[OS2-95] Demographics of Unplanned Admissions from 2012-2013 at a Children's Hospital

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Introduction: Cost containment is very important in today's medical climate. Hospitals are strategizing how to give quality care yet contain costs. Insurance companies also mandate ambulatory surgery even in medically fragile children. In this environment, it is important to continually analyze demographics of patients failing the ambulatory setting since this may lead to higher costs.

Methods: This study was given our institutional IRB approval. We utilized the hospital-based electronic medical record to retrospectively analyze patients that were scheduled for ambulatory procedures, but then admitted from our post-anesthesia care unit (PACU). The study period included years 2012 and 2013.

Results: A total of 195 patients were analyzed, and of these 11 were ASA1, 78 ASA 2, 43 ASA 3, and 1 ASA 2E. The case distribution was 48 ENT, 21 Pediatric Surgery, 14 Orthopedics, 10 Radiology Procedures, 7 Plastics, 9 Gastrointestinal , 5 ophthalmology, 3 dental, 2 combo of dental/ENT, 2 urology, 1 pulmonary combo, 2 cardiac, and 9 other. The most common causes for admission were surgical observation (n=55) followed by respiratory issues (n=33). We also had 17 for medical observation due to underlying disease process and 28 were due to scheduling error. In these patients, The average PACU time was 96 + 65 minutes. The average age was 8.56+ 6.92 years. The average body mass index (BMI) was 20.11 + 6.50 and average weight was 38.1 + 32.14 kilograms.

Discussion: Our incidence of unanticipated admissions is relatively low at 1.1%. Our largest percentage continues to be from ENT procedures. In 2011 we initiated the use of Adenotonsillectomy guidelines in an effort to diminish unanticipated admissions. Despite these measures , we continue to experience unanticipated admissions. We continue to increasingly complex patients scheduled for ambulatory surgery. We plan to utilize these data to develop a screening tool which would help identify patients will likely to require postoperative admission, thus decreasing our rate of unanticipated admission.

References

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