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Assessing the Need for a Multidisciplinary Patient and Family Education Pediatrics Inpatient Rehabilitation Setting

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Abstract:

Patient and family education is a critical component of successfully managing the complex pediatric patient. The literature reveals that a comprehensive patient/parent education program, beginning upon admission, enhances staff engagement and can transform care at the bedside. Further, providing early access to multi-modal education and emotional support decreases the anxiety of parents at the time of discharge when they find themselves thrust into the new role of medical caregiver. Despite the tremendous need for research and best-practice models in this area, there is a gap in the literature describing comprehensive education programs implemented prior to discharge for medically fragile children living with complex disorders.

Due to a number of converging factors (including discharge delays, patient/family satisfaction, standard of care, best practices, and transformative bedside care) our pediatric acute rehab facility began to identify the need for a formal education program. To better identify specific and quantifiable needs, an ad hoc multi-disciplinary committee (nursing, child life, respiratory therapy, social work), with the support of nursing leadership, implemented a qualitative and quantitative assessment of education and support. We surveyed all staff nurses, nursing assistants, parents, and other allied disciplines (child life and respiratory therapy) to determine perceived education and support needs, learning preferences, teaching styles, and other related factors. Review of existing educational materials was also part of the assessment. Results across all stakeholders overwhelmingly favored early access to multi-disciplinary, multi-modal education for patients and parents. As expected, learning and teaching styles varied considerably. Further, review of existing educational materials revealed an area in significant need of revamping and consideration. Findings were presented to nursing management and other members of the leadership team and the committee was given permission to create a pilot program.

The objective of the pilot education and support program (beginning Q2 2017) is to focus on the most common topics of education including NG placement, medication administration and trach/vent care on the inpatient infant and toddler unit. The goals of the pilot program are to 1) decrease length of stay, 2) improve patient/family satisfaction and other measurable outcomes and 3) create a standardized process for parent/patient education that can be applied to other education needs. Upon completion of the 6 month pilot, the program parameters will be expanded to include other educational topics needed for self-management at discharge (including wound care and self-catheterization) and broadened to address the school-age/adolescent population.

Title:

Assessing the Need for a Multidisciplinary Patient and Family Education Pediatrics Inpatient Rehabilitation Setting

Keywords:

Intraprofessional Education and Collaboration in the Clinical Setting, Patient Family Education and Pediatric Acute Rehabilitation

References:

Will supply on request

Abstract Summary:

Patient and family education is a critical component of successfully managing the complex pediatric patient. The literature reveals that a comprehensive patient/parent education program, beginning upon admission, enhances staff engagement and can transform care at the bedside. Early access to multi-modal education and emotional support decreases the anxiety at discharge

Content Outline:

Introduction

Patient and family education is a critical component of successfully managing the complex pediatric patient. The literature reveals that a comprehensive patient/parent education program, beginning upon admission, enhances staff engagement and can transform care at the bedside. Further, providing early access to multi-modal education and emotional support decreases the anxiety of parents at the time of discharge when they find themselves thrust into the new role of medical caregiver. Despite the tremendous need for research and best-practice models in this area, there is a gap in the literature describing comprehensive education programs implemented prior to discharge for medically fragile children living with complex disorders. Due to several converging factors (including discharge delays, patient/family satisfaction, standard of care, best practices, and transformative bedside care) our pediatric acute rehabilitation facility recognized the need for a formal education program.

Methods

To better identify specific and quantifiable needs, an ad hoc multi-disciplinary committee (nursing, child life, respiratory therapy, social work), with the support of nursing leadership, implemented a qualitative and quantitative assessment of education and support. This assessment had multiple components.

Results

Results across all stakeholders overwhelmingly favored early access to multi-disciplinary, multi-modal education for patients and parents. As expected, learning and teaching styles varied considerably by both patient and instructor. A comprehensive literature review demonstrated a significant gap for Further, review of existing educational materials revealed an area in significant need of revamping and consideration. Findings were presented to nursing management and other members of the leadership team and the Patient & Family Education Committee (PFE) was formalized and given permission to create a pilot program.

Next Steps/Action Plan/Future Research

The goals of the pilot program are to

1. Decrease length of stay
2. Improve patient/family satisfaction and other measurable outcomes
3. Create a standardized process for parent/patient education that can be applied to other education needs.

The committee determined five areas for immediate attention:

1. Prioritize topics for patient/family education for the Infant and Toddler Unit
 1. Nasogastric tube
 2. Medication administration
 3. Tracheotomy care and change
2. Review best practices in the literature for each educational topic
3. Review of existing education policies
4. Creation of printed teaching materials
5. Determine appropriate sources for grants/project funding

In addition, three masters prepared nurses with an interest in patient and family education were identified and joined the newly formalized Patient & Family Education Committee. These nurses act as a resource for reviewing best practices, newly created materials and changes in policy.

The PF has identified four long term goals for the education project. They include:

1. Collection and measurement of outcomes data
2. Expand educational materials to include additional topics and to address an older population
 1. Wound care
 2. Self-catheterization
3. Outreach to community-based visiting nurses to share respiratory (trach care and emergency procedures) training
4. Publication of program process and outcomes to contribute to the literature

Conclusion

The gap in the literature surrounding best practices for inpatient pediatric rehabilitation patient and family education prior to discharge is minimal. While this information can be surmised from different sources, there is no comprehensive point of reference. In addition, the medically fragile population also requires significant psychosocial support for both patients and their families. These parents often begin their journey with a healthy child and in addition to coping with the diagnosis now must learn to become caregivers for complicated medical care procedures as well. The goal of this program is to improve multiple outcome measures at our institution and to increase the knowledge in the discipline.

