QUALITY AND COST-EFFECTIVE CARE: A NURSING SOLUTION

Title

EARLY DISCHARGE OF MATERNAL CLIENTS

The Issue

Reducing a mother’s length of stay in hospital postpartum has raised concerns regarding mother and baby’s well-being, quality of care and mother’s confidence to care competently for her baby. There is also concern that postpartum complications may go undetected. All these factors could result in longer term complications and increased health care costs.

A Solution

Balance quality of services and resources with a program that integrates health care services and addresses postpartum safety concerns, meets cost-control challenges and provides enhanced experience for mother and child.

An Example

North York General Hospital’s First Days Program provides community nurse home visits and 24-hour telephone support to eligible patients in partnership with Saint Elizabeth’s Health Care Maternal Child Program. The community plan of care includes an initial home visit by a community nurse as early as 12 hours post-discharge, if indicated on the referral form; an initial home visit on day two or three postpartum in all other instances; a follow-up telephone call on day three or four postpartum; an additional home visit if required; and, post-program survey of enrolled patients.

Results

PATIENT-RELATED:

- Mothers were very satisfied with the program. In 1998-99, all 3,283 enrolled patients had first visits; 1,569 had second visits. Ninety-nine per cent of surveyed patients expressed satisfaction with the nurses’ ability to address their concerns and 83 per cent would again choose the First Days Program.

- When asked what they liked most about the program, mothers expressed appreciation for the personal attention and reassurance that “the baby and I were doing OK and that I was doing a good job.” They valued the time spent with the nurse and did not feel rushed.

- Over 75 per cent of patients stated that they felt reassured that someone was always available to help them.

- Many patients said they felt they were more successful at breastfeeding because of the home support received.
Provider-related:

- Hospital physicians and nurses felt less anxious about sending patients home because there was a support system in place.

Cost-related:

- On average, hospital length of stay was 26.8 hours for vaginal births and 60.8 hours for cesarean sections. This represents a decrease of 11.2 hours for cesarean sections.

- The First Days Program reduced the cost of postpartum care from $580 to $410, which amounts to a savings of $558,110 in 1998-99.

References:


Telephone interview with Susan Kwolek, December 1999.