



Jan. 7, 2014 ■ Issue 82

AHRQ Develops New Toolkit for Transitioning Newborns from NICU to Home

For hospitals that want to improve safety when newborns transition home from their neonatal intensive care unit (NICU), AHRQ has developed a [Health Coach Program](#) that contains tools and information for parents and families of newborns who have spent time in the neonatal intensive care unit (NICU).

Infants born preterm or with complex congenital conditions are surviving to discharge in growing numbers and often require significant monitoring and coordination of care in the ambulatory setting. This toolkit can be adapted for any institution that cares for fragile newborn infants.

In a Health Coach Program, the Health Coach serves as a teacher and facilitator who encourages open communication with the parents/caregivers to identify their needs and concerns and facilitates follow up care for the infant by primary care providers.

As an online product, the Health Coach Program can customize a broad range of information for each family based on their needs and concerns. Included are approximately 30 fact sheets, directed to either the clinician or the infant's family, on topics that range from medications to breastfeeding to insurance coverage tips.

Health Coaches who want to print materials to create customized Family Information Packets should select PDF files for the Cover Page and each relevant topic. These fact sheets can then be assembled into a packet for each family.

Toolkit Contents

- Transitioning Newborns From NICU to Home: A Resource Toolkit
- Transitioning Newborns from NICU to Home: Family Information Packet (Select to create customized packets).

Appendix A: Family Information Packet.

Appendix B: Clinical Materials to Share With Primary Care Providers.

Appendix C: NICU Needs Assessment.

Study: Most Health Outcomes Following Surgery Are Worse for Low-Income Patients

A new AHRQ study, *Despite Overall Improvement in Surgical Outcomes Since 2000, Income-Related Disparities Persist*, of 12 measures of outcomes following surgical procedures found that outcomes for patients from both high- and low-income geographic areas improved between 2000 and 2009. In fact, survival following two surgical procedures—coronary angioplasty and carotid endarterectomy—improved for both high- and low-income patients, and the disparity between the two groups narrowed.

However, according to the study, in nine of the remaining 10 outcomes studied, patients from low-income areas fared worse than patients from high-income areas across both years. For example, low-income patients had significantly increased risks for postoperative complications involving respiratory failure and lower survival rates following abdominal aortic aneurysm repair and coronary artery bypass graft.

Prior research has shown that low-income patients were more likely to be either uninsured or covered by Medicaid as well as belong to a racial or ethnic minority group, the study said, noting that those characteristics were associated with poorer surgical outcomes.

Save the Date

March 21	Improving Community Health Through Wellness and Nutrition (rescheduled from Nov)
March 31	Statewide Perinatal Safety Learning Collaborative
April 4	Transforming Care at the Bedside
May 8	Preventing Readmissions and Improving Transitions in Care (co-provided with HQSI)
May 13	CUSP for ESRD in New Jersey
May 20	Reducing Healthcare-Acquired Infections Using a Collaborative Approach
May 29	Adverse Drug Events

[Click here to register.](#)

CA01010714