An emergency department flow plan to decrease hospital admissions and length of stay

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PII: S0002-9149(16)31670-8

DOI: 10.1016/j.amjcard.2016.10.003

Reference: AJC 22203

To appear in: *The American Journal of Cardiology*

Received Date: 1 October 2016

Accepted Date: 4 October 2016

Please cite this article as: Carter WH, Karpe V, Assal C, Kemper S, An emergency department flow plan to decrease hospital admissions and length of stay, *The American Journal of Cardiology* (2016), doi: 10.1016/j.amjcard.2016.10.003.

A very impressive decreased hospital length of stay and admission rate in the management of atrial fibrillation in the emergency department by means of a flow pathway developed for close cooperation of the ED physician and an electrophysiologist

Ptazek et al, report a very impressive decreased hospital length of stay and admission rate in the management of atrial fibrillation (AF) in the emergency department (ED) by means of a flow pathway developed for close cooperation of the ED physician and an electrophysiologist (EP).[1]

Of the 94 patients treated by this approach, the total inpatient admission rate decreased from 80% to 16% and the total ED and hospital length of stay was reduced from 80 to 32 hours. As suggested by the authors, other hospitals may be able to modify their management plan by involvement of a cardiologist or other resources.

Current reality in many areas is the lack of prompt availability of not only an EP physician, but also a general cardiologist. Our experience is similar to the 64% admission rate, but much greater than the average admission rate of 48% in a Canadian observation study of 33,699 patients where the admission rate varied from 3% to 91%. [2, 3]

We reported 226 patients admitted to the ED at Charleston Area Medical Center, WV with a primary diagnosis of AF.[4] Reversion to normal sinus rhythm occurred in the ED in 20% and another 25% reverted to sinus rhythm after hospital admission. Only 14% required electrical cardioversion.

Many reasons exist for the high inpatient admission rate for AF from EDs across the United States: