

# Breaking Down Walls in the NICU

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With Thanks to our NICU nurses for welcoming us into their fold <3

## Who We Are

- OT and SLP
- 50+ years of therapy experience
- We LOVE all things NICU
- We work at a Level II Trauma hospital on the Treasure Coast of Florida and the only Level III NICU in our region
- Diverse region with many Spanish-speaking and Creole-speaking families
- Lower SES area of the community – our parents often have very limited resources
- Started with 0.1 FTE consult(15 bed open bed unit)

## Walls We Encountered

### Rehab Walls:

- Therapists can be snooty, resistant to training new people, and territorial
- Some therapists focus on years of university training, feeling their opinions are more valuable than those of nurses
- Current therapists can be very resistant to and threatened by change
- Maintaining balance – difficult to juggle rehab units and productivity with flexibility in the NICU, assisting nursing, providing developmentally supportive care, and being a team player (lots of late nights documenting)
- orders were rare and based on identified problems (poor feeding, deformities), therapy was problem-based and reactive, with minimal understanding of developmentally supportive care
- each discipline operated in silos, with minimal interaction and no cross training we- NICU was added to our day as able, appointment-based, rarely at round, team did not know us
- Almost no time for supporting and educating parents

### Nursing Walls:

- Experienced and tired RNs, trained in the old ways (volume driven, frog posture)
- NIGHT SHIFT...
- Unit closed twice per day 630-730 – Skin to skin limited due to these hours
- Are we Rehab or Nursing? Now we go to both huddles, meetings, and social events, ...but our main priority is our NICU unit.
- Nursing disinterest in therapy training; they respond better to NANN and AAP info and education
- Some nurses were defensive, resistant, did not “see the point,” did not value our services, and saw therapy as an added stressor for the infants

### Our own Personal Walls:

- Trying to fit into two different departments
- Juggling productivity with nursing needs – much of our day is not “billable”
- (the unbillable time can be the most helpful to the team)
- Balancing work vs. family – huge commitment of time and money to train
- Behind the scenes planning, developing programs, researching the latest and greatest – usually off the clock
- Avoiding burnout – we are open to suggestions!

## Establishing Our Foundation

We now have 3.0 FTE therapy staff in a 15 bed unit

### Rehab:

- Our manager and director were crucial to our progress – freedom and support
- Implemented a Developmental Care model
- Proactive orders, some standing orders – even in the absence of “problems.”
- Approach NNPs first – can be very effective cheerleaders!

### Nursing:

- We go straight to the unit - **no phone calls!** Schedule in person in the morning with each nurse, and check again right before session (things change: babies can become unstable quickly, changes happen in rounds, parent requests)

### Tips:

- Cupboard for our nurses and RTs: chocolate bin (2lb per week, 5lb.per week around holidays), gum, sugar free options, poo-pourri, fun adulting stickers
- Be present all day - warming milk, cleaning isolettes, assisting parents with PPE, answering doors and phones, acting as a tech when needed, lending helping hands, being a runner, getting the MD in an emergency
- We requested computers IN The unit (between Levels II and III) – easy to ask us for a helping hand, vent to us, BE ACCESSIBLE
- The regular NICU therapists try to alternate days off when possible
- HOVER in the units between cares – great time for impromptu education of staff and parents
- Volunteer sewing teams for isolette covers, scent cloths, pillow cases
- Therapy team approach – we are stronger together (therapists share responsibility for rounds, share costs, share ideas, and make suggestions)
- Be Switzerland – our desk is between both units, we are neutral and listen to a lot of concerns
- Be available to lend a listening ear and support. Keep confidences confidential!

## A nod to COVID 19 – this aided our cause!

- We eat IN The unit for safety
- Wear the same clean scrubs as the nurses, not therapy scrubs with a gown
- We stay on the Mother-Baby floor
- Now work similar shifts (10-12 hours)
- Monitor hand washing/PPE at the door (for parents and outside staff) since our work station is by the door

## Building on Our New Foundation: Future Directions

- training new staff – personality and attitude are more important than “interest” and experience (new therapists all seem to want a piece of the NICU action); are they willing to train on their own time and with their own dime?
- formal automatic orders
- SENSE implementation – 2022 (we hope)
- reclining chair that elevates for Skin to Skin with infants on oscillator
- Parent packets (while in, and discharge) in a variety of languages
- Parent apps (such as MyPremie)
- Weekly parent support meetings
- video parents doing therapy activities with their infants
- swaddled bathing and massage with a dedicated Panda warmer?
- improve education and support of night shift
- therapists moving towards cross training via CNT rather than PT, OT, SLP
- have been asked to develop formal training for therapy in our hospital system
- continue assisting with admissions, involved in the Golden Hour when able, educating parents prior to delivery if they are admitted
- continue Infant Driven Feeding training – new staff need to be trained
- Expand on nursing skills days

## Tips

### We introduced/implemented:

- New equipment (positioning, feeding systems, pacifiers, skin to skin)
- Skin to skin standing transfers
- Therapy POCs at bedside
- Selecting and training new therapists – personality and attitude is **critical**
- Appointments for Skin to Skin
- 2-person cares at bedside
- Tortles and fluidized positioners – improved head shapes at discharge
- Formal (skills days) and informal nurse education (at times just in conversation)

**Products we like:** fluidized positioners (Spry is reusable), dandle roo lites for disposable positioners, Dr. Brown’ bottle systems, MAM preemie 1 and preemie 2 pacifiers (for infants even under 1000g and intubated), jolly pop pacis (regular size) designed by same person that made the Soothie, but better for side lying and attachable, Z-flo covers, patterns for isolette covers, Tortles, Turtle tub, swaddled bathing cloth pattern from Creative Therapy Consultants, NEO, Magnet boards, Therapy POC cards at bedside, hand made scent cloths

**Favorite gift ideas:** NICU badge buttons, retractable pens and sharpies, anything with their name or unit on, funny adult stickers, clipboards, wine glasses with NICU on, BREAKFAST, coffee, chocolate,

## Dos and Don’ts

- Do – talk them up to their management
- Don’t - ever complain about them to other nurses or management
- Do – use mistakes as teachable moments
- Don’t – write them up (EVER)
- Do – look to nurses as the baby’s team lead
- Don’t – correct them in rounds
- Do – huddle as an equal team member
- Don’t – give info to docs without discussing with baby’s RN first
- Do – learn as much about the equipment as you can
- Don’t – say “this is not my baby/problem/phone call to answer.”
- Do – listen to their input on feeding
- Don’t – discredit their opinions even if they are inexperienced
- Do – keep communication boards simple and clear
- Don’t – add too much information – it will be ignored
- Do – always remember it is a privilege to work alongside them – NICUs can run without us, but without nurses there would be no NICUs.
- Do – appreciate they have skills and knowledge we don’t
- Don’t – point out your years of university education compared to theirs
- Do – learn as much about the medical aspects as you can to be of assistance and integrated into the team
- Don’t – look disinterested in rounds
- Do – learn where supplies are located
- Don’t – say “I’m just therapy.”
- Do – celebrate NICU Nurse’s Week, NNPs week, birthdays, accomplishments and holidays – **WE ARE FAMILY**
- Do -- plan group outings at various times (bowling, kayaking, dinner)

## References

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