



NIDCAP Nursery Assessment and Certification Program (NNACP):

A Guide to Preparation, Application and Implementation
of NIDCAP Nursery Certification

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NIDCAP Nursery Assessment and Certification Program (NNACP)

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INTRODUCTION*

Advances in newborn intensive care technology and an increased understanding of newborn pathophysiology permit many more infants to return home with their families than ever before. The incidence of preterm births, worldwide, is rapidly increasing. In the US it currently stands at 12.7% of all live births and at 18.3% of African-American births.¹ However impressive the advanced medical technology, the incidence of disability and neurodevelopmental problems among survivors of newborn intensive care remains high and problematic.²⁻⁶ Moreover, over 25% of all preterm infants are born too small for their gestational age. These infants present immediate and even more significant challenges to their parents and their caregivers in Newborn Intensive Care than preterm infants appropriate in growth at birth. Preterm infants with fetal growth restriction have significantly higher morbidity rates and those who survive typically are extremely hypersensitive, and are difficult to feed and to calm.

Neurodevelopmental dysfunctions such as: learning disabilities; low intellectual functioning; attention deficit; hyperactivity disorder; neuropsychological deficits, including visual motor integration and executive function; varying temperament difficulties; language delays; emotional problems; and overall regulatory disorders,^{1,2,6-8} are present in up to 50-70% of extremely prematurely born infants. Their long-term developmental outcome tends to be in question for years. More than 50% will go on to require special education and mental health services, and more than 20% will require self-contained disabilities management.^{9,10} These challenges are significantly exacerbated in developing countries where resources are sparse or altogether lacking.

The NICU Environment and Brain Development

The preterm infant's sensory experience in the nursery environment, including exposure to bright lights, high sound levels, and frequent noxious interventions, appears to exert deleterious effects on the immature brain and alter its subsequent development.¹⁰⁻¹⁷ The importance of the match between the environment and the brain's expectation during "critical" periods of brain development has long been demonstrated in animal models of development, beginning with the classical experiments of Hubel and Wiesel.¹⁸⁻²⁴

In a full-term infant, axonal and dendritic proliferation, and the massive increase in outer layer cortical cell growth and differentiation leading to the enormous gyri and sulci formation of the human brain,²⁵ occurs in mother-mediated protection from environmental perturbations. A steady supply of nutrients, temperature control, and the multiple regulating systems, including those of chronobiological rhythms, are afforded by the intrauterine environment.²⁶ For the preterm infant, these mechanisms are replaced by stimuli from a very differently organized NICU environment. There is increasing evidence that the NICU environment involves sensory overload and stands in stark sensory mismatch to the developing nervous system's growth requirements.²⁷⁻²⁹ It has been shown that prolonged diffuse sleep states, unattended crying³⁰⁻³¹ routine and excessive handling,³²⁻³⁷ ambient sound,³⁸ lack of opportunity for sucking,³⁹⁻⁴¹ and poorly timed social and caregiving interactions⁴² have adverse developmental effects. How does one estimate the potential effects on an infant's nervous system when the infant moves from the relative equilibrium of the intrauterine aquatic environment to the extra uterine terrestrial environment of the NICU?⁴³ How does one identify and foster a fetal infant's own strengths in doing so?¹¹ How does one identify an infant's current vulnerabilities in the mismatch of the brain's expectation and the input from the environment?¹¹

NEWBORN INDIVIDUALIZED DEVELOPMENTAL CARE AND ASSESSMENT PROGRAM

Advances in perinatal and newborn intensive care have greatly decreased the mortality rates for preterm newborns and newborns otherwise at high risk for developmental compromise. The challenge confronting healthcare professionals who care for these infants and their families is not only to assure the infants' survival, though to also optimize their developmental course and outcome. Through assessment and documentation of infants' competence and behavioral thresholds to disorganization, a better understanding of the developing nervous system may be gained. This in turn may lead to the provision of developmentally appropriate experiential opportunities for the newborn in the hospital setting and the provision of supportive care for the infant's family. Structuring a physical and social environment supportive and nurturant of the individual infant's immature or dysmature nervous system and of the family's sense of competence becomes a critical component of care in the nursery and of follow-up care in the home and the community. The Newborn Individualized Developmental Care and Assessment Program (NIDCAP) has been established to provide education and specific training in developmental observation and assessment for health care professionals, who have responsibility for the long- and short-term care of high-risk newborns and preterm infants and their families, and for staff members, who are involved in the implementation of their care on a day-to-day basis. A key focus of the NIDCAP program is the educational and consultative support and assistance to nurseries and towards effective care in a neurodevelopmentally supportive, individualized, and family-centered framework. The NIDCAP Federation International (NFI), a not for profit, incorporated international professional, membership organization, is the agency that safeguards the quality of all training and education in the NIDCAP model. It is the certifying agency for all levels of NIDCAP training.

