

# Availability of diagnostic tests drive success in hospitalist-run short-stay units

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The most important factors for a successful stay in hospital short-stay units (SSUs) are the types of diagnostic tests performed and whether or not specialty consultations are needed. When hospitalists staff these units, they can ensure that only patients who need readily accessible services are admitted. These are the findings of a study published in the *Journal of Hospital Medicine*.

SSUs provide an alternative to traditional inpatient services for [patients](#) and exist in one-third of hospitals in the United States. These units deliver efficient and high-quality care to patients requiring short anticipated hospital stays for medical conditions like low risk chest pain, but little is known about what factors predict SSU success.

As demand for inpatient services have grown, SSUs have expanded beyond 'observation medicine' to provide more complex inpatient services (such as management of heart failure, diabetes out-of-control, and transient ischemic attacks) in locations commonly adjacent to emergency departments. To inform the future direction of the rapidly expanding SSUs, the researchers collected data on consecutive patients admitted to a SSU over a four month period. 738 patients were eligible to the study, and the majority (85%) were admitted with either a provisional diagnosis of possible acute coronary syndrome or heart failure. As SSUs were designed to care for patients during brief stays, visits were considered successful when the length-of-stay was less than 72 hours and eventual admission to traditional inpatient services was not required.

Of the 738 patients, 71% (582) had successful SSU stays. Patients who received inaccessible tests or specialty consultations were much more likely to have an unsuccessful stay than patients who did not. For example, patients who received a consultation had a 52% chance of having an unsuccessful stay.

"We found that less accessible diagnostic tests and the need for consultations had the greatest association with unsuccessful stays," said lead researcher Dr. Brian Lucas, of Stroger Hospital of Cook County and Rush University Medical Center, Illinois, USA. "From this we concluded that hospitalists who staff SSUs should focus administratively toward gaining access to services that their patients will need. Also, hospitalists can help emergency department physicians make admission-location decisions by discussing the potential needs of the patient prior to SSU admission."

"Among very-low or low-risk patients—the types of patients who are typically admitted to SSUs—considering what services patients will need is more important than further refining their clinical risk," added Lucas.

Source: Wiley-Blackwell

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