

# Patient Satisfaction With an Early Discharge Home Visit Program

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In 1995, to meet the needs of mothers and newborns discharged early, a home care follow-up program using an advanced practice nurse was initiated at a Midwest academic medical center. Information about the program and elements of patient satisfaction, as measured from program inception, are presented in this article. The major correlates of satisfaction were nurse friendliness, technical skills, infant care teaching, and individualized care. Attending to these areas can facilitate existing program improvement and new program development. *JOGNN*, 32, 000-000; 2003. DOI: 10.1177/0884217503251733

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Obstetric and postpartum care of women has undergone tremendous change in the past 50 years. After the 1940s, births shifted from home to the hospital. For many years, new mothers stayed in the hospital several days after giving birth. Gradually, however, the length of stay decreased from 10-14 days to 3.8 days in 1980, and to 2.4 days in 1997 (National Center for Health Statistics, 2001).

Although the trend toward shorter length of stay had many causes, initially the driving force toward shortened stays was the reduction in third-party payer reimbursements for inpatient maternity care (Jones, 1997; Williams & Cooper, 1993). In 1998, following years of public outcry about the safety of shortened stays, the Newborn and Mothers Health Protection Act of 1996 went into effect, mandating that insurance companies cover at least 48 hours of hospitalization after a vaginal delivery and 96 hours for cesarean deliveries (U.S. Department of Labor,

1999). Independent of the mandate, many patients choose to go home early. Currently, 61% of new mothers at the University of Kansas Hospital Authority (KU Med) go home within the early discharge definition criteria.

In response to early postpartum discharge trends over the last 2 decades, home visits by nurses with clinical expertise in maternal and newborn health have become common. The safety and cost effectiveness of early discharge coupled with follow-up home care by nurses have been supported by many researchers (Brooten et al., 1994; Carty & Bradley, 1990; Dalby, Williams, Hodnett, & Rush, 1996; Lieu et al., 2000; Norr, Nacion, & Abramson, 1989; Williams & Cooper, 1993, 1996) and questioned by some (Braveman, Egerter, Pearl, Marchi, & Miller, 1995; Britton, Britton, & Beebe, 1994; Frank-Hanssen, Hanson, & Anderson, 1999; Norr & Nacion, 1987). Maternal satisfaction with home care by nurses has been described or quantified less frequently and completely (Brooten et al., 1994; Carty & Bradley, 1990; Dalby et al., 1996; Jones, 1997; LaMartina, 1994; Lieu et al., 2000; Williams & Cooper, 1993, 1996).

The early discharge postpartum home visit program at KU Med was initiated in March 1995 in response to concern that many mothers were not receiving care after early discharge due largely to their lack of insurance. Since its inception, this program has been evaluated in an effort to identify factors contributing to patient satisfaction.

The purpose of this article is (a) to describe the KU Med program so that it can be compared with others, (b) to report on responses from 440 patient satisfaction questionnaires completed by women who received early discharge home visits between

1995 and 2001, and (c) to draw inferences from these responses that may assist other health care institutions in developing effective early discharge home visit programs.

Information on client satisfaction can assist in building and modifying home visiting programs to comprehensively meet the needs of mothers and their newborns.

## Early Postpartum Discharge

In a review of the literature, Braveman et al. (1995) raised questions about early postpartum discharge because of the physiologic vulnerability and risks of the newborn and mother in the first 2 to 3 days after birth. Risks for the newborn included inconsistent oral intake in the absence of lactogenesis in the mother, hyperbilirubinemia, and cardiac and gastrointestinal problems that may not become apparent in the first 2 or 3 days of life. Risks for mothers included infection or breakdown of the episiotomy or cesarean incision. Other types of probable disadvantages discussed included reduced time for in-hospital teaching and support of breastfeeding, infant care, women's health needs, family planning, and maternal and family psychosocial assessment. Readers are encouraged to refer to this review for a critical analysis of early discharge. In short, the final recommendation of the review was that "rigorous studies of sufficient size are needed to examine the impact of different hospital stays and different post discharge practices on a range of outcomes for mothers and newborns in diverse populations and settings" (p. 716).

