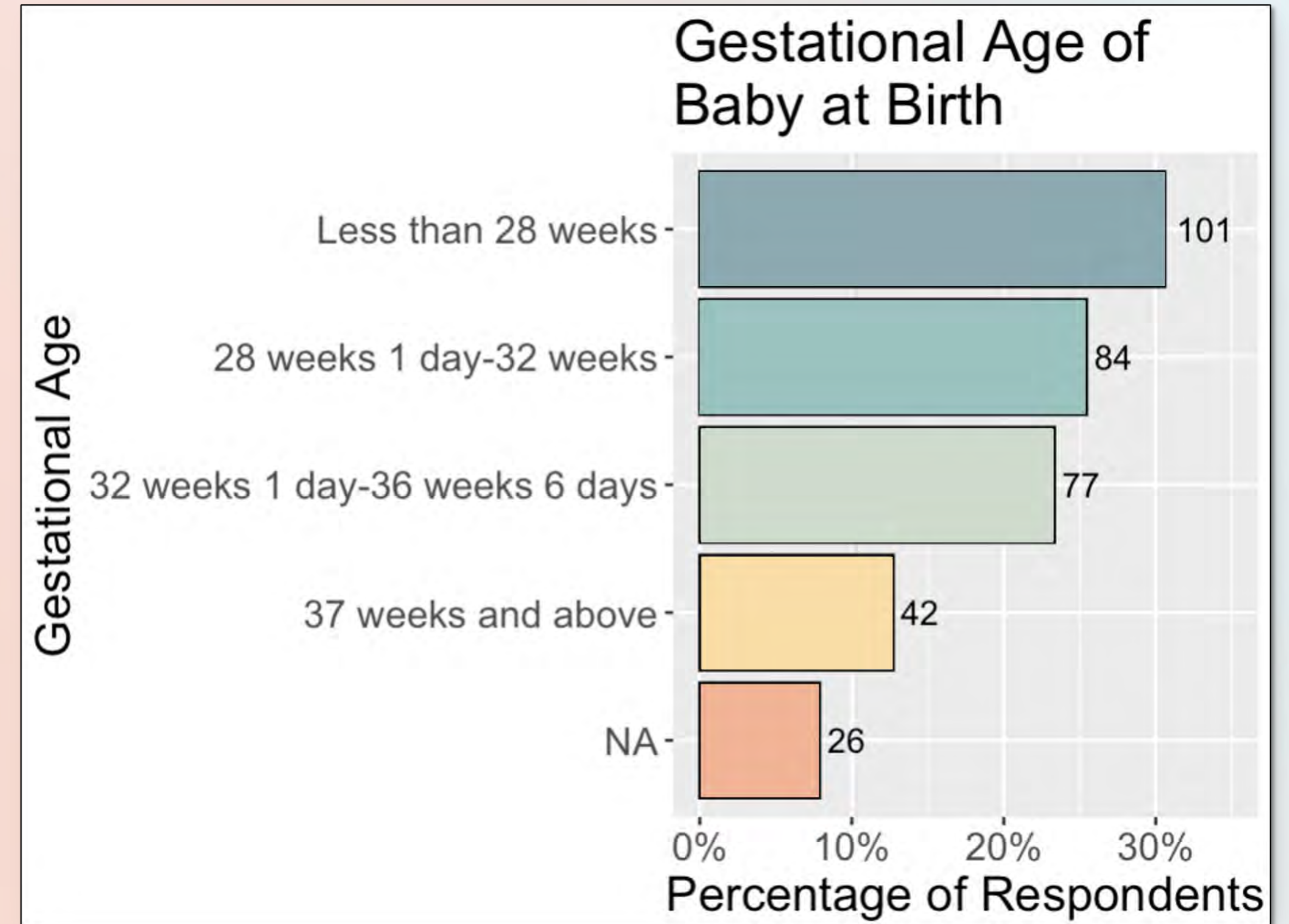
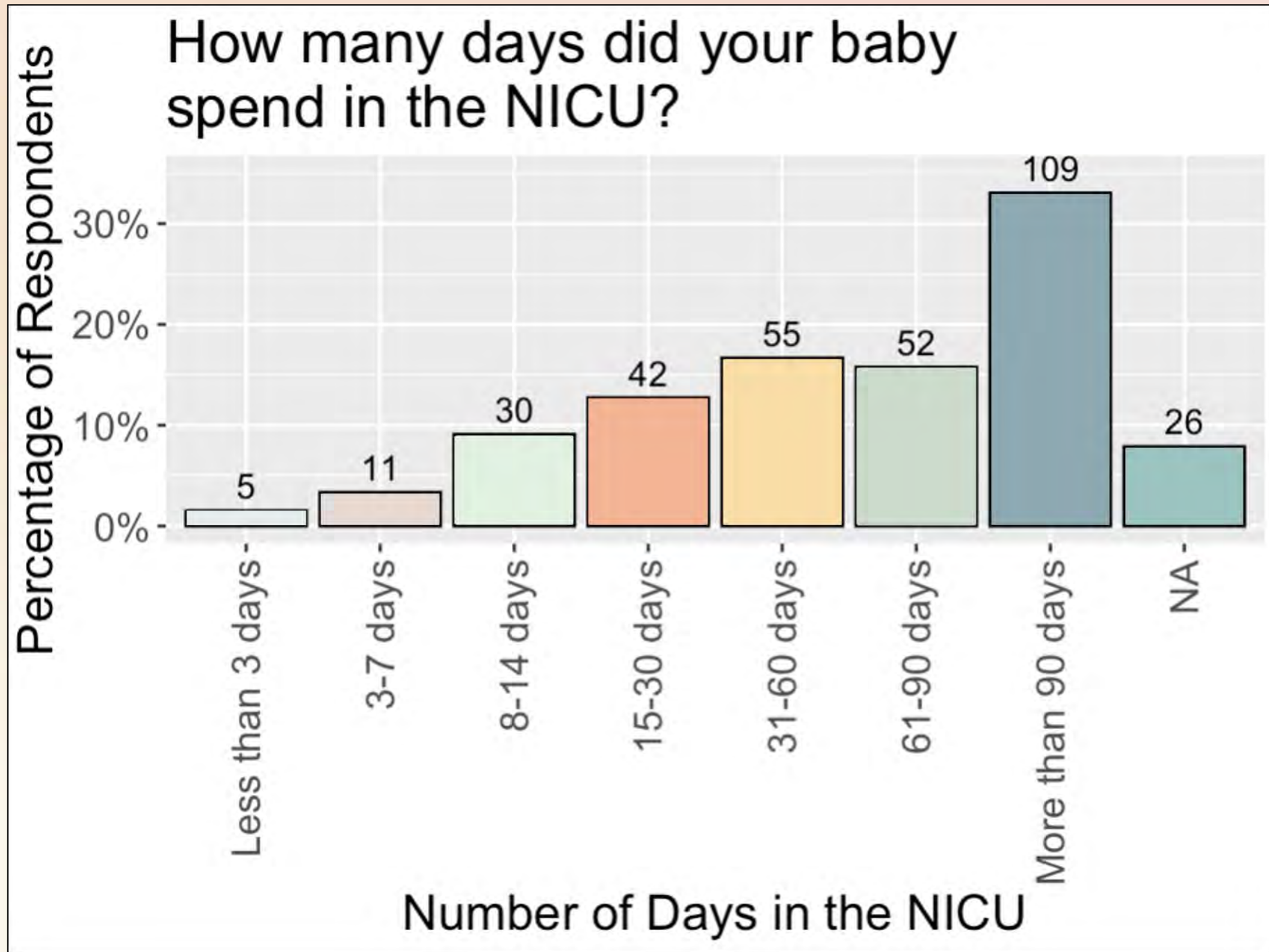


