

Title of Abstract:

Shorter NICU Length of Stay does not increase Risk of Readmission in Very Preterm Infants

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Abstract Description:

Background: Very preterm infants born at <32 weeks of gestation (GA) have a prolonged length of stay (LOS) in NICU increasing the risk of nosocomial infections and other morbidities. The prolonged separation of the baby and mother leads to high parental stress, impairs mother-infant bonding, and difficulties with establishing successful breastfeeding and is associated with high healthcare cost.

Objective: To evaluate readmission within 30 days in very preterm infants and examine its association with duration of their NICU LOS.

Methods: We included preterm infants born at <32 weeks GA or with a birth weight of <1,501 grams and admitted to our NICU in the first week of life. We compared our LOS from 2011 – 2015 (n=293) to the state regional NICU CPQCC benchmark. We evaluated the 30 day readmission and the reason for readmission from a convenient sample from our electronic medical records from May 2013 to Dec 2016 (n=163). We compared the LOS of the infants readmitted to those who were not readmitted.

Results: The 5 year (2011 to 2015) risk adjusted median LOS for our center is 47.4 compared to 53.4 for regional NICUs in California. The risk adjusted median post menstrual age is 37.47 compared to 38.27 in regional NICUs in California. Six percent of infants (n=11) were readmitted between 2013 –2016. The median GA of the readmitted infants was 27.4 weeks compared to 30.4 weeks in those who were not readmitted. The median LOS of for infants who were readmitted was 70 days compared to 47days in those who were not readmitted, however this was not different after adjusting for GA. The reasons for readmission were respiratory

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distress (3), acute life threatening events (3), inguinal hernia repair (3), seizure-like activities (1) and social reasons (1).

Conclusion: In our single center experience, with consistently lower LOS compared to other regional NICUs, readmission to the hospital was not associated with babies who had shorter LOS.

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