Improving the Discharge Process for Children with Single Ventricle Heart Disease

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Rationale

• Children with SVHD require multiple open heart surgeries in the first years of life
• Patient care needs after discharge are complex and require supportive coordination
• Management between surgeries provides better outcomes
• Gaps in care place families at risk for poor outcomes

Methods

• Quality improvement project
• Participants included parents of children with SVHD
• Theoretical model

• Revised discharge bundle included:
  • Assignment of an outpatient RN coordinator
  • Revised discharge education
  • Remote home monitoring app (iPad)
  • Telemedicine encounter within 48 hours of discharge
  • A survey was completed by the families at time of discharge and again at 30 days post discharge
  • Hospital utilization was measured using patient encounters, length of stay, and hospital charge data.

Results

Clinical Relevance

• Supporting families as they transitioned from hospital to home is essential
• Real-time data sharing improved the knowledge of the families and the clinical team
• Solutions should be multimodal to meet the diverse needs of patients
• Improving parental perceptions of discharge readiness can be achieved