

Quality Improvement in Utilization Management: Improving Admission Status Decision-Making

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Introduction

- Hospital admission status (observation vs. inpatient) has financial repercussions for both patient families and hospitals.
- Residents and attendings are largely responsible for making this decision, but do not receive formal training about determining admission status.

Purpose

- Decrease number of inappropriate admissions to inpatient status on non-ICU, non-surgical pediatric resident teams at MHealth MN Masonic Children's Hospital
- Educate residents about importance of choosing correct admission status

Methods

- Patient population: UMMCH med/surg patients inappropriately admitted to inpatient instead of registered to observation status
- Created flowsheets based on top diagnoses
 - Respiratory distress
 - Gastro/dehydration
 - Neurologic disease
 - Fever in infant
 - Constipation
 - Post-op/surgical
- Presented to pediatric residents and PHM attendings in March '20
- Compared data, as a rate of total admissions, from 6 months pre- and post-intervention

FEVER IN INFANT < 30 DAYS

TREATING with antibiotics?



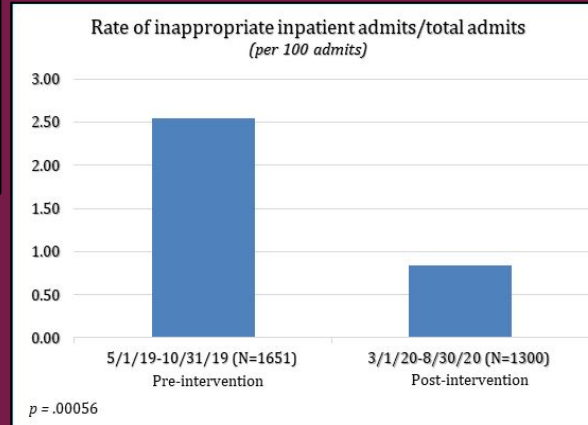
INPATIENT

OBSERVATION

Results

- Pre-intervention phase: 42 of 1651 admissions were inappropriately inpatient status (2.54%)
- Post-intervention: 11 of 1300 admissions were inappropriately inpatient status (0.84%)
- Two-tailed z-score test results:
 - **p-value 0.00056**

Figure 1. Bar graph comparing the number of patients incorrectly admitted to inpatient status as a rate of the total number of admissions pre- and post-intervention.



Discussion

- Significant difference pre- and post-intervention
- Unable to assess if reduction was result of our intervention or other external factors
- Limited by: attending and resident knowledge pre-intervention and outside education, changing cohort of residents, short time period to gather data, impact of pandemic on hospital admissions
- Did not assess resident knowledge pre- and post-intervention
- Future directions: expansion to ED providers, longer study period, following same resident cohort

References

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