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**COMPARING TWO DISCHARGE TEACHING MODALITIES**

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**PURPOSE:** Discharge teaching is known to be necessary to enable parents to adequately care for their infant after leaving the hospital setting. The purpose of this study is to determine if there is a notable parental and nursing satisfaction difference between two discharge teaching modalities in the intensive care nursery (ICN).

**BACKGROUND:** In the ICN discharge teaching is conducted immediately before a baby is released from the hospital. Throughout the course of the hospitalization teaching is conducted concerning the diagnosis, treatments prognosis and general infant care. At the time of discharge it is required that the bedside nurse summarize a “Family Teaching/Discharge information on Newborn Care” sheet as well as four other state mandated information sheets. Nurses were informally surveyed as to how long it takes them to perform a routine discharge with 15 minutes to 1 ¼ hours being the answer. This showed a significant difference and therefore demonstrated little consistency in the teaching.

**METHOD:** Utilizing the available materials, physician feedback and nursing input a parent class structure was formulated. The target population was any parent that had an infant admitted to the ICN for longer than mom’s hospitalization. Several days before discharge was the preferred time for the parents to attend the class to avoid the stress of the day their baby was going home. Class was conducted in another room within the hospital to alleviate the distractions of the bedside setting, babies crying, other people talking, alarms beeping, etc. Time was allowed for individual questions. Several days after discharge the parents were contacted by phone by a non-medical representative of this project for a satisfaction survey.

**RESULTS:** During the time frame allotted 11 patients were discharged. Seven attended the class and four received their teaching at the bedside. There was little difference in satisfaction between the two groups. A satisfaction survey of the nurses showed that 100% thought the classes were extremely helpful and that parents were better prepared.

**CONCLUSION:** No difference in parental satisfaction may be due to at least three reasons: 1) John Muir has demonstrated to have a very high satisfaction rating overall by its patients, 2) the parents did not know the difference between the two methods and could not compare and 3) flawed parental survey. There were two unexpected results. During the class the parents wanted to talk about their hospitalization and further information on caring for the infant. Indeed, they were not in a hurry to leave the class. The second unexpected result concerned the bedside nurses and the physicians. They recognized the value of such a class immediately. The nurse that is responsible for the teaching must maintain responsibility of two or three other babies as well. During the time that teaching is taking place other nurses must care for the other babies or the teaching is shortened with little or no time for questions. This may even be as abrupt as just giving out the information sheets with little personal interaction. And, as one physician said “it’s one of those things that once it’s implemented we wonder why we didn’t do it long ago”.

## REFERENCES

Scherf, R. F. & Reid, K. (November/December 2006), Going Home: What NICU Nurses Need to Know About Home Care, *Neonatal Network* . 25

Bakewell-Sachs, S. & Gennaro, S. (November/December 2004), Parenting the Post-NICU Premature Infant, *Maternal Child Nursing* 29

Robison, M., Pirak, C., Morrell, C., (2000), Multidisciplinary Discharge Assessment of the Medically and Socially High-Risk Infant, *Journal of Perinatal and Neonatal Nursing* 13

London, F., (2004), Preparing Families for Discharge with Limited Time Available, *Pediatric Nursing* 30

Hummel, P., Cronin, J. (2004), Home Care of the High-Risk Infant, *Advances in Neonatal Care*