Background

The goal of education and training in the developmental approach to care is to bring about a shift from protocol-based to strategic process thinking and from task-oriented to relationship-based care. The developmental approach to care sees infants as active structurers of their own developmental trajectories, supported by the ongoing co-regulation process of infant and parent development. The newborn's three evolutionarily adapted and inherited niches, biologically expected for "good enough" development, are the mother's womb, the parents' body and mother's breast, and the family's social group. Preterm newborns unexpectedly have removed themselves from the intrauterine environment and its complex co-regulatory inputs. By virtue of the need for hospital care, they, as well as high-risk fullterm newborns in need of hospitalization, are separated from the expected intimate parent and family environment for prolonged periods of time. Developmental care takes advantage of the infant's expectation for co-regulatory care and for a close, emotionally attuned and invested relationship. It sees an opportunity for the increased effectiveness of intensive care delivery in supporting the realignment and co-regulation of the newborn and the family. Implementation of intensive care in such a framework requires knowledge and understanding of infant, parent and family development, and of the interplay of the infant's medical issues with the developmental process. In order to achieve multi-disciplinary collaboration in developmental care implementation, appreciation of each of the professional disciplines coming together in the nursery is necessary, as well as an understanding of the organizational structures of the hospital and the nursery. Furthermore skill and sensitivity are required in supporting and nurturing infant and family. Professionals in such a complex setting must be committed to further their own personal growth, self-knowledge and emotional maturity. The NFI seeks to provide information, education and support towards those aspects by provision of reading materials as well as didactic presentations, observation training, and opportunities for individual and system guidance and consultation. It is the responsibility of each professional who participates in training to create additional opportunities as indicated. It is the responsibility of the leadership in a setting to create opportunities for staff development, as well as enhancement of organizational and physical structures as indicated. NIDCAP training entails systems

change. Therefore, the specific training of individuals at a setting occurs only once the setting has developed sufficient leadership support, institutional commitment, and a five-year education, training and staff development plan. These ingredients serve to effectively support the changes in environment and care that are required for the successful implementation of developmental care in the NIDCAP model. Detailed observation and interpretation of the infant's behavior and the formulation of appropriate recommendations constitute care skills taught in specific NIDCAP training.

In the NIDCAP model, specific estimation of each individual infant's current goal strivings is derived from the direct observation of each infant's behavior in the context of ongoing care delivery. The infant's behavior provides the guide for the caregiver to estimate the infant's current strengths and active efforts in catalyzing and structuring his or her own development. Direct observation of the infant's behavior, with inference of the infant's own goals, provides the basis from which to explore opportunities with the family and with professional caregivers to support the infant's goal strivings and differentiating competencies.

Developed to be particularly geared to the understanding of the preterm and otherwise at-risk newborn's behavior, are a systematic behavioral observation methodology, the NIDCAP observation, and a formal evaluation tool, the Assessment of Preterm Infants' Behavior (APIB).^{44,45} Both methodologies, are based in the Synactive Theory of Development⁴⁴⁻⁴⁶ and are designed to specifically document the complexity and sensitivity of the preterm and the at-risk newborn infant by focusing on the interplay of the infant's autonomic, motoric, state organizational, and attentional functioning as the infant interacts with the caregiver and world around the infant.

The results of the systematic observations and formal evaluations provide the basis for the estimation of the infant's current goals, which in turn leads to the consideration of opportunities in support of the infant's development, such as:

1. The structuring of an appropriate physical environment in the nursery for infant and family;
2. The timing and organization of medical and nursing interventions appropriate to the individuality of infant and family;
3. The support and nurturance of the parents' cherishing of their infant, and of their confidence in caring for and taking pride in supporting their infant's development; and
4. The coordination in the developmental framework of the care delivered by special service providers such as respiratory therapists, occupational and physical therapists, social workers, nutritionists, early intervention professionals, public health nurses, and others.

The NIDCAP approach lends itself to system-based, process-oriented, attuned and responsive support of individualized developmental care for each infant and family. Over the last 20 years a number of randomized controlled trials have established NIDCAP as evidence based,⁴⁶⁻⁶² and a successful self-monitored and quality-assured training and education framework that has been developed by senior NIDCAP professionals responsible to the NFI. These extensive research and training efforts and activities have made it evident that NIDCAP involved much more than a specific approach to the care of the individual infant. NIDCAP requires changes in the immediate and extended environment and culture of a nursery. In order to make NIDCAP successful, caregiving processes must change systemically from protocol-driven, crisis orient intensive care delivery to calm nurturing, family-centered and relationship-based care that acknowledges the infant as the guide and structurer of care, and the family as the infant's appropriate econiche, primary caregivers and life-long advocates.^{63,64}

Successful nursery change and implementation of the NIDCAP approach to care typically requires a five to seven year process (see: www.nidcap.org). Seven key components ensure the successful implementation of NIDCAP. These include: (1) Training two advanced level professionals from different disciplines (developmental specialist and developmental care nurse educator) to certification as NIDCAP Professionals; (2) Ensuring two full time equivalent salaried positions dedicated to these two NIDCAP Professionals; (3) Training to Certification as NIDCAP Professionals a multidisciplinary leadership support team; (4) Training to certification as NIDCAP Professionals a core group of the nursing staff representing both day and night shifts; (5) The development of a parent council; (6) The development of reliably and regularly available reflective process and developmental care continuing education opportunities; and (7) The development and administration of the *NIDCAP Nursery Assessment and Certification Program (NNACP)*.⁶⁵ The NNACP, under the auspices of the NIDCAP Federation International (NFI), recognizes the excellence of a hospital system's commitment to their nursery and for the full integration of the principles of the Newborn Individualized Developmental Care and Assessment Program (NIDCAP) as they pertain to all aspects of care of the infants and families whom the nursery serves, and to all aspects of professionals and personal care, well-being and education of their staff.

