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Shawna Blix  
_Providence St. Vincent Medical Center_, shawna.blix@providence.org

Lisa Fellin  
_Providence St. Vincent Medical Center_, lisa.fellin@providence.org

Beth Yanamura  
_Providence St. Vincent Medical Center_, elizabeth.yanamura@providence.org

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Supporting the Discharge Transition from NICU to Home

Shawna Blix, BSN, RN, Lisa Fellin BSN, RNC, Beth Yanamura, ADN, RNC
Providence St. Vincent Medical Center, Portland, Oregon

Purpose
To use evidence-based practice to improve the scheduling process of Providence Mother Baby Clinic (PMBC) appointments for Providence St. Vincent Medical Center (PSVMC) NICU graduates. For NICU mothers with a discharging NICU infant, is educating and increasing involvement in the lactation appointment scheduling process more effective than self-scheduling, in order to increase the number of completed NICU graduate appointments?

Method
The target population included mothers of NICU graduates. Babies of pre-intervention mothers graduated from NICU November 2016 through February 2017; babies of post-intervention mothers graduated from NICU March – April 2017.

NICU graduate mothers were contacted after their PMBC visit, surveyed, and asked a series of post-intervention questions regarding their appointment and understanding of the PMBC support services.

1. Before your baby was discharged from the NICU, did you meet with a scheduler to make an appointment with the Providence Mother Baby Clinic?
2. Did you receive a paper sheet with your appointment and information about the clinic from the scheduler?
3. After your baby was discharged from the NICU, did you follow up with the Providence Mother Baby lactation clinic?
4. Was it helpful to have the appointment in place prior to your baby’s discharge?
5. Did the information you received prior to discharge help you to understand the services the clinic has to offer?

Based on the baseline results, a new appointment scheduling process with these steps was developed and implemented:
• The NICU physician identifies infant discharge date and notifies care team.
• The Mother Baby scheduler contacts the lactation team daily to verify infants preparing for discharge within 1-3 days.
• The lactation consultant solidifies the discharge breastfeeding plan and emphasizes the importance of the follow-up appointment for continued support.
• The scheduler coordinates a follow-up appointment with the mother, and provides an information sheet with the appointment and clinic services provided. The scheduler documents the appointment on the infant’s discharge summary.

Results
During the baseline time period, 116 infants discharged home from the PSVMC NICU. Of these, 32 (28%) self-scheduled PMBC clinic appointments were completed.

The 32 baseline NICU graduate mothers who completed a PMBC appointment were called following their appointment. Eighteen (56%) mothers completed the survey. Most (83%) reported that they were aware of the services provided by the clinic and most (78%) stated that it would have been helpful to have the appointment in place prior to discharge.

Following implementation of the new scheduling process, 29 (85%) of the 34 NICU graduates discharged home scheduled a PMBC clinic appointment and 18 (53%) PMBC clinic visits were completed.

All 34 NICU graduate mothers were phoned following their Providence Mother Baby Clinic appointment and 22 (65%) completed the survey.

The graph shows the increase in appointments scheduled from 28% pre-intervention to 85% post-intervention and the increase in appointments completed from 28% pre-intervention to 85% post-intervention.

In addition, 90% of the post-intervention mothers reported that the understood the scope of the services provided by the PMBC to support transition from NICU to home.

Comments from the survey of NICU graduate mothers about the new appointment process:
“arousing the scheduling process was a smooth transition for us.”
“The discharge process is so overwhelming with all you have to do when you leave...to have to make one more phone call...”
“Discharge is so overwhelming, anything that can help is appreciated.”

Discussion/Conclusions
This study showed that communicating with the mother, through an educational handout prior to discharge, and assisting mothers with scheduling follow-up appointments, resulted in a higher percentage of completed appointments. Of the 40% uncompleted visits, some mothers stated that they stopped breastfeeding, other reasons stated were transportation and child care.

This study was not able to capture those graduates that followed up at another clinic or office. The data and literature review support continuation of this practice change for NICU graduate follow-up appointments.

The authors’ recommendation to increase the completed visit rate would be to continue to assist mothers, prior to discharge, in scheduling their appointment and emphasizing the importance of the visit and services provided.

Reference