International Respondents:

- British Columbia – 1
- Canada – 14
- China – 1
- India – 1
- Ireland – 3
- Scotland – 3
- Singapore – 1
- Switzerland – 1
- United Arab Emirates – 1
- United Kingdom – 23

* Out of 304 respondents, 12 respondents did not leave a Zip/Postal Code

DEMOGRAPHICS



OUTCOME MEASUREMENTS

1. Evaluate the variations in visitation policies throughout NICUs globally
2. Identify the percent of NICU parents who felt that the COVID-19 visiting restrictions impacted
 - ✓ Time spent with their infant
 - ✓ Ability to care for their infant
 - ✓ Time allowed to perform skin-to-skin care
 - ✓ Ability to bond with their infant individually and as a family
 - ✓ Parental mental health

VISITATION POLICIES

Visitors

- 43% one visitor at a time
- 15% one visitor per day
- 4% one visitor for stay
- 14% additional visitors allowed
- 70% no siblings allowed

Time per Day

- 3% visit 4 hrs/day or less
- 10% able to visit 5-12 hrs/day
- 7% able to visit 13-24 hrs/day
- 65% able to visit 24 hrs/day

CORONAVIRUS

10
NEWS
WORKING FOR YOU.

AT 11

Findings of Study

STRESSED

75% of NICU parents agreed and strongly agreed that the COVID-19 visitation restrictions **added stress** for them during their infant's time in the NICU.



