

From hospital to home: Rooming-in program provides peace of mind for families and nurses

January 10 2023



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A novel rooming-in program at Children's Healthcare of Atlanta provided greater peace of mind for families of infants with critical

congenital heart disease (CCHD) and the pediatric nurses preparing the infants for discharge.

The transition to home for infants who require complex care can be overwhelming for [caregivers](#), who need to absorb large quantities of unfamiliar material in a short time. They often need to quickly gain skills, such as safe medication administration, feeding regimens, respiratory management, wound care, and how to recognize early signs and symptoms of worsening issues.

The hospital's 35-bed pediatric cardiac acute care unit developed the program in 2019 as a way to address gaps in caregiver knowledge and better involve caregivers in the care plan. Rooming-in allows a caregiver to remain with their infant for 24 hours prior to [discharge](#), giving them an opportunity to learn specific skills related to their child's care and practice them under a nurses' guidance.

"Nurses' Perceptions of a Novel Rooming-in Program for Infants With Critical Congenital Heart Disease" looks at the program from the nurses' point of view, identifying benefits and barriers, and offering insights for potential improvements. The study is published in the *American Journal of Critical Care (AJCC)*.

The study details the overarching themes that arose during focus group discussions with 13 nurses who participated in the rooming-in program and provided care to infants with CCHD and their caregivers.

"Nurses must feel confident and competent in their ability to provide training and education to caregivers of infants with medically complex conditions," Shackleford said. "The quality of discharge education and care coordination are important elements for a successful transition to home, and participants pointed to how this program improved both family and nursing outcomes."

Among the improved nursing outcomes, participants expressed greater confidence in preparing caregivers for discharge and feelings of increased [nurse](#) satisfaction. They agreed that the program directly led to improvement in families' ability to safely care for their infants at home.

The program also improved organization of the discharge process and led the way to better care coordination, notably between nurses and the discharge coordinator. Participants mentioned better communication and collaboration between nurses, discharge coordinators, other providers and caregivers, paving the way for a smooth transition home.

Although nurses described many benefits for patients, nurses and families, they also identified areas in which the rooming-in program could be improved. Developing a way to better measure caregivers' abilities, beyond simply passing or failing specific skills tests, could contribute to more productive conversations and clearer language. They also offered suggestions for reviewing the experience with the caregivers and being able to customize the program to ensure that each family receives training that matches their learning needs.

The researchers used a specific framework to organize the results—looking at reach, effectiveness, adoption, implementation and maintenance (RE-AIM)—and found it an effective way to translate research to practice and help improve a program's ability to work in real-life settings.

More information: Jenna Shackelford et al, Nurses' Perceptions of a Novel Rooming-in Program for Infants With Critical Congenital Heart Disease, *American Journal of Critical Care* (2023). [DOI: 10.4037/ajcc2023790](#)

Provided by American Association of Critical-Care Nurses (AACN)

Citation: From hospital to home: Rooming-in program provides peace of mind for families and nurses (2023, January 10) retrieved 25 April 2024 from

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