

Improving communication, education and parent satisfaction with NICU discharge

September 15 2017

Parents whose children have lengthy stays in the neonatal intensive care unit (NICU) dream of one day taking their baby home. But the actual day of NICU discharge can be an overwhelming experience for both families and hospital staff. Starting discharge education early, communicating in ways attuned to families' needs and using a classroom setting to teach parents hands-on skills they need to care for their newborn independently can improve parents' satisfaction with the discharge process, according to a study presented during the 2017 American Academy of Pediatrics (AAP) national conference.

"There is a lot of innovation that occurs in our NICU that comes from really listening to our [parents](#)," says Michelande Ridoré, M.S., program lead in Children's Division of Neonatology. "They tell us things that we would have never conceived. We're thinking about processes from the clinicians' perspective. Beyond caring for the child, we care for the family and speaking with parents can help to improve care today and in the future."

With discharge, the first hint of a problem in the NICU came from lagging Press Ganey scores, measures of families' satisfaction with their overall hospital experience. Parents whose very sick infants had round-the-clock care felt overwhelmed by the array of skills they needed to learn to replicate that care at home. NICU staff determined the root cause of the problem and, using the Institute for Healthcare Improvement's Model for Improvement, former NICU parents, nurse educators, family support specialists and quality improvement managers

crafted strategies to ameliorate them.

Already, Children's NICU parents can "room in," sleeping in their child's room overnight as discharge nears in order to practice caring for a child with complex care needs. Children's goal was to increase the number of discharge education sessions so that 90 percent of parents would receive discharge guidance more than 24 hours before their newborn was released from the NICU. The sessions included such staples as how to bathe and feed newborns who often were intubated; the benefits of skin-to-skin contact that characterizes kangaroo care; the child's diagnosis and immunization status; optimal placement while sleeping; a hearing test and a car seat test, among other information.

"When we speak with parents, they said 'I had no idea my car seat expired. I had no idea I needed to stay for a car seat test. You had an x, y and z list for me to take my child home. Now, I've interacted with someone who told me about that check list and how important it is,' " Ridoré says.

Many parents received the one-hour sessions in a classroom setting. On the door to their child's room, they received alerts indicating whether they had completed courses. Beside the bed was a poster to help track progress toward discharge goals.

According to the study authors, the initiative boosted the number of parents who received discharge training in the 24 hours prior to discharge by 27 percent, a figure that grew over time to a 36 percent boost in such timely communication. Satisfaction scores improved and, in interviews, NICU staff said the process improvements streamlined how much time it takes to prepare families for discharge.

"Preparing parents for discharge in a classroom setting was a successful way to increase the number of families who receive this education

before their child prepares to leave the NICU," Ridoré says. "Families and nurses are happy. In the next phase of this research, we will quantify improvements in satisfaction and further refine pre-[discharge](#) training sessions."

More information: * "Reducing the burden of discharge training and education for neonatal intensive care unit nurses and families" 6 p.m. to 8 p.m. (CT)

Provided by Children's National Medical Center

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