



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

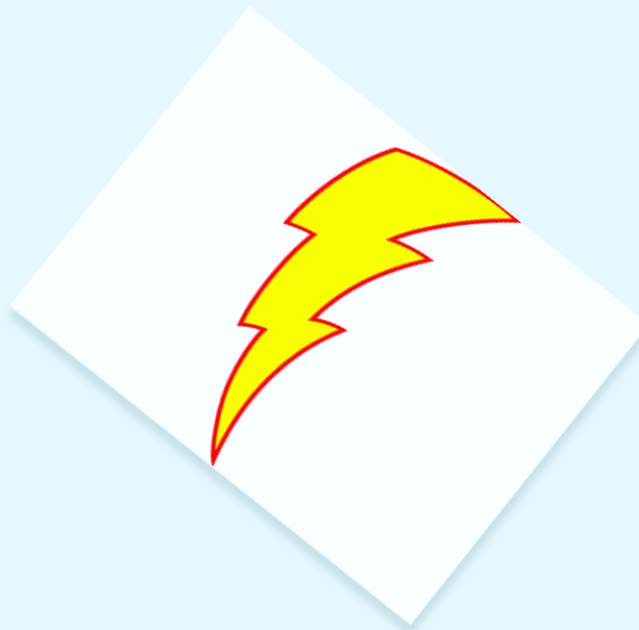
Babies with damaged or immature lungs are at the greatest risk for complications. RSV clogs little lungs and cuts off oxygen. Some babies need to be hospitalized and put on a ventilator to help them breathe.

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

 National Perinatal Association

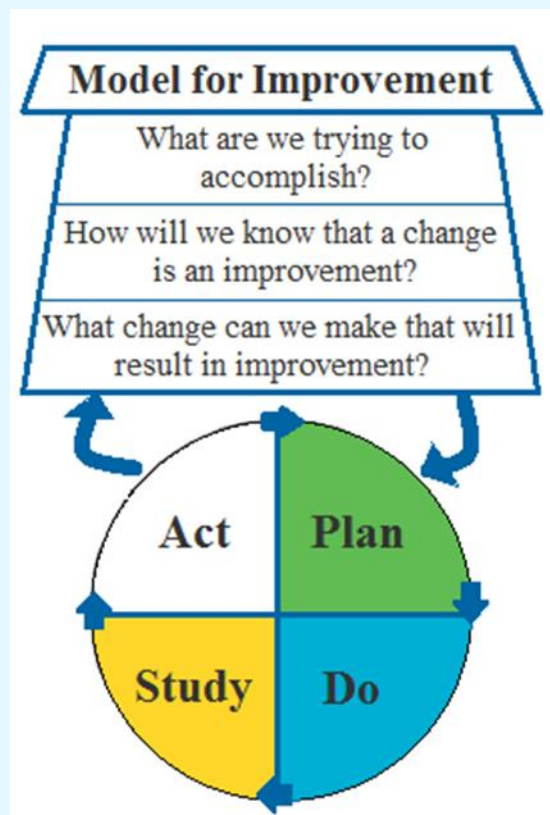
www.nationalperinatal.org

Working group STRUCK!



