

176: CLINICAL PATHWAYS IN EMERGENCY MEDICINE SHORT STAY UNITS MAY DECREASE RATES OF SUBSEQUENT ADMISSION TO ACUTE IN-PATIENT BEDS

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Objective:

To assess the impact of compliance with clinical pathway direction in a newly established, emergency department managed, short-stay observation unit.

Methods:

The Angliss Hospital provides a range of acute and sub-acute services to a population of approximately 400,000. In 2000-2001 the Hospital had 31,807 emergency department (ED) attendances, with an admission rate of approximately 20%, and 71% of attendances being for patients aged 18 years and over. In April 2000, the emergency department opened a short stay observation unit (SOU) whose prime focus was admission of patients requiring brief periods (4-24 hours) of targeted care for selected strict diagnostic and inclusion criteria. The SOU admission guidelines specify admission of patients under a structured clinical pathway.

The rationale for the evaluation study was to inform the ED of its current practices, to monitor the systematic implementation and change management issues of establishment of a clinical pathway driven SOU and to identify the impact of clinical pathways on a range of outcome measures in this setting.

The study design was a retrospective cohort review. The principle variable was compliance with clinical pathway application by medical staff. The principle outcome measures were rate of admission to an acute service inpatient bed, length of stay, incidence of length of stay greater than 24 hours, rate of unscheduled review, unplanned readmission rate, and disposition pattern.

A retrospective review of the clinical records of all patients admitted to the SOU for a twelve month period took place. Data was extracted by one of two clinicians (CP,PD) into an Access database, with subsequent analysis in Excel.

Results:

Data from 838 admissions (2.6% of ED attendances) was analysed. Clinical pathways were used in 578 of 838 admissions. Compliance with pathways was complete or high in 82.7%. The admission rate to an inpatient bed in non-pathway patients was significantly greater than in patients where pathways were applied (24.5% versus 10.1%, $\chi^2 = 13.49$, $p < 0.001$). Patient groups where highest admission rates were seen included those awaiting investigation, chronic obstructive pulmonary disease, pain management, and emergency minor surgery. No difference between pathway and non-pathway groups was demonstrated for length of stay, length of stay greater than 24 hours, unscheduled review, unplanned readmission, or length of stay by disposition type.

Conclusions:

This pilot study is limited by the retrospective nature of its analysis and the lack of a control group, however it indicates significant trends that require further investigation. Short stay medicine has become a cornerstone of acute health care, as a valid mechanism to offer an alternative to conventional multi-day, acute hospital service bed admission for selected patients. In this setting of the SOU, application of clinical pathways has been demonstrated to decrease admission to inpatient beds, resulting in earlier, appropriate discharge of patients to the community.