

F1: Increasing Digital Outreach to Promote Early Initiation of Discharge Education for Families in the Cardiac PICU

Abstract

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Background: Caregivers of patients with congenital heart disease (CHD) who have never been home before require extensive discharge education to promote positive outcomes. Discharge teaching should be started early, incorporate technology, and provide caregivers with unlimited access to educational materials. Currently, at a large Midwestern pediatric research hospital, discharge teaching for this population is being postponed until late in a patient's admission, and caregivers cannot access discharge education materials unless they are at the bedside. The result is an overwhelming discharge education process for families.

Purpose: The Digital Care Activity (DCA) is a new application within the electronic health record (EHR) at this hospital that provides caregivers with unlimited access to educational materials. The purpose of this project is to evaluate the effectiveness of the DCA as a tool to promote early initiation of discharge teaching for patients with CHD who have never been home before.

Methods: This study was implemented over a 14-week period in the hospital's 24-bed CICU. Bedside nurses were educated on how to assign caregivers the required Infant CPR and Safe Sleep discharge education via the DCA. The DCA sample ($n=9$) was comprised of patients who had never been home before who were admitted to the CICU during the implementation period. The pre-DCA sample ($n=9$) was comprised of patients from the same population who were admitted before the DCA was a part of the EHR. A retrospective chart review was completed to compare the average number of days from the date a patient was extubated to the date that discharge education (specifically on Infant CPR and Safe Sleep) was initiated. The averages were compared between the samples to state on average, how many days earlier discharge education was initiated for caregivers who received education with the DCA versus caregivers who did not.

Results: In the pre-DCA sample, there was an average of 21 days from extubation to Infant CPR education initiation, and an average of 16 days from extubation to Safe Sleep education initiation. There was an average of 2.1 days from extubation to both Infant CPR and Safe Sleep education initiation in the DCA sample. Caregivers received Infant CPR education 90% earlier ($p<0.05$) and Safe Sleep education 86.9% earlier ($p>0.05$) in their child's admission when nurses used the DCA to assign education.

Conclusions: Using the DCA was successful in helping nurses initiate discharge teaching earlier in a patient's admission, supporting a more evidence-based approach to discharge teaching on the unit. This study will act as a catalyst for future quality improvement studies to further refine the discharge education process in this hospital's CICU.

Keywords: discharge education, discharge teaching, pediatrics, congenital heart disease

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