ISOLATED

55% of respondents agreed or strongly agreed that COVID-19 visitor restrictions **affected the time** they were able to spend with their baby in the NICU.



DISENGAGED

50% of parents agreed or strongly agreed that the visitation restrictions affected their **ability to participate** in caring for their infant.



DISCONNECTED

71% of parents in our study agreed and strongly agreed that the visitor restrictions affected how they were able to **bond as a family.**



TRAUMATIZED

74% agreed or strongly agreed that the visitation restrictions exacerbated their trauma.



MENTALLY EXHAUSTED

70% agreed and strongly agreed that the lack of additional support persons allowed in the NICU affected their mental health.



Share Parent's Perspective (quotes)





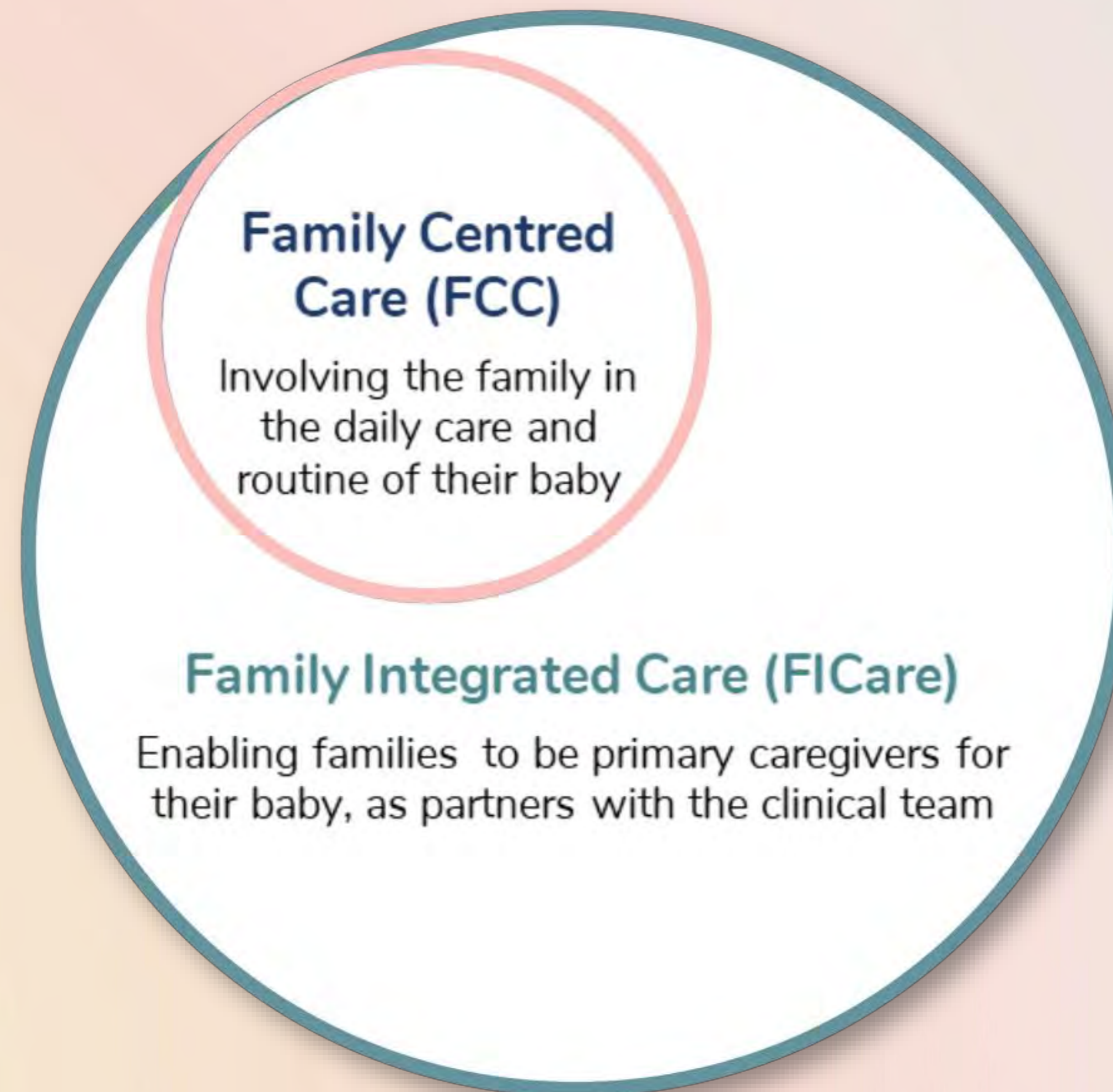
Embracing a Family-Integrated Care Approach


Family-Integrated Care (FICare)

A collaborative model of care that supports the full integration of parents as equal partners to minimize separation, support parent-infant closeness, promote shared decision-making, increase confidence, and mitigate the negative impacts of the NICU.



