

3rd International Conference on

PEDIATRIC NURSING AND HEALTHCARE

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PERINATAL NURSING AND ADOLESCENT PSYCHIATRY

September 21-22, 2018 | Vancouver, Canada

They said ‘it can’t be done’ navigating the acute care/community interface with high-risk infusions for cardiac children in the community: A health care provider’s and parent’s perspective

Misty Reis, Tai E, Zemeniuk E and Faubert J
BC Children's Hospital, Canada

In Canada, access to certain health services outside of a tertiary center is not uniform. For children with severe heart failure awaiting transplant, or for those with a congenital heart defect not amenable to conventional repair, the modality of care can be long-term high-risk infusions of inotropes or prostaglandin. Historically, these children have been required to remain in hospital while receiving these infusions until either a heart is available or their size is more conducive to surgical repair; sometimes for months. The literature strongly supports that children develop, grow and have increased health status with decreased psychological impact and improved quality of life in their home environment. With increasing health care costs, the economic impact of providing services outside of the hospital is monumental. However, a community care provider's experience in the community with respect to these high-risk patients is limited. To ameliorate the long-term implications of remaining in the hospital while receiving this therapy our program has instituted an NP-led home IV program for high-risk infusions which has proven to be successful, cost-effective and embraced by families. This presentation will address the benefits, barriers, processes and experiences of a collaborative team approach that bridges the care of these complex, high-risk children from the hospital into the community.

Biography

Misty Reis is a pediatric nurse practitioner working in cardiology/cardiac surgery at BC Children's Hospital. Her background includes cardiac sciences, pediatric and neonatal critical care and neurodevelopmental assessment and outcomes. Her research has focused on aspects of family centred care that impacts care delivery from a health care providers lens with a specific focus on the parent's experience.

misty.reis@cw.bc.ca

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