AB099. 16. Clinical effectiveness of dedicated ultrasound slots in a surgical assessment unit

Muhammad Fahad Ullah, Rishabh Sehgal, Shiori Kimura, Laura Roche, Anne Merrigan, Shauna Tormey

Department of Breast Surgery, University Hospital Limerick, Limerick, Ireland

Background: The bed crisis and resource limitations continue to plague the Health Service Executive, with surgical patients being admitted for next day radiologic investigations. Ultrasound scan (USS) is a cheap and non-invasive modality for assessing acute surgical presentations. The acute surgical assessment unit (ASAU) in Limerick has two dedicated USS slots daily. The aim of the current study was to investigate the clinical impact on patient care and the cost-effectiveness of such an ASAU USS access.

Methods: A retrospective analysis of all patients who underwent USS investigation in the ASAU between May and Sept 2017 was conducted. Demographic, referral source, presenting complaint, and clinical outcome data were obtained from the ASAU Log. USS data was obtained from the National Integrated Medical Imaging System (NIMIS). The Integrated Patient Management System (IPMS) and Therefore Case Manager, Therefore 2014(12.0.2) were used to check for any discharged ASAU patient re-presenting to the emergency department (ED) within 30 days.

Results: Twelve hundred patients were included in the study. The most common presenting complaint was epigastric or right upper quadrant pain (55.8%). Same day USS (n=86) led to 51% being discharged home on same day. These patients would otherwise have been admitted for USS the next day. This service translated to an approximate savings of 26,000 euros over the 4-month study period. Post discharge ED visits in the ASAU discharged group was zero in first 30 days.

Conclusions: The ASAU dedicated ultrasound slots provide a cost-effective contribution in reducing hospital expenses and overcoming bed crisis. This streamlined service should be available in every ASAU.

Keywords: Acute surgical assessment unit (ASAU); ultrasound facility; bed crisis; cost effective; right upper quadrant pain

doi: 10.21037/map.2019.AB099