Nurses’ Perception of Discharging the Medically Complex Pediatric Patient

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- Christina Ashburner (Clinical Research Coordinator)
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Objectives

By the end of this session, participants will be able to:

• Recognize how the demographics of patient populations impact healthcare

• Summarize facilitators that nurses encounter when discharging the medically complex pediatric patient

• Summarize barriers that nurses encounter with discharging the medically complex pediatric patient

• Evaluate how the role of the CNS acts as a catalyst for innovative change
Little bit about me.....

- 24 years of pediatric nursing experience
- 1 of 5 CNSs
- Scope of accountabilities
A few facts and figures...

• Non-profit pediatric hospital governed by community leaders from across the Valley, including from Stanislaus County

• 330-bed main hospital campus in Madera, plus three satellite NICUs (28 beds total) in Merced, Fresno, and Hanford

• One of the busiest emergency departments in California (100,000+ visits annually)

• Pediatric Residency Program in partnership with Stanford University School of Medicine

(Valley Children’s Healthcare, 2019)
A few more…

- Level IV Neonatal Intensive Care Unit
- Level II Pediatric Trauma Center
- Pediatric ECLS Center
- Central California’s only Level 4 Epilepsy Center
- U.S. News and World Report recognition in multiple specialties
- Magnet Nursing Designation

(Valley Children’s Healthcare, 2019)
Our Population

Within the immediate 4 counties, approximately:

- 28% of adults do not have a high school diploma
- 33% of children live in poverty
- Only 28% of 4th grade students score proficient in reading
- 75% are of an ethnicity other than Caucasian
- 25% live in families where English is the second language
- 76% of inpatient/outpatient visits are covered by Medi-Cal

(Valley Children’s Healthcare, 2018)
Our Population

Our Community Health Needs Assessment identifies our population needs the following items addressed

• Child Maltreatment
• Childhood Obesity Prevention
• Community Capacity
• Developmental Disabilities
• Family Support
• Mental Health
• Primary Care
• Unintentional Injury

(Valley Children’s Healthcare, 2018)
1.3 million children in our service area; 12 counties; and 45,000 square miles
Catalyst for Innovation
Introduction

(Trujillo, 2016)
Introduction

Discharge is especially complex for this population

- Education
- Assessing Plan of care
- Scheduling follow-up appointment
- Coordinating post-discharge services
- Medication plan
- Trouble-shooting problem

(Trujillo, 2016)
Background

- 11 million children in the US with complex medical needs
- 10% of population account for hospital admissions
- 25% of hospital days
- 50% of readmissions

(Leyenaar, O’Brien, Leslie, Lindenauer, & Mangione-Smith, 2017; Spratling, 2017)
Purpose of the Project

To assess the perceptions of the barriers and facilitators acute care and house resource nurses face when discharging medically complex children who will require continued care at home.
Literature Review


- Discrete Choice Experiment (14 discharge components)
- 704 participants from 46 states
- “Discharge Education/Teach-Back”; “Involve Child’s Care Team”


- Semi-structured interviews (23 family caregivers/16 healthcare)
- 7 domains accounted for priorities and preferences
Theoretical Framework

Pender’s Health Promotion Model

• Individual characteristics and experiences
• Behavior-specific cognitions and affect
• Behavioral outcomes

(Masters, 2018)
Methods

- Descriptive mixed methods research design via online survey
- October 1, 2018 to December 31, 2018
- Inclusion: All acute care and house resource pool nurses (~290 nurses)
- Exclusion: NICU, PICU and Ambulatory Division
Methods

• Survey Development

• Twenty Four questions in total
  • 15 – Frequency of nurses’ experiences
  • 3 – Nurses’ Satisfaction with discharge process

• Eight of the questions allowed for open-ended comment

• Data Analysis
  • Quantitative data (numeric, percentages)
  • Qualitative data (content analysis)
Results

Nurse Responses

- 75 Acute Care
- 15 HRP
Results

Years of Nursing Experience

- <1: 2
- 1-5: 33
- 6-10: 14
- 11-15: 14
- 16-20: 12
- >20 yrs: 15
Results

Types of Patients

<table>
<thead>
<tr>
<th>Type</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical</td>
<td>38</td>
</tr>
<tr>
<td>Surgical</td>
<td>17</td>
</tr>
<tr>
<td>Oncology</td>
<td>14</td>
</tr>
<tr>
<td>Rehabilitation</td>
<td>8</td>
</tr>
<tr>
<td>Other</td>
<td>12</td>
</tr>
</tbody>
</table>
Results

