Utilization of oncologic emergency department observation units: benefits to patients, providers, and payers

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Methods

A retrospective observational study was performed and included all patients aged 18 years and older who were placed in the EDOU of our comprehensive cancer center between March 1, 2019, and February 29, 2020. The patient's electronic medical records were queried for demographics, clinical variables, length of stay, disposition from the EDOU, ED return within 72 hours after discharge from the EDOU, and mortality outcomes at 14 and 30 days. Descriptive statistics were used to summarize the sociodemographic characteristics of the study population. Continuous variables were reported as counts and percentages. Clinical characteristics and 14- and 30-day mortality rates were compared between discharged and admitted patients.

Results

Of the 28,358 visits to our center's ED during the study period, 3,334 visits (11.8%) resulted in patients being placed under observation; 2,461 (85.7%) unique first visits were eligible for analysis once the exclusion criteria were met (Fig 1). The majority (2,372 [96.4%]) of the included patients had at least one cancer type. The median patient age was 63 years, and the majority of patients (67.4%) were White and/or Caucasian. Breast, lung, and colorectal cancers were the most frequent cancer types observed (Table 1), and 89 patients (3.6%) had more than one cancer type.

Conclusions

Our data suggest that placing patients with cancer in a type 2 observation unit is safe, as evidenced by our low ED revisit rates within 72 hours and low 14- and 30-day mortality rates, although a higher percentage of these patients were admitted than were patients in the general observation units. Even so, observation in cancer has the potential to avoid admissions and reserve inpatient hospital resources for patients who can receive the most benefit without compromising care, as it has been shown to do in noncancer populations. Further study is needed to elucidate predictive factors that may further maximize efficiency of observation status by reducing observation to admission rates.

References