

# Possible Link between Higher Admitting Threshold and Low Bounce Back Rates



Researchers:

Dr. David Mutrie

Kathleen Bailey

Dr. Saleem Malik

Thunder Bay Regional Health Sciences Centre,  
Northern Ontario School of Medicine

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# The Admitted Patient Problem

- Why does it often take so long to access care in the Emergency Department (ED)?
- **There is a backlog of admitted patients in the ED stopping the flow!**



# Individual ED Physician Admitting Practices

What role do individual ED physicians play in exacerbating or resolving the admitted patient problem?



# The Study

- **Hypothesis 1:** There is significant variability in the admitting practices of emergency physicians (EP).
- **Hypothesis 2:** Patient bounce-back rates will be related to EP admission rates.

# Methods

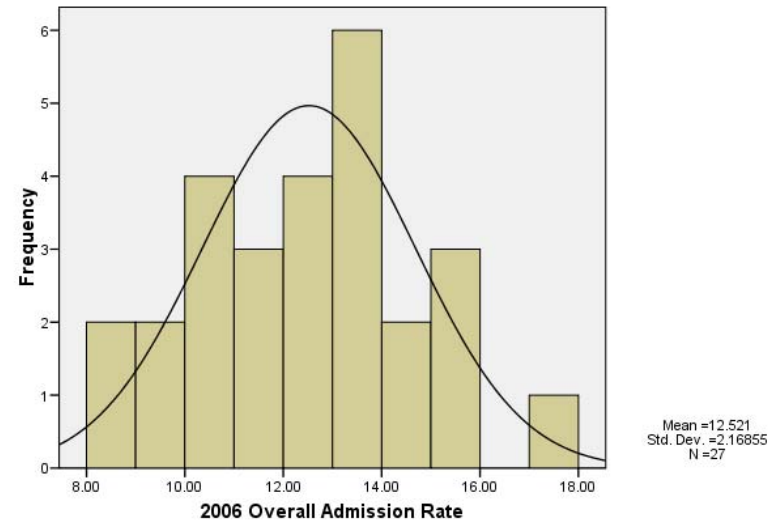
- Survey of N=30 EPs measuring beliefs, attitudes, demographics and factors that contribute to the decision to admit a patient
- 88, 691 patient visits
- Admission Rate =  $N \text{ admitted} / N \text{ patients}$
- Canadian Emergency Department Triage and Acuity Scale (CTAS)
- Researchers blinded
- Mean patients per physician: 3307 (range: 404 to 4324)



# Results

- Variable admission rates (range: 8.69% - 17%)
- Variability inconsistent when patient population broken down by visit urgency (using CTAS)
- Overall ED admission rate category (High, Average, Low) was not related to patient bounce back rates at 24 hours, 7 days, and 30 days
- When data was broken down by patient acuity, only 5 of the 45 admission category x CTAS x bounce back combinations showed a significant relationship

Variation in Overall Admission Rates



- Years of experience\*, level of post graduate certification, and medico-legal risk did not predict High, Average, or Low admitting

# Results, cont'd...

- EPs correctly assumed that admission rate variability exists, but are not good predictors of their own admitting practices in relation to their peers (7 EPs correctly labelled themselves, 41% underestimated their admitting, 11% overestimated)
- Physicians gave approximately equal weighting to various patient and institutional variables when deciding to admit a patient

## Patient variables:

- age
- gender
- patient & family preference
- availability of GP for follow up
- patient history

## Institutional variables:

- opinion of hospital administrators
- opinion of colleagues
- bed availability

# Applications

- Each physician possesses a unique admitting threshold and may respond differently to initiatives meant to decrease hospital admissions
- The lack of a consistent relationship between admitting threshold and bounce back rates suggests that some physicians are admitting patients excessively, contributing to the inpatient backlog problem in the ED
- **ED admissions can be safely decreased, just 3 patients/day (10%) could resolve the inpatient backlog problem**
- Further data refinement may help to identify specific patient groups at risk for being unduly admitted and thereby inform physicians' future admitting behaviours

# Thank You!



## Questions?

Kathleen Bailey:  
[skbailey@lakeheadu.ca](mailto:skbailey@lakeheadu.ca)