* Introduction adapted from: Als, H. Reading the premature infant. In E. Goldson (Ed.), *Developmental Interventions in the Neonatal Intensive Care Nursery*. 1999: 18-85. New York: Oxford University Press; And from Als, H. *Program Guide: Newborn Individualized Developmental Care and Assessment Program (NIDCAP), An Education and Training Program for Health Care Professionals*. 1986, 2000. ©NIDCAP Federation International, 2010, NIDCAP® is a registered trademark of the NFI, Inc. Updated May, 2011.

NIDCAP NURSERY ASSESSMENT AND CERTIFICATION PROGRAM

The NIDCAP Nursery Assessment and Certification Program (NNACP) under the auspices of the NIDCAP Federation International (NFI) recognizes the excellence of a hospital nursery's commitment to and integration of the principles of the Newborn Individualized Developmental Care and Assessment Program (NIDCAP) for infants, families, and staff. Hospitals and their newborn intensive and special care nursery systems receive NIDCAP Nursery Certification when they demonstrate that they consistently promote best short and long term development of all infants and families in their care, and support their professionals and staff in accordance with the principle of assuring best personal and professional development towards relationship-based care implementation. NFI certified NIDCAP Nurseries provide a dynamic environment for the full integration of expert medical and nursing care securely embedded within the active pursuit of mutual respect, caring, nurturance of and collaboration with infants and families, and among all professionals and staff members.

Nurseries eligible to apply to the NFI for certification, must be part of a hospital system that, if in the USA, is licensed and accredited by the Joint Commission on the Accreditation of Healthcare Organizations, or if outside of the USA, meets the respective country's accreditation standards. Furthermore, nurseries eligible for certification must provide care to preterm infants under 1500 grams and/or under 30 weeks gestation either from birth on (NICU, Level III Nursery) or in a convalescent mode (Level II Nursery; step-down nursery); and/or provide care for full-term or near full term infants who require intensive or specialized medical care to ensure their survival; and/or provide care for newborns cared for in a hospital setting for various reasons. Such nurseries must employ at least one full-time equivalent (FTE) NFI-certified NIDCAP Professional in good standing for the purpose of promoting individualized developmental care. Hospitals with multiple nursery settings may apply for certification for only one or for more than one of their nursery settings. Hospitals are encouraged to apply ultimately for certification for all the nurseries settings in their purview.

The NIDCAP Nursery Assessment and Certification Program seeks to recognize the excellence of a hospital nursery's commitment to and integration of the principles NIDCAP for infants and their families, and for their staff. The *Nursery Assessment Manual*⁶⁶ (see www.nidcap.org; NIDCAP Nursery) has been developed in order to assess the level of individualization, family-centeredness, and developmental support the nursery provides for the infants and families in its care as well as for the staff involved in delivering such care. The Nursery Assessment Manual consists of rating scales of aspects of the environment, care implementation and philosophy that characterize a nursery.

The Nursery Assessment Manual consists of 121 scales grouped into four major categories of a nursery's characteristics and functioning, as well as five overall Summary Scales. The four categories, into which the individual scales are organized, are as follows:

1. Physical Environment of the Hospital and Nursery;
2. Philosophy and Implementation of Care: Infant;
3. Philosophy and Implementation of Care: Family; and
4. Philosophy and Implementation of Care: Professionals and Staff.

Each of the five score points of the Nursery Assessment Manual's rating scales represent a level or degree of NIDCAP implementation that ranges from traditional care (i.e. absence of or pre-NIDCAP) to full NIDCAP implementation, as follows:

1. Traditional, conventional form of care;
 2. The beginning or a minimal degree or level of NIDCAP implementation;
 3. Variable, inconsistent, or moderate degree or level of NIDCAP implementation;
 4. Consistent, well-integrated level or degree of NIDCAP implementation;
 5. Highly attuned, distinguished level or degree of NIDCAP implementation;
- (NA) "Not applicable," is scored when an aspect of care does not apply to a specific nursery system.

Scores derived from the individual ratings within each of the four categories are utilized to describe and characterize an individual nursery in order to assess the nursery's level of developmental care implementation and integration, and its readiness to be certified as an individualized, developmentally supportive, family-centered NIDCAP Nursery.

Once it has been determined by the NFI-designated NNACP Site Review Team that a nursery applicant meets the NIDCAP Nursery Certification Eligibility Requirements and that NIDCAP Nursery Certification is likely, a NNACP Site Visit is scheduled with the nursery applicant. The NNACP Site Review Team consists of three NIDCAP Professionals with complementary professional backgrounds such as neonatology, nursing and one of the developmental disciplines, such as psychology, or early childhood education, among others. The Site Review Team is trained and certified in the use of the Nursery Assessment Manual. The Review Team identifies and confirms a nursery system's strengths and, as indicated, provides guidance towards growth and further development in order that the nursery may achieve the ultimate goal of certification. During a typical three-day, site visit (the number of days on site may vary with the size and complexity of a nursery) the NNACP Site Review Team experiences the same path the families take from the hospital's entrance through the hospital to their infants' bedsides. The Review Team furthermore observes the overall as well as specific aspects of the nursery environment, and meets with the hospital and nursery's administrative leadership, with representatives from across and within disciplines, and with parents and other family members, whose infants are currently cared for in the nursery. Selected members of the Review Team observe live care implementation.

On the final day of the site visit the NNACP Site Review Team meets off-site to share what each of the Team members learned in the course of the site visit in view of the application materials already reviewed prior to the site visit. The Team members each score the five-point Nursery Assessment Manual, based upon the site's self-assessment including the written materials submitted in advance, and the on-site observations. The scores derived during this process by each of the reviewers include *the Averaged Scale Scores by Category; and the Overall Hospital and Nursery Summary Score* (see *Nursery Assessment Manual* for detailed description of scoring; www.nidcap.org; NIDCAP Nursery).

When the above Site Review process yields a sufficiently high Nursery Assessment Manual score profile and the Site Review Team recommends NIDCAP Nursery Certification, the Report and Recommendation are then shared with the NNACP Steering Committee and subsequently forwarded by the NNACP Director to the NFI Board. The NFI Board decides on the ultimate status of the application. Upon such decision the nursery applicant receives the Review Team's Summary Report and the NFI Board's decision as to the results of the nursery's application. A NIDCAP Nursery Certification Award Ceremony may be scheduled in collaboration with the NFI Board and the applicant nursery.

If, on the other hand, the applicant nursery appears to profit from further development, the NNACP Site Review Team will likely recommend additional specific education, training, development, and mentoring activities and may suggest resources and action steps to the applicant in how to go about implementing and acquiring the additional steps and components (see NIDCAP Nursery Assessment and Certification Program Application Process, page13).

NIDCAP Nursery Certification is thus both a goal and a process. Nurseries that apply for NIDCAP Nursery Certification will define the areas of their current strengths and areas for further growth by the process of application and self-evaluation. The NFI recognizes and validates nurseries that demonstrate understanding and integration of the NIDCAP model into the care for the infants and families they serve, and the professional staff they employ. Achievement of NIDCAP Nursery Certification demonstrates a consistently high level and quality of care implementation and overall functioning for infants, their families and the staff and professionals in the system. Such a level of achievement is to be commended and celebrated, and becomes an inspiration for all.

NIDCAP NURSERY CERTIFICATION ELIGIBILITY REQUIREMENTS

Representatives of Newborn Intensive Care Nurseries delegated to explore certification for their nursery as NIDCAP nursery should first review the NIDCAP Nursery Certification Eligibility Requirements below:

Nurseries eligible to apply to the NFI for certification must:

- ❖ Be part of a hospital system that, if in the USA, is licensed and accredited by the Joint Commission on the Accreditation of Healthcare Organizations, or if outside of the USA, meets the respective country's accreditation standards.
- ❖ Provide care to preterm infants under 1500 grams and/or under 30 weeks gestation either from birth on (NICU, Level III Nursery) or in a convalescent mode (Level II Nursery; step-down nursery); and/or provide care for full-term or near full term infants who require intensive or specialized medical care to ensure their survival; and/or provide care for newborns cared for in a hospital setting for various reasons.
- ❖ Employ at least one full-time equivalent (FTE) NFI-certified NIDCAP Professional in good standing (certified or recertified since 1996, inclusive of the Advanced Practicum certification requirement) for the purpose of promoting individualized developmental care.

Hospitals with multiple nursery settings may apply for certification for only one or for more than one of their nursery settings. Hospitals are encouraged to apply ultimately for certification for all the nurseries settings in their purview.

In addition, the following nursery characteristics are considered as essential in order to attain NIDCAP Nursery Certification:

1. **Infants' Contribution:** Do individual infants' behavioral responses form the basis for structuring the nursery environment, care, philosophy and implementation?
2. **Families' Contribution:** Do families play an active role in their infants' care, nurturance and health care decisions and in nursery consultation, education and leadership?
3. **Nursery Environment Contribution:** Is your nursery optimized to maximally support infants and their families in a developmentally supportive way (e.g. lighting, noise, and energy levels)?

4. **NIDCAP Principles:** Does your hospital/nursery have policies/guidelines/mission statements reflective of developmentally supportive, family-centered, NIDCAP-based care? Are NIDCAP principles integrated into staff and family education, daily practice, and staff performance evaluations of your hospital/nursery?
5. **NIDCAP Interdisciplinary Team:** Does your hospital/nursery have multiple disciplines that are supportive of and adhering to NIDCAP principles? Do you have an interdisciplinary developmental team that represents at least three disciplines (e.g., nurses, physicians, therapists, and/or psychologists)?
6. **Nursery Staff Supports:** Does your hospital/nursery make an ongoing commitment to have sufficient staffing and funding to allow continuing educational pursuits within the work day, that go beyond the orientation and safety requirements?
7. **Nursery Assignments:** Does your nursery have assignments that give each staff member time to provide developmentally supportive care to all infants and families in their care?

