

The NICU Transition Point Checklist: A Tool to Improve Discharge Planning

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1 Background

In the last few years, JHH NICU staff have reported dissatisfaction with the current discharge process. Factors associated with the findings include communication, safety, accountability, and coordination of services. Since the challenges with the discharge process were identified, an initiative team was tasked with designing tools for improvement. The NICU Transition Point Checklist (NTPC) was one tool developed for the medical team to track physiologic milestones, medical interventions, and social services required before patients could be discharged. Other such tools have been shown to increase satisfaction in the discharge process (Cagan & Meier, 1983). This project follows up staff satisfaction with the discharge process after NTPC intervention.

2 Objectives

The objectives for this project served two purposes:

- To compare staff satisfaction related to the discharge process pre- and post- intervention.
- To determine areas of improvement within the NTPC to promote usability.

3 Methods

A survey distributed to NICU staff in August 2012 was repeated in December 2013*. Permanent NICU staff from all disciplines were invited to participate (RN, RT, SW, MD, Case Management). The surveys addressed satisfaction with the discharge process and documentation, availability for parent teaching, workload management and allocation. Additional survey questions about the NTPC and a "comments" section were added to the August 2012 survey for specific feedback on how to improve usability of the the discharge tool.

I am satisfied with the discharge process overall.

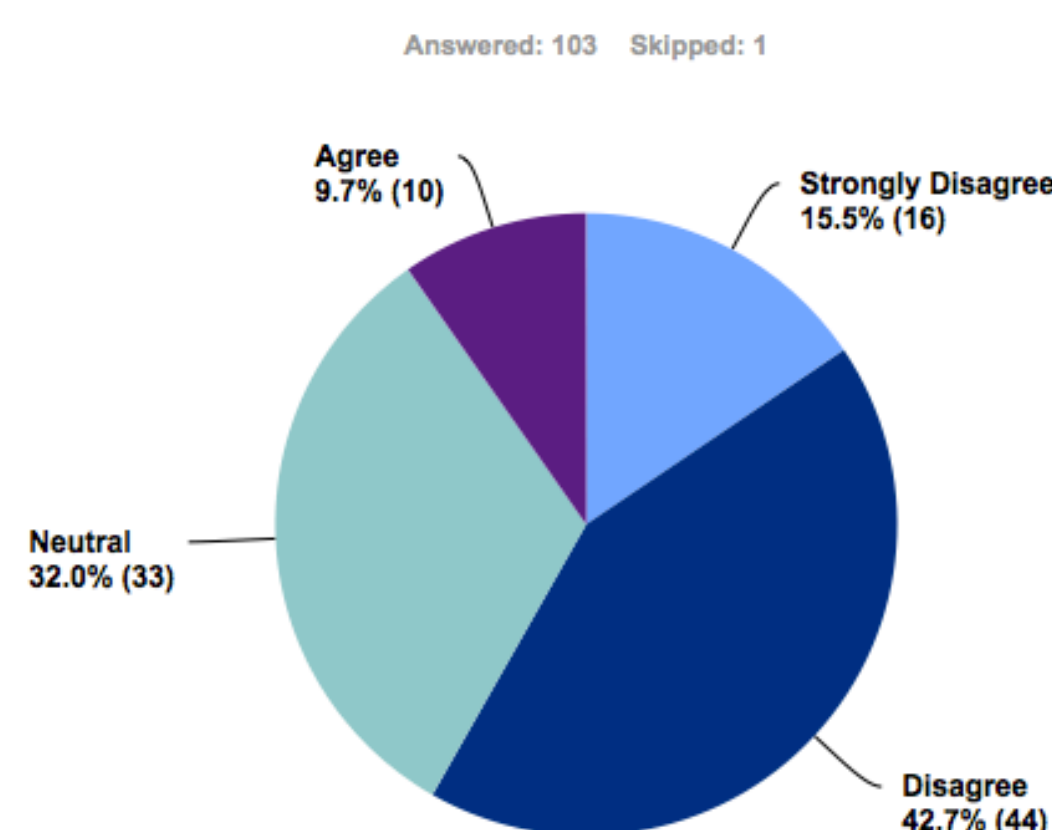


Figure 2. August, 2012 survey. Pre-intervention staff satisfaction.

I am satisfied with the discharge process overall.

