# The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
Bureau of Health Care Safety and Quality
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## MEMORANDUM: 15-7-08

**TO:** Hospital Chief Executive Officers
Acute Care Hospitals and Birthing Centers

**FROM:** Deborah S. Allwes, BS, BSN, RN, MPH
Director, Bureau of Health Care Safety and Quality

**DATE:** July 14, 2015

**RE:** Recommendations for the Hospital Discharge and Follow-up Care of Preterm and High Risk Infants

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**Purpose:**

The purpose of this memorandum is to provide recommendations for enhancements to existing hospital discharge and follow-up care of preterm infants, defined as infants born at less than 37 weeks gestation, and high risk infants, defined as small for gestational age (SGA).[1] The intent of this memorandum is to ensure that standardized and coordinated processes are followed as preterm and high risk infants leave the hospital from a well infant nursery, continuing care nursery, special care nursery, or neonatal intensive care unit (NICU) and transition to follow-up care by a health care provider and/or homecare provider.

Preterm birth is the most frequent cause of infant mortality and morbidity and is also a leading cause of long-term neurological disabilities in children in the United States.[2] Preterm birth costs the U.S. health care system more than $26 billion each year.[3] Prolonged NICU stays, re-hospitalization and other post-discharge health care use constitute a significant proportion of preterm infant care costs. According to the National Vital Statistics Report, in 2011 almost 12% of the nearly 4 million births in the United States were preterm.[4]

The American Academy of Pediatrics reports that "infants born preterm with low birth weight, who require neonatal intensive care, experience a much higher rate of hospital readmission and death during the first year after birth compared with healthy, full term infants. Careful preparation for discharge and good follow-up care after discharge may reduce these risks." [5]

**Background:** Chapter 253 of the Acts of 2012 amended Section 67C of Chapter 111 of the General Laws. Among the provisions included in the new Section 67C is the requirement that the Department of Public Health (the Department), in consultation with the Perinatal Advisory Committee (PAC), develop standardized procedures for hospital discharge and follow-up care for premature infants. Additionally, the Department must ensure that standardized and coordinated processes are followed as premature infants leave the hospital from a well newborn nursery, step down, transitional nursery or NICU and transition to follow-up care by a health care or homecare provider. This letter, in collaboration with the Department's existing regulations, serves to fulfill this requirement.

**Hospital Licensure Regulations**

It is important to acknowledge that hospitals are currently required by existing hospital licensure regulations (105 CMR 130.601-130.669) to comply with requirements related to discharge planning and related services for maternal and newborn care. Additionally, general discharge planning regulations are found in 105 CMR 130.340 -130.349A.

DPH website: http://www.mass.gov/eohhs/docs/dph/regs/105cmr130.pdf

**Federal Certification Regulations for Discharge Planning**

Existing federal certification regulations of the Centers for Medicare and Medicaid Services (CMS) include additional regulations for discharge planning and are incorporated by reference under 105 CMR 130.200. See CFR §482.43, Condition of Participation Discharge Planning.

**Recommendations**

This memorandum, including the attached documents, is intended to serve as an adjunct to existing hospital regulations and hospital policies. Attached are several sample discharge planning worksheets described in the *Journal of Perinatology* article, "Neonatal Intensive Care Unit Discharge Preparation, Family Readiness and Infant Outcomes: Connecting the Dots.[1]" The examples are provided as reference only, and the documents are meant to provide each hospital with guidance on enhancing its discharge policies. It is not necessary for the Department to review and approve updated hospital worksheets. However, applicable policies should be available for review, if requested by the Department.

The Department encourages hospitals to review the guidance and reference information and incorporate the recommendations into existing policies and procedures, such as:

- A structured discharge teaching plan that can be customized for the needs of the individual family, while ensuring that all basic information is taught, including, technical baby care skills, home environment preparation, car seat/bed use, preterm infant behavior (normal and abnormal), and anticipatory guidance. The teaching should be documented.
- Support for oral teaching with written materials, instructions, and checklists where appropriate.
- A structured discharge summary.
- Adherence to the American Academy of Pediatrics (AAP) guidelines for high risk discharge[6].
- Adherence to the AAP guidelines for late preterm infant discharge[7].
- Coordination of the transition of care to a medical home and/or primary care provider (PCP), including documentation of the transition. Due to the complexity of follow-up after hospital discharge, it is recommended that the following action steps are in place:
    - pre-discharge planning;
    - assistance to families in identifying a PCP; and
    - communication and coordination with the PCP to ensure providers in the community are prepared to support the infant post-discharge. It is strongly recommended that the hospital team and the primary care provider have ongoing communication to ensure optimal continuity of care. The PCP should be made aware before patient discharge and preferably be included in the discharge planning.

[1] VC Smith, SS Hwang, D Dukhovny, S Young and DM Pursley. "Neonatal Intensive Care Unit Discharge Preparation, Family Readiness and Infant Outcomes: Connecting the Dots". Journal of Perinatology. (2013), 1–7. Online Publication.

- Identification of community resources. A number of community services are available in Massachusetts through the Department and other state partners and can be incorporated into discharge plans for families (see attachment - Massachusetts Community Resources).

If you have any questions about the information in this correspondence, please email suzanne.cray@state.ma.us.

**The Department requests that you forward this circular letter to appropriate hospital staff, including, but not limited to, the following:**

- **Chief Medical Officer,**
- **Chief of Obstetrics,**
- **Chief of Pediatrics,**
- **Chief of Neonatology,**
- **Chief Nursing Officer,**
- **Director of Maternal and Child Health,**
- **Social Services,**
- **Discharge Planners, and**
- **QA Director/Risk Manager.**

**Attachments:**

1) Massachusetts Community Resources
2) Journal of Perinatology Article (2013): "Neonatal Intensive Care Unit Discharge Preparation, Family Readiness and Infant Outcomes: Connecting the Dots"
3) Sample Discharge Planning Forms

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**Endnotes:**


1. MDPH: Normal birth weight and SGA categories were calculated using birth weight percentiles from the 1999-2000 US Natality Datasets for 6,690,717 singleton infants born at 22-44 completed weeks of gestational age.

2. Centers for Disease Control and Prevention. 2013 Preterm Birth http://www.cdc.gov/reproductivehealth/MaternalInfantHealth/PretermBirth.htm

3. Martin J. A., Hamilton B. E., Ventura S. J., Osterman, M. J. K., & Mathews T. J. (2013). Births: Final data for 2011. *National Vital Statistics Reports, 62*(1). Hyattsville, MD: National Center for Health Statistics. Available at http://www.cdc.gov/nchs/data/nvsr/nvsr62/nvsr62_01.pdf

4. American Academy of Pediatrics, Committee on Fetus and Newborn. Hospital discharge of the high-risk neonate. Pediatrics, 2008. **122**(5):1119-1126.

5. Ibid.

6. Engle WA, Tomashek KM, Wallman C; Committee on Fetus and Newborn, American Academy of Pediatrics. "Late- preterm" infants: a population at risk. Pediatrics. 2007;**120**(6):1390–1401

7. Late Preterm Infants: Near Term But Still in a Critical Developmental Time Period. A.Kugelman , A., Colin, A Pediatrics 2013; Vol. 132 No. 4 October 1, 2013 pp. 741 -751; DOI: 10.1542/peds.2013-1131 http://pediatrics.aappublications.org/content/132/4/741.full.html