

Dear Colleagues,

We are pleased to inform you that we have completed the analysis of surveys for the Consortium for Congenital Cardiac Care - Measurement of Nursing Practice (C4-MNP) state of practice assessment regarding PPE Usage During COVID-19

The purpose of the C4-MNP state of practice assessment regarding PPE usage was to describe the current state of practice changes due to COVID-19. To be able to share information about how each center is approaching issues surrounding double beds, PPE supplies, and testing.

The survey questions were developed by Jason Thornton RN, DNP, CPHQ, NE-BC of Boston Children's Hospital.

The invitation to participate was sent to 41 C4-MNP centers and 32 completed the survey for a response rate of 78 percent. Below, please find the aggregate result report.

We would like to extend our heartfelt appreciation for your continued commitment to this collaborative as we work to improve outcomes for pediatric cardiovascular patients and their families.

Sincerely,

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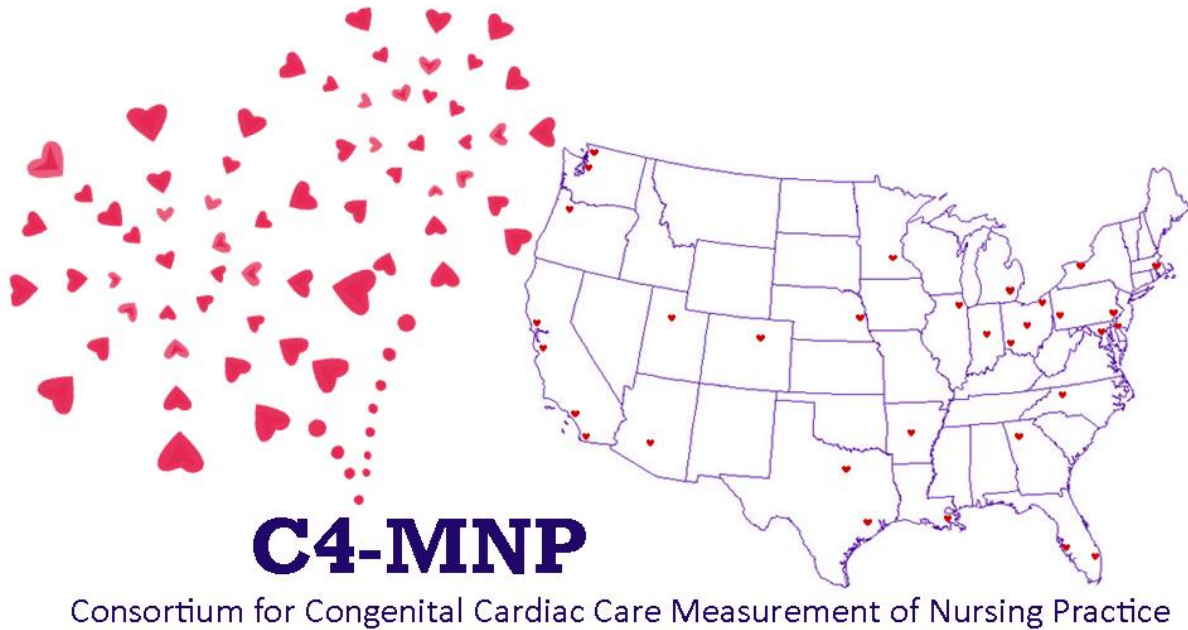
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# Consortium for Congenital Cardiac Care – Measurement of Nursing Practice

## State of Nursing Practice Assessment Aggregate Result Report:

*State of Policy and Practice During COVID-19*

June 24, 2020 – July 10, 2020



### **Project Team:**

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## Executive Summary

### Survey Overview

Over the course of the COVID-19 pandemic, hospitals across the country massively scaled back elective procedures, overhauled safety protocols, and implemented rapidly changing personal protection equipment (PPE) recommendations disseminated by the Center for Disease Control (CDC). Given the variation in implementation of updated PPE and “ramping up” practices state to state, there was growing interest in understanding the current state in the midst of the COVID-19 pandemic, as this information is not readily available nor routinely publicly reported. The goal of this assessment was to capture a broad yet thorough understanding of the current state of safety protocols and PPE utilization practice within pediatric health care institutions across the consortium. The survey contained two demographic questions and 10 practice questions divided into 2 sections: Policies and Double Rooms.

### Key Findings

41 sites received the survey with 32 sites responding, resulting in a 78% response rate. Twenty-eight respondents were from pediatric cardiac ICUs, two were from mixed CICU/PICUs, and two were from mixed acuity or acuity adaptable units. The individual respondents varied across several different roles, the majority of which were staff nurses, clinical nurse specialists, nurse educators, nursing administrators, and were predominantly bedside nurses followed by nurse practitioners, clinical nurse specialists and nurse educators. Below are key findings of the survey:

- **Policy**– 100% of respondents have an existing policy for PPE that has been updated since the beginning of the pandemic. 100% require universal masking for staff, 56.3% for patients, and 93.8% for visitors. 90.6% of institutions screen all staff and visitors prior to entering the hospital, with 75% performing temperature checks. 34% require eyewear when others were not masked, with 100% requiring eyewear for aerosol generating procedures.
- **Double Rooms**– Only 18.8% of the hospitals are utilizing double rooms, 100% of which tested patients. Only 33.3% of these tested the parents and 33.3% tested visitors.

