Reduction of Early Readmission in the Newborn Period: Abstract

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ABSTRACT

Abstract

OBJECTIVE: Approximately 90,000 healthy newborns born in the United States each year require hospital readmission within the first 30 days of life; an estimated forty percent of early readmissions are thought to be preventable. Research has shown that with adequate provider assessment of discharge readiness and timely follow-up in the postnatal period, readmission may be avoided. The purpose of this quality improvement project was to determine if the implementation of a discharge readiness bundle - designed to standardize provider discharge readiness assessment and provide early follow-up via telephone in the postpartum period - would reduce the need for early readmission in the neonatal period. **STUDY DESIGN:** A pre/post study was done in a tertiary delivery center in the Pacific Northwest. 128 healthy, term newborns were evaluated and screened using a discharge readiness bundle. Provider satisfaction, maternal satisfaction and readmission rates were the principle outcome measures. A Wilcoxon signed ranks test was used to compare pre and post provider satisfaction scores. **RESULTS:** The implementation of a standardized tool had a statistically significant improvement in provider satisfaction with an increase in satisfaction scores from 20 to 23.5; p-value of .027. The readmission rate was zero; no statistical analysis was performed. Qualitative measures of maternal satisfaction were high. **CONCLUSION:** The standardization of discharge readiness assessment combined with immediate follow-up in the postpartum period may reduce the need for early newborn hospital readmission. Further research is warranted to examine each component of the discharge readiness bundle individually to determine their impact on clinical outcomes.

ABSTRACT

Pediatrics Abstract Guidelines: Max 250 words

Objective: Purpose/Hypothesis that is being tested

Study design: type of study, the setting for the study, the subjects (number and type), the treatment or intervention, principal outcomes measured, and the type of statistical analysis

Results: outcome of the study and statistical significance if appropriate.

Conclusion: significance of results