Utilizing Visual Cues and Engaging Families in the Sibling Health Screening Process

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Disclosure

I have nothing to disclose.

I have no relevant financial interest/arrangement or affiliation with any organizations related to commercial products or services to be discussed at this program.
Go down the chute!
Background

BC Women’s Hospital Neonatal Intensive Care Unit

• 60 Beds
• Level II and III tertiary care

NICU Philosophy

• Family Centered Care
• Family Visitation 24/7
• Siblings < 12 years complete the Sibling Health Screening (SHS) process
Friday......before a long weekend
What was the issue in our NICU?

- Existing Screening process not consistently done
- Siblings often slipped into the NICU without Screening
- SHS form required revised vaccine information
Aim Statement:
To increase compliance of Sibling Health Screening (SHS) to 100%

Prevent transmission of communicable diseases
- Respiratory viruses e.g. RSV
- Airborne viruses e.g. chicken pox
  - clusters & outbreaks
  - cohorting & admission restrictions

What you need to know about RSV
RSV stands for Respiratory Syncytial Virus
RSV is a Really Serious Virus
RSV MAKES IT HARD to BREATHE
Babies with damaged or immature lungs are at the greatest risk for complications. RSV clogs little lungs and cuts off oxygen. Some babies need to be hospitalized and put on a ventilator to help them breathe.

Protect babies and families this RSV season
Educate. Advocate. Integrate.

www.nationalperinatal.org
Working group STRUCK!

- IPAC
- Quality
- Professional practice
Methodology: Model For Improvement

PDSA
Baseline data

July 2016 SHS Audit

- 70% SHS Completed
- 30% SHS Missed
30% of Siblings not Screened
Investigation

- **conducted** an environmental scan
- **explored** screening tools and processes with other IPAC teams and NICU’s in B.C and Canada
- **determined** if staff were aware of significance of SHS

Next steps...

- **revised** screening tool & questions
- **developed** process algorithms & signage
- **created** visual cues: “stickers of the day” for siblings to wear
- **obtained** feedback from the local IPAC team, frontline NICU staff, the parent advisory leader, and families - ? user friendly
NEW process commenced
October 2016

First Visit

- RN does thorough Screen utilizing Forms
- Provides First Visit Education to Family on How to Complete Subsequent Screening
- Provides Education to Family regarding Hand Hygiene
- Provides Sticker for Siblings that are healthy with all vaccinations up-to-date.

Subsequent Visits

- Family completes Screening page
- Unit clerk checks form - contacts RN if required
- RN confirms presence of Sticker when Sibling comes to bedside
New tools created

Wayfinding signage
Screening location
Guidelines

Sibling Visiting Guidelines

- All brothers and sisters are welcome to spend time with their sibling(s) in the NICU.
- A Sibling Health Screening Form must be completed for brothers/sisters who are 12 years old or under prior to entering the NICU for the first time and each day they come to visit.
- Before entering the NICU each day, parents must confirm on the Sibling Health Screening Form that there are no changes to the brother/sister health information or vaccinations.
- Ask your Bedside Nurse to help you complete the Sibling Health Screening Form for the first visit and each visit afterwards, if needed.
- Brothers/sisters who feel sick (e.g. runny nose, coughing, stomach ache, etc.) or who have been in contact with certain infections as identified on the Health Screening Form cannot come into the nursery.
- If there are any questions please ask to speak to your Bedside Nurse or the Clinical Nurse Leader.
- Ask your Bedside Nurse how to prepare brothers/sisters to visit their sibling(s).

Other Visiting Children

- Other children, such as cousins, must be 13 years and older to visit.
- All children must be accompanied by a responsible adult and have permission from the parents of the infant.
New forms to support new process

Page 1 & 2 is filled out with first visit or if there are changes in vaccination status by the RN with the parents & HH education

Page 2 is filled out by parent with each subsequent visit
Staff education

- NICU news letter
- huddles/1-1 feedback
- formal education days
- written standard work for RN’s and unit clerks
Standard work and algorithm form located on back side of screening
Tools to support the new process...

A-Z SHS Binders; contain Immunization schedules

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1. Children with specific medical conditions that place them at high risk of disease should receive an additional dose at 6 months of age. See HealthlinkBC File 102 for more information or speak to your health care provider.
2. Children who had chickenpox or shingles disease, diagnosed by a health care provider, at 1 year of age or older do not need the chickenpox vaccine. Children entering school who meet both a 2nd dose of MMR and Varicella vaccines may be permitted.
3. A second dose is required 4 months after the first dose if receiving vaccine for the first time.
4. Hepatitis A vaccine is offered to Aboriginal children living on reserve and off-reserve.
5. Hepatitis A vaccine is offered to Aboriginal children starting at 6 months of age. Alternatively, 1 or 2 doses will be offered to kindergarten-age children starting at 4 years of age depending on previous immunization history.

Jul 15, 2010
Hand Hygiene education

• Visitor Hand Hygiene (HH) is an important factor in preventing infections

• HH education is part of patient safety and is an important part of accreditation
NICU - Hand Hygiene

- NICU Environment: Clean hands at initial entry
- Immediate Care Environment: Clean hands on each entry into the space and on leaving the space
- Neonate Environment: Clean hands at each entry to the space
Tools to support the new process...”Sticker of the day”
Follow-up audit January 2017

60% of siblings were initially screened with stickers upon entering the nursery

Siblings who made it to the bedside not wearing stickers, TRIGGERED the nurse to take parents and sibling back to the front desk to be screened = 100% were completed!

Mission accomplished!
Sibling Health Screening (SHS)
What are the Responsibilities of the Bedside Nurse in the NICU?

Be aware that all siblings must complete the SHS before entering the NICU and display the ‘Sticker of the Day’

- **On the first visit** the SHS is to be completed by the bedside nurse/delegate with the parent at the NICU reception.
  - Provide sticker to sibling if no concerns.
  - During the first SHS the bedside nurse/delegate explains to parents how to complete subsequent screening and provides hand hygiene education.
- **On all subsequent visits** the parents must complete the screening at the desk and if no concerns are noted the NUC provides the sibling with the “sticker of the day”.
- If concerns are identified at any visit the CNL must be notified and if required, the ICP is notified.

Identify siblings who come to the bedside without a ‘Sticker Of The Day’ and help the family complete the SHS

- Take the parent and sibling to NICU reception to complete the SHS.
- Provide sticker to sibling if no concerns.
- Advise the parents that the SHS process is required each day the sibling visits, and reinforce hand hygiene.
- If concerns are identified during screening, notify the CNL & Infection Prevention Control Practitioner (ICP).

Completing the SHS prior to entering the NICU is critical to prevent infectious disease exposure to vulnerable infants.
Summary

• Gaps in SHS process were identified

• Key principles of the new process including the sticker of the day indicate screening is done
Lessons learned

✓ Engagement of all stakeholders in a process is key to success
✓ Performing SHS engages families and helps facilitate IPAC education (e.g. HH, immunization schedules)
✓ IPAC-led group initiatives can be fun and improve patient safety
Thank you!

*My SHS working group:*
Valoria Hait, NICU Quality Lead
Megan Bolton, NICU Senior Practice Leader
Tina Stewart, NICU Clinical Practice educator

*BC Children’s and Women’s IPACS group:*
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