The following characteristics, while not required, are considered as desirable. Such features will strengthen your application:

1. Does your hospital/nursery include NIDCAP introductory training for orientation of new nurses, neonatologists, and other staff? Do you provide additional developmental staff training in support of providing NIDCAP care? Do you support interested staff to achieve NIDCAP certification?
2. Does your hospital/nursery have a career ladder or other economic/professional incentive for nurses and/or other professionals to encourage advanced learning and formal certification?
3. Does your hospital/nursery employ at least one full-time nurse educator/staff development person?
4. Does your hospital/nursery, if a US institution, hold Nursing Magnet status, or an equivalent special status nursing competence designation, applicable in your country?
5. Does your hospital/nursery regularly evaluate your NICU environment and care practices?
6. Does developmental care excellence feature in your annual staff competency evaluation?

If many or all of the answers to the above questions are in the affirmative, you may qualify for NNACP. Contact the Director of the NIDCAP Nursery Assessment and Certification Program (see page 2) for further information concerning the NNACP Application Process.

If your answer to most or all of the above questions is “no”, yet your nursery strives to better integrate and implement developmental care, you and your nurseries’ representatives may wish to explore resources and further training opportunities through contacting and working with the NNACP Director and/or the NNACP Site Review Team Consultants. Seminars and training are available to assist your nursery team to successfully integrate and implement the NIDCAP approach to care. Education, training and guidance for increasing implementation of NIDCAP care in a nursery may lead to readiness for application to NIDCAP Nursery Certification.

NIDCAP NURSERY ASSESSMENT AND CERTIFICATION PROGRAM APPLICATION PROCESS

The NIDCAP Nursery Assessment and Certification Program Application Process (NNACP) application process consists of the following six steps:

Step 1: The nursery applicant reviews *NIDCAP Nursery Assessment and Certification Program: A Guide to Preparation, Application and Implementation of NIDCAP Nursery Certification* in order to determine if the nursery is eligible for NIDCAP Nursery Certification.

Should a nursery applicant not yet meet the basic eligibility criteria, the NNACP Director, in interaction with the NNACP Site Review Team, will provide recommendations and suggestions for the nursery's next steps towards a successful submission. Education, guidance and increasing implementation of NIDCAP care in the applicant's nursery may lead to eligibility for application for NIDCAP Nursery Certification. Such opportunities in assisting a nursery with its self-evaluation are typically helpful in guiding an interested nursery towards eligibility and eventually in producing a successful application.

Step 2: If eligible, the nursery applicant submits *NNACP Application: Part I*⁶⁷ (see www.nidcap.org; NIDCAP Nursery) and all supporting evidence.

This application includes:

- ❖ The identification of: contact professionals, the Administrative Leadership, Nursery NIDCAP Leaders, and the nursery interdisciplinary care team;
- ❖ A description of the applicant's hospital and nursery including hospital accreditation and licensure, the population served, and a description of the NIDCAP training that the nursery staff received;
- ❖ The assurance that the NICU leadership and staff are formally committed, across all disciplines, to practice the NIDCAP approach to care, and the assurance that financial resources are available for staff seeking further training in the NIDCAP approach;
- ❖ A description of the strengths and challenges of the applicant's nursery regarding individualized, developmentally supportive family-centered care; and
- ❖ Supporting evidence as follows:
 - Two examples of NIDCAP write-ups. Please erase/white-out names that would identify the infant and/or family in these reports. Each write-up should include the following:
 - a. Medical History and Observation Background Sheets (2 pages);
 - b. NIDCAP write-up which includes an introduction, description of the nursery environment, the infant's bedspace and bedding, the infant's behavior (before, during , after caregiving), a behavioral summary, current goals the infant is working towards and recommendations.
 - c. Observation Scan Sheets (used to record the infant's behavioral story); and
 - Six Letters of Support:
 - a. Nursing Hospital Leadership (e.g., Vice President of Nursing);
 - b. Financial Hospital Leadership (e.g., Chief Operating Officer, Chief Executive Officer);
 - c. Administrative Hospital Leadership for the nursery (e.g., Administrator for Children's Services);
 - d. Nursery Medical Leadership (e.g., Nursery Medical Director);
 - e. Nursery Nursing Leadership (e.g., Nursing Director); and
 - f. Family Leader Representative.

Should the applicant's submission be missing information, the applicant is invited to re-submit the application. If the re-submission is complete, and approved by the NNACP Director, the applicant is then invited to submit *NNACP Application: Part II, Nursery Self-Assessment Questionnaire*.

If a nursery applicant has some aspects of the basic eligibility criteria met, the NNACP Director and/or NNACP Site Review Team will provide recommendations and suggestions for the nursery's next steps towards a successful submission of *NNACP Application: Part I*. Education, guidance and increasing implementation of NIDCAP care in the applicant's nursery may lead to eligibility for application for NIDCAP Nursery Certification. Such opportunities in assisting a nursery with its self-evaluation are typically helpful in guiding an interested nursery towards eligibility and eventually in producing a successful application (see NIDCAP Nursery Assessment and Certification Program Application Process Flow Chart, pages 17-18).

Step 3: Should the *NNACP Application: Part I* be approved by the NNACP Director, the nursery applicant is then invited to submit *NNACP Application: Part II, Nursery Self-Assessment Questionnaire*,⁶⁸ the scored *Nursery Assessment Manual* as well as the completed *Nursery Assessment Manual: Provision of Evidence* (see www.nidcap.org ; NIDCAP Nursery).

