



Feb. 25, 2014 ■ Issue 88

AHRQ Data: OR Procedures Account for Nearly Half of Hospital Costs

Hospital stays that involved OR procedures constituted 29 percent of the total 38.6 million hospital stays in the United States and 48 percent of the total \$387 billion in hospital costs in 2011, according to a new statistical brief from the Agency for Healthcare Research and Quality.

The brief, *Characteristics of Operating Room Procedures in U.S. Hospitals*, is part of AHRQ's Healthcare Cost and Utilization Project. Other statistics from the briefing include:

Hospital stays that involved an OR procedure were about twice as costly as stays that did not involve an OR procedure.

The 20 most common procedures accounted for more than half of all OR procedures. Cesarean section and circumcision were the most frequent OR procedures. Musculoskeletal procedures and cardiac procedures also accounted for a substantial portion of the most common OR procedures.

Twenty procedures accounted for more than half of all costs for stays involving OR procedures. Spinal fusion, knee arthroplasty and percutaneous coronary angioplasty were the procedures with the highest aggregate hospital costs.

Emergency Departments Just for Elderly Patients: A Growing Trend

Older adults average 45.4 emergency department (ED) visits per 100 individuals per year compared with 38 ED visits per 100 individuals per year for younger patients. This patient population has unique needs not addressed by general ED services—needs that if not addressed often lead to complications, longer stays, repeat ED visits and readmissions for the same conditions within short time frames, according to a report https://www.ecri.org/Forms/Documents/2014_WatchList_MS13673_web.pdf released today by the ECRI Institute.

After an ED visit, seniors are at greater risk for medical complications, functional decline and poor health-related outcomes than they were before the ED visit. ED services that are designed to cater specifically to the geriatric population propose to help address these challenges.

The study identified two types of approaches that are used singly or, ideally, in combination to improve geriatric patient outcomes and reduce intensive care unit (ICU) stays and readmissions:

1) infrastructure/structural redesign of EDs, and 2) new protocols/care processes for ED services to geriatric patients, including training ED staff in geriatric patient care.

A new model, Geriatric Emergency Department Interventions (GEDIs), has been adopted at some EDs to make them more “senior friendly,” including reclining chairs or padded/ lined stretchers to improve patient comfort and reduce pressure ulcers; large-face clocks, calendars, and boards with the names of hospital and clinical staff to reduce risk for patient delirium; nonskid floor surfaces, handrails, aisle lighting and bedside commodes to reduce patient risk for falls and injury; and visual and lighting aids that may also reduce risk and patient follow-up, the study stated.

The prevalence of these EDs appears to be growing steadily. Although no specific registry of senior-specific EDs in the United States exists, reports from health systems indicate that more than 50 have opened across the U.S. since 2011, with an estimated 150 in development.

Reimbursement rates are no different in a senior-specific ED than a general ED; however, reduced admissions to ICUs, reduced readmissions and improved outcomes are anticipated to bring a return on investment.

Save the Date

Please note: While the information below is a list of planned programs for 2014, at this time not all programs can be accessed online for registration.

March 21 Improving Community Health Through Wellness and Nutrition (rescheduled from Nov., available for registration)
March 31 Statewide Perinatal Safety Learning Collaborative
April 4 Transforming Care at the Bedside
May 8 Preventing Readmissions and Improving Transitions in Care (co-provided with HQSI)
May 13 CUSP for ESRD in New Jersey
May 20 Reducing Healthcare-Acquired Infections Using a Collaborative Approach
May 29 Adverse Drug Events

[Click here to register.](#)

CA13022514