There can be risks of varying degrees associated with early postpartum discharge, and stays are not likely to increase. These facts magnify the importance of follow-up care provided by a nurse in the home. Information on client satisfaction with nurse follow-up care in the home can assist in building and modifying such programs so that they comprehensively meet the needs of new mothers and their newborns. A brief review of the literature related to satisfaction with early discharge and nurse-provided home follow-up is presented, followed by a description of the KU Med program and recommendations for practice.

## Patient Satisfaction With Early Discharge and Home Follow-Up Services

Since the early 1990s, several studies have reported on patients' satisfaction with early postpartum discharge and home follow-up programs that use nurses and other health

care providers. Many of the reports present limited information on the measurement tools used and little specific information on elements of patient satisfaction. Thus, available information is often reported in the context of other outcomes, such as the safety of early discharge.

Several studies reported on the use of a satisfaction tool developed by Carty and Bradley (1990). They created the tool for a randomized clinical trial in British Columbia that compared late discharge (4 days) with early discharge (12 to 24 and 25 to 48 hours), and which included more home visits by a nurse for the earlier discharge groups. They assessed maternal satisfaction with postpartum nursing care using this tool but reported only information on the number of items (22) and the internal consistency estimate of .97 using Cronbach's alpha. All of the women in their study were satisfied with their care. However, women in the earliest discharge group were more satisfied with postpartum nursing care than the women who were discharged later. No details were reported about the aspects of care patients found to be satisfactory.

Dalby et al. (1996) modified the Carty and Bradley tool and conducted a nonrandomized trial in Ontario, Canada. They compared satisfaction in women who received the early discharge program and multiple home services with that of two control groups, historical and concurrent, neither of whom received home services. According to the authors, the questionnaire focused on satisfaction with hospital stay, needs during the first postpartum week, the help they received, and breastfeeding. Patient satisfaction regarding postpartum care looked at confidence in newborn care, evaluation of postpartum care, and evaluation of the hospital environment. The tool again demonstrated a high Cronbach's alpha reliability coefficient of .90. The early discharge group was found to be comparable with the concurrent group but more satisfied than the historical group. However, when "controlling for differences due to the site or the individual hospital" (p. 91), satisfaction did not vary by study group (p. 93). Once again, the specific aspects of satisfaction were not reported.

LaMartina (1994) also used Carty and Bradley's tool, examining the 25 satisfaction items. She measured the following aspects of patient satisfaction with home nursing care after early postpartum discharge in a sample of 91 home health agency clients: (a) one-to-one, nonhurried, attentive, and respectful communication; (b) emotional support and reassurance; (c) useful and clear information; (d) confidence in the nurse; (e) overall satisfaction; and (f) recommendation of similar care to client's friends. The Cronbach's alpha for internal consistency reliability was .97, probably indicating item redundancy. Study results indicated high patient satisfaction, with 96% of the clients reporting very positive or positive mean satisfaction scores. No specific individual item results were reported, however.

Jones (1997) replicated LaMartina's research to measure patient satisfaction with home care after early postpartum discharge, again in the Midwestern United States. She added three qualitative items to the satisfaction tool regarding early discharge experiences. Most (87%) of the women were satisfied or very satisfied with home care. No specific individual items of the scale were reported.

Brooten et al. (1994) conducted a landmark study of women who had unplanned cesareans and early hospital discharge with home follow-up. The sample of 61 patients who were discharged early (mean of 3.6 days) were compared with 61 who were discharged at the standard time (mean of 4.8 days). The early discharge group received comprehensive discharge planning, instruction, counseling, home visits, and daily on-call availability from nurse specialists. In addition to positive outcomes such as more timely immunization in the newborn and lower health care costs in the early discharge group, they also measured satisfaction with care. They found the early discharge group showed greater satisfaction with care than the control group.