NNACP Application: Part II asks the nursery applicant to provide the following information:

- ❖ Hospital and nursery unit characteristics;
- ❖ Specific leadership structures;
- ❖ Hospital/nursery structural and organizational characteristics;
- ❖ Developmental care support characteristics;
- ❖ Developmental care history and goals;
- ❖ Descriptions of the dynamics of the relationships that currently exist between the nursery staff (e.g., nurse-to-nurse relationships, nurse-to-doctor relationships), within staff and administration relationships, and relationships that exist between staff and the families and infants under their care;
- ❖ Scored *Nursery Assessment Manual' Score Sheet*; and
- ❖ Completed *Nursery Assessment Manual: Provision of Evidence*.

Nursery applicants rate their nursery using the Nursery Assessment Manual and Score Sheets (see www.nidcap.org; NIDCAP Nursery). This tool assists the applicant nursery to assess itself on the level of quality and the degree of adherence to key NIDCAP principles of: individualization of all care and environmental aspects; family centeredness; developmental support for all infants and families cared for in the nursery; and developmental support for the staff involved in delivering such care. This process of self-evaluation serves to identify the nursery's readiness for NIDCAP Nursery Certification and the nursery's next developmental integration steps. The Nursery Assessment Manual and Score Sheets are also utilized by the NNACP Site Review Team in the assessment of the applicant nursery's standing on the key NIDCAP concepts cited above. The NNACP Site Review Team will evaluate the documentation submitted and may request further documentation and/or clarification of the materials submitted.

The Nursery Assessment Manual: Provision of Evidence offers the nursery applicant the opportunity to more fully demonstrate its implementation of relationship-based, family-centered, developmental care (see www.nidcap.org; NIDCAP Nursery). The applicant is now asked to provide specific information and documentation that corroborates their scoring of the Nursery Assessment Manual (see “Instructions” in the *Nursery Assessment Manual: Provision of Evidence*, as well as pages 11-13 of *NNACP Application: Part II*).

Should the review of the materials submitted indicate that further development is required before NIDCAP Nursery Certification is likely, the NNACP Site Review Team’s recommendations may include further education and preparation of the site by attending one of the NNACP workshops; further mentoring from a NIDCAP Trainer; and/or further NIDCAP Training. Specific guidance will be offered to the site for the next steps of growth of their developmental program. The hospital nursery’s developmental leadership team will be supported in solidifying their developmental program towards successful NIDCAP Nursery Certification.

Step 4: Once the *NNACP Application: Part II*, is reviewed and approved by the designated NNACP Site Review Team, the NNACP Director, in collaboration with the nursery applicant and the Review Team, develops the *NNACP Site Review Schedule* (see *Preparation for NNACP Site Review*; www.nidcap.org; NIDCAP Nursery). This schedule addresses the dates and times that particular activities (e.g., observations, interviews, chart reviews, etc.) will be conducted, and specifies the logistics for the site visit.

Step 5: NNACP Site Review: The nursery is evaluated by three NNACP Site Reviewers, during a three- to four-day Site Visit, depending on the nursery’s size and complexity. On the final day of the Site Visit, the Site Reviewers meet off-site, yet on-location integration day to review the results of the site assessment.

During the site visit, the Site Review Team will: walk the path that families take through the hospital to their infants’ bedsides; observe the nursery environment and various care interactions in progress; review unit policies, procedures and guidelines; meet with the hospital and nursery administrative leadership and representatives from across and within the various disciplines active in the nursery; meet with parents who may have, in the recent past, had an infant in the nursery as well as meeting with parents, who together with their infant, currently experience the nursery; and observe unit Rounds and the NICU Follow-Up Clinic, etc.

On the final day of the Site Visit, the NNACP Site Review Team meets off-site to share with each other what each of the Team members learned in the course of the site review, and integrates this information with the information gleaned from the application materials already reviewed prior to the visit. Then the Team members each score the five-point Nursery Assessment Manual, based upon the Site’s self-assessment including the written materials submitted in advance, and the on-site observations. The scores derived during this process by each of the reviewers yield **the Averaged Scale Scores by Category; and the Overall Hospital and Nursery Summary Score** (see Nursery Assessment Manual; www.nidcap.org; NIDCAP Nursery).

The NNACP Site Review Team now summarizes the information and impressions gleaned from the site visit, decide upon the success of the nursery’s application for NIDCAP Nursery Certification, and prepare the NNACP Summary Report that includes its recommendation regarding certification.

Step 6: Following the integration of the Review Process the NNACP Site Review Team develops an NNACP Summary Report and Recommendation that are shared with the NNACP Steering Committee and subsequently forwarded by the NNACP Director to the NFI Board. The NFI Board decides on the ultimate status of the application. Upon such decision the nursery applicant receives the Review Team's Summary Report and the NFI Board's decision as to the results of the nursery's application.

