Assessing Adherence to Progressive Care Unit Admission Criteria - A Quality Improvement Study

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Rationale: Progressive Care Units (PCUs) or step-down units can play an important role in the continuous monitoring of sick patients that may not meet criteria for the Intensive Care Unit (ICU). However, PCU beds are associated with higher cost of stay compared to general medical beds, and may be associated with increased rates of delirium due to frequent monitoring and lack of orienting stimuli, creating potential risks for patients who are admitted inappropriately. The criteria for admission to PCUs are not standardized across hospitals, and providers may not be aware of their respective institutions’ admission criteria. Our goal is to evaluate adherence to PCU admission criteria at a single academic medical center in Miami, Florida, and to reduce inappropriate PCU admissions by 25% over 3 months. Methods: We reviewed all PCU admissions by Internal Medicine from April through June 2019 for admitting diagnosis and admission source (e.g., Intensive Care Unit, medical ward, Emergency Department (ED)). If a patient was admitted through the ED, it was recorded whether they came from home, clinic, or inpatient rehab or hospice facilities. Following data analysis, we will initiate a quality improvement intervention to reduce the number of inappropriate admissions to the PCU, including an educational program on PCU admission criteria for faculty and residents, and embedding the criteria as a dialogue into the electronic medical record. Three months after the start of the project, a pre-post analysis will be performed to determine the impact of the intervention. Results: 124 admissions to the PCU by Internal Medicine occurred from April through June 2019, of which 35 (28%) did not meet admission criteria. Of those admissions meeting criteria, most were for cardiovascular diagnoses (25%), followed by pulmonary diagnoses (18%). Common non-criteria diagnoses included fluid-responsive hypotension (23%), hyponatremia (20%), and syncope (9%). 119 (96%) of the admissions originated from the ED, of whom 9 (8%) came from skilled nursing facilities, with the remaining 110 (92%) coming from home or assisted living. Non-ED patients came from clinic, other units, or outside hospitals. One patient was enrolled in a home hospice program; no patients were admitted from inpatient hospice. Conclusion: Preventing unnecessary admissions to the PCU can improve patient outcomes and lower costs. In a single medical center, over a quarter of admissions to the PCU did not meet criteria, suggesting a need for further provider education. We will continue our efforts to reduce unnecessary admissions to the PCU.

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