

### **8.03 Evaluating the potential impact of an Ambulatory Pleural Effusion Pathway on inpatient admissions in a tertiary referral hospital**

John Murray<sup>1</sup>, Caoimhe Geoghegan<sup>1</sup>, Laura Gleeson<sup>1,2</sup>

<sup>1</sup>Respiratory Department, St James's Hospital

<sup>2</sup>Department of Clinical Medicine, Trinity Centre for Health Sciences St James's Hospital, Trinity College Dublin

**Background:** Traditionally, most patients with pleural effusion are managed as inpatients. However, recent evidence shows that ambulatory pathways for pleural effusion procedures can result in admission avoidance in up to 92% of cases, lower healthcare costs and improved patient experiences (1, 2). We sought to audit pleural procedures performed in St James's Hospital over a 12-month period to explore the potential of a proposed Ambulatory Pleural Effusion Service to reduce admissions.

**Methods:** A list of pleural effusion procedures performed from 1<sup>st</sup> January 2019 to 31<sup>st</sup> December 2019 was generated through cytology laboratory specimen records and HIPE data. Location of the procedure (inpatient versus outpatient) was noted. Detailed chart review was performed to evaluate each case against referral criteria for a proposed Ambulatory Pleural Effusion Service, to identify cases where admission could potentially have been avoided.

**Results:** 236 patient episodes involving pleural effusion procedures were identified. Only 10 episodes (4.2%) were managed in the outpatient setting. Median LOS was 17.1 bed days, cumulatively 6869 bed days. Chart review revealed 79 patient episodes (33%), involving 105 pleural procedures, that met criteria for referral to the proposed Ambulatory Pleural Effusion Service. 75% involved malignant effusions. These 79 avoidable admissions were associated with a cumulative LOS 1176 bed days.

**Conclusion:** Introduction of an Ambulatory Pleural Effusion Service in St James's Hospital could potentially reduce admissions related to pleural effusions by 33% and save significant bed days.

**Keywords:** Pleural effusion; ambulatory

**Disclosures:** The authors declare that they have no conflict of interest.

#### **References:**

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