

Abstract Title:

Homecare and Healthcare Utilization Errors Post Neonatal Intensive Care Unit Discharge

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Introduction: High-risk infants transitioning from the Neonatal Intensive Care Unit (NICU) to home represent a vulnerable population given their complex care requirements. Little is known about compliance with care planning during this period. The purpose of this study is to identify homecare and healthcare utilization errors in high-risk infants following NICU discharge and to determine if interventions provided by home visitation services impact these errors.

Methods: This is a prospective observational cohort study of homecare (feeding, medication, and equipment) and health care utilization (appointment) errors for infants discharged from a regional Neonatal Intensive Care Unit between 2011 and 2015. Wilcoxon signed-rank test was used to assess error reduction between first and last home visit. Chi-squared and Wilcoxon rank-sum test were used to

compare demographics for infants with and without errors.

Results: A total of 282 errors were identified in 153 infants during the 547 home visits. There was a 58% error reduction between the first and second visit. The median number of visits until no new errors occurred was 2. There was no difference in maternal and infant demographics between those with and without errors. Home visit satisfaction surveys demonstrated high caregiver satisfaction.

Conclusion: Our home visit program identified multiple types of homecare and healthcare utilization errors in the high-risk infants transitioning from NICU to home. Interventions provided by home visits are effective in resolution of these errors. At least two follow-up home visits are necessary to sufficiently address the majority of errors.