

Daily Care Conferences Decrease COPD Hospitalization Length of Stay in Community-Based Hospitals

R. Shilian, DO, T. Abraham, DO, B. Peppers, DO, P. E. Oley, DO, C. Wood, DO, E. Giraldi, MD, A. Cosic, B. Lyman, J. Wynbrandt, MD, D. Jhaveri, DO, R. W. Hostoffer, DO
 Department of Pulmonary and Critical Care and Internal Medicine, University Hospitals, Cleveland, OH.



RATIONALE

COPD affects about 10 million people and is the third leading cause of death in the United States. Hospital care and Emergency visits related to COPD exacerbation contribute to > 70% of COPD-related health expenses, costing >\$10 billion annually in the United States.¹

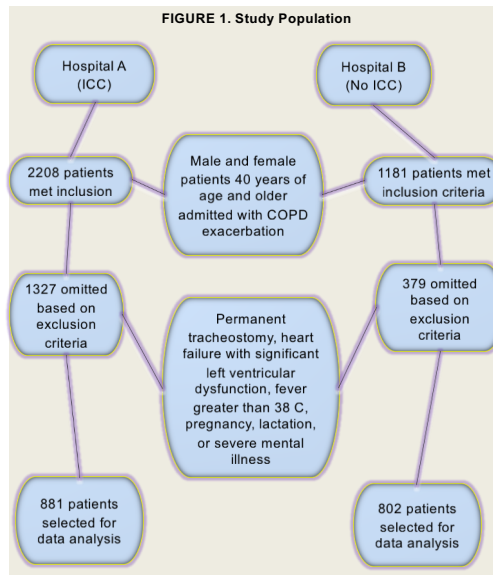
Healthcare system has become more complex throughout the world.² Caring for a hospitalized patient now requires input from various providers. In order to treat and discharge the patient in a safe and timely manner, the primary team relies on care providers such as specialty consults, pharmacy, physical and occupational therapy, nutrition, social work, and case management. A lack of an effective method of communication among all care providers often leads to delayed care. This in-turn can cause an unnecessary increased length of stay (LOS), further adding to our health care expenses.

This problem can be alleviated by utilizing integrated care conferences (ICC). ICC involves systematically coordinating patient care activities to create a more efficient method of sharing information among all of the participants involved in a patient's care.³ These conferences have been utilized in COPD hospitalizations but very little data has been published regarding their efficacy.⁴

We hypothesize that integrated care conferences on patients with COPD in a community-based hospital setting, daily, will decrease length of stay.

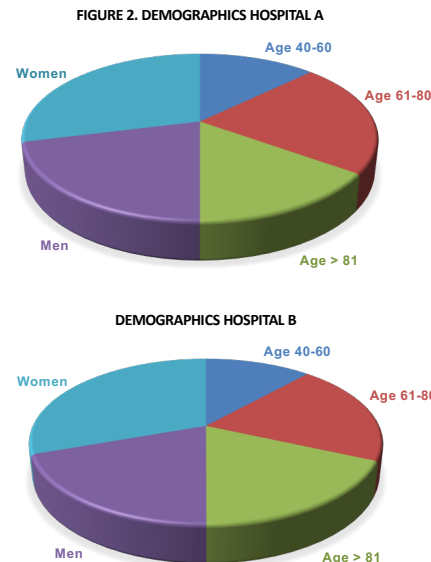
METHODS

In our retrospective study data regarding COPD hospitalization length of stay was collected from two community hospitals, one that had ICC in-place and one that did not, over a six year interval (2011-2016). The collected data was analyzed by a statistician, utilizing a Student's T-test.



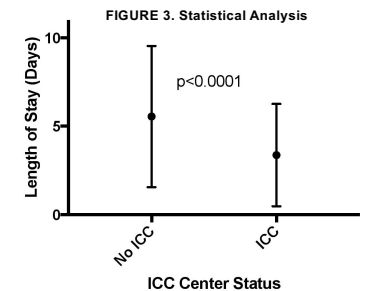
RESULTS

Total patient data collected n=12,861(ICC=2,285 and non-ICC=10,576). Patient data was excluded when length of stay could not be determined. Final data analyzed n=11,692(ICC=2045 and non-ICC=9,647). Mean LOS, ICC=1.45 days and non-ICC= 3.38 days, p-value <0.001(CI>99%, Df >1000).



CONCLUSION

Integrated care conferences on patients with COPD in a community-based hospital setting, daily decrease length of stay. Implementation of ICCs can make our current health care services a more efficient system and in-turn benefiting both patients and providers.



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