The Relationship between Family-Integrated and Family-Centered Care





4 Pillars of Family- Integrated Care

- Staff Education and Support
- Parent Education
- NICU Environment
- Psychosocial Support

Staff Education and Support

1. Engage Staff

- a) Use a ground-up approach that empowers families and staff to develop ideas and lead the change together
- b) Utilize multidisciplinary FICare champions

2. Provide Education and Tools

- a) Educational activities for all team members, including orientation on benefits of FICare with annual skills updates
- b) Training in communication, developmentally supportive, neurodevelopmental, and trauma-informed care

3. Allow sufficient time for adequate preparation and readiness for change

- a) Encourage a more seamless transition and culture change

4. Empower staff to embrace their key roles of FICare

- a) Inspire staff to embrace their supportive key role as facilitators, educators, and mentors

5. Exhibit support from the healthcare providers and healthcare system

- a) Ensure healthcare system believes in the importance of the FICare model

6. Include Multidisciplinary Team Involvement

- a) Instill a team approach that includes social workers, lactation consultants, and psychologists, to provide comprehensive care

Parent Education

1. Importance of Parental Presence and Participation

- a) Encourage parents to be present and actively involved in caring for their infant
- b) Educate parents on time of daily round and encourage their participation

2. Neonatal Care Practices

- a) Provide a structured education program to help parents understand medical conditions, treatments, and how to care for their infant's specific needs
- b) Encourage parents to participate in infant's care with ongoing education and support from nursing

3. Mentor Parents

- a) Help to build parental knowledge and confidence with ongoing skills teaching

4. Ensure educational material available in variety of facets

- a) Utilize translation services, ensure written materials available in all languages, offer web-based services or tools for parents unable to be present in person

5. Collaborative Decision-Making

- a) Ensure parents are updated regularly to encourage shared decision-making

NICU Environment

1. Create a family-friendly environment

- a) A welcoming unit design that has appropriate signage, adequate space for rest, kitchen facilities, and personal storage space
- b) Supportive, comfortable, semi-reclining chairs to promote parental presence and unlimited kangaroo care

2. Unlimited open access for families to be with their infant

- a) Parents should always be welcomed into the unit around the clock regardless of shift change or daily rounding

3. A dedicated room for mothers to express breast milk

- a) Provide necessary supplies, including pumps and a private, comfortable location for mothers to express breast milk

3. Offer well-being classes for families

- a) Offer yoga, crafting, mediation

4. Dedicated rooms in preparation for discharge or during end-of-life care

- a) Rooming-in room to aid in transition to discharge home
- b) Dedicated room for families to stay with their baby during end-of-life care

5. Inclusive Family Support

- a) Available on-site childcare and/or play therapists to support siblings
- b) Access to dedicated family accommodations if needed

Psychosocial Support

1. Provide peer-to-peer activities to help build parental relationships

- a) Include peer-to-peer learning, activities

2. Orient families to the unit

- a) To minimize the foreign environment, families should be oriented to the unit, before admission if it's anticipated or on admission

3. Provide ongoing supportive services

- a) Include proactive use of translation services and written literature available in all languages
- b) Discounted or subsidized food, parking, and transportation between the hospital and home
- c) Utilize a web-cam with HIPPA-compliant text and video messaging to promote parent-infant connection and attachment

4. Mental health support throughout the NICU stay and after discharge

- a) Family access to a unit-specific psychologist while in the NICU and following discharge to help minimize trauma and PTSD

5. Inclusive and equitable access for all families

- a) Ensure family engagement is equitable and inclusive

6. Access to local resources and support

- a) Engagement from local charities and community groups for additional well-being support

Benefits of Family-Integrated Care



Short-Term Benefits for Parents

1. Enhanced Bonding and Attachment

- Early involvement facilitating parent-infant attachment

2. Increased Confidence and Competence

- Development of caregiving skills and self-assurance

3. Reduced Parental Role Alteration

- Active participation allows parents to feel like parents

4. Reduced Stress and Anxiety

- Improved connection with infant and increased confidence

5. Improved Communication with Healthcare Team

- Better understanding and collaboration
- Enhances parental trust with the staff