In two other American studies, Williams and Cooper (1993, 1996) evaluated the Kaiser-Professional Nurse Associates, Inc., home visit program. In the first study, more than 1,306 written evaluations and telephone surveys were reviewed (total participants = 1,756). Early discharge was considered to be a first-day postpartum discharge after a vaginal birth and third postpartum day after a cesarean birth. The authors did not describe their satisfaction evaluation tool, although the report included comments from participants about the program that were of a positive nature. The authors later reported on patient satisfaction with their modified program when stays had actually become shorter and only one home visit was conducted at 48 hours after discharge (1996). Satisfaction was measured using a mailed survey of nine items, but only two items were described in the article: one dealing with helpfulness of the home visit and one rating the nurse's ability to answer questions. The return rate was 75%, and a 99% satisfaction rate was reported.

Finally, because there is scant evidence about whether different types of early discharge follow-up are effective, Lieu et al. (2000) compared the effectiveness of home nurse visitation with pediatric clinic follow-up. In a randomized clinical trial, outcomes of clinical utilization and costs, as well as breastfeeding continuation, maternal depressive symptoms, and maternal satisfaction at 2 weeks postpartum, were examined. No significant differences were found between groups in these clinical and psychosocial outcomes. Cost of the nurse visitation program was higher than the pediatric clinic visit (\$255 vs. \$120). Satisfaction questions from a validated consumer satisfaction instrument developed for the Group Health Association of America were modified to address perina-

tal needs and services. There were significant differences between groups, with markedly higher maternal satisfaction with care among the nurse-visited clients in the areas of preventive advice, provider's skills and abilities, newborn and maternal posthospital care, and overall perinatal care received by mothers and newborns.

In summary, it is apparent that early postpartum discharge in combination with nurse follow-up in the home contributes significantly to patient satisfaction. However, most studies of satisfaction lack detailed information on the measures used and report on findings in general rather than on specific elements of satisfactory care. The present report offers insight into the aspects of home nursing care of women who experience early postpartum discharge and are satisfied with that care. It is through detailed information that improvements can be made to home nursing programs in a time when consumer choice is growing.

## Description of the Program

KU Med is a 500-bed, tertiary teaching facility located in metropolitan Kansas City, KS, which serves clients of diverse socioeconomic and cultural backgrounds. There is a payer mix of 57.9% Medicaid; 27.4% combined health maintenance organizations, preferred provider organizations, commercial insurance, and Champus; 7.3% self-pay; and 7.4% other. KU Med has a Level III perinatal designation. Since the inception of the program, more than 1,840 home visits have been made. The same advanced practice nurse has made more than 99% of the visits.

Originally, eligibility for the home visits was limited to (a) healthy mothers and their newborns, who had vaginal deliveries and went home in less than 48 hours, and (b) healthy mothers and their newborns, who had cesarean deliveries and went home in less than 96 hours. However, with time, the program has evolved and other clients are being seen in the home. Payer source is not a consideration, so visits are scheduled according to need. Those who receive visits often include adolescents, first-time breastfeeding mothers, mothers with no prenatal care or social support, mothers without health insurance, and any patient with additional needs. Such visits to those who were not discharged early amount to 15% of the total.

Before the mother and newborn are discharged from the hospital, the home visit is described to the mother and family and their permission for the home visit is obtained. A visit is never made unless the mother knows the nurse is coming, usually 1 to 2 days after discharge. A clearly identified, state-owned vehicle is driven for visits. The salary of the nurse is paid through the hospital, and the position is incorporated into the job description of the maternal/newborn clinical nurse specialist.

The first author, who started the home follow-up program in 1995 and continues to coordinate and make all the home visits, has advanced practice skills that contribute to the holistic care provided in the home. She has 25 years of breastfeeding experience; has worked in this hospital's mother/baby unit, labor and delivery, and full-term nursery for 11 years; and manages the Perinatal Grief Program. Finally, because 25% of the KU Med maternity population is Spanish speaking, she has participated in a Spanish immersion program for 3 years.

During the 60- to 90-minute home visit, a physical and psychosocial assessment of the mother and newborn are completed. The maternal assessment includes a history, physical examination, mother-infant interaction evaluation, needs identification, and a description of mother's coping. The history consists of review of allergies, medications, appetite, diet, fluid intake, 24-hour sleep history, activities, and general hygiene. The physical assessment includes the following: vital signs, physical complaints, breast and nipple examination, abdominal assessment with removal of staples if applicable, uterine fundus examination, lochia character, perineal inspection, voiding and bowel patterns, and lower extremity check. Medications are reviewed, and contraception is discussed with anticipatory guidance.

