

Teaching service cuts resource use in COPD exacerbations

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(HealthDay)—An internal medicine teaching service can reduce

resource use in patients with acute exacerbation of chronic obstructive pulmonary disease (AECOPD) in a community teaching hospital, according to a study published online Jan. 4 in the *Journal of Evaluation in Clinical Practice*.

Khalid Abusaada, M.D., from Florida Hospital in Orlando, and colleagues conducted a [retrospective cohort study](#) involving patients admitted for a primary diagnosis of COPD exacerbation to examine the impact of an internal medicine teaching service versus a nonteaching service at a large community teaching hospital. The authors measured risk-adjusted length of stay (LOS), cost of hospitalization, 30-day readmissions, and mortality rate. Data were extracted for 1,419 patients: 306 in the teaching group and 1,113 in the nonteaching group.

The researchers found that the teaching group had significantly lower risk-adjusted cost and LOS than the nonteaching group (observed/expected cost, 0.66 versus 1.06; observed/expected LOS, 0.93 versus 1.69). Risk-adjusted mortality and readmissions did not differ significantly between the groups. The teaching group had significantly lower use of consults, with 73 and 31 percent of patients in the teaching and nonteaching groups having no consults, respectively. After adjustment for other variables, the teaching service correlated with significantly decreased use of consults (odds ratio, 0.17).

"The [teaching](#) service had more favorable outcomes compared to nonteaching services in patients hospitalized for AECOPD," the authors write.

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