Reducing Unplanned Admissions

Focusing on hospital admissions and emergency department visits for patients with head and neck cancer during radiation therapy

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BACKGROUND: Head and neck cancer (HNC) treatments cause severe toxicities, leading to high rates of emergency department (ED) visits and unplanned hospital admissions (UHAs).

OBJECTIVES: The study aimed to evaluate a quality improvement project to reduce ED visits and UHAs.

METHODS: A weekly nurse/nurse practitioner–led symptom management clinic was created for patients with HNC receiving radiation therapy deemed at high risk for an ED visit or UHA. Primary quality metrics were rate of visits or unplanned admissions. Time-to-event actuarial analysis and log-rank tests (two-tailed) were performed to compare observed to historic rates.

FINDINGS: Rates of ED visits and UHAs were 11% and 16%, respectively. Having more symptom management visits marginally correlated with reduction in UHA. The authors estimate six ED visits and four UHAs were prevented, which is a $176,848 cost reduction.

KEYWORDS
quality; unplanned hospital admissions; radiation therapy; emergency department visits

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