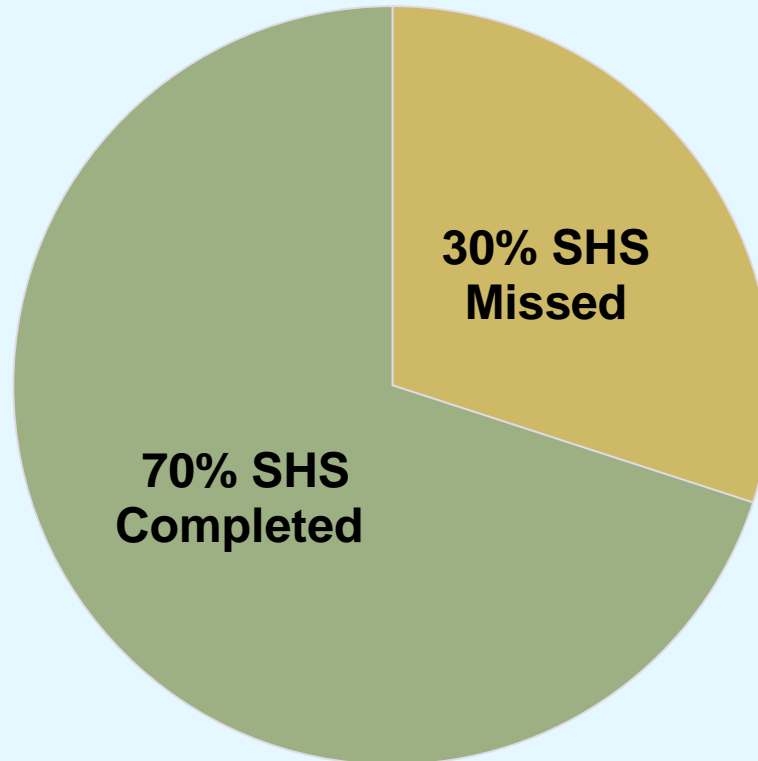
Methodology: Model For Improvement

PDSA



Baseline data

July 2016 SHS Audit



Why?

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

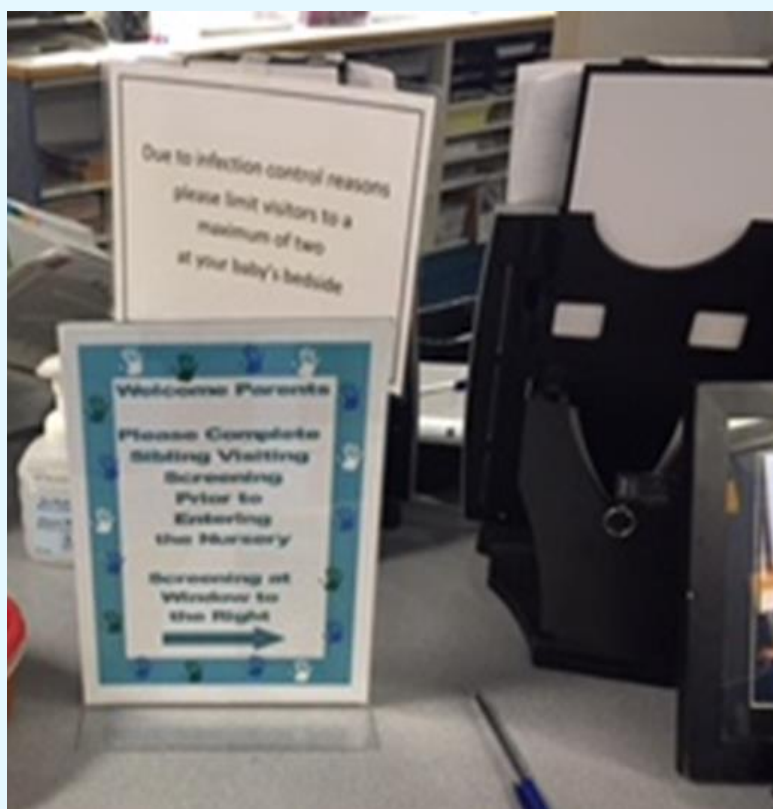
- RN does thorough Screen utilizing Forms
- Provides First Visit Education to Family on How to Complete Subsequent Screening
- Provides Education to Family regarding Hand Hygiene
- Provides Sticker for Siblings that are healthy with all vaccinations up-to-date.

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

BC WOMEN'S HOSPITAL+ HEALTH CENTRE **W** Sibling Health Screening Form for Children Under 12 Years of Age Affix Patient Label

0 Children who are feeling unwell or have an infection can put all of the babies in the nursery at risk. Before entering the nursery for the first sibling visit complete this form with a Registered Nurse

A. Date of Screening: ____/____/____ Time: _____

B. Name of brother/sister: _____ Age: _____

C. Are your child's vaccines up to date? Yes No
 ♦ If answer is "NO" contact the Clinical Nurse Leader/Charge Nurse

D. Select and answer one of the following questions based upon your child's age:
 If your child is 12 months to 6 years of age, has your child had 1 dose of chickenpox vaccine AND 1 dose of measles vaccine Yes No
 If your child is 6 years of age or older, has your child had the 2 doses of chickenpox vaccine AND 2 doses of measles vaccine Yes No
 ♦ If the answer is "NO" to the above selected question contact the Clinical Nurse Leader/Charge Nurse

E. Has your child had Rotavirus vaccine in the last 2 weeks? Yes No
 Date of Rotavirus vaccine: _____
 ♦ If the answer is "YES" contact the Clinical Nurse Leader/Charge Nurse

F. Has your child had the FluMist vaccine? Yes No
 Date of FluMist vaccine: _____
 ♦ If yes, have child wear a mask before entering the NICU for 7 days following date of vaccine. Inform parents to contact the Clinical Nurse Leader/Charge Nurse if their child receives FluMist in the future.