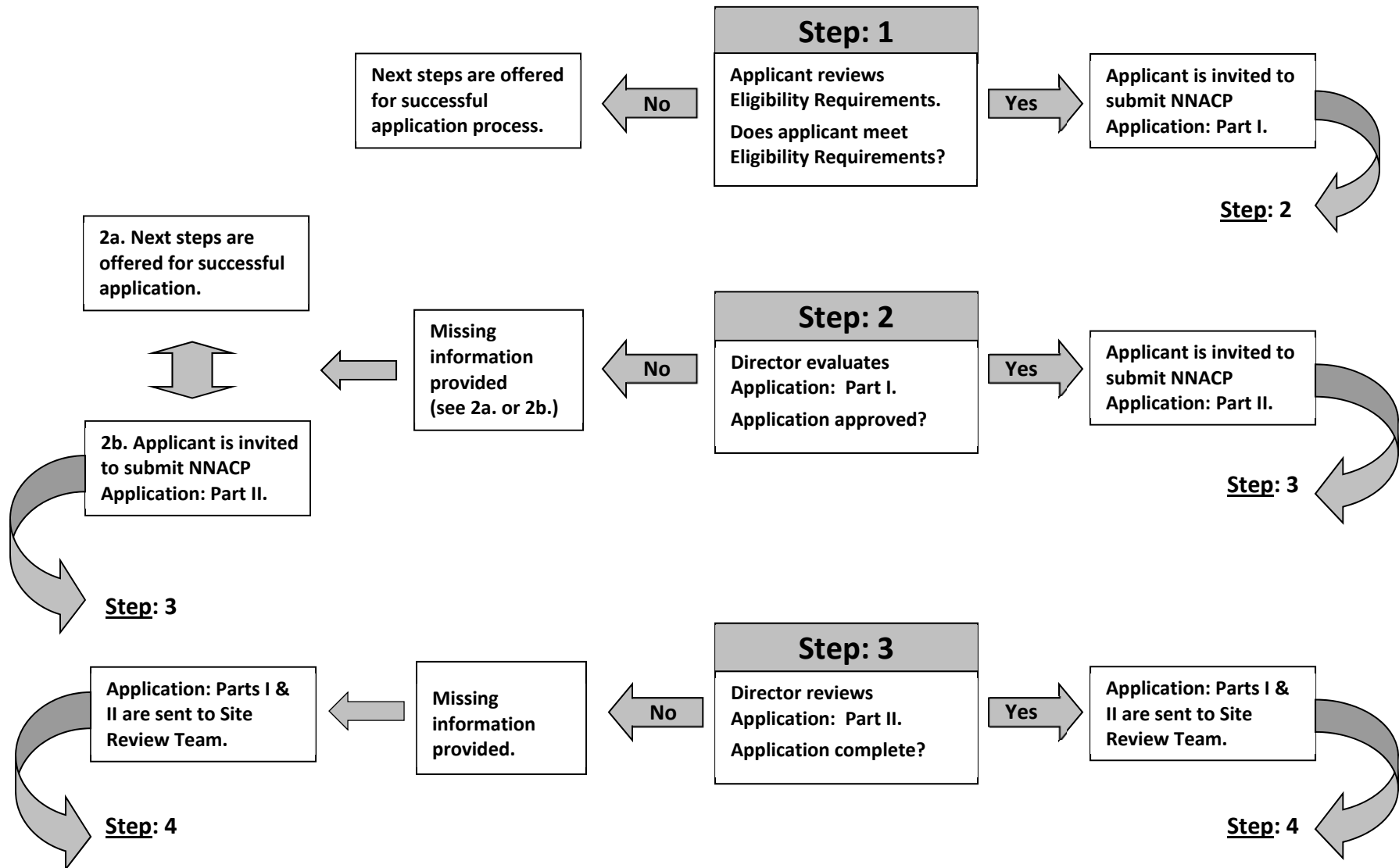
Should the review process yield a successful NIDCAP Nursery Certification, the NNACP Chairperson and Director, in collaboration with the NFI Board and the nursery applicant, may plan a ***NIDCAP Nursery Certification Award Ceremony***.

Should the applicant nursery appear to benefit from further development, the recommendations of the NNACP Site Review Team, the NFI NNACP Steering Committee, and NFI Board may include further education and preparation of the site by attending one of the NNACP workshops; further mentoring from a NIDCAP Trainer; and/or further NIDCAP training. Specific guidance will be offered to the site for the next steps of growth of their developmental program. The hospital nursery's developmental leadership team will be supported in solidifying their developmental program towards successful NIDCAP Nursery Certification.

Please see the following ***NIDCAP Nursery Assessment and Certification Program Application Flow Chart*** for further clarification of the NIDCAP Nursery Certification Application Process.