6. Emotional Support

- Comfort from staff and peer support

Long-Term Benefits for Parents

1. Long-Term Parental Well-being

- a) Lasting emotional and psychological health benefits
- b) Reduction in parental stress and depressive symptoms

2. Stronger Parent-Child Relationship

- a) Foundation for a deep, enduring bond

3. Enhanced Parenting Skills

- a) Skills and confidence benefiting future parenting

4. Increased Resilience

- a) Building strength to handle future challenges

5. Positive Family Dynamics

- a) Strengthened family relationships and improved family functioning



Short-Term Benefits for Infants

1. Improved Physiological Stability

- a) Enhanced heart rate, breathing, and temperature regulation

2. Enhanced Neurodevelopmental Outcomes

- a) Promoting brain development and sensory regulation

3. Reduced Stress and Pain Response

- a) Lower cortisol levels and less need for sedation

4. Shorter Hospital Stay

- a) Promotes earlier discharge due to increased parental confidence and earlier preparedness for discharge

5. Better Feeding, Growth, and Development

- a) Improved feeding patterns, growth metrics, and development

6. Increased Rates of Exclusive Breastfeeding

- a) Increased parent-infant contact, increased connectedness, and more ample time to facilitate effective breastfeeding

Long-Term Benefits for Infants

1. Improved Cognitive and Emotional Development

- a) Enhanced brain and emotional growth

2. Stronger Parent-Child Bonding

- a) Foundation for a secure long-term relationship

3. Resilience in Stressful Situations

- a) Better coping mechanisms in later life

4. Positive Long-term Health Outcomes

- a) Reduced hospital readmissions, fewer chronic issues
- b) Improved behavioral skills and neurodevelopmental outcomes
- c) Improved self-regulation

5. Improved Social Skills

- a) Better interpersonal interactions as the child grows



Short-Term Benefits for Clinicians

1. Improved Family-Clinician Relationships

a) Stronger communication and trust

2. Enhanced Job Satisfaction

a) Positive impact of family involvement

3. Increased Parental Compliance and Understanding

a) Better adherence to medical guidance

4. Reduced Burnout

a) Supportive work environment easing stress

5. Streamlined Care Processes

a) Efficient routines with family assistance

Long-Term Benefits for Clinicians

1. Professional Development and Skill Enhancement

a) Growth in family-centered care skills

2. Improved Patient Outcomes

a) Long-term satisfaction from better outcomes

3. Enhanced Team Dynamics

a) Stronger collaboration and teamwork

4. Increased Family-Centered Care Expertise

a) Valuable experience in holistic care approaches

5. Research and Innovation Opportunities

a) Contributions to advancing neonatal care

Barriers to Implementing Family-Integrated Care

1. Staff Resistance

- a) Challenges with adapting to new practices
- b) Perceptions that care is “easier” without parents
- c) Fear of “loss of control”

2. Lack of Adequate Training

- a) Need for specific skills and knowledge

3. Space Constraints

- a) Limited facilities for family integration

4. Resource Limitations

- a) Financial, staff, and time constraints

5. Cultural and Language Barriers

- a) Diverse backgrounds leading to communication challenges

Barriers to Implementing Family-Integrated Care Cont'd

6. Parental Challenges

- a) External factors affecting parental involvement

7. Inconsistency in Policies and Procedures

- a) Variability in NICU guidelines and protocols

8. Lack of Awareness or Understanding

- a) Underutilization due to limited knowledge

9. Emotional and Psychological Challenges

- a) Impact of NICU environment on parents

10. Data and Evidence Requirements

- a) Need for robust effectiveness data

Strategies to Minimize Barriers

- 1. A Collaborative Shift in the Paradigm**
- 2. Appropriate Staff Motivation**
- 3. Adequate Time to Prepare and Allow Readiness for Change**
- 4. Open Dialogue Amongst Care Team Members**
- 5. Proper Education of Staff with a focus on**
 - a) Communication
 - b) Building and maintaining positive parental partnerships
 - c) Sharing decision-making with the parents
- 6. Early Identification of Potential Parental Challenges**
 - a) Provide support and resources
- 7. Strong and Supportive Hospital Leadership**
 - a) To address any structural barriers
 - b) Consistent Collaboration

THE RESULT

P A R E N T A L N I C U E N G A G E M E N T

Lack of NICU Parental Involvement

A C O M P O U N D I N G N E G A T I V E E F F E C T



Research clearly demonstrates that early and consistent parental engagement in the NICU significantly influences the long-term trajectory of the infant and the entire family unit.