G. Registered Nurse:
 Labels this form with patient label/addressograph
 Reviews the above information and page 2 with the parent
 Reviews the subsequent visit process on page 2 with the parent so they can complete this each day the sibling comes to visit
 Confirms with parent that they do not need assistance completing page 2 for subsequent visits. If assistance is required this is noted on page 2.
 Answers any questions the parent has about sibling visitation
 Provides hand hygiene education to the parent and sibling
 _____ has received information on sibling visitation health screening
 (Print parent/guardian name)

 (Signature of Registered Nurse)

 (Print Name)

 (Date)

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PLEASE WASH YOUR HANDS

Page 2 is filled out by parent with each subsequent visit

BC WOMEN'S HOSPITAL+ HEALTH CENTRE **W** Sibling Health Screening Form for Children Under 12 Years of Age Affix Patient Label

Please Complete Page 2 Daily before Entering the Nursery,
 For Every Visit Please Answer the Following THREE QUESTIONS and Follow Instructions

FAMILY NEEDS ASSISTANCE TO COMPLETE SUBSEQUENT SCREENING. PLEASE CALL BEDSIDE NURSE FOR EVERY SUBSEQUENT VISIT TO ASSIST.

Date Question #1: Has Your Child had any change in vaccinations since the last visit to the nursery?
 If you answer "YES" PLEASE DO NOT ENTER THE NURSERY. Ask Nursing Unit Clerk to contact Clinical Nurse Leader or Charge Nurse.

Yes	No

Date Question #2: Does Your Child HAVE ANY OF THE FOLLOWING SYMPTOMS or has your Child BEEN IN CONTACT WITH ANYONE in the last week with the following symptoms?
 If you answer "YES" to any of the below symptoms your child MAY NOT VISIT AT THIS TIME.
 PLEASE DO NOT ENTER THE NURSERY. Ask Nursing Unit Clerk to Contact the Clinical Nurse Leader or Charge Nurse

Sore Throat		Cough		Runny Nose		Earache		Cold sore		Eyes: Watery Discharge		Fever		Rash		Nausea Vomiting		Diarrhea		Open sore(s)	
Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No

Date Question #3: Has Your Child Been Exposed To Any Of The Following Within The Last Month?
 If you answer "YES" PLEASE DO NOT ENTER THE NURSERY. Ask Nursing Unit Clerk to contact Clinical Nurse Leader or Charge Nurse.

Chicken pox		Shingles		Measles		Mumps		Pertussis (whooping cough)	
Yes	No	Yes	No	Yes	No	Yes	No	Yes	No

