Why Do NICU Nurses Come to Work Sick?

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NICU Leadership Forum April 2018

Objective

- Describe the impact of nurses providing patient care in the NICU while ill with viral respiratory symptoms.

Disclosures

- I have nothing to disclose
Introduction

- NICU nurses report to work and provide direct patient care while experiencing respiratory viral symptoms
  - Fever
  - Chills
  - Cough
  - Runny nose
  - Sore throat
  - Malaise

“*It’s just a cold*”

- Health Care Associated (HCA) spread of viral respiratory infection (VRI) is known to occur and may lead to severe complications in fragile populations such as neonates
- Transmission of VRI to neonates occurs through
  - Respiratory secretions of infected patients, visitors, and hospital personnel
  - Direct transmission from contaminated hands or equipment
- Significant outbreaks of VRI have been reported in adult and pediatric hospitals with Respiratory Syncytial Virus (RSV) and seasonal influenza being common pathogens

“I feel fine - I think I just have allergies”

- Patient factors associated with high transmission rates
  - Long hospitalization
  - Intensive care
  - Age
  - Previous exposure to antimicrobials
- Institutional factors affecting transmission rates
  - Vaccination requirements
  - Sick leave and attendance policies
  - Adequate staff resources
Why do I care?
- Arkansas Children’s Hospital (ACH) NICU experienced 4 outbreaks of Rhino/Enterovirus from January 2012 to December 2014 involving 33 patients.
- 55% required increased or prolonged respiratory support
- 75% experienced a delay of discharge
- Management of direct reports
  - "Stay home if you are sick"
  - Hospital attendance policy

Why do we care?
Common respiratory viruses identified in NICU health care acquired VRI
- Influenza B
- Rhino/Enterovirus
- Adenovirus
- Astrovirus
- Parainfluenza
- H1N1
- Coronavirus
- Picornavirus
- Metapneumovirus
- Influenza A
- RSV

Is there any guidance on best practice for NICU nurses?
- CDC
- NANN
- ANA
- Hospital Policy
- Unit Policy/Guideline
What about the patient?

- Consequences of HCAIs in neonates
  - Increased morbidity and mortality
  - Increased length of stay (LOS)
  - Increased medical costs

- Symptoms of neonatal respiratory illness
  - Poor feeding
  - Mild upper respiratory symptoms
  - Apnea
  - Pneumonia
  - Bradycardia
  - Fever
  - Need for increased respiratory support

Why are healthcare workers coming to work sick?

- Reasons given by HCW for working while ill from the literature
  - No staff available to cover absence
  - Work demands
  - Perception that symptoms are not serious
  - Financial concerns
  - Institutional attendance policies
  - Previous interactions with management

- What our nurses are saying
  - “I was going to call in but I saw that email saying we needed help today”
  - “I have too much to do”
  - “I took some ibuprofen and my fever went down - I feel fine”
  - “I won’t get my commitment bonus if I call in”
  - “I am already on a coaching for attendance”
  - “I tried to call in before and they told me to take some medicine and come in”

ACH NICU study

- 104 bed ACH NICU
  - Free standing children’s hospital
  - Average daily census 65-75 patients

- Unit Layout
  - 9 pods
  - 22 private rooms
  - 10 bed specialty pod
  - Nurse to Patient ratio 1:1 to 1:4

- Approximately 200 ACH NICU nurses
  - Introduction email with a link to a 10 question electronic survey tool
  - 90 responses received
  - 78 completed surveys that met inclusion criteria were utilized for data analysis
Do you believe that NICU nurses reporting to work sick with viral respiratory symptoms puts patients at risk?

3.9% NO

In the past year, how often did you come to work sick with viral respiratory symptoms?

Would you come to work if you had symptoms in the following categories? Choose all that apply.

- Congestion
- Sore Throat
- Rhinorrhea
- Cough
- Acute onset Symptoms
- None of the above
- Body Aches/Chills
- Fever
That's great - but we already knew that.

- The top three reasons chosen are institutional factors:
  - Fear of discipline
  - The leadership in my area is not supportive of staff that call in sick
  - I worry about whether there will be enough staff to take care of the patients

- The fourth top reason chosen is an individual factor:
  - I do not want to let my colleagues down
How can we help keep NICU nurses from coming to work sick (and infecting babies)?

- Advocate for
  - Flexible attendance policies
  - Paid sick leave
- Consider proactive staffing solutions during peak illness season
- Culture change
- Make staying at home when contagious the right thing to do
- Decrease or change communication about staffing challenges
- Communicate the impact of VRI HAIs to the NICU team
- Share VRI numbers
- Consider ACA's in infants with VRI
- Get input from your parent advisory groups

What has changed at ACH?

- Daily wellness screening for all families and visitors
- Parent and visitor hand hygiene audits
- Hospital wide VRI healthcare acquired condition workgroup formed July 2016
- Our attendance policy has changed - July 2017
  - Employee absences related to infectious or potentially infectious conditions are excused with documentation from employee's healthcare provider or occupational health

Is it getting better?

<table>
<thead>
<tr>
<th>NICU Employees</th>
<th>NICU Patients</th>
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</thead>
<tbody>
<tr>
<td>ACH NICU excused absences since JULY 2017</td>
<td>NICU patients with positive RVP since July 2017</td>
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<td>5</td>
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<tr>
<td>Confirmed Flu positive NICU employees</td>
<td>Confirmed Flu positive NICU patients</td>
</tr>
<tr>
<td>Zero</td>
<td>Zero</td>
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Are less NICU babies getting sick?

Questions?

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