Decreased Confidence

which results in



Increased Anxiety

which leads to



Limited Bonding

resulting in



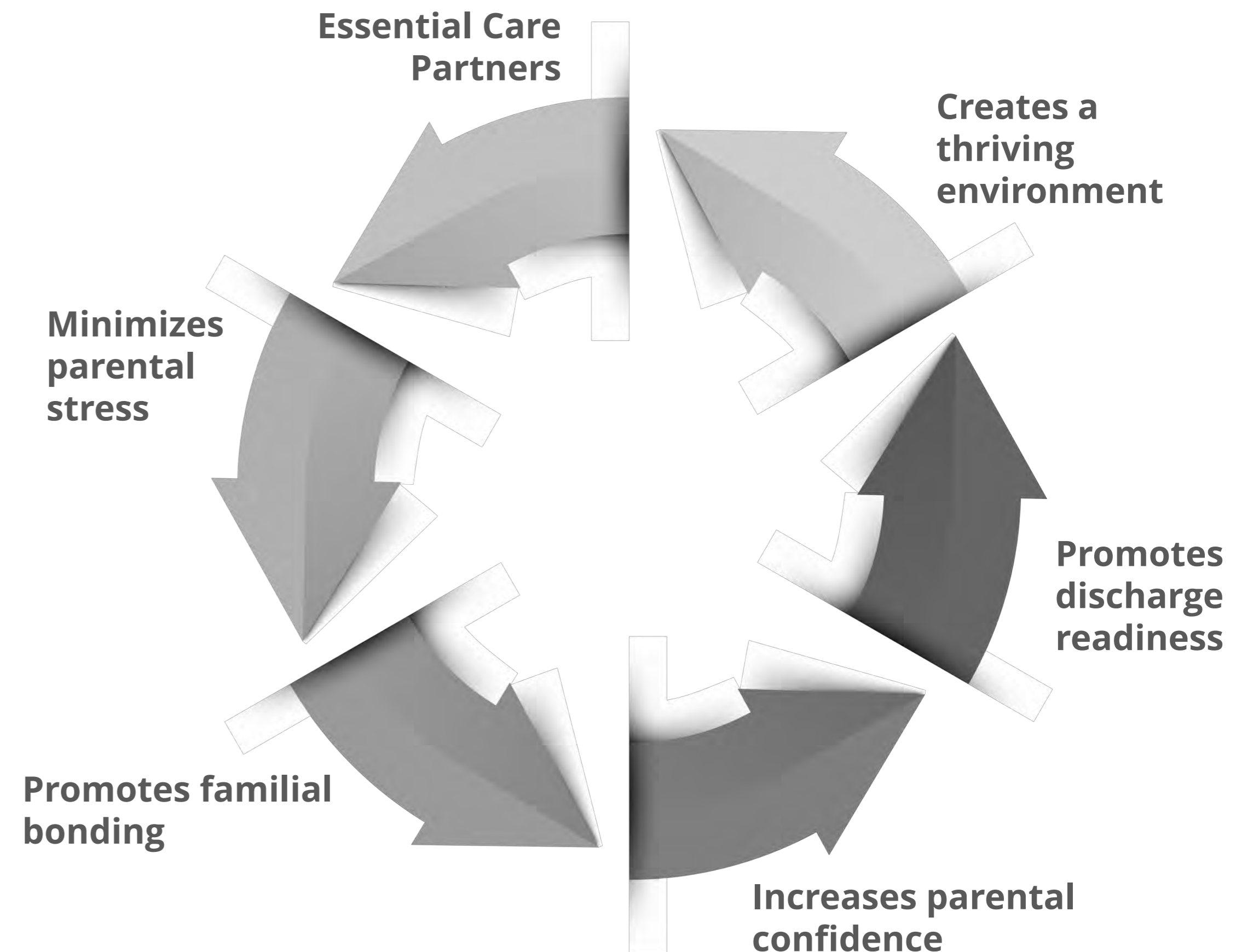
Compromised Neurodevelopmental Outcomes

All exacerbated by the lack of a support system for the care partners.

