Recent healthcare goals have an increased focus on quality. One of these markers for Liver Transplantation is readmission rates within 30 days after transplant. During our quality improvement review, we found our readmission rates within 30 days of transplant were greater than expected. In an effort to help reduce readmission rates we developed a multivariable protocol that included implementing physician assistants into our post liver transplant clinic.

**Purpose**

A prospective study of a protocol specifically to reduce 30 day readmission after liver transplantation. The protocol emphasized processes to improve patient teaching prior to discharge, developed alternatives to readmission and implemented closer follow up with flexible scheduling. As a way to help facilitate this protocol, transplant surgery physician assistants were implemented in the post-liver transplant clinic. The 30 day readmission rate one year after implementation of the protocol was compared to 30 day readmission rate for the 2 years prior to the implementation of the protocol. Multivariate logistic regression was used to control for potential confounding factors.

**Methods**

• 167 adult primary liver transplants were performed at our center with a mean biologic MELD of 21 ± 8

• 57 patients readmitted for a readmission rate of 34%

• Most common reasons for readmission:
  - biliary complications (n=13)
  - infection/fever (n=10)
  - rejection/elevated liver tests (n=9)

• 30 day readmission rate decreased from 40% before implementation of the protocol to 20% after implementation, p=0.017

• The protocol remained significantly associated with readmission rate after controlling for potential confounding factors, OR=0.39 (95% CI 0.16, 0.92), p=0.03