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OBJECTIVE

We set out to improve the delivery of family-centered care in the Neonatal Intensive Care Unit (NICU) by transitioning from restrictive visitation to an open visiting policy.

BACKGROUND

- Every year nearly 15 percent of babies born in the United States (close to a half million) are admitted to the NICU for a variety of health conditions. The most common reason is prematurity (born before 37 weeks gestation). NICU admissions also include birth defects, breathing difficulties, and infections, among other factors.
- Providing family-centered care is a priority for many NICUs, yet restrictive visitation policies are not supportive of families and can be an obstacle to family participation in care.

Prior visitation policy:

- Parents and grandparents may visit 24/7
- Parents complete visitor list
 - 2 adults that may visit without parents
 - 6 adults that may visit with parents
 - May not make changes to list
- No siblings under age 4
- Flu season restrictions allowed only parents and 2 grandparents

- Parents often requested exemptions to visitation policy, especially for siblings visits.
- Open visitation concerns included infection risk, privacy, and disruption to infant care.
- Barriers to family presence conflict with Vanderbilt's Patient and Family Promise.



SETTING

As the Regional Perinatal Center for Middle Tennessee, the NICU at the Monroe Carell Jr. Children's Hospital at Vanderbilt consists of 96 beds, offering Level IV care to critically ill infants.

- 1,500 admissions annually
- 50% surgical population
- Includes single-patient rooms and open-bay design
- FOCUS values

- Family-Centered Care**
- One Team**
- Continuous Improvement**
- Unique Environment for Children**
- Safety**

IMPLEMENTATION

- Literature review
 - Visitors do not lead to increased infection rates in neonatal intensive care
- Discussed infection risks with internal Infection Prevention and Central Line Associated Blood Stream Infection (CLABSI) Committee
- Surveyed NICU's across the country to assess visitation policies
 - No standard practice
 - Majority have restrictive visiting policies that include
 - Parents only
 - No siblings or other children
 - Limits on number at bedside
 - Visiting hours (no visitors during shift change)
- Presented findings to multidisciplinary team at the NICU Collaborative meeting
 - Open visiting trial approved for ?????? days

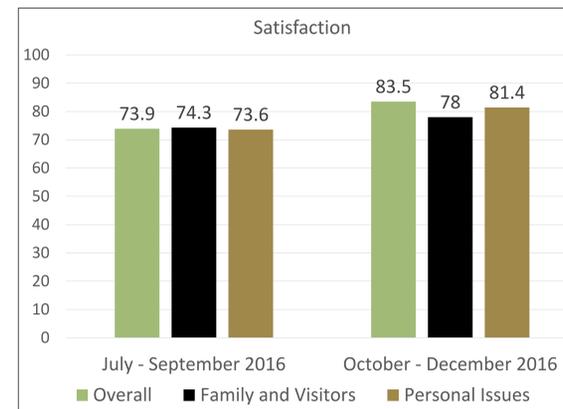
New visiting policy:

- Parents, grandparents, and great-grandparents may visit 24/7
- No visitor list
- Parents may bring in anyone to visit during hospital visiting hours 7am-9pm (exceptions may be made)
- Siblings and other children of any age welcome
- No flu restrictions
- Health acknowledgement form signed once per day

- Developed parent letter explaining visiting trial
- Developed NICU visitor guide
- Developed health acknowledgement form

OUTCOMES AND LESSONS LEARNED

- Concerns raised and results:
 - Security
 - No issues reported
 - Privacy violations
 - HIPAA compliance maintained
 - Siblings and other children disrupting clinical care
 - Nurses able to reinforce behavior expectations
 - Supervised by visiting adult
 - Portable bassinets for discharged twins
 - Sibling toy cart and iPad for child entertainment
 - Infection
 - Parents / adult visitors complete health acknowledgement screening form
 - Handwashing monitored at bedside
 - No increase in infection rate
 - Increase in surveillance labs drawn
 - 2016-2017 national flu / respiratory syncytial virus rates higher than 2015-2016
- Successes:
 - Patient satisfaction "Top Box" scores improved - the percentage of the total patient satisfaction scores rated as a "5"



- Decrease in number of 'problem' calls for nurse leaders to speak with families
- Parental presence at bedside increased
 - Parents state they love having their whole family together
 - NICU Parent Advisory Council applauded when open visitation presented
- Staff more engaged with families

NEXT STEPS

- Provide family-centered care
- Continue to track infection rates
- Assess staff satisfaction scores
- Monitor patient satisfaction scores
- Track parental presence at bedside
 - Will readiness for discharge increase and length of stay decrease with greater parental presence?



FAMILY MOMENTS



ACKNOWLEDGEMENTS

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REFERENCES

- Adams, S., Herrera, A., Miller, L., & Soto, R. (2011). Visitation in the intensive care unit: Impact on infection prevention and control. *Critical Care Nursing Quarterly*, 34(1), 3-10.
- Lee, L. A., Carter, M., Stevenson, S. B., & Harrison, H. A. (2014). Improving family-centered care practices in the NICU. *Neonatal Network*, 33(3), 125-132.
- Nuss, T. Kelly, K. M., Campbell, K. R., Pierce, C., & Entzminger, J. K. (2014). The impact of opening visitation access on patient and family experience. *Journal of Nursing Administration*, 44(7/8), 403-410.

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