# Transitioning Home with Telemedicine

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## Background

Complex discharges from the Neonatal Intensive Care Unit are quickly becoming the new norm. Infants are more frequently being discharged with complicated, multifaceted care needs. A safe and early discharge of the NICU patient not only improves parent-child bonding but decreases financial burden on families (Ravid et al, 2020) . Telemedicine is an innovative tool that can be used to aid in the transition home for these families.

## Problem

Parents of these complex patients cannot simply be parents; they must take on the role of caregiver too. The transition home from the high-tech, high-support world of the NICU, can be very daunting, even with the best training. Studies show that up to 80% of medical information is immediately forgotten by families/patients (Kessel, 2003). This can lead to an increase in adverse events, unnecessary readmission, and potential for increased penalties and lower reimbursement rates.

They also must transition the care from the NICU team to which they have grown accustomed to their community primary care provider (PCP). While the family may have a great relationship with this skilled provider, they often feel a little nervous transitioning from the care of the NICU team.

## Previous Discharge Process

A discharge (DC) summary was faxed to the PCP just prior to DC and family completed general DC teaching. Specialty teaching was done using manikins and teaching aids. Handouts and referral and equipment information were stored in a complex care binder given to the family. Families would room in with their infant to demonstrate competence. However, following DC, PCPs often felt overwhelmed with the complexity of the patient, while families struggled with the transition home and needed a little guidance and reassurance.

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## Intervention

A growing body of literature confirms telemedicine can help address health disparities and promote safe transfer back to their own community with improved satisfaction, safety, quality and effectiveness of care (Azzuqa et al, 2021). Our NICU team partnered with the families of complex patients and their PCP to have a video visit at the first PCP appointment. Parents downloaded a simple conferencing application on their smart phone and a link for the video visit was sent to their email address. Our multidisciplinary NICU team then connected via a live video stream with the parents and the PCP, providing a systematic sign out covering details a DC summary fails to capture. We also addressed knowledge gaps and equipment issues.

These video visits help provide continuity of care during the transition from NICU to home and the NICU team to the community PCP. The visits allow us to offer support, highlight key information, and build

## Outcomes

In post video surveys, both parents and providers saw improved communication, increased satisfaction, and increased confidence in caring for these complex infants. PCPs shared a “better overall understanding of the patient and their care” and families stated, “I felt like I was never alone.” There was also a decrease in length of stay, readmissions, and burden on the family.

## Current Practice

Video visits are now fully integrated into our DC process and are offered to all complex patient. We also use the video visit to connect the family with outpatient specialty providers, such as pediatric surgery, further improving continuity of care during the transition home and outpatient support teams.

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## References

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