Shift Worked

- Days: 62
- Nocs: 28
## Results

### Quantitative Findings

<table>
<thead>
<tr>
<th>Questions How often do you find that:</th>
<th>TOTAL (n)</th>
<th>Never (%)</th>
<th>Very Rarely (%)</th>
<th>Rarely (%)</th>
<th>Occasionally (%)</th>
<th>Very Frequently (%)</th>
<th>Always (%)</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>3. Discharge plans and goals are discussed during handoff communication between nurses from shift to shift?</td>
<td>90</td>
<td>0%</td>
<td>1%</td>
<td>3%</td>
<td>33%</td>
<td>58%</td>
<td>4%</td>
<td>100%</td>
</tr>
<tr>
<td>7. Educational materials (handouts, videos, etc.) are provided to families in the appropriate language?</td>
<td>86</td>
<td>0%</td>
<td>5%</td>
<td>6%</td>
<td>26%</td>
<td>57%</td>
<td>7%</td>
<td>100%</td>
</tr>
<tr>
<td>12. In your perception, medically complex pediatric patients are discharged when parents are ready to assume care at home?</td>
<td>82</td>
<td>0%</td>
<td>2%</td>
<td>1%</td>
<td>18%</td>
<td>65%</td>
<td>13%</td>
<td>100%</td>
</tr>
<tr>
<td>14. Medication regimens are reviewed with patients/caregivers of medically complex patients prior to discharge?</td>
<td>82</td>
<td>0%</td>
<td>2%</td>
<td>5%</td>
<td>15%</td>
<td>48%</td>
<td>30%</td>
<td>100%</td>
</tr>
</tbody>
</table>
# Results

## Quantitative Findings

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<th>Always (%)</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Discharge goals are reviewed and discussed between nurses and providers?</td>
<td>90</td>
<td>1%</td>
<td>3%</td>
<td>9%</td>
<td>39%</td>
<td>43%</td>
<td>4%</td>
<td>100%</td>
</tr>
<tr>
<td>5. &quot;Teach-back&quot; (where parents state in their own words information you have provided) and/or &quot;show-me&quot; (where parents demonstrate skills that you have taught) methods are used with patients/caregivers to ensure understanding of instructions provided?</td>
<td>90</td>
<td>1%</td>
<td>4%</td>
<td>4%</td>
<td>37%</td>
<td>42%</td>
<td>11%</td>
<td>100%</td>
</tr>
<tr>
<td>6. Educational materials (handouts, videos, etc.) are readily available?</td>
<td>86</td>
<td>1%</td>
<td>2%</td>
<td>10%</td>
<td>28%</td>
<td>47%</td>
<td>14%</td>
<td>100%</td>
</tr>
<tr>
<td>9. Resource nurses, when assigned to a unit, provide assistance with the discharge process of medically complex patients?</td>
<td>86</td>
<td>7%</td>
<td>6%</td>
<td>8%</td>
<td>29%</td>
<td>34%</td>
<td>16%</td>
<td>100%</td>
</tr>
<tr>
<td>13. Medications for medically complex patients are filled prior to discharge?</td>
<td>82</td>
<td>1%</td>
<td>5%</td>
<td>7%</td>
<td>34%</td>
<td>37%</td>
<td>16%</td>
<td>100%</td>
</tr>
<tr>
<td>15. Medical equipment that will be used in the home is available for patients/caregivers to demonstrate and troubleshoot prior to discharge?</td>
<td>81</td>
<td>2%</td>
<td>7%</td>
<td>9%</td>
<td>28%</td>
<td>46%</td>
<td>7%</td>
<td>100%</td>
</tr>
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</table>
## Results