The infant's assessment includes nutrition (breastfeeding or bottle-feeding), number of feedings in 24 hours, pacifier use, duration/amount of feedings, audible swallowing, regurgitation, observation of a feeding, elimination, behavior, and a head-to-toe physical examination. Infants are weighed, and weight changes are discussed. Blood may be drawn for a bilirubin check, if needed. In addition, a safety assessment is performed. Individualized teaching and reinforcement are carried out according to identified maternal needs and nursing observation. Anticipatory guidance and education about feeding and normal early newborn behavior and development are provided.

Additional services include follow-ups to (a) recheck borderline weight loss (7%-10%) if the infant has been observed on the initial visit to be feeding well and has an adequate output, (b) breastfeeding difficulties, (c) borderline bilirubin on the initial visit, and (d) borderline elevated maternal blood pressure. Separate visits can be made to adoptive parents and biologic mothers. Visits are also available when needed for families who have had an infant loss. Continuity of care during a crisis can be invaluable. Bereaved mothers may need more emotional and physical care after discharge, as most are anxious to go home early.

The nurse has been able to identify abuse situations, spinal headaches, elevated blood pressure, infection, incision dehiscence, reopened ventricular septal defects, hyperbilirubinemia, lack of household utilities, and lack of food for the mother and newborn. Resources available to the nurse (physicians, nurse practitioners, and social

workers) are only a phone call away. All medications, such as analgesics and contraceptives, are evaluated for effectiveness and proper administration. Need for referral to other agencies (Women, Infant, and Children program; Social Rehabilitation Services; Parents as Teachers; Healthy Start), support systems, access to transportation, and need for food and clothing can be more adequately assessed in the patient's environment. Follow-up appointments can be arranged during the home visit.

### *Program Participants*

Demographic data were not collected with the satisfaction data. Payment sources for this population include insurance companies, group health plans, health maintenance organizations, Medicaid, package financial programs from health departments and the medical center, and private pay. Private pay clients included (a) women whose incomes were too high to qualify for Medicaid but who could not afford health insurance, (b) adolescents not included on their parents' insurance, (c) women who had private insurance but were not covered for maternity services, and (d) indigent women. All of these categories included minorities. Four hundred forty of the 1,840 satisfaction surveys were returned, for a 23.9% response rate. The overall return of satisfaction surveys that the hospital sends to all patients is 25%. No attempt was made to determine why patients did not return surveys. The survey responses did not include any from Spanish-speaking patients unless they had assistance because the form is in English only. However, the survey is being translated into Spanish so that data from this population can be obtained.

### *Program Evaluation Process*

At the end of each visit, a one-page, stamped, self-addressed evaluation of the home visit is left with the mother to complete. A pen with a resource telephone number for questions is left with the program evaluation form. The KU Med Maternal/Child Home Care Program Patient Satisfaction Questionnaire was adapted from a tool developed by the Missouri Visiting Nurses Association in the early 1990s for use with clients of the Prudential Insurance Early Discharge Postpartum Home Visit Program. The questionnaire items are closely reflected by the list of items in Table 1.

The evaluation tool contains 14 items. Response options are provided on a 4-point Likert-type scale (*very happy* = 4 to *very unhappy* = 1, or *strongly agree* = 4 to *strongly disagree* = 1) and a *does not apply* response. The first three items provide evaluation of the program related to technical skills and knowledge of the nurse, friendliness and concern for the client, and overall satisfaction with the program. The remaining items of the tool solicit the client's evaluation related to the nurse's individualization of care, clarity of instruction on maternal self-care,

