

# Implementation of the Goslings Traffic Light System in a Level IV NICU To Facilitate Communication about Infant Readiness for Interaction

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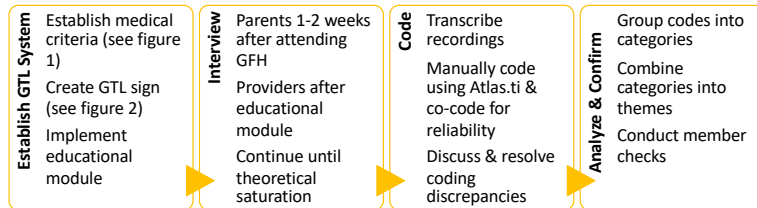
## INTRODUCTION

Prematurity, infant illness and prolonged hospitalization may disrupt the parenting role and decrease quality of parent-infant interaction. Family centered care studies demonstrate that parental involvement in their infants' care improves their caring abilities and fosters bonding. Goslings Family Hour (GFH) was developed to address the need for early language and literacy for medically complex infants and to provide parent support in the NICU. Studies of GFH reveal positive behavioral changes in parent-infant interactions, increased early language and literacy activities and enhanced confidence. However, one barrier existed to full implementation of GFH: parents report they determine their infants' medical readiness for interaction rather than the medical team do so.

## QUESTION

Does the implementation of the Goslings traffic light (GTL) system, with established protocol for use by the medical team, facilitate provider-parent communication about infant readiness for interaction?

## METHODS



Minimal Activity	A Little More	Any Gentle Activity*
<ul style="list-style-type: none"><li>Clinically or hemodynamically unstable infant exhibiting blood pressure swings, bradycardia, apnea, or desaturations with any handling, requiring prolonged recovery time.</li><li>Infant &lt;28 weeks gestation in a humidified incubator who is &lt;72 hours old.</li><li>Infant on high frequency oscillatory ventilation or high frequency jet ventilation.</li><li>Infant being managed for BPD spells or persistent pulmonary hypertension crisis.</li></ul>	<ul style="list-style-type: none"><li>Clinically stable infant who does not tolerate cares.</li><li>Well-secured lines, tubes and dressings.</li><li>Extremely premature infant who can tolerate mild stimulation, light and manipulation.</li><li>Infant on sedation medication.</li><li>Infant being treated for neonatal abstinence syndrome.</li><li>Post-operative infant with well-dressed wounds, ostomies.</li><li>Infant requiring phototherapy.</li><li>Infant undergoing total body cooling if they remain on cooling mattress.</li></ul>	<ul style="list-style-type: none"><li>Clinically stable infant with stable vital signs, saturations and blood gases who tolerates bedside cares.</li><li>Infant is well recovered from surgical procedures.</li><li>OR</li><li>Infant on comfort care or palliative care.</li></ul> <p>*with SHOW starting at 36 weeks corrected gestational age</p>

Figure 1. GTL Medical Criteria



Figure 2. GTL Sign

## RESULTS



## CONCLUSIONS

- TLS is an effective tool that supports education, positive behavioral changes, and communication.
- Its impact is contingent on overcoming operational and educational barriers.
- To maximize its effectiveness, earlier and more consistent education, continued use of signage, and improved integration into rounds and workflows were recommended.

## LIMITATIONS & FUTURE DIRECTIONS

### Limitations

- Limited parent population sample as only parents attending GFH were interviewed.
- Limited longitudinal insight.

### Future Directions

- Continued provider education for new incoming staff.
- Designate nurses as the professional in charge of the TLS.
- Post QR codes to Mini Goslings video.
- Expand use of TLS to lower level and/or other NICUs to study other experiences with the TLS & obtain more feedback.

## REFERENCES



## FUNDED BY