First Author

Diane H. Carey, MNS
 Blythedale Children's Hospital
 Clinical Nurse Educator
 Valhalla NY
 USA

Professional Experience: The authors on this poster have extensive experience in nursing, education, childlife, social work and respiratory therapy. This presentation is an example of what collaboration in team work can accomplish in the clinical setting. I have 31 years of Pediatric experience and 5 years educational experience. I am a new member of the Blythedale team, my role at Blythedale Children's Hospital is a Clinical Nurse Educator. As an adjunct Clinical Pediatric instructor I believe the outcome of the presenting project is of utmost importance, because it demonstrates a collaborative effort in changing a process with in a clinical setting.

Author Summary: This poster presentation has many authors all of which have been instrumental in the development of this project. This presentation is a real time example of Intraprofessional Education and Teamwork

Second Primary Presenting Author

Primary Presenting Author

Melissa Shemek, MSN, RNC-NICU
Blythedale Children's Hospital
Director of Nursing Education
Valhalla NY
USA

Professional Experience: Melissa's expertise is in working with students, clinical nurses, and families when learning how to care for their medically fragile infant or child in the healthcare setting. Melissa's experience spans from the bedside to the classroom. Melissa has a passion for parents and families when teaching them to care for their infant or child, to working with new and experienced nurses. Melissa enjoys 'teaching how to teach'.

Author Summary: Melissa is an experienced nurse educator and certified Neonatal Intensive Care Nurse. Melissa has taught as an adjunct faculty member for Columbia and NYU's nursing programs in New York. Melissa's other work experiences include working in specialty areas including pediatrics, pediatric intensive care, as a traveling nurse and has volunteered on medical missions. Melissa is currently working on her dissertation to obtain the degree of Doctor of Educational Leadership with Specialization in Curriculum and Instruction.

Third Author
Arleen Ott, BSN, RN, CPN, WCC
Blythedale Children's Hospital
Nursing Director of Infant Toddler Unit
Valhalla NY USA

Professional Experience: Arleen has been a pediatric nurse for over 25 years. Arleen has clinical and managerial experience working with a medically fragile children. Arleen has worked with families and patients to provide high quality care when educating parents how to take care of their medically fragile child.

Author Summary: Arleen Ott, RN, BSN is the Nursing Director for the Infant/Toddler Unit. She obtained her Bachelors of Science Degree in Nursing from Thomas Edison State University. Arleen is currently enrolled in a Master's Program. Arleen has received the Rising Star Nursing Award, the Daisy Nursing Award and the Circle of Excellence Award in Teamwork. Arleen is certified in Wound Care and Pediatrics. She is a member of the American Organization of Nursing Executives (AONE).

Fourth Author
Alyssa Tiedemann, MSN, RN
Blythedale Children's Hospital
Registered Nurse
Valhalla NY
USA

Professional Experience: I hold my Masters in Nursing Education. I have worked as an RN at Blythedale Children's Hospital for 8 plus years. Over the years I have participated in educating our parents and families to care for their medically fragile children on a regular basis. This is an area that I not only love but have a true passion for. As we continue to develop this program I am excited to see where we can take this project and know what a positive impact we can have on both out patients and their families.

Author Summary: Alyssa is a staff and charge nurse at Blythedale Children's Hospital where she has worked for 8 plus years. She has obtained her Masters in Nursing Education and has a love and passion for teaching. One of the highlights of her professional is educating parents to care independently for their medically fragile children. She also works as a clinical adjunct instructor for Pace University and thoroughly enjoys seeing students blossoming into young nurses.

Fifth Author

Lisa Moffa, MSN, RN, CPN, WCC
Blythedale Children's Hospital
Nursing Supervisor
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USA

Professional Experience: Lisa's expertise is in working with families learning how to care for their medically fragile children in order to take them home from the hospital setting. Lisa also has a passion for teaching current and future nurses. Her experience includes precepting students on a one-on-one basis to complete their senior practicum hours, orienting new registered nurses on the clinical unit, and also teaching clinical groups of students in the hospital setting. Lisa has a passion for education and falls more in love with teaching everyday.

Author Summary: Lisa is an experienced nurse and is certified in Pediatrics. Lisa has taught as a clinical adjunct professor, student preceptor, and preceptor for new nurses on her unit. Last year, Lisa graduated with an MSN in nursing education. Lisa recently accepted a position as nursing supervisor and cannot wait to impact nursing practice on a new level.

Sixth Author
Marcella Stanzione, MSN, RN, CPN
Blythedale Children's Hospital
Registered Nurse
Valhalla NY
USA

Professional Experience: Marcella has been a nurse for seven years, becoming an asset on the unit as a preceptor to both new nurses and nursing students. Marcella continues to be an education resource on the floor for all staff members, and makes herself available to provide continuing education for her unit.

Author Summary: Marcella is an enthusiastic nurse who has a great passion to educate and further the knowledge of both students and staff. Marcella enjoys learning about and developing new programs that will assist both families and staff to care for the pediatric population.

Seventh Author
Katie Walsh, MSW, LCSW
Blythedale Children's Hospital
Director of Social Work
Valhalla NY
USA

Professional Experience: Over 16 years of experience working with medically fragile children and their families as it relates to learning how to care for their children and securing appropriate services for a successful transition to home.

Author Summary: Katie Walsh, LCSW, serves as Director of Social Work and Care Coordination at Blythedale Children's Hospital. She received her Master of Social Work from Hunter College School of Social Work. While overseeing daily operations of the department, Ms. Walsh is a liaison between families and hospital staff to address adjustment to hospitalization and discharge planning. She has over 16 years of experience.