Emergency Department Presentation Following ERCP in Nova Scotia: High Rebound Rates Related to Progressive Pancreaticobiliary Pathologies Demonstrate the Need for Earlier Palliative Supports in this Population

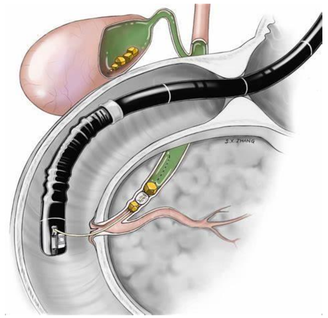
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Introduction/Objectives

Describe Post Discharge ED Visit **Reason** and **Timing** of Surgical Procedures/ERCP



How can this knowledge guide improvements in patient care and the exploration of alternative care options beyond the ED?

Population

Nova Scotia Health Card holder

First ERCP's **First** Emergency Department presentation within **90 days** of discharge

Random sample of patients with whom ERCP was performed between April 1, 2016-March 31, 2022

All EDs Nova Scotia (37 sites) evaluated for potential rebound

ED Presentation date between April 2, 2016 – June 29, 2022

First ED visit date analyzed after **first** ERCP date

Methods/Analysis

Performance Analytics

- Provided ratio of 90-day ED Rebound patients/ ERCP procedure patients
- Linked and loaded administrative health data for each ED visit into REDCAP describing patient, surgical & ED characteristics .

Chart Review of 200 randomly selected ERCP procedures with ED Rebound

- Details on specific reason for ED visit, categorizing medical (related to primary pathology) or surgical (related to ERCP) per ED visit

SAS Version 9.4 for measures of central tendency and spread, or frequencies and percentages.

Results – ED Rebound Rates

Study Period: April 1, 2021 to June 24th, 2022

40.5% ED return within 90 days (1230 / 3041)

33.5% (54/161)

Surgical presentation (Related to ERCP)

16.5 days [Median IQR 5.0-43.0]
From surgical discharge to ED presentation

8.0 hours [Median IQR 4.7-17.2]
ED Length of Stay

26.2% (n=28)
Admitted to hospital from ED

66.5% (107/161)

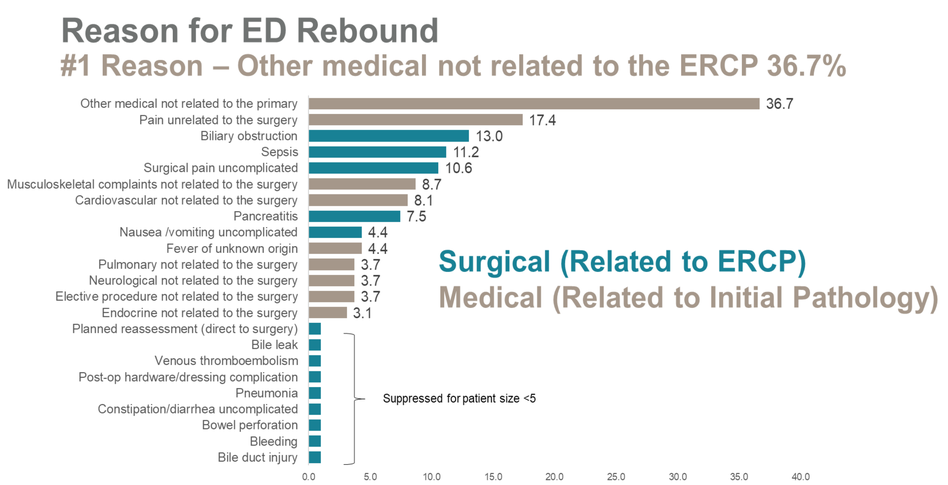
Medical presentation (Related to Initial Pathology)

43 days [Median IQR 22-71)]
From surgical discharge to ED presentation

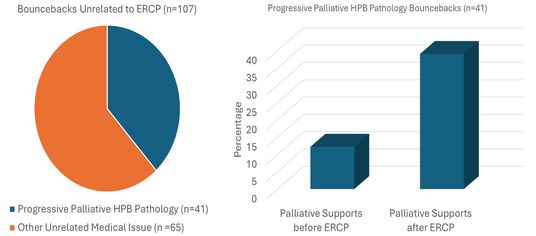
4.9 hours [Median IQR 3.1-9.6]
ED Length of Stay

51.9% (n=28)
Admitted to hospital from ED

Results – Reason for ED Presentation



Results – Low Palliative Care Involvement



- Only a small percentage of patients with palliative HPB pathologies had palliative supports prior to ERCP
- Early involvement of palliative care services at diagnosis of advanced HPB pathology may have influenced the decision to proceed with ERCP and/or the decision to bounceback to the ED

Conclusions

- Patients undergoing ERCP in Nova Scotia have a high return to ED rate due to progression of underlying disease, not the procedure itself.
- Alternative palliative/hospice strategies to manage acute medical conditions in patients with progressive and terminal pancreaticobiliary pathologies would help alleviate the strain on ED while also improving the patient experience.

Highlights

High ED rebound rates related to progressive pancreaticobiliary pathologies demonstrate the need for alternative care strategies in this population.

References

1. Adler D, *et al.* Quality indicators for ERCP. *Am J Gastro.* 2015; 110(1):91-101

Disclosures

The authors have no conflicts of interest to disclose