Characteristics and outcomes of patients discharged from the ED after referral for hospitalist admission

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Background

The largest contributor to healthcare costs is acute care, including ED visits and inpatient hospitalization[1]. Unnecessary hospitalization may place patients at risk of functional losses, serious infections and delirium, among other issues. Hospitalists have been shown to improve overall efficiency at healthcare institutions[2] and are uniquely positioned to prevent unnecessary hospitalizations. At our institution, hospitalist physicians have the option of providing consultation and discharging patients referred for admission from the ED, if appropriate. The purpose of this study is to describe the characteristics and healthcare utilization outcomes for patients discharged from the ED after referral for hospitalist admission.

Methods

- We identified patients over a 5-month period who were discharged from the ED after hospitalist consultation
- Chart reviews were performed to collect data on patient demographics, chief complaint, primary diagnosis and outcome measures
- Primary outcomes were 30-day readmission rate and 30-day ED re-visit rate

Results

- 27 patients were identified (Table 1), representing 1.9% of admissions referred through the ED
- 30-day readmission rate was 3.7%
- 30-day ED revisit rate was 18.5%
- If limited to utilization for the same presenting complaint, admission and revisit rates were 0% and 7.4%, respectively

Demographic Characteristics, N (%)	
Female	14 (51.9%)
Caucasian	13 (48.4%)
African-American	9 (33.3%)
Hispanic	3 (11.1%)
Other	2 (7.4%)
Chief complaint, N (%)	
Chest pain	12 (44.4%)
LE edema	2 (7.4%)
Alcohol withdrawal	2 (7.4%)
Falls	2 (7.4%)
Other	9 (33.3%)
Primary Diagnosis, N (%)	
Atypical chest pain	9 (33.3%)
MSK chest pain	2 (7.4%)
Alcohol withdrawal	2 (7.4%)
Other	14 (51.9%)

Discussion & Conclusions

- 30-day readmission and ED revisit rates for patients after hospitalist consultation and discharge from the ED were low
- The most frequent chief complaint and primary diagnosis was chest pain
- These data suggest that hospitalists can assist patients and healthcare institutions by avoiding unnecessary hospitalizations
- Conclusions are limited by small sample size and single institution outcomes

Future Directions

We have obtained IRB approval for and are proceeding with a broader study to generate more precise data on healthcare utilization after hospitalist discharge from the ED.

References

1. Joynt KE, Gawande AA, Orav EJ, et al. Contribution of Preventable Acute Care Spending to Total Spending for High-Cost Medicare Patients. *JAMA*. 2013;309(24):2572-2578.
2. Jungerwith R, Wheeler SB, Paul JE. Association of Hospitalist Presence and Hospital-Level Outcome Measures Among Medicare Patients. *Journal of Hospital Medicine.* 2013;9(1):1-6.