**TABLE 1**  
*Satisfaction Items, Mean, Median and Mode Scores, and Number of Responses*

<i>Item</i>	<i>Mean (SD)</i>	<i>Median</i>	<i>Mode</i>	<i>Nonapplicable Responses</i>	<i>Valid n</i>
Overall satisfaction	3.95 (.27)	4	4	—*	435
Visit met expectations	3.91 (.31)	4	4	2	427
Recommend the program (1 = yes or 0 = no)	1 (1)	1	1	—*	411
Technical skill of advanced practice nurse	3.91 (.33)	4	4	—*	430
Friendliness/concern	3.95 (.28)	4	4	—*	435
Worked one-on-one to address needs	3.93 (.27)	4	4	2	432
Clear directions on maternal self-care	3.89 (.35)	4	4	6	429
Clear directions on infant care	3.91 (.30)	4	4	1	434
Provided infant safety tips	3.69 (.63)	4	4	28	402
Infant feeding assistance	3.83 (.46)	4	4	46	388
Involved family in teaching & addressed concerns	3.81 (.48)	4	4	70	362
Allowed autonomy & mutual decision making	3.89 (.35)	4	4	16	416
Nurse & physician communicated effectively	3.81 (.44)	4	4	100	326
Patient comfort with visit	3.81 (.44)	4	4	0	434
Visit was convenient time	3.93 (.28)	4	4	0	414

\*not a response option

infant care, and infant safety; infant feeding assistance; family involvement in teaching; client autonomy and mutual care planning; and nurse-physician communication quality. Three items address the mother's comfort level relative to the nurse visiting in the home, convenience of the visit, and evaluation of the program in terms of the mother's expectations. The total score for the tool can range from 14 to 56, with higher scores indicating greater satisfaction. Additional space is provided for mothers to indicate whether they would recommend the program to a friend and if they would like someone to call them regarding any questions, concerns, or suggestions regarding their care. Responses to these items are yes or no.

The reliability and validity of the tool was not assessed by the Missouri Visiting Nurses Association while they used it. Content validity procedures during the development of the tool are unknown. In comparison to other home care satisfaction tools described in the literature, the tool appears to capture the main dimensions of satisfaction (LaMartina, 1994; Lieu et al., 2000). For the current report, evaluation of the internal consistency of the tool items was performed using Cronbach's alpha coefficient, which was adequate at .86. No additional psychometric testing was conducted.

### Satisfaction Findings

Total satisfaction scores ranged from 26 to 56, with a mean satisfaction score of 51 (*SD* = 5.14). The median

satisfaction score was 52, whereas the mode was the perfect score of 56. Table 1 displays the individual satisfaction scale items with means, standard deviations, medians, modes, number of nonapplicable responses where appropriate, and number of mothers responding to the item. Clearly, mothers were very satisfied with their home visit care. All but one item mean was above 3.8 on a 4-point scale. Mothers were very satisfied with the friendliness and concern shown by the nurse (99.3% happy or very happy) as well as the technical skill and knowledge of the nurse (99.3% happy or very happy). Furthermore, the mean for the overall satisfaction item was very high at 3.95 (99.5% happy or very happy). Most clients agreed or strongly agreed that the program met their expectations (99.8%) and that they were comfortable with the visit in their homes (97.7%). Furthermore, convenience of the time of the visit was 3.93 (94.7% agree or strongly agree). Finally, satisfaction with the program in general was apparent as evidenced by the fact that only one client reported she would not recommend the program.

Specifically, mothers rated highly the individualized care (one-to-one) and respect for patient autonomy and mutual decision making. Teaching related to infant care was rated highly. Another important part of the visit, infant feeding assistance, was rated highly, although there were relatively few clients who reported needing assistance as reflected in the high *not applicable* response rate (*n* = 70). The high *not applicable* rate evident for the physician-nurse communication was likely because

patients were not aware the nurse discussed most patients with the physician before the home visit. Furthermore, the nurse did not often need to telephone the physician during the visit.

**Overall, women were very satisfied with their home follow-up care, provided by an advanced practice nurse after early postpartum discharge.**

To explore correlates of overall program satisfaction with specific questionnaire items, a nonparametric bivariate Spearman's rho analysis was conducted (see Table 2). The nonparametric correlation procedure was performed because of the negatively skewed distributions of all the variables. Friendliness and concern and technical skill of the nurse were moderately and positively associated with overall program satisfaction and represented the strongest associations. Among other discrete items of the tool, infant care teaching, one-on-one care, and allowance of autonomy and mutual decision making were moderately associated with overall satisfaction.