### Conclusion & Next steps

There is some variation in practices across the institutions in safety and PPE protocols. An opportunity for reviewing the efficacy of these different measures exists over the coming months in order to identify any impact each may have on staff and patient safety, and potentially identify best practices. Next steps include sending out another survey to the same institutions to see if any of their practices change over the next few months.

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## Demographics

**Question 1.** Please describe your unit.

Respondents (N=32)	
Unit	Frequency (%)
PICU	2 (6.3)
CICU	28 (87.5)
Mixed Acuity or Acuity Adaptable	2 (6.3)
Acute Care or Step-Down	0 (0.0)

**Question 2.** What is your current job title?

Respondents (N=32)	
Unit	Frequency (%)
Staff Nurse	5 (15.6)
Clinical Nurse Specialist	8 (25.0)
Nurse Educator	10 (31.1)
Nurse Practitioner	1 (3.1)
Nursing Scientist	1 (3.1)
Nursing Administrator	5 (15.6)
Other	2 (6.3)

*Of those responding 'Other,' the resources are:*

Resources	Frequency
Quality Improvement Specialist	1
Nursing Professional Development Specialist	1

## Policies

**Question 3.** As a result of COVID-19, has your hospital updated PPE policies related to suspected or confirmed COVID-19 patients?

Respondents (N=32)	
PPE Policy	Frequency (%)
Yes	32 (100.0)
No	0 (0.0)

**Policies (continued)**

**Question 4.** Does your hospital require universal masking for (check all that apply):

<b>Respondents (N=32)</b>	
<b>Universal Masking</b>	<b>Frequency (%)</b>
All Staff	32 (100.0)
All Patients	18 (56.3)
All Visitors	30 (93.8)
No Universal Masking	0 (0.0)

**Question 5.** Does your hospital screen all staff and visitors prior to entering the hospital?

<b>Respondents (N=32)</b>	
<b>Screening</b>	<b>Frequency (%)</b>
Yes	29 (90.6)
No	3 (9.4)

**Question 6.** Does your hospital include temperature screening for staff and visitors?

<b>Respondents (N=32)</b>	
<b>Temperature Checks</b>	<b>Frequency (%)</b>
Yes	24 (75.0)
No	8 (25.0)

**Question 7.** Does your hospital require eyewear when patients/visitors are not masked?

<b>Respondents (N=32)</b>	
<b>Eye Wear</b>	<b>Frequency (%)</b>
Yes	11 (34.4)
No	21 (65.6)

**Question 8.** Does your hospital require eyewear for aerosol generating procedures (AGPs)/respiratory procedures?

<b>Respondents (N=32)</b>	
<b>AGPs</b>	<b>Frequency (%)</b>
Yes	32 (100.0)
No	0 (0.0)

## Double Rooms

**Question 9.** Does your hospital utilize double rooms?

<b>Respondents (N=32)</b>	
<b>Double Rooms</b>	<b>Frequency (%)</b>
Yes	6 (18.8)
No	26 (81.3)

**Question 10.** If so, do you test patients?

<b>Respondents (N=6)</b>	
<b>Test patients</b>	<b>Frequency (%)</b>
Yes	6 (100.0)
No	0 (0.0)

**Question 11.** If so, do you test parents?

<b>Respondents (N=6)</b>	
<b>Test parents</b>	<b>Frequency (%)</b>
Yes	2 (33.3)
No	3 (66.7)

**Question 12.** If so, do you test visitors?

<b>Respondents (N=6)</b>	
<b>Test visitors</b>	<b>Frequency (%)</b>
Yes	0 (33.3)
No	4(66.7)

**Question 13. Additional Comments/Information:**

<b>Respondents (N=14)</b>	
<b>Comments</b>	<b>Frequency</b>
Temperature screening for staff is self-report, temperatures are NOT taken upon entry for staff. I am not sure about patients.	1
Double rooms are only in the acute care (non-ICU areas) and are not used for suspected or confirmed COVID-19 patients. Patients are masked when developmentally appropriate and when outside their room.	1
We do not have any double rooms. COVID positive patients and COVID pending patients are isolated in areas separate from other patients. Elective surgical patients require COVID testing prior to surgery.	1
Our hospital just started using double rooms.	2
In the CICU we are required to wear protective eye wear whenever we are within 6 feet of a patient (this is with universal masking in place). For a patient on enhanced contact droplet precautions we wear an N95 for aerosol generating procedures	1
Eye wear is required anytime a healthcare worker is within 6 feet of a patient - regardless of COVID status. face shield must be used anytime a patient is on any type of isolation precautions.	1
Unsure about the double room question. in the ICUs they are all single. I believe most of the general care beds are singles as well but not 100%	1
Masking is required for all parents/visitors and patients > 2 years of age,	1
Double rooming was not utilized during pandemic.	1
All patients are screened on admission. Patients over the age of two are encourage to wear a mask when appropriate. The use of double rooms is avoided but utilized as needed to meet capacity needs. Parents are screened daily for symptoms on the unit not upon entrance to the hospital. Staff are not screened. Temperature screening is not utilized for staff or visitors.	1
Eye protection required when providing direct patient care (doing an assessment, suctioning etc.), not just being in the room.	1
We have one set of double rooms per pod and are typically used for siblings or when our census is high.	1
Only the tested parents are currently allowed to visit in doubled rooms.	1