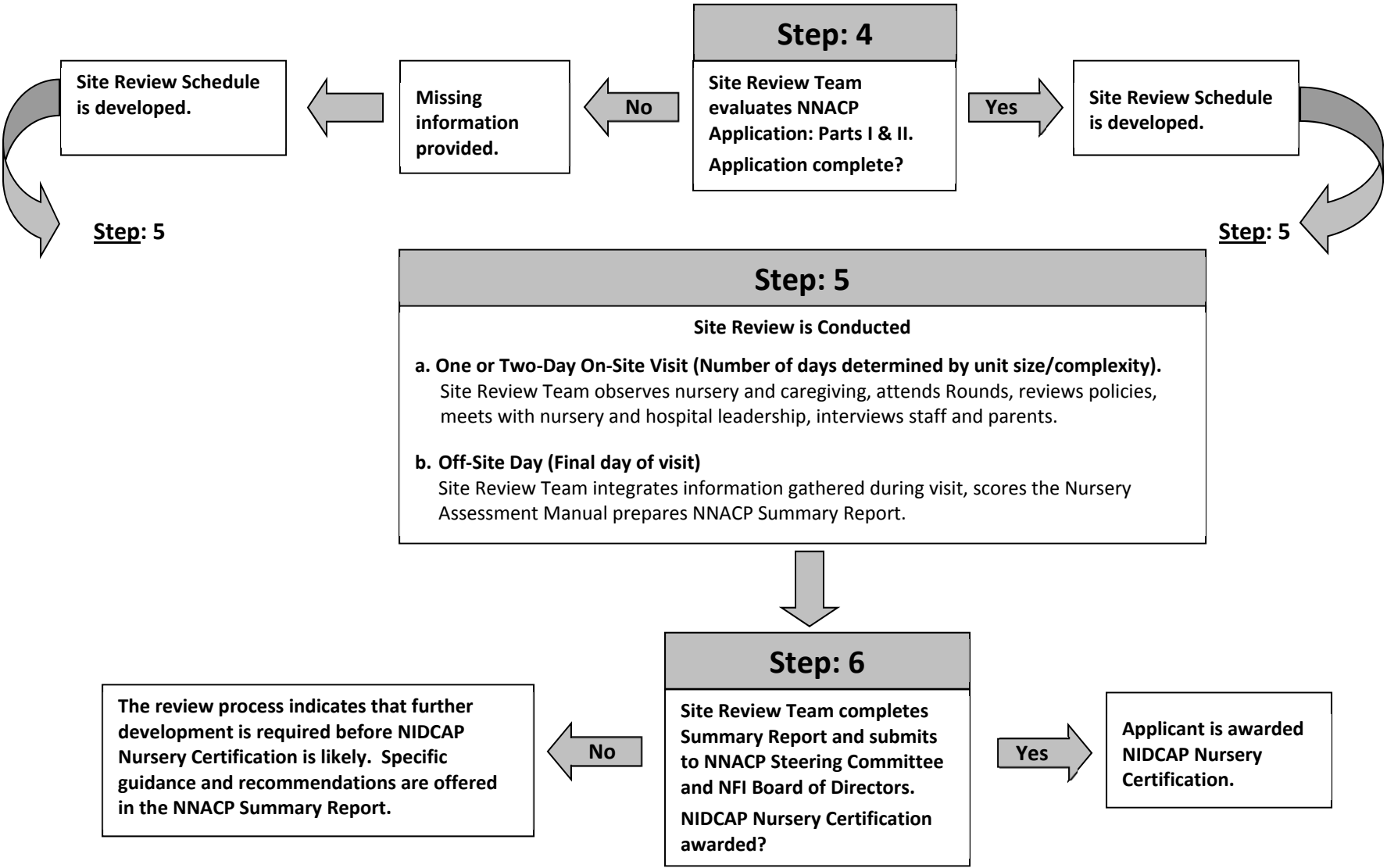


NIDCAP Nursery Assessment and Certification Program (NNACP) Application and Review Process Flow Chart





**NIDCAP Nursery Assessment and Certification Program (NNACP)
Application and Review Process Flow Chart, continued**



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NNACP TRAINING DOCUMENTS

(www.nidcap.org > Program + Certifications > “How to Apply”)

1. NIDCAP Nursery Assessment and Certification Program: *A Guide to Preparation, Application and Implementation of NIDCAP Nursery Certification*
2. Application Process Flow Charts
3. NNACP Application: Part I
4. Medical History and Background Observation Sheet
5. NNACP Application: Part II
6. Nursery Assessment Manual
7. Nursery Assessment Manual Score Sheets
8. Nursery Assessment Manual: Provision of Evidence
9. Preparation for the NNACP Site Review
10. NNACP Site Review Team
11. Cost Analysis & Budget Justification for NNACP Fees and Travel Expenses
12. NNACP FAQs
13. NNACP Evaluation Forms
 - Site Coordinator Evaluation
 - Nursery Applicant Evaluation
 - NNACP Site Reviewer Evaluation
14. A Guide for Training the NNACP Site Reviewer: A Process of Instruction, Reflection, Integration and Application
15. NNACP Certification Renewal Application Guide: Overview, Review Process, & Renewal Application Flow Charts
16. NNACP Certification Renewal Application: Year 2
17. NNACP Certification Renewal Application: Year 4
18. NNACP Certification Renewal Application: Year 6
19. Application Process Flow Charts: Years 2, 4, and 6
20. Preparation for the NNACP Certification Renewal Site Review Visit: Site Review Schedule, Bio-Sketch Profiles & Site Review Checklist
21. Cost Analysis & Budget Justification: NNACP Certification Renewal
22. NNACP Certification Renewal FAQs
23. NNACP Certification Renewal Evaluation Forms
 - Site Coordinator Evaluation
 - Nursery Applicant Evaluation
 - NNACP Site Reviewer