



## Oral Presentations – Session 1 1045-1200 R&T Auditorium

### **Read My Lips: Implementation of a Cue Based Feeding Approach in the NICU**

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**Purpose:** 1) Optimize the quality of oral feeding experiences for neonates 2) Enhance nurse's feeding skill by responding to infant cues, neurobehavioral capacities, and individualizing care to meet infant needs 3) Encourage family involvement in feeding and promote parent infant relationship 4) Provide a documentation tool to improve consistency and communication between nurses.

**Synthesis of the Evidence:** Our multidisciplinary feeding group reviewed evidence and discussed expert opinion. We explored regional and national practice changes for cue-based feeding of infants.

**Proposed Change in Practice:** Develop a common language for use by nurses, ARNPs, physicians, therapists, and families in describing quality of oral feeding experience; standardize documentation to assess oral feeding readiness, quality of feeding and respiratory efforts, and support required for feeding.

**Implementing Strategies:** After development of inclusion criteria, we employed a staged approach to introduce the new practice and form: initially in one room of the NICU; feedback and revisions; then further rollout to other rooms. A survey of nurses assessed clarity, ease of use, and consistency of the form. This process also served to increase buy-in, test user understanding, and identify problem areas. Practice changes including the use of the documentation tool with supportive literature was formally "kicked off" at a staff education day. The creation of a user form and job aides along with periodic rounds to answer questions helped to reinforce the new practice.

**Evaluation:** Chart reviews at one and 3 months post implementation identified areas for further attention. Focused discussions during bedside feeding rounds and observation of nurse-to-nurse handoff regarding feeding, demonstrate successful execution and progress toward a shared language. Consistency of feeding plans, lessening of aversive oral behaviors, and reduction of days to full nipple feeding are planned metrics.

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### Detection and Spread of RSV in Young Children Attending Daycare

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**Purpose:** Assess the risk of spread and impact of RSV in daycare modules and determine the sensitivity of RSV detection by direct fluorescent antigen and culture compared to PCR.

**Background/Significance:** Respiratory syncytial virus (RSV) is the primary cause of hospitalization in babies <1 year of age. Increased rates of respiratory tract infections (RTIs) occur in daycare attendees, but rates of RSV-related disease in this setting haven't been explored using modern molecular detection methods.

**Methods:** Children 1-30 months of age, attending full time daycare at large daycare centers located on Fort Lewis, WA, identified as RSV +. Nasal swab PCR's for 14 respiratory viruses, including RSV, were obtained with each RTI. Kaplan Meier estimates were calculated to determine the risk of acquiring RSV infection. Sensitivity of RSV detection by rapid DFA/culture, were reviewed for children RSV + by PCR.

**Results:** Prospectively followed 101 children for 56.5 child-years. Identified RSV by PCR in 28/242 (11.5%) of the RTI's. 22/28 children were seen at a healthcare visit for symptoms, 8/22 were tested for RSV, with 3(38%) positive on either rapid antigen testing or culture. The Kaplan-Meier failure estimates in each room 2 months after the first documented RSV case were 31%, 48%, 55%, and 57%

**Conclusions/Implications:** RSV wasn't the most common virus identified in young children attending daycare, but had the greatest clinical impact. Spread of RSV within individual classrooms was rapid. Classrooms with RSV spreading, higher age was associated with the most rapid spread and prevalence of RSV infections. Further investigation of risk factors influencing spread is needed to targeted interventions within daycare settings. Sensitivity for RSV testing using rapid DFA/culture was poor, with over 60% missed. Suspicion for RSV infection guided by time of year/symptom complex may be useful to base treatment and anticipatory guidance recommendations to limit the spread of RSV.

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### **YMCA-Based Healthy Lifestyle Program for Overweight and Obese Youth and Their Families**

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**Objective** To assess eating and activity behavior change and child BMI within a community-based healthy lifestyle program for overweight or obese 8-14 year olds and their parents.

**Methods** Few programs in accessible community settings provide secondary prevention for overweight youth who are at highest risk of weight-related morbidities. Based on social-cognitive theory and implemented with a motivational interviewing framework, Strong Kids Strong Teens was developed as an interdisciplinary partnership between Seattle Children's Hospital and the YMCA of Greater Seattle to enhance healthy lifestyles for overweight/obese youth and their families. Delivered at YMCAs, the curriculum includes physical activity, nutrition skills and motivational coaching provided in 90-minute sessions twice weekly for 12 weeks. The program targets low-income communities with greater health disparities. Participants completed pre-, 3-month, and post-program surveys examining eating behaviors, screen time, and physical activity. Paired T-test and Fisher's exact chi-square assessed behavior changes. Pre and post BMI Z scores were available by chart review for 14 youth.

**Results** From 2004-2007, 95 children participated in 10 Strong Kids Strong Teens programs; 95% were obese ( $\geq 95^{\text{th}}$  percentile BMI) and 73% were non-White. Improvements in child physical activity and healthy parent behaviors were observed among 42 youth with completed pre- to 3-month measurements (Table). 11 of 14 youth with BMI data (78.6%) had a decrease or no change in BMI Z score. Youth continue to enroll as the program expands (189 participants to date); assessments of changes in health behaviors and BMI are ongoing.

**Conclusions** Preliminary results of this YMCA-based healthy lifestyle program for ethnically- diverse overweight and obese youth and their parents demonstrate improvements in eating behaviors, screen time, and physical activity. A subset of children also had a decrease or maintenance of BMI. Future program research will include a controlled trial further assessing efficacy and potential for ongoing dissemination across YMCAs.

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## Oral Presentations – Session 1 1045-1200 R&T Auditorium

### **Intensive Care Unit (ICU) Patient and Family Advisory Council: Changing the Unit Culture**

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**Purpose:** An ICU Patient and Family Advisory Council (PFAC) was established for our Medical/Surgical/Transplant and Cardiothoracic ICUs as a means to shift the culture of our units toward patient and family centered care. Our aim was to engage current and former patients and families as advisors on the council and then to partner with them to develop innovative programs that would improve patient, family and staff satisfaction.

**Description:** Our PFAC began with intensive planning, staff outreach and education including concepts central to patient/family centered care. Staff then nominated patients/families for the PFAC. After screening potential advisors, the ICU PFAC met initially in March 2008. Membership consists of 16 current/former patients and family members, 4 ICU RNs, Social Work, MD, Director of Patient Care and Nurse Managers. We sought to understand from patients/families their ICU care experience and their ideas for improvement. Meeting monthly, we brainstormed and prioritized areas for improvement. Over 14 months we have completed a multitude of projects, all planned and implemented by patients/families in partnership with staff. Projects included: staff education by our patient advisors; a "Getting to Know Me" poster placed in patient rooms; a comprehensive 40-page ICU manual for patients/families; funding for a comfort tray program for families with loved ones who were dying; and the PFAC helped author/implement a policy regarding family presence during emergency resuscitation. Recently, we implemented a volunteer liaison program, in which volunteers make ICU rounds providing education, emotional support and guidance to our patients and families.

**Results / Evaluation:** The primary method of evaluation for this project has been feedback from ICU Patient and Family Advisors and Liaison volunteers. This feedback, gathered monthly at PFAC meetings, tells us that our interventions have made a difference. Specifically, we hear that patients and families feel better informed and know what to expect; feel more welcome and involved in the care; and that emotional needs are being better met. One important outcome of this project is the realization that current patient satisfaction scoring systems are not sensitive enough to the ICU experience; we are currently in the process of implementing a new system to collect real-time data from patients and families.

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