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PLEASE WASH YOUR HANDS

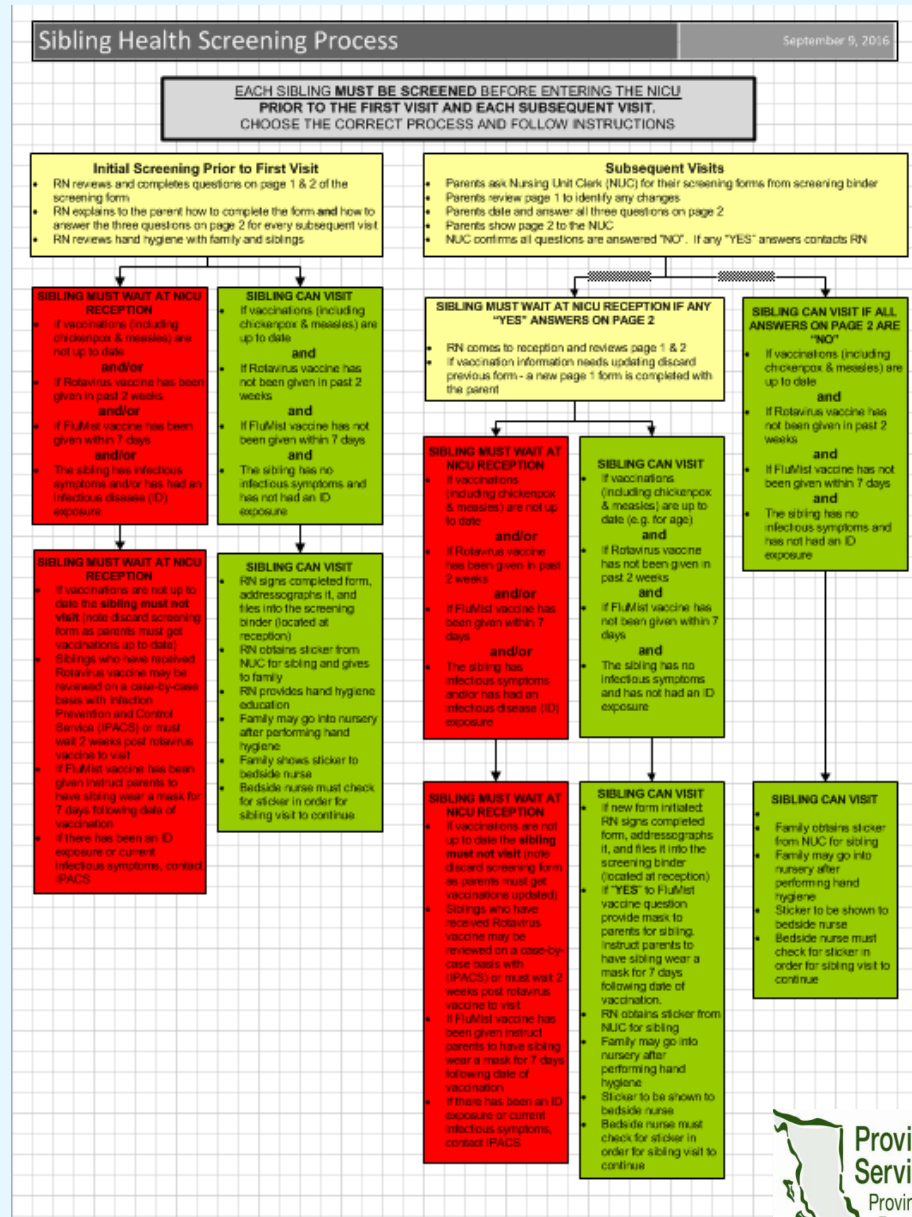
Staff education

- NICU news letter
- huddles/1-1 feedback
- formal education days
- written standard work for RN's and unit clerks



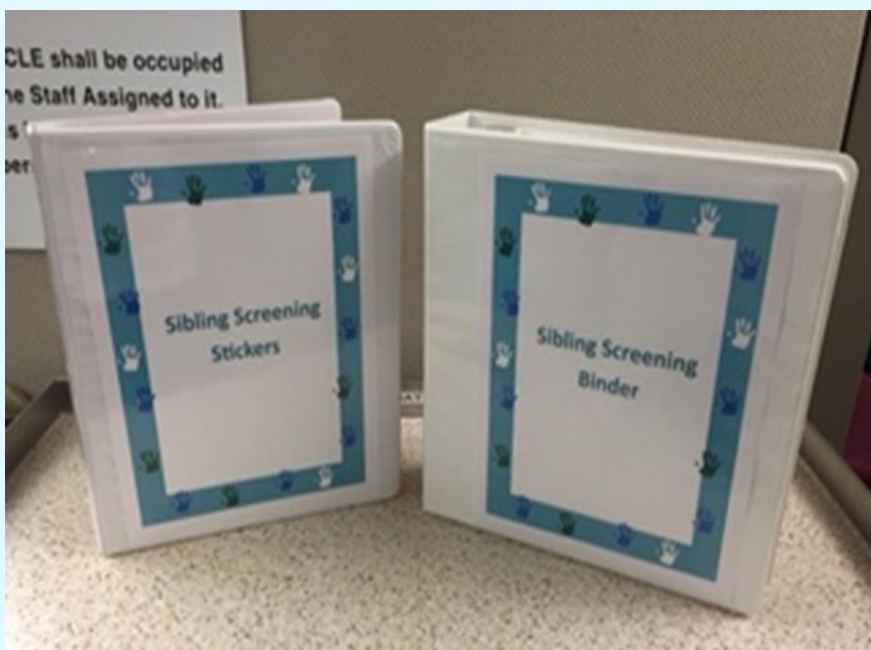
Standard work and algorithm

form located on back side of screening



Tools to support the new process...