ACTIONS MOVING FORWARD

A family-integrated model must be maintained and care partners:

- Presence and engagement should be encouraged, not limited
- Should be given additional support
- Must be embraced as essential care team members, not “visitors”
- Are critical to positive and successful patient outcomes



The Bottom Line

Parents **must** be considered **essential members** of the care team, and a **zero-separation** policy must be established



REFERENCES

Association of Women's Health Obstetric and Neonatal Nurses, National Association of Neonatal Nurses, National Perinatal Association. (2021, January). Essential Care in the NICU During the COVID-19 Pandemic. NANN.org. https://nann.org/uploads/About/PositionPDFS/Consensus_Statement_AWHONN_NANN_NPA_final.pdf

Blagdon, A., Smith, D., Bramfield, T., Soraisham, A., & Mehrem, A. A. (2022). Evaluation of family and staff experiences with virtual rounding and bedside presence in a tertiary neonatal intensive care unit during the COVID-19 pandemic. *Journal of Telemedicine and Telecare*, 1357633X221081294.

British Association of Perinatal Medicine. (2021 November 17). *Family-Integrated Care*. A BAPM Framework for Practice. <https://www.bapm.org/resources/ficare-framework-for-practice>

Chen, H. & Dong, L. (2022). The effect of family integrated care on the prognosis of premature infants. *BMP Pediatrics*, 668.

Choi, K. R., Records, K., Low, L. K., Alhusen, J. L., Kenner, C., Bloch, J. R., ... & Logsdon, M. C. (2020). Promotion of maternal–infant mental health and trauma-informed care during the COVID-19 pandemic. *Journal of Obstetric, Gynecologic & Neonatal Nursing*, 49(5), 409-415.

Collum, R., Hodgson, A., Thompson, S. & Campbell, C. (2024). Confidence, not competence: Reframing role to embed FICare. *Journal of Neonatal Nursing*, 30(1), 88-91.

Discenza D. (2021). COVID-19 and the NICU: #ZeroSeparation. *Neonatal network : NN*, 40(3), 183–186. <https://doi.org/10.1891/11-T-720>

Duff, J., Curnen, K., Reed, A., & Kranz, C. (2021). Engaging parents of hospitalized neonates during a pandemic. *Journal of Neonatal Nursing*, 27(3), 185-187.

Family-Integrated Care. (2024, January). *About FICare*. FICare Family-Integrated Care. <https://familyintegratedcare.com/about/>

Franck, L., Waddington, C. & O'Brien, K. (2020). Family integrated care for preterm infants. *Critical Care Nursing Clinics of North America*, 32(2):149-165.

REFERENCES

- Ionio, C., Mascheroni, E., Colombo, C., Castoldi, F., Lista, G. (2019). Stress and feelings in mothers and fathers in NICU: identifying risk factors for early interventions. *Primary Health Care Research & Development*, 20 (e81), 1-7.
- Kawafha, M. (2018). Parental stress in the neonatal intensive care unit and its association with parental and infant characteristics. *Journal of Neonatal Nursing*, 24, 266-272.
- Koehn, A. & Fouquier, K. (2021). Mental well-being of Neonatal Intensive Care Unit mothers. *The Journal for Nurse Practitioners*, 17, 130-131.
- Kostenzer, J., Hoffmann, J., Rosenstiel-Pulver, C., Walsh, A., Zimmermann, L., & Mader, S. (2021). Neonatal care during the COVID-19 pandemic - A global survey of parents' experiences regarding infant and family-centered developmental care. *E Clinical Medicine*, 39, 1-10.
- Kostenzer, J., Rosenstiel-Pulver, C., Hoffmann, J., Walsh, A., Mader, S., & Zimmermann, L. (2022). Parents' experiences regarding neonatal care during the COVID-19 pandemic: Country-specific findings of a multinational survey. *British Medical Journal*, 12, 1-14.
- Kubicka, Z., Fiascone, J., Williams, D., Zahr, E., Ditzel, A., Perry, D., Rousseau, T., Lacy, M. & Arzuaga, B. (2023). Implementing modified family integrated care in a U.S. neonatal intensive care unit: nursing perspectives and effects on parents. *Journal of Perinatology*, 43: 503-509.
- Waddington C, van Veenendaal NR, O'Brien K, Patel N; International Steering Committee for Family Integrated Care. (2021). Family integrated care: Supporting parents as primary caregivers in the neonatal intensive care unit. *Pediatr Investig*. Jun 18;5(2):148-154. doi: 10.1002/ped4.12277.