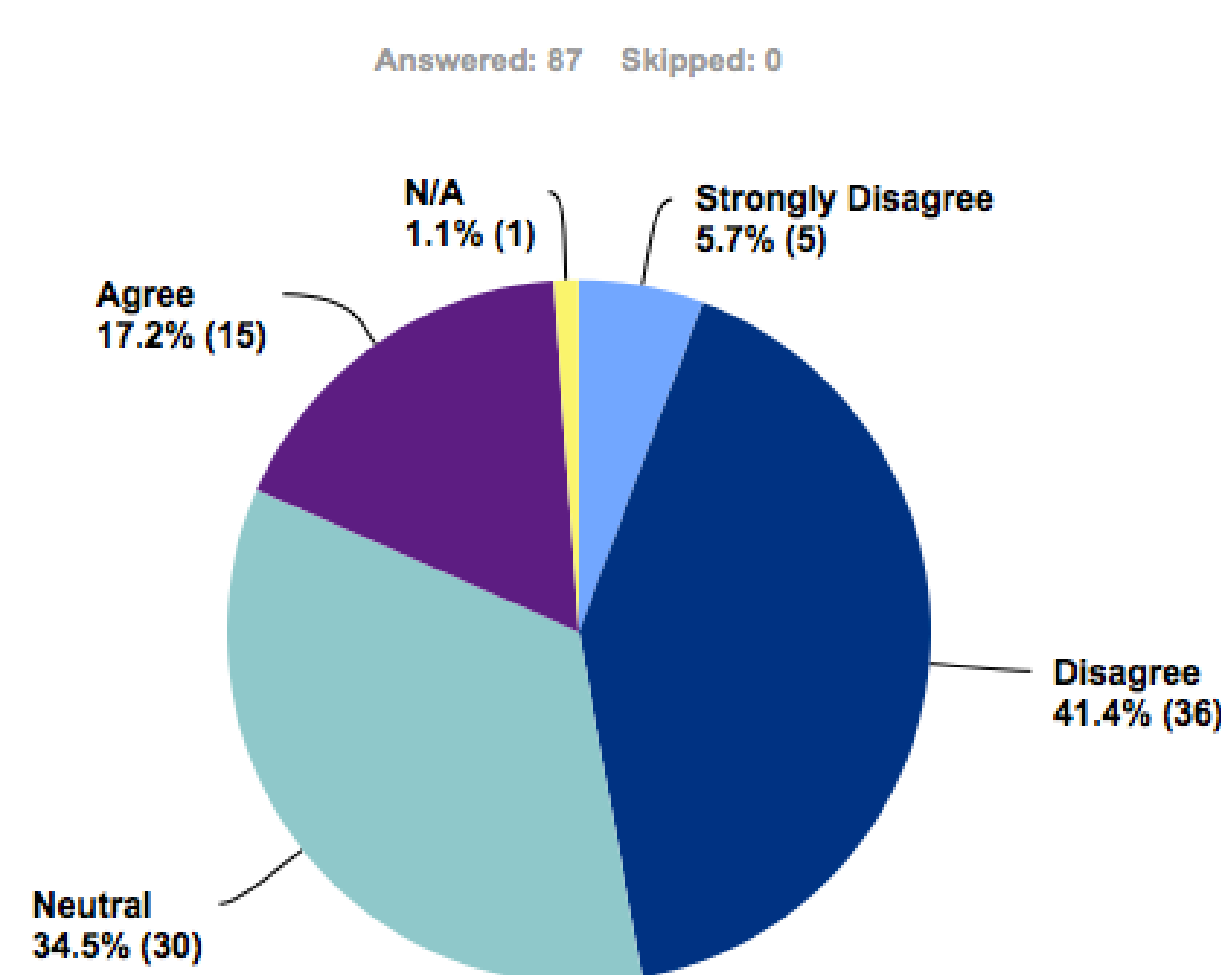


Figure 3. December, 2013 survey. Post-intervention staff satisfaction.

4 Results

We found that staff satisfaction in the discharge process has improved since August 2012 (Figure 2 and 3). In addition, ~38% of respondents directly attributed satisfaction to interventions introduced by the discharge initiative team (Figure 4).

The discharge tool is helpful in preparing the patient and family for discharge from the NICU.