### Quantitative Findings

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<th>Very Frequently (%)</th>
<th>Always (%)</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. The electronic medical record provides a clear understanding of discharge coordination between the physician, nurse, case manager, social work, etc?</td>
<td>90</td>
<td>0%</td>
<td>17%</td>
<td>13%</td>
<td>37%</td>
<td>32%</td>
<td>1%</td>
<td>100%</td>
</tr>
<tr>
<td>4. Discharge teaching is initiated on admission?</td>
<td>90</td>
<td>2%</td>
<td>13%</td>
<td>19%</td>
<td>33%</td>
<td>26%</td>
<td>7%</td>
<td>100%</td>
</tr>
<tr>
<td>8. Interpretive services (via person, telephone, or video) are available and easily accessible for discharge teaching for medically complex patients?</td>
<td>86</td>
<td>0%</td>
<td>7%</td>
<td>14%</td>
<td>42%</td>
<td>26%</td>
<td>12%</td>
<td>100%</td>
</tr>
<tr>
<td>10. Parents/caregivers of medically complex pediatric patients verbalize they are not prepared or confident to take care of their child at home?</td>
<td>86</td>
<td>3%</td>
<td>5%</td>
<td>23%</td>
<td>49%</td>
<td>23%</td>
<td>1%</td>
<td>100%</td>
</tr>
</tbody>
</table>
Results
Quantitative Findings

16. How satisfied are you with the education and information provided with transition from hospital to home of medically complex patients by the multidisciplinary team (case management, home care, and vendors)?

- Very Dissatisfied (%): 1%
- Dissatisfied (%): 18%
- Neither...: 20%
- Satisfied...: 56%
- Very Satisfied...: 5%
17. How satisfied are you with the discharge education you are able to provide at the bedside to patients and/or parents of children with medical complexities?

- Very Dissatisfied (%): 1%
- Dissatisfied (%): 10%
- Neither: 28%
- Satisfied: 56%
- Very Satisfied: 5%
Results
Quantitative Findings

18. How satisfied are you with the amount of time you are able to spend to provide discharge education to patient/caregivers of medically complex patients?

- Very Dissatisfied (%): 5%
- Dissatisfied (%): 39%
- Neither: 25%
- Satisfied (%): 28%
- Very Satisfied: 3%
Results

Qualitative Findings

- 8 open ended questions
- 465 written comments!
Content Analysis

Themes

• Facilitators
  • Resource Nurses
  • 24 to 48 Hour Rooming in Care
  • Care Conferences

• Barriers
  • Not Knowing the Plan of Care
  • Lack of Time
  • Lack of Understanding Parent Disposition
Not Knowing the Plan of Care

Unclear discharge goals were identified as a barrier to discharge planning/teaching

- “Sometimes the plan of care is not clear between physicians, family, and nursing”
- “When discharge is uncertain, because of uncertain diagnosis, or what the patient will need when they go home. Example, patient may or may not be going home with a PICC. Patient may or may not be going home on NG tube feeding”
Lack of Time

• “More time. Teach back and show-me both require extra time of nurses”

• “Having a team with a patient with complex medical issues can be very challenging. It is especially hard to prepare a family for discharge on a busy team because you can only spend 15 minutes at a time with family for teaching, if even that….in the past we didn’t have so many complex patients and so it was easier to coordinate time but now kids have many issues and a lot of coordination is required and with so much charting and monitoring it makes it difficult”
Lack of Understanding
Parent Disposition

The family can present with their own barriers

- **Language**
  - “We need more Spanish interpreters available”

- **Emotional**
  - “Often I think the emotional complexity of some of the chronic or newly diagnosed (oncology) patients creates a barrier to discharge teaching. If we start teaching when the parents are overly emotional or the patient is too ill it is (teaching) quickly forgotten”
Implications For Practice

Solutions to bridge gaps:

- Not Knowing the Plan of Care (in process)
  - Care Boards (discharge date and goals)
  - Celebration rounds (daily huddle)
- Lack of Time
  - Dedicated resources to parent education
    - Family Learning Center (Simulation)
    - Dedicated “Discharge Nurse”
- Parent Disposition
  - Utilize and educate on interpreter modalities
  - Facilitating emotional services early
Conclusions

Discharging medically complex patients is a complicated process; however, there are interventions that can assist in ensuring a fluid transition from hospital to home.

- Understand what is happening at the point of care
- Support providing solutions to the barriers based on feedback
Limitations

- 31% response rate
- Concurring LEAN project
- Potential confusion with a standard vs. complex discharge
References


References