A-Z SHS Binders; contain Immunization schedules



**BC ROUTINE IMMUNIZATION SCHEDULE
INFANTS & CHILDREN**

VACCINE	CHILD'S AGE					
	2 months	4 months	6 months	12 months	18 months	Starting at 4 years (kindergarten entry)
DTaP-HB-IPV-Hib (diphtheria, tetanus, pertussis, hepatitis B, polio, <i>Haemophilus influenzae</i> type b) HealthLinkBC File # 105	✓	✓	✓			
Pneumococcal conjugate † HealthLinkBC File # 62a	✓	✓		✓		
Rotavirus HealthLinkBC File # 104	✓	✓				
Meningococcal conjugate C HealthLinkBC File # 23a	✓			✓		
MMR (measles, mumps, rubella) HealthLinkBC File # 14a				✓		
Varicella † (chickenpox) HealthLinkBC File # 44b				✓		
DTaP-IPV-Hib (diphtheria, tetanus, pertussis, polio, <i>Haemophilus influenzae</i> type b) HealthLinkBC File # 15b					✓	
DTaP-IPV (diphtheria, tetanus, pertussis, polio) HealthLinkBC File # 15d						✓
MMRV † (measles, mumps, rubella, varicella) HealthLinkBC File # 14a						✓
Influenza HealthLinkBC File # 12d and 12e					✓*	
Hepatitis A † HealthLinkBC File # 33			✓		✓	✓ □

(6 months-4 years)

† 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 # [62a](#) for more information or speak to your health care provider.

¶ 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 need both a 2nd dose of MMR and varicella vaccines may be immunized with MMRV vaccine.

* A second dose is needed 4 weeks after the first dose if receiving vaccine for the first time.

□ Hepatitis A vaccine is offered to Aboriginal children living both on-reserve and off-reserve.

