Education: The Foundation of an Effective Care Plan for NICU and PICU Patients

Prioritizing parent and family education reduces readmissions, improves outcomes, and enhances the care experience

Every year more than 5.7 million patients enter an intensive care unit (ICU) in the U.S.[1] For patients and their families, the experience often causes shock, anxiety, sadness, and fear.[2] There may be confusion about the patient's condition or about the care is receiving. Families may be overwrought with a sense of helplessness. And when the patient is a child, which represents 3 million hospitalizations a year, those emotions can be amplified, especially for newborns in a neonatal intensive care unit (NICU).[3]

In the past, families were provided with only basic information about the child's condition and care plan. They had to trust that the providers knew what was best and that they were making the best decisions for the child. Today we know better. Studies show that when patients and families are more educated about their or their loved one's health conditions and care plans, they take a more active role in that care.[4] They are better equipped to make more informed health-related decisions. And when parents and families make better decisions it improves care plan compliance, a critical element of quality outcomes.[5] From the moment a child arrives in the NICU or PICU, providers should be engaging the parents and families in ongoing education.

The recent Guidelines for Family-Centered Care in the Neonatal, Pediatric, and Adult ICU, published by the Society of Critical Care Medicine, suggests "Family education programs be included as part of clinical care as these programs have demonstrated beneficial effects for family members in the ICU by reducing anxiety, depression, post-traumatic stress, and generalized stress while improving family satisfaction with care."[6]

There are many reasons hospitals fail in educating parents and families, one of which is time and resources. Studies show that while the vast majority of nurses believe education should be a priority, they lack the time and the resources to do it.[7] Other studies point to issues such as workload, little support from management, and a culture that does not prioritize education.[8]

HOSPITALS FAIL TO EDUCATE[9]

- Do not see the value in education
- Lack of coherent education
- Inappropriate communication skills
- Ignore patient's right to education
- Lack of motivation
- Poor supervision and control

FOUNDATION OF A QUALITY PATIENT AND FAMILY EDUCATION PROGRAM

The best educational programs are those that center on the child and parent's unique needs. They need to be designed with a focus on quality content that is comprehensive, yet easy to understand. This is especially important when preparing the parents for discharge of their child.

For many families, the thought of providing at-home care can be overwhelming. Responsibilities can include any number of care activities such as wound treatment, injections, medication management, and tube feeding. It is critical for a successful transition to home that family members understand exactly what is expected before they leave the hospital. Having tools to make this simpler can help relieve anxiety and improve adherence to ongoing care plans. The most effective programs have the following four elements in common.

When there is a clear understanding of after-hospital care instructions, patients are 30 percent less likely to be readmitted or visit the emergency department.[10]

Accessibility. When a child leaves the hospital, families can quickly feel disconnected and alone. What seemed clear when they spoke with the discharge nurse can become a bit murky after getting the child home and settled. This can lead to confusion and anxiety, which increases the likelihood of mistakes. Having easy access to educational information and care plan instructions can help alleviate these issues and reduce noncompliance and readmissions. This means information needs to be available 24 hours a day, seven days a week. Providing access from a desktop or mobile device is ideal. It is important to note that parents and families should have access to educational materials from the time of admission. This helps increase their knowledge of the illness or condition early on. It also helps them learn how to find information even before they need it.

Educational library. Online educational libraries are a great way to organize and store educational documents. This doesn't mean you should not send paper-based instructions home at discharge, but paper can get misplaced or accidentally thrown away in the transition. It is also expensive in terms of paper, ink, and the resources needed to update, store, and manage the content. An electronic educational library allows parents and families to view or print the information, whichever suits their preferences. Likewise, it can be helpful to create customized educational literature specific to the child, the procedure or condition, or the unit. Providing only information pertinent to the child's condition helps remove the potential for confusion, which improves adherence and the care experience.

Video. Research shows that video increases retention and improves the learning experience, which is why so many educational institutions around the world have begun incorporating video as a part of their curriculum.[11] Hospitals should do the same, especially for conditions where more in-depth guidance is needed. When combined with literature, parents and families gain a higher level of understanding of conditions and care procedures. Ideally, videos should be sharable either pre-recorded or recorded in real-time.

Reporting. Compliance to the care plan is the primary goal of parent and family education. But once the child is discharged, there is little providers can do to ensure instructions are being followed correctly, if at all. One way to mitigate this risk is to have the ability to track which educational information has been viewed and acknowledged by family members. Having this information can help clinicians as they prepare the parents for discharge. It also helps them prepare for follow-up appointments or calls and makes post-discharge engagement more effective.

ENHANCED PATIENT EXPERIENCE – ENHANCED BOTTOM LINE

With value-based care putting greater pressure on revenues, hospitals have turned their attention toward more holistic, long-term health management rather than episodic care. This requires hospitals to become partners in their patients' health, not just service providers. Education and engagement are the foundation for this type of collaborative care environment. For parents and families, this means improved outcomes for their child. For hospitals, it means improved HCAHPS scores, increased reimbursements, and a healthier bottom line.

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ADDITIONAL SOURCES

https://pediatrics.aappublications.org/content/129/2/394

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