

## **Enhancing transitions of care of neonatal patients through interprofessional collaboration: Including the family and community health professionals in the healthcare team**

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**Objectives:** Transitions of care (ToC) for a high-risk neonatal population, and in some cases inappropriate and early discharge, can have important implications for community and broader population health. As it is a key indicator of the efficiency of the system of health services, the ease of ToC has been a priority for improving care outcomes across all settings in our nation's healthcare system. Research shows that inappropriate discharges can lead to negative outcomes for patients and their families, health professionals, and the health system. Collaboration amongst the health care professionals, the community, and the patient's family is needed for an efficient transition. This research examined how interprofessional collaboration (IPC) can act as a catalyst for efficient and effective ToC from a high-risk neonatal unit to care back in the community.

**Approach:** Twelve infants were observed from their admission on the Neonatal Intensive Care Unit (NICU) until their discharge home. The 12 consisted of four patients discharged directly home, four to another unit within the same hospital, and four to another institution. Stage one involved a document analysis of documents related to ToC policy on the NICU. Stage two involved observation. Stage three involved interviews with healthcare professionals (HCPs) in the hospital and community (n=30) and family members (n=12). Stage four consisted of deliberative workshops with the hospital management and research participants to share the results and obtain their feedback.

**Results:** Including parents early in the ToC planning process helps parents feel they're a part of the interprofessional care team, in-charge of their infant's care and thus better equipped mentally to handle their infant's ToC. Knowing early on their infant's discharge plan allows parents the opportunity to ask questions regarding caring for the infant at home or to meet the new healthcare team at the new site (hospital/floor) prior to the transfer. Mechanisms need to be in place to ensure that communication regarding ToC is consistent and clear to and between all HCPs whether in the hospital (e.g. bedside nurse) or in the community (e.g. family doctor). Having a clear understanding of what information should be transferred during a ToC will prevent unnecessary tests and misunderstandings. Increasing HCPs' knowledge of available community resources will aide in transitioning infants to community care and thus freeing bed space and decreasing unnecessary costs at the hospital (i.e. A feeding and growing baby can be weighed by family doctor or Rapid Response Nurse and not necessarily the neonatologist). A consistent ToC policy across all NICUs would also be beneficial to ensuring a smoother ToC of infants.

### **Policy Implications:**

Limited health human resources is a barrier when it comes to ToC.

Consistent ToC policy amongst all NICUs in Ontario would ensure a smoother ToC of infants.

Increasing awareness and use of community resources in the care of neonatal infants once discharged into the community to free bed space and decrease unnecessary hospital costs.

**Conclusion:** It is believed that communication and education in an interprofessional context is critical for more efficient and effective ToC of neonatal patients.