### *Written Comments of Mothers*

Of the 440 surveys returned, 83 contained detailed responses under the section "Additional Comments." Two hundred five surveys had no other written responses, and 147 had short messages, such as "Thank You."

Among the 83 detailed responses, 32 expressed thanks about a particular part of their care. An example is "The nurse was very clear in communicating (I've had trouble with other health care workers who speak medical jargon and use terms that are not familiar to me—this bugs me a lot!) and conveyed the seriousness of the instructions she gave without scaring . . . me."

Fifty-two comments were specific about something that was particularly helpful. An example is, "The nurse . . . is extremely patient and really makes me feel like I can be the mom I want to be. This program gave me some sanity! I stayed up the whole night before crying and wondering why my baby wasn't latching. I was extremely relieved when I saw the nurse; soon, all my questions were answered! A million thanks!"

Eleven responses mentioned feeding issues. An example is, "My husband and I are so thankful that you have this program because our son ended up losing 1 pound 4 ounces in two days. Thank goodness for the nurse or I wouldn't have known."

Nine mothers voiced a desire for additional visits without specific reasons. Other typical comments include,

"Home care nurse was extremely helpful. She played an essential role in my adjustment into motherhood." "I felt comfortable calling her at a later time for advice."

### **Discussion**

Overall, women were very satisfied with their home follow-up care by an advanced practice nurse after early postpartum discharge. Total satisfaction scores were predominantly high, and more than 99% of the mothers were happy or very happy with the program. This satisfaction rate is higher than that reported by Jones (1997) who found that 87.3% of her convenience sample of 250 was satisfied or highly satisfied with home care after early postpartum discharge. It is also higher than that of LaMartina (1994), who reported 96% of her convenience sample of 91 home health agency postpartum clients was satisfied or highly satisfied.

Although several researchers have evaluated patient satisfaction with early discharge programs, there is little description of the methods used to assess satisfaction or detail regarding what is satisfying about the care received. This evaluation of a home follow-up program using an advanced practice maternal/newborn clinical nurse specialist who possessed a broad range of competencies documented specific aspects of satisfactory care. The most important identified aspects were (a) friendliness and concern, (b) technical skill, (c) infant care teaching, and (d) one-on-one care.

Only one study has reported on clients' satisfaction with specific aspects of care. Lieu et al. (2000) compared home visits by nurses with pediatric clinic follow-up visits by nurse practitioners or physicians after early postpartum home discharge. They reported greater satisfaction among clients receiving home visits. Specifically, higher proportions of mothers reported as excellent or very good the preventive advice received (80% vs. 44%), the provider's skills and abilities (87% vs. 63%), the newborn's posthospital care (87% vs. 50%), and their own posthospital care (75% vs. 47%). Although this information is rather general, the satisfaction with the provider's skills and abilities is consistent with our mothers' high satisfaction with the technical skills and abilities of the nurse.

The friendliness and concern of the nurse were important to the mothers who responded to this satisfaction survey. Written comments also highlighted the importance of the genuine concern and helpfulness of the nurse and how the nurse made them feel more confident and less stressed. While not specific to new mothers, but also among women who have experienced miscarriage, the nurturing and emotional presence provided by the nurse is basic to the care process (Swanson, 1999). Outside of maternity nursing, classic research in nursing indicates

