

Clarifying the Occupational Therapist's Role in Families' NICU Transition to Home Planning and Process

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INTRODUCTION

Parents of infants returning home from the Neonatal Intensive Care Unit (NICU) are faced with emotional burdens, dissatisfaction with clinician availability, and limited resources to educate them on caring for their baby. This study addresses that, despite occupational therapists' applicable knowledge, they do not currently hold a prominent role in facilitating the transition process from NICU to home.

METHODS

PARTICIPANTS. 18 occupational therapists participated in this study. Included in this study were fluent English-speaking occupational therapists working full time, part time, or per diem in a NICU. Excluded from this study were occupational therapists not currently practicing in the NICU, occupational assistants, and other neonatal therapists.

DESIGN. Original, mixed-method research consisting of Likert scale and open-ended questions were distributed via email and social media. Surveys were completed and analyzed using REDcap.

PROCEDURE. Participants were recruited through convenience sampling via email, LinkedIn, social media (Instagram and Facebook), and *CommunOT*, the American Occupational Therapy Association discussion forum.

RESULTS

Quantitative data revealed that only one of the participants were the primary facilitator in the transition from NICU to home. Qualitative data displayed repetitive themes of wanting to take on a more active role in the transition and collaborating more closely with families to distribute resources and increase preparedness in this process.

- Most respondents (72%) were *sometimes* or *seldom* the primary facilitator of the transition process. Ten participants (56%) responded they *almost always* collaborate with nursing staff during the transition process. (Figure 2)
- Nine participants believed the role of the occupational therapist is not clearly defined in the transition to home process. Six participants noted that RNs lead the discharge transition, while others noted that it was a collaborative approach with different neonatal team members.
- When asked about how the effectiveness of their interventions when facilitating the NICU-to-home transition is measured, eleven participants said there is no current measurement in place.

FIGURE 1. PARTICIPANT DEMOGRAPHICS

Characteristic	<i>n</i> =18
Gender	
Female (n, %)	18 (100%)
Ethnicity	
White (n, %)	18 (100%)
Age	
25-34 (n, %)	2 (11%)
35-44 (n, %)	6 (33%)
45-54 (n, %)	4 (22%)
55-64 (n, %)	3 (17%)
65+ (n, %)	2 (11%)
Employment Level in NICU	
Per-diem (n, %)	2 (11%)
Part time (n, %)	4 (22%)
Full time (n, %)	12 (67%)
Level of NICU	
Level I (n, %)	0 (0%)
Level II (n, %)	0 (0%)
Level III (n, %)	8 (44%)
Level IV (n, %)	9 (50%)

FIGURE 2. THERAPIST RESPONSES TO LIKERT SCALE QUESTIONS

	Almost Always	Often	Sometimes	Seldom	Never
Initiate the NICU-to-home transition process (<i>n, %</i>)	3 (17%)	4 (22%)	3 (17%)	6 (33%)	2 (11%)
Primary facilitator of the NICU-to-home transition process (<i>n, %</i>)	1 (6%)	3 (17%)	5 (28%)	8 (44%)	1 (6%)
Collaborate with nursing staff during the NICU-to-home transition process (<i>n, %</i>)	10 (56%)	3 (17%)	1 (6%)	4 (22%)	0 (0%)
Conduct parent/guardian classes for how to care for their babies at home (<i>n, %</i>)	1 (6%)	2 (11%)	2 (11%)	5 (28%)	8 (44%)
Provide 1:1 parent/guardian sessions on how to care for their babies at home (<i>n, %</i>)	12 (67%)	3 (17%)	1 (6%)	1 (6%)	1 (6%)
Coordinate follow-up services for families (<i>n, %</i>)	4 (22%)	3 (17%)	5 (28%)	5 (28%)	1 (6%)
Directly address the mental health needs of families during the NICU-to-home transition process (<i>n, %</i>)	3 (17%)	3 (17%)	6 (33%)	6 (33%)	0 (0%)
Refer family members for mental health services (i.e., complete referrals to social work/ psychology/psychiatry) (<i>n, %</i>)	0 (0%)	2 (11%)	2 (11%)	7 (39%)	7 (39%)
Facilitate communication between families and outpatient therapists (<i>n, %</i>)	4 (22%)	1 (6%)	4 (22%)	5 (28%)	4 (22%)
Collaborate directly with outpatient therapists to ensure continuity of care (<i>n, %</i>)	3 (17%)	1 (6%)	4 (22%)	5 (28%)	5 (28%)
Complete documentation and administrative tasks related to discharge and transition planning (<i>n, %</i>)	5 (28%)	4 (22%)	5 (28%)	2 (11%)	2 (11%)
Conduct home assessments to ensure a safe environment for the baby (<i>n, %</i>)	0 (0%)	0 (0%)	0 (0%)	1 (6%)	17 (94%)

Note. Responses were collected following the prompt: “Please answer the first 12 questions considering your role and participation in the NICU-to-home transition planning and process. You will respond using the following Likert scale: Almost Always (75 to 99% of the time), Often (50 to 75% of the time), Sometimes (40 to 50% of the time), Seldom (Less than 40% of the time), or Never (0% of the time).”

DISCUSSION

The data collected and analyzed revealed that many occupational therapists want more tools and resources that follow a specific protocol. They are looking for a universal tool in which their roles are clearly defined, and the procedures and checklists are laid out in the transition process. It was also indicated that they wanted more resources and tools to help enhance their roles in the transition process. Occupational therapists contain a skill set that can be utilized more in this transition process which is why the role of occupational therapist should be explored and become more prominent. Without a standardized protocol for nationwide discharge procedures, gaps in providing optimal care for the families and their baby will continue to exist.

QUALITATIVE RESPONSES

“[An] Occupational therapist usually has a clear perspective not only into the baby’s readiness for discharge but also on the parents’ readiness, confidence and concerns.”

“[There is a] Big lack of resources for families initially when they go home and would be helpful to bridge the gap.”

“[To optimize the role of OTs, we should] Be a present and contributing member in the NICU, [and] communicate with medical team and parents daily.”

CONCLUSION

The study illuminated the current roles of occupational therapists in the transition and how they believe it can be improved, if given a more dominant role.

Quantitative data revealed that occupational therapists *almost always* collaborate with nursing staff, *almost always* provide 1:1 sessions with parents on how to care for their babies and *rarely* initiate the NICU-to-home transition process or conduct home assessments. These data illuminate occupational therapists' current roles in the NICU and reveal aspects of the NICU-to-home transition process that occupational therapists are willing and able to address.

Qualitative data revealed themes of a desire to have more opportunities to provide caregiver education while families are in the NICU, take a more active role in the follow-ups, and for “[consistency], collaboration, and truly being included in the process.”

Both sets of data support the need for a structured process that includes the occupational therapist either as the initiator or consistent collaborator in the NICU transition to home plan and process. The Family-Directed NICU Transition (FDNT) form, collaboratively developed by families, could be a useful tool in assisting to develop a more structured process within the NICU setting.

REFERENCES