▣ 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, 2016

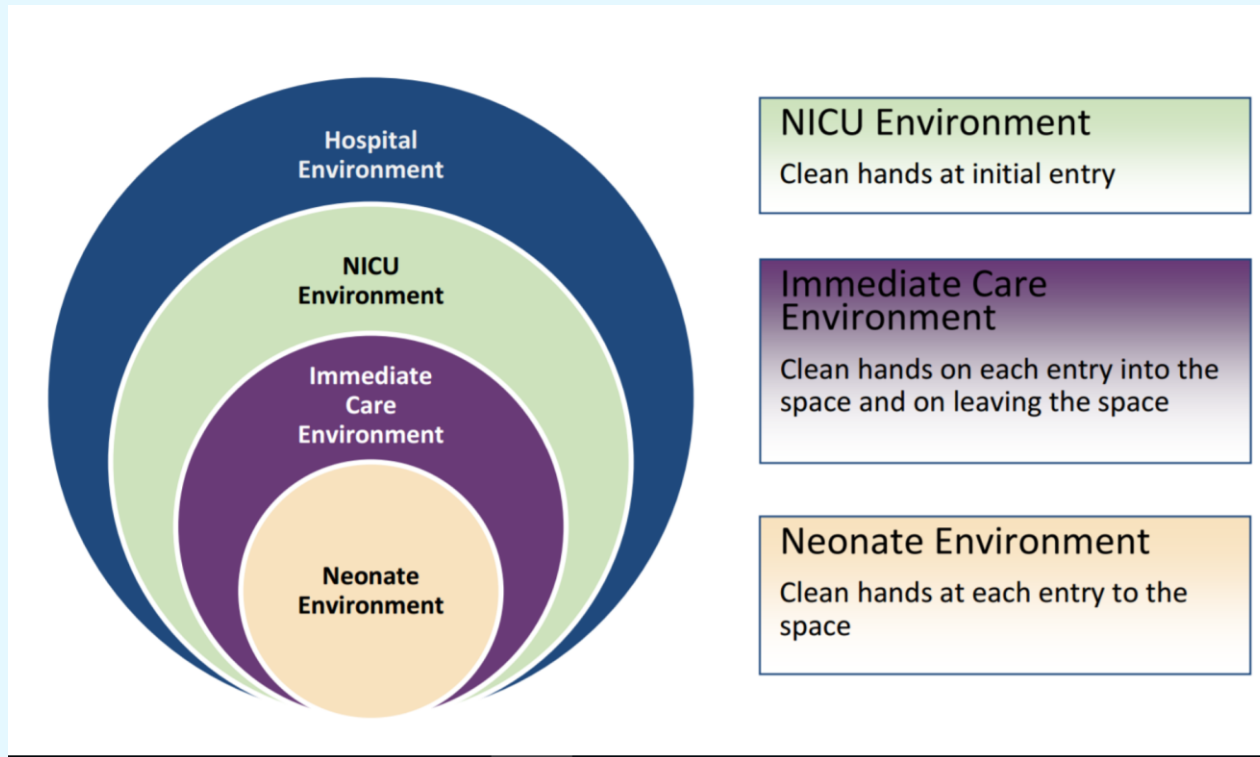
Hand Hygiene education



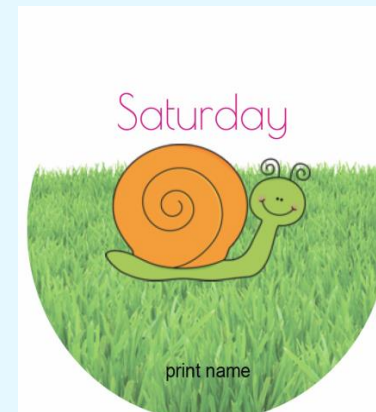
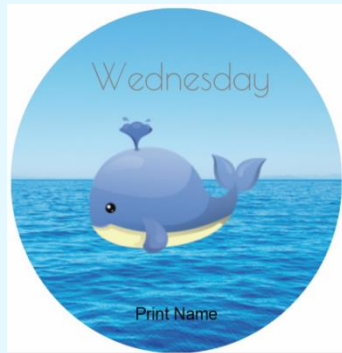
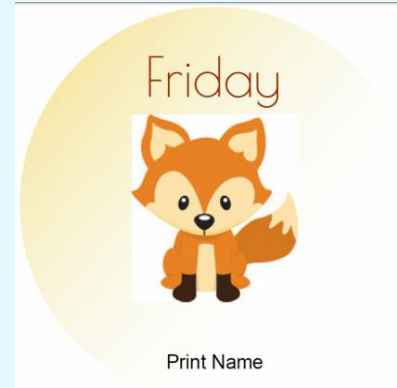
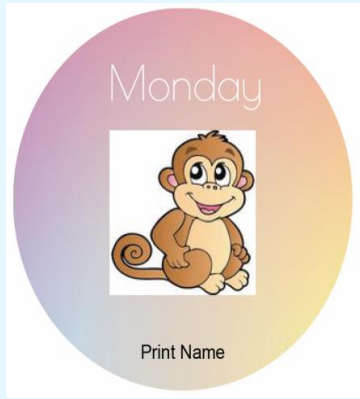
- Visitor Hand Hygiene (HH) is an important factor in preventing infections
- HH education is part of patient safety and is an important part of accreditation



NICU - Hand Hygiene

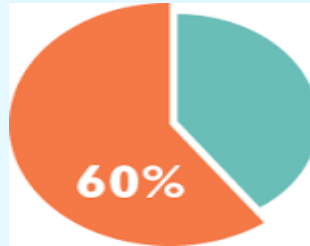


Tools to support the new process... "Sticker of the day"

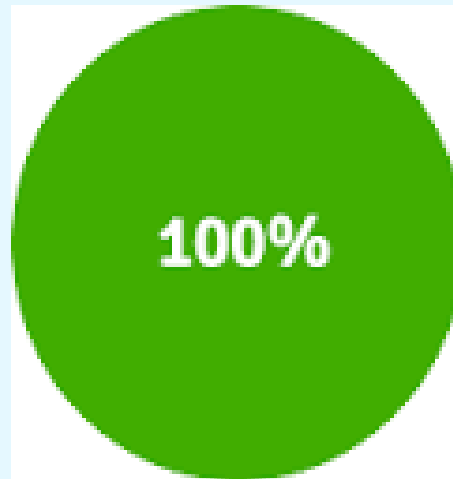


Follow-up audit January 2017

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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Dr. Jocelyn Srigley, Director PHSA IPACS, Medical Microbiologist, Infection Control Officer

Special Thank you to Laurie Streitenberger, ICP Sick Kids for the sticker idea!

