

# Rooming-In Education for Nurses Quality Improvement Initiative



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## Abstract

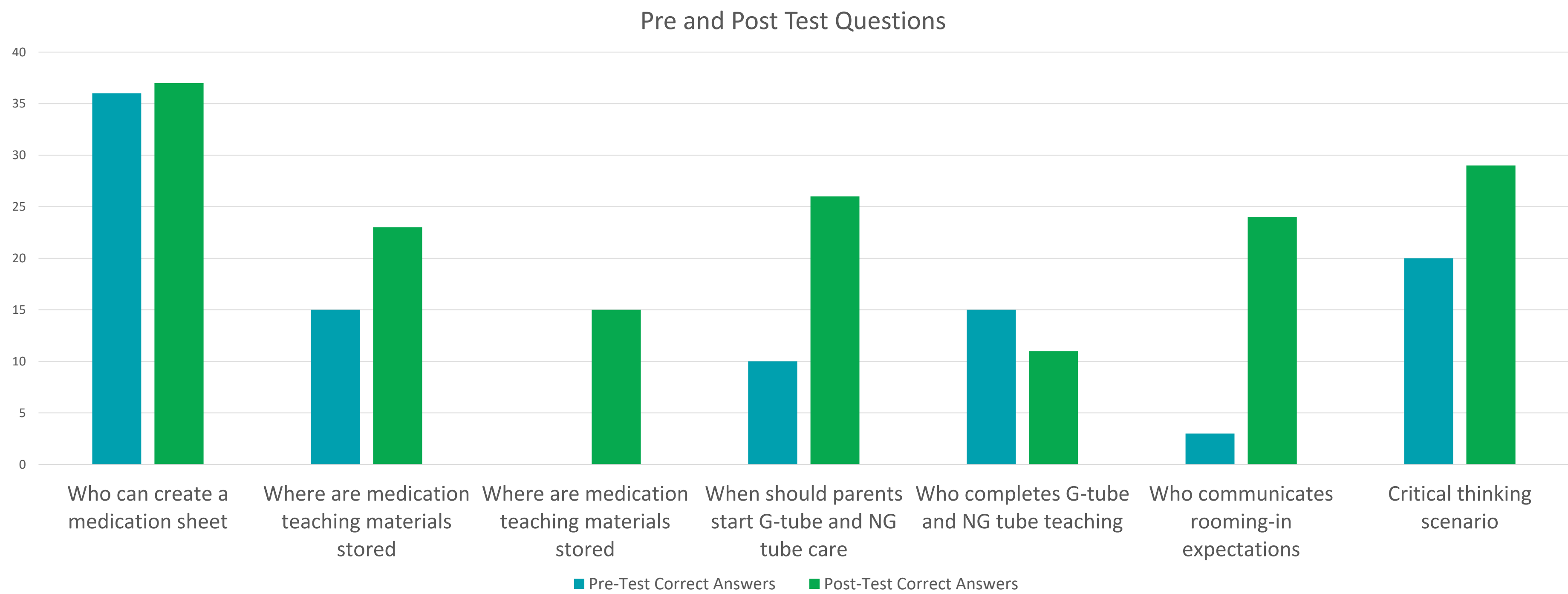
**Background:** Rooming-in is used to assess home-going readiness of guardians for complex patients  
**Local Problem:** Rooming-in education was not standardized  
**Methods:** The rooming-in process was reviewed and an educational program was developed  
**Interventions:** A rooming-in packet and education were presented at an education day. A pre- and post-test were given to assess learning  
**Results:** Knowledge of rooming-in improved overall by 57%  
**Conclusion:** Standardization of rooming-in education improved nursing knowledge. Educators could use this standardization process to improve rooming-in in their own facilities

## Background and Local Problem

- Family members staying with their hospitalized children to provide care, or rooming-in, has been a highly effective way of improving family members’ skill and confidence with home care
- Rooming-in is used in other areas such as the postpartum period and with neonatal abstinence syndrome babies
- Children with complex cardiac issues require advanced care at home: caregivers can benefit from the rooming-in experience
- Little research exists on the best methods to implement rooming-in or provide education to staff
- Rooming-in has been used for many years on the Cardiac Step-Down Unit at Nationwide Children’s Hospital, however education was not standardized
- The goal of this QI initiative was to standardize the rooming-in process and educate the nursing staff

## Methods and Interventions

- The current rooming-in process was reviewed in preparation for standardization
- A rooming-in packet was created that included a checklist for nursing staff, a checklist for parents, a rooming-in responsibilities breakdown sheet, a contact sheet and a sample schedule that could be edited for each patient
- An educational presentation was created to explain the packet and provide clear guidance on the nurse’s role
- A pre- and post-test survey consisting of 12 questions was administered at a one-hour educational presentation during a mandatory nursing education day. After completion of the post-test survey, a discussion was held
- An email was sent to all nursing staff that addressed any questions



## Results

- Thirty-seven nurses attended the education days (6 total to cover all staff)
- Knowledge about rooming-in increased by 57% after the educational presentation
- There was an 11% reduction in correct responses related to gastric and nasogastric tube teaching: all other questions saw improvement

## Conclusion

- The intervention to standardize the process of rooming-in through checklists and formal nursing education met our objective, as demonstrated with the overall improvement in test scores
- Verbal nursing feedback reflected increased confidence and clarity on the process and requirements of rooming-in
- The decrease in scores for the G-tube/NG teaching was likely due to an error in the wording in the pre- and post-test questionnaires
- Standardized rooming-in processes with expanded education could be beneficial to other units/hospitals who care for children with complex cardiac defects

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## References

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