**TABLE 2**  
Satisfaction Item Bivariate Spearman Rho Correlations

Item	Overall Satisfaction (n)	Technical Skill	Friendly Concern	Worked One-on-One	Maternal Self-Care	Infant Care	Met Expectations	Infant Safety	Infant Feeding	Involved Family	Autonomy	MD/RN Communication	Comfort With Visit	Convenient
Overall satisfaction														
Technical skill	.49** (430)													
Friendliness/concern	.53** (435)	.51** (430)												
Worked one-on-one	.47** (432)	.35** (427)	.32** (432)											
Maternal self-care teaching	.39** (429)	.33** (424)	.22** (429)	.42** (427)										
Infant care teaching	.49** (434)	.42** (430)	.38** (434)	.38** (431)	.57** (428)									
Met expectations	.38** (427)	.34** (422)	.35** (427)	.48** (425)	.36** (421)	.34** (426)								
Infant safety tips	.26** (402)	.37** (399)	.23** (402)	.34** (400)	.47** (396)	.45** (402)	.33** (395)							
Infant feeding assistance	.23** (388)	.25** (383)	.19** (388)	.25** (385)	.30** (384)	.24** (387)	.34** (380)	.48** (367)						
Involved family	.28** (362)	.30** (357)	.31** (362)	.46** (359)	.29** (359)	.34** (361)	.41** (354)	.36** (342)	.44** (326)					
Autonomy/decision making	.40** (416)	.35** (411)	.24** (416)	.49** (413)	.40** (410)	.40** (415)	.60** (409)	.33** (385)	.36** (376)	.52** (351)				
Nurse & physician communication	.23** (326)	.24** (323)	.09-ns (326)	.28** (323)	.44** (323)	.33** (325)	.49** (319)	.46** (305)	.33** (300)	.34** (287)	.42** (319)			
Patient comfort with visit	.29** (434)	.23** (429)	.14** (434)	.28** (431)	.35** (428)	.29** (433)	.45** (427)	.26** (401)	.32** (387)	.31** (361)	.33** (415)	.31** (326)		
Convenient time	.33** (414)	.29** (409)	.24** (414)	.41** (412)	.50** (408)	.42** (413)	.58** (409)	.36** (384)	.37** (371)	.31** (342)	.45** (397)	.35** (311)	.60** (414)	
Recommend program?	.24** (411)	.17** (406)	-.01-NS (411)	.19** (409)	.16** (405)	.16** (410)	.16** (405)	.12** (380)	Unable to calculate	.15** (343)	.17** (392)	Unable to calculate	.17** (410)	.20** (392)

\*\* $p \leq .01$ .  
ns = not statistically significant.

that the emotional aspects of care are also important to oncology patients (Larson, 1987).

One-on-one or individualized nursing care was important to respondents. Ruchala (2000) emphasized the importance of individualizing both in-hospital and home teaching to new mothers and listening to their needs, versus nurses acting on their own priorities for teaching. Also consistent with the reported satisfaction with infant care teaching, Ruchala reported that following discharge mothers are more focused on newborn needs such as signs of infant illness and infant feeding, in contrast to their own physical healing focus that prevailed while in the hospital.

**The strongest correlates of patient satisfaction were friendliness and concern, technical skill, infant care teaching, and worked one-on-one to address individual needs.**

Limitations of this survey include possible selection bias, as it may include a preponderance of clients who had very positive experiences, as well as only English speakers. Approximately 75% of the total recipients of this program did not return the survey. However, this response rate is consistent with the overall satisfaction survey results of the larger medical center. Furthermore, this data collection was not conducted under the rigor of a research protocol, in which efforts to secure larger response rates is common. Despite limitations, data obtained from this long-term survey have provided positive evaluations of the home visit program and information on specific parameters of care with which clients are happy and unhappy. These data contribute to the quality assurance process in this institution and may also contribute to those of other similar medical centers' programs for mothers and their newborns.

### Implications for Nursing Practice

This article has provided information that might be useful to other facilities for comparison with their own programs or to use as a model for new programs. We included a detailed description of KU Med's program and its function, financing, and patient selection criteria. The article also describes a typical home visit, with a list of focus areas regarding both mother and infant. The analysis of quantitative data and written responses from the survey validated the importance of the advanced practice nurse conducting the home visits. Skills to look for in a home visit nurse include extensive mother/baby unit experience,

newborn nursery experience, knowledge of pediatric resources available, and familiarity with infant feeding disorders and their treatment. In addition, the home care nurse should possess the ability to practice independently and communicate effectively with health care providers and patients.

### Conclusion

This article reports on levels of patient satisfaction and aspects of a home visit program that correlated most with overall patient satisfaction. Early postpartum discharge is now preferred by most mothers at KU Med. To allow for comparison with other programs, we have described KU Med's home visit program in detail. Statistical analysis of data from a patient satisfaction survey indicates that the most significant correlates are friendliness/concern, technical skill, infant care teaching, and individualized (one-on-one) care. Mothers' written comments provide validation of these quantitative measures. Focus on these aspects of satisfaction in planning and implementing home care is suggested by this evaluation.

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