

ABSTRACT

Sending an infant home from the neonatal intensive care unit (NICU) without proper discharge education can lead to serious consequences for the infant and family (¹). The problem identified is that NICU discharge education is not universally standardized, and this can lead to incomplete education. Research has demonstrated that when discharge education is consistent, patient outcomes improve (²). Well structured, consistent NICU discharge education has the power to help parents to feel confident and prepared when they bring the infant home. The purpose of this MSN project is to create and provide standardized discharge educational materials for Primary Children's Hospital NICU. Through surveys and staff meetings the new discharge education will be introduced and implemented. This project also provides recommendations regarding the dissemination and integration of the project into the hospital and the potential for further outreach. This project can better prepare parents to care for their infants after they are discharged from the NICU through education.

PICO QUESTION

Does a standardized educational program for parents within the first five days of having a newly admitted newborn(s) to the Newborn Intensive Care Unit (NICU) improve parent knowledge and self-advocacy?

LITERATURE REVIEW

A literature review was conducted to determine best practices regarding the creation of an appropriate NICU discharge education plan. A priority was to ensure parents understand and can safely care for their infant at home. The literature review provided three overarching themes related to the focus of safety upon discharge.

- Parental readiness for discharge (³)
- Specific education requirements (⁴)
- Relieving parental anxiety (⁵)

Standardizing and Specializing NICU Discharge Education for Parents

Rachel Hanks, BSN, RN, MSN Student

PROJECT METHODOLOGY

This project highlights the necessity for standardized and specific NICU discharge education. A PowerPoint was developed to provide a more systematic approach to educating parents. The new PowerPoint allows families to receive continuing education throughout their NICU stay to increase parental readiness for discharge and improve patient outcomes after discharge (⁶). Surveys will be sent out to parents and NICU nurses to determine the effectiveness of the PowerPoint education. This educational program could result in less anxiety for parents and decreased infant readmission rates (⁷). This project will enable nurses and parents to have a voice in the development of discharge education materials to ensure they are practical and purposeful. Overall, this project can provide a positive NICU experience and improve the likelihood of a safe transition home for NICU infants and parents.

Plan and Implementation

The following process for the deliverables will be utilized to modify NICU discharge educational materials:

- Reviewing the results of the pre-assessment surveys
- Create new discharge education materials
- Present new materials to nursing staff
- Finalize the materials based on manager and nursing feedback
- Disseminate the educational materials
- Send out the post-assessment survey

Evaluation

- Compare data from the pre and post-assessment surveys by parents and NICU nurses
- Survey comments, concerns, and suggestions will help identify gaps in the educational materials that need improvement
- Modify presentation following survey results
- Integrate into NICU nurse practice
- Disseminate information to other NICUs in the area



Photograph from Microsoft PowerPoint, 2021



(Photograph from Microsoft PowerPoint, 2021)

THEORETICAL FRAMEWORK

- Promoting Action on Research Implementation in Health Services (PARIHS) Framework provides a concept map to address evidence, context, and the facilitation of implementation (⁸).
- The PARIHS framework can function as either an evaluative tool or a checklist before and after implementation.
- This framework is applied to NICU discharge education because it can be continuously utilized to facilitate changes as new discharge information becomes available.

CONCLUSIONS

NICU infants discharged with inadequate discharge education are at a high risk for potential complications at home (¹). Nurses must provide consistent education to parents prior to discharge to minimize this potential. The PowerPoint developed is a more systematic approach to educating parents at the bedside throughout the entirety of the NICU stay. The surveys will enable nurses and parents to have a voice in the development of the education materials. This new educational program can provide for a positive NICU experience by increasing parental readiness for discharge and improving patient outcomes after discharge.

REFERENCES

1. Burnham, N., Feeley, N., & Sherrard, K. (2013). Parents' perceptions regarding readiness for their infant's discharge from the NICU. *Neonatal Network*, 32(5), 324–334. <https://doi-org.10.1891/0730-0832.32.5.324>
2. Hutchinson, A. M., Wilkinson, J. E., Kent, B., & Harrison, M. B. (2012). Using the promoting action on research implementation in health services framework to guide research use in the practice setting. *Worldviews on Evidence-Based Nursing*, 9(1), 59–61. doi: 10.1111/j.1741-6787.2011.00238.x
3. Joshi, P., Joshi, M., Seth, N., Deorari, A. K., & Anand, P. (2019). Enhancing the quality of discharge counselling and reducing the unnecessary neonatal follow-up visits: A quality improvement initiative. *Nursing Journal of India*, 110(6), 252–256.
4. Neyestani, A., Saedi, R., Salari, M., & Karbandi, S. (2017). The effect of implementing a discharge program on quality of life of mothers with premature infants. *Journal of Evidence-Based Care*, 7(1), 60–71. doi: 10.22038/ebcj.2017.21095.1482
5. Penn State. (2021, August, 14). Babies continue to progress at Penn State Hershey Medical Center. *Penn State News*. <https://news.psu.edu/gallery/253485/2010/10/20/babies-continue-progress-penn-state-hershey-medical-center>
6. Purdy, I. B., Craig, J. W., & Zeanah, P. (2015). NICU discharge planning and beyond: recommendations for parent psychosocial support. *Journal of Perinatology*, 35, 524–528. <https://doi-org.10.1038/jp.2015.146>
7. Quinn, J. M., Sparks, M., & Gephart, S. M. (2017). Discharge criteria for the late preterm infant. *Advances in Neonatal Care*, 17(5), 362–371. doi: 10.1097/ANC.0000000000000406.
8. Raines, D. A. (2013b). Preparing for NICU discharge: Mothers' concerns. *Neonatal Network*, 32(6), 399–403. <https://doi-org.10.1891/0730-0832.32.6.399>
9. Rio, L., Tenthorey, C., & Ramelet, A.-S. (2021). Unplanned postdischarge healthcare utilization, discharge readiness, and perceived quality of teaching in mothers of neonates hospitalized in a neonatal intensive care unit: A descriptive and correlational study.
10. Sayers, J. (2019, December, 23). 10 facts to know about tummy time with your baby. *Babygaga*. <https://www.babygaga.com/parenting-tummy-time-useful-facts-baby/>