CONTACT US



Jaylee Hilliard, MSN, RN, NEA-BC, CPXP
jhilliard@angeleyehealth.com



Nicole Nyberg, MSN, APRN, NNP-BC
empoweringnicuparents@yahoo.com

THE BERYL INSTITUTE

Recognizes

- Family **caregiver** is often the **unrecognized member** of the patient's care team
- **COVID-19** made the landscape of **caregiving** more **complex** and **further isolated care partners**
- Visitors were **banned**, including family caregivers

Recommendations for the "new existence"

- **Caregivers** should be designated as "**essential care partners**" at healthcare facilities, not "visitors"
- Family **caregivers**, as **experts** on the person they care for, play an **integral role** in this transformation
- **Caregivers** should be viewed as **critical partners** in patient care, embraced as **key members** of the care team
- The **caregiver's** needs and limitations are **equally important** to those of the patient

AWHONN, NANN, NPA STATEMENT

Recommendations

- Staff and leaders must balance the risks and benefits of specific policies with **respect to the holistic needs of the family**
- Staff of the NICU **understand the concept of family-centered care** because of the known benefits for maternal, newborn, and family health outcomes
- Adhere to the **definition of family** as “any group of people related either biologically, emotionally, or legally”
- Protocols and procedures should **respect and honor families’ values, culture, and preferences** to promote healing and enhance health outcomes
- **Parent-provider communication, relational-based developmental care, and the use of shared decision-making** are key elements
- Parents should be provided **unrestricted access** to their hospitalized infant, together if desired

AWHONN, NANN, NPA STATEMENT cont...

Recommendations

- **Parent representation** in groups when **developing or changing** policies that directly affect families
- Thoughtful **discussion with families** on the expectations of “essential care” to strictly adhere to local health directive measures
- **Visitation plans** for cases of life-threatening conditions
- Provision of approved face shields or **clear masks** for family members to encourage family-infant attachment
- Integration of **video conferencing** for times when in-person visitation is not possible
- Incorporation of **trauma-informed care** for all interactions
- Recognition of parents as **essential caregivers** for their hospitalized newborns

Our Recommendations

Recommendations

- **Unlimited access** to your baby, including care partners
- Access to **virtually visit** the baby when unable to be physically present
- Care partners can **visit simultaneously**
- **Siblings** ages 2 years of age or more should be **encouraged to visit**
- Timely and appropriate **mental health assessments and support** for care partners during and after the NICU stay
- Thorough understanding and implementation of **Family-Integrated Care** without exceptions
- Create guidelines **collaboratively with families** with special attention to their **holistic needs**
- Promotion of **education, engagement, and empowerment** for care partners as experts on their baby
- Provision of **clear masks** when required to promote bonding and attachment
- Use **empathy and special considerations** based on each families' unique circumstances
- Support efforts to **legally recognize** care partners as **essential care team members**

PX Continuing Education Credits

- This webinar is approved for one (1) PXE credit through Patient Experience Institute.
- To obtain PXE credit, participants must attend the webinar in its entirety and complete the webinar survey within 30 days.
- After completing the webinar survey, you will be redirected to the Patient Experience Institute's PXE Portal to claim the credit.
- As a recorded webinar, PXE credit is available for two (2) years from the live broadcast date.



Upcoming Events & Programs

WEBINARS

January 25 | Why it's Vital to Adopt an Aggressive Patient Experience Strategy

January 30 | Improving The Patient Experience by Adopting a Culture of Safety

February 1 | Round & Coach: Engaging Clinicians & Patients to Improve Communication and Care

February 6 | Volunteer Services + Patient Experience = A Winning Team

CONNECTION CALLS

February 7 | PX Connect Live: Patient Relations in Academic Medical Centers

February 14 | Lost Belongings Workgroup

PROGRAMS

February 6-27 | Foundations of Volunteer Management



Access our vast library
of on demand patient
experience webinars.

*Webinars are included in membership
with the Institute.*

THE BERYL INSTITUTE

ELEVATE^{PX}

The Global Patient Experience Event

ELEVATE PX is a combination in-person/virtual gathering bringing together the voices of the global community committed to elevating the human experience in healthcare.

Denver, CO || April 3-5, 2024



Community Gatherings



Pre-Conference Workshops



Networking Dinner & PX Party

...and more!



55+

Innovative breakout and poster sessions from leading organizations around the world

Hear from Inspiring Keynote Speakers:



Nicole Malachowski

First Woman Thunderbird Pilot, Combat Veteran



Dennis W. Pullin

President & CEO, Virtua Health



Rick Guidotti

Photographer & Founder, POSITIVE EXPOSURE



Samantha Harris

Breast Cancer Survivor, Emmy-Winning TV Host



Thank You