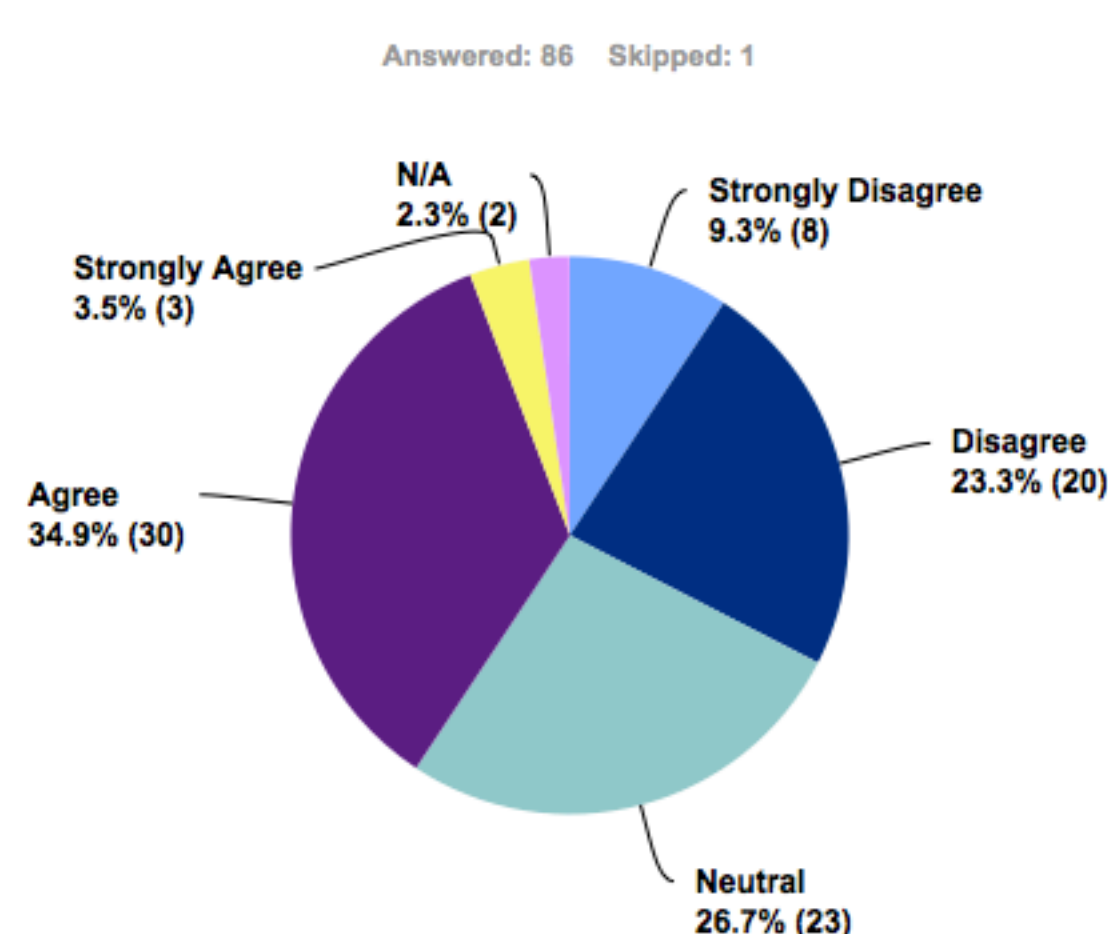


Figure 4. Staff satisfaction with new discharge initiative.

We also received feedback in the free text "comments" section of the survey that the current NTPC in use was too cumbersome and contained too much information. Additional comments indicated a lack of clarity on which providers were responsible for updating the NTPC. These comments motivated revision of the NTPC and continued discussion clarifying role assignments during the discharge process.

5 Conclusions

In conclusion, we determined that the NTPC was an intervention that showed promise but required redesign to improve usability. This includes education on understanding all of the components of the checklist, as well as communicating accountability for its completion.

6 Future Directions

The future direction of this project includes continued development of the NTPC to optimize provider communication. Additionally, parents remain an integral part of patient care and interventions are being introduced to further involve them in the discharge process (Griffin & Abraham, 2006).

7 References

- Cagan, J., & Meier, P. (1983). Evaluation of a discharge planning tool for use with families of high-risk infants. *Journal of Obstetric, Gynecological, and Neonatal Nursing*, 12, 275–281.
- Griffin, T. & Abraham, M. (2006). Transition to home from the newborn intensive care unit: applying the principles of family-centered care to the discharge process. *The Journal of Perinatal & Neonatal Nursing*, 20, 243–249.
- *Staff Satisfaction Survey used with permission from Sims, D.C., Jacob, J., Mill, M. M., Fett, P.A., & Novak, G. (2008). Evaluation and development of potentially better practice to improve the discharge process in the neonatal intensive care unit. *Pediatrics* 118, S115-S123.



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