

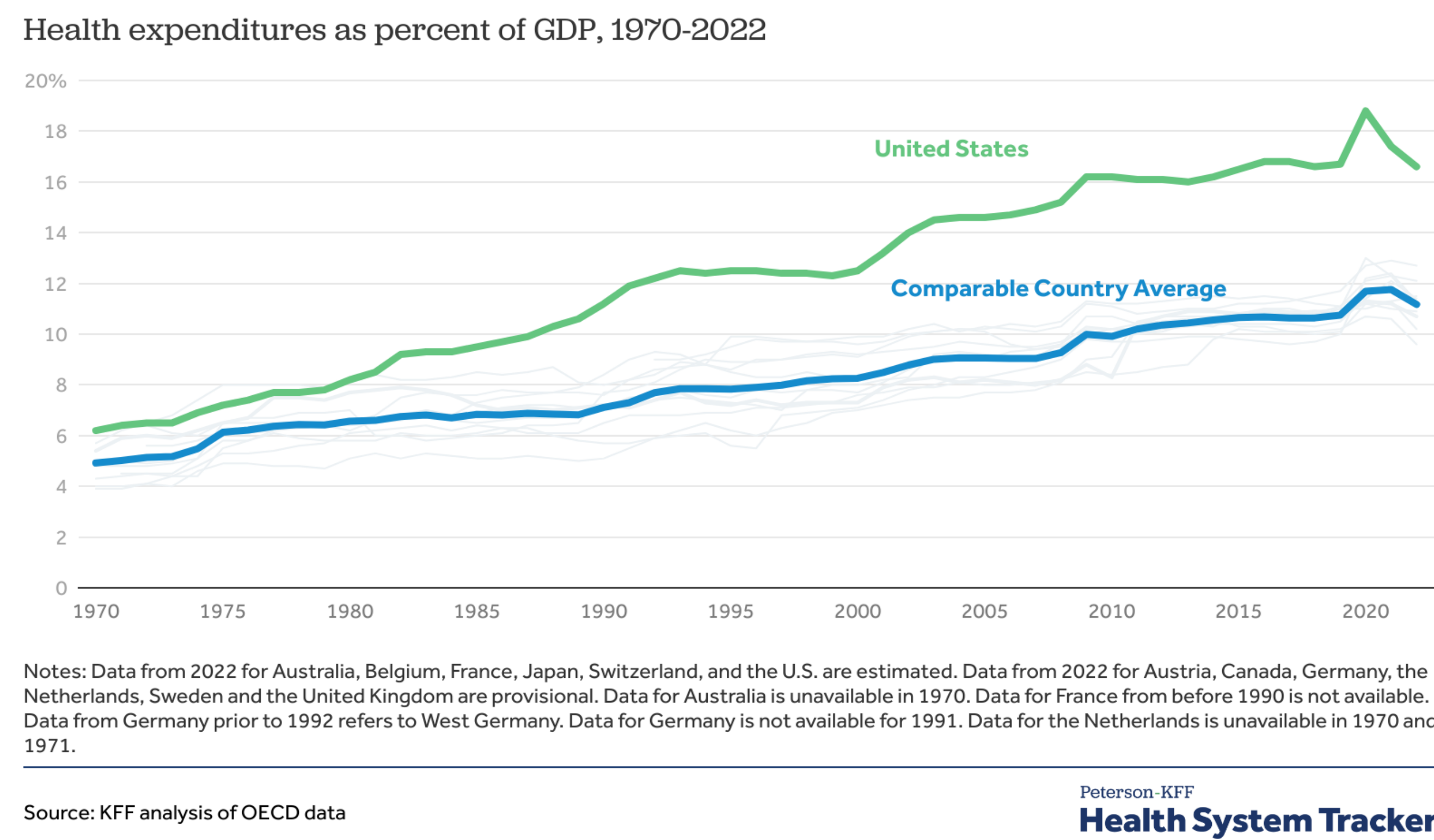
UC San Diego Health

A Description of Short-Stay Admissions from the Emergency Department among a Managed Care Population

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Introduction

- Emergency Department (ED) boarding of admitted patients is associated with worsened patient outcomes, delays in medical care, increased ED crowding and reduced patient satisfaction.
- Utilization of alternatives to hospital admission such as ED observation, hospital at home/home health and the Medicare Skilled Nursing Facility 3-day waiver program, which are all value-based care programs, can help alleviate ED boarding.
- Identifying details associated with short-stay admissions (those in which patients are discharged within 24 hours of admission) may help optimize use of these alternatives to hospital admission.
- This study aimed to identify and characterize short stay admissions from the ED among managed care patients with the larger, long-term goal of optimizing ED dispositions and utilization of alternatives to admissions.



Materials and Methods

- Retrospective, observational descriptive cohort study was conducted at an academic health system’s two EDs over 12 months.
- Included were managed care commercial and Medicare patients attributed to our health system who had an ED visit that resulted in an inpatient or observation admission lasting </=24 hours.
- The following outcome data were collected: age, LACE+ score, admitting service (Hospitalist or Family Medicine vs. Specialty Service), principal diagnosis, discharge destination.

Results

- 198 managed care patients with short-stay admissions were identified.
- 71.2% (n= 141) of the patients were >/= 65 years.
- The average LACE+ score was 64 with a median of 68.
- 91 patients (46%) were admitted to a Medicine service. 107 patients (54%) were admitted to a Specialty Service.
- The most frequent diagnoses among the Medicine admission cohort were those disease conditions or symptoms relating to infection (n=13 or 6.6%), pulmonary (n=7 or 3.5%) and gastroenterology (n=7 or 3.5%%) and among the Specialty Service admission cohort were those disease conditions or symptoms relating to cardiology (n=29 or 14.7%), neurology (n=15 or 7.6%), gynecology (n=5 or 2.5%), and Urology (n=6, 3%).
- The majority of patients (n= 167 or 84.3%) were discharged home, 19 patients (9.6%) were discharged to a SNF, rehab facility or transferred to another hospital.
- 12 patients (6.1%) left Against Medical Advice.

n= 198		
Admitting Services		
Other (%)	52.02%	
Medicine (%)	44.95%	
Surgery (%)	2.02%	
Family Medicine (%)	1.01%	
Disposition		
Home (%)	84.34%	
Other (%)	9.60%	
AMA (%)	6.06%	

Table 1: Breakdown of admitting services for admissions < 24 hours along with their disposition

n= 198		
% with LACE+ Score		
52.02%		
LACE+ Score		
Average	64	
Median	68	
25th Percentile	55	
75th Percentile	71	

Table 2: Further information regarding risk of readmission through LACE+ Score

Conclusion

- In this population of managed care, short-stay admission patients have a medium to high risk of readmission based on LACE+ score
- Approximately half the patients were admitted to a Medicine service with the most frequent admitting diagnoses related to infection.
- Among the patients admitted to a Specialty Service, the most frequent admitting diagnosis or symptoms related to a cardiac condition.
- Most patients were discharged to home.
- Understanding this population may help to focus opportunities on which alternatives to admission may be leveraged, when appropriate.

References

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