

# Family participation in strategies to reduce infection in the NICU

***PBP:** Orient the family to the NICU environment, policies and guidelines*

Map Phase: Acute

Source: Vermont Children's Hospital at Fletcher Allen Health Care

Contact: Anne Johnston, MD [anne.johnston@vtmednet.org](mailto:anne.johnston@vtmednet.org)

Our Family-Centered Care project is about reducing the risk of transmitting viral infections to patients in the NICU. The reason for choosing this project was related to cases of respiratory syncytial virus (RSV) in the NICU. Staff expressed concerns about hand hygiene practices of families and visitors. As staff were struggling to balance family-centered care practices with patient safety issues, the NICU Visitation guidelines became highly debated.

Using the quality improvement process at our institution, we developed a project charter.

## Problem Statement:

The risk of nosocomial viral infection increases with inconsistent hand hygiene practice.

## Aim:

- Increase family awareness of strategies for the prevention of nosocomial viral infection in the NICU.
- Reduce the incidence of nosocomial viral infection in the NICU

## Measures:

- 100% of families surveyed answer post-educational assessment survey correctly.
- Monitor number of documented NICU nosocomial viral infection cases monthly.
- Zero cases of RSV in NICU for the next year: August 2002 thru July 2003.

We focused on the issue of improving hand hygiene practice with families and visitors because it is something valued by all (thus winning immediate staff approval and support). It is also concrete. We suspected that many visitors confused wearing a mask as a better practice than hand hygiene when it came to transmitting cold viruses. The pre-education surveys confirmed this suspicion.

The educational strategy was to over-communicate on how germs are spread and how to do good hand hygiene. Colorful and creative notices, posters, and bedside cards were strategically placed everywhere as we worked to gain

the attention of families, visitors, and staff regarding when and how to do good hand hygiene. We adopted a slogan “Clean Hands, Healthy Babies”.

The post-educational survey results demonstrated overall improvement. Correct responses increased to 100% in the questions addressing cold prevention and hand hygiene practice. The survey responses regarding cold transmission did not show the desired improvement. The question was ambiguous in its wording.

