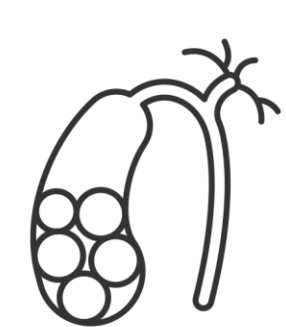


Improving Access for Uninsured Patients with Biliary Disease – A Quality Improvement Initiative at a Safety-Net Hospital

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Background



Biliary pathology is one of the most common digestive disorders. Increasing prevalence, especially among Hispanics¹



1.2M ED visits and > 600,000 laparoscopic cholecystectomies (LC) annually in the US (2019). Frequent ED consult to general surgery



At LBJ Hospital: 1,132 LC performed; busiest ED in Houston (52.3% Hispanic, 44.3% uninsured)



Delays to OR disproportionately affect uninsured patients → higher risk for recurrent ED visits, admissions, and missed workdays. 1/3 adults in Harris County are uninsured

Problem Statement: Biliary disease is common – but lack of timely care worsens outcomes for vulnerable patients

Primary Aim: Reduce time from ED visit to elective cholecystectomy in our Outpatient Center

Methods

- Prospective pre-post quality improvement (QI) study
- Multidisciplinary stakeholder engagement
- Study Period: July 2024 – April 2025
- Pre and Post Intervention workflow

Stakeholders: LBJ Emergency Department (ED), LBJ Business Office, general surgery residents, Outpatient Surgery Coordinator

Results

- The mean time to ED visit to OC surgery decreased from 85 days to 30 days ($p = 0.19$)

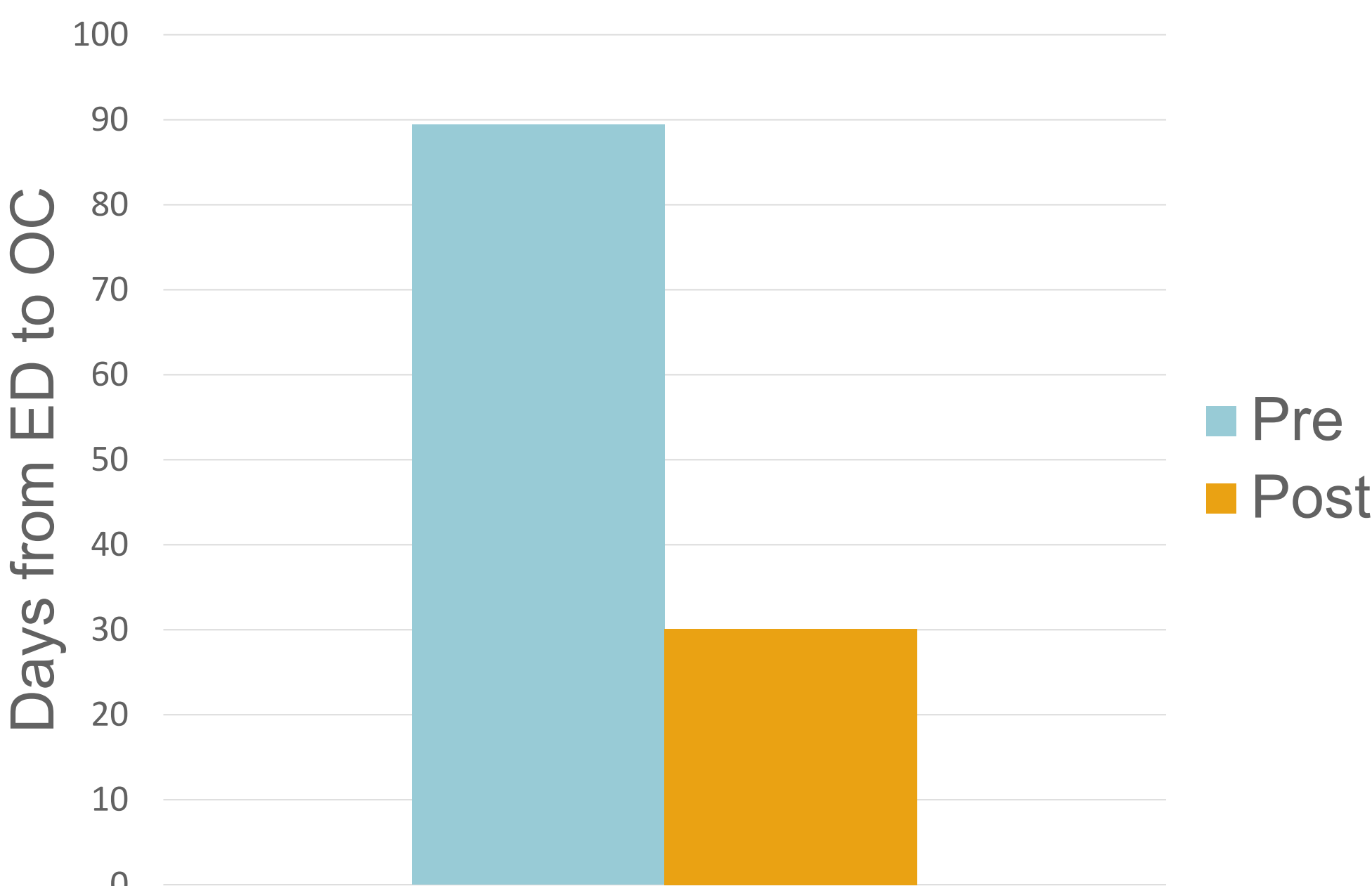


Figure 2: Pre and Post Intervention (n=27)

Conclusion

- Implementation of an ED-drive QI initiative shortened time to cholecystectomy for uninsured patients by nearly two months
- Meaningful clinical impact

Future Work

- Continuation of fast track
- Scalability to other safety-net systems

References:

1. Unalp-Arida A, Ruhl CE. Burden of gallstone disease in the United States population: prepandemic rates and trends. *World Journal of Gastrointestinal Surgery*. 2024 Apr 27;16(4):1130–1148. doi:10.4240/wjgs.v16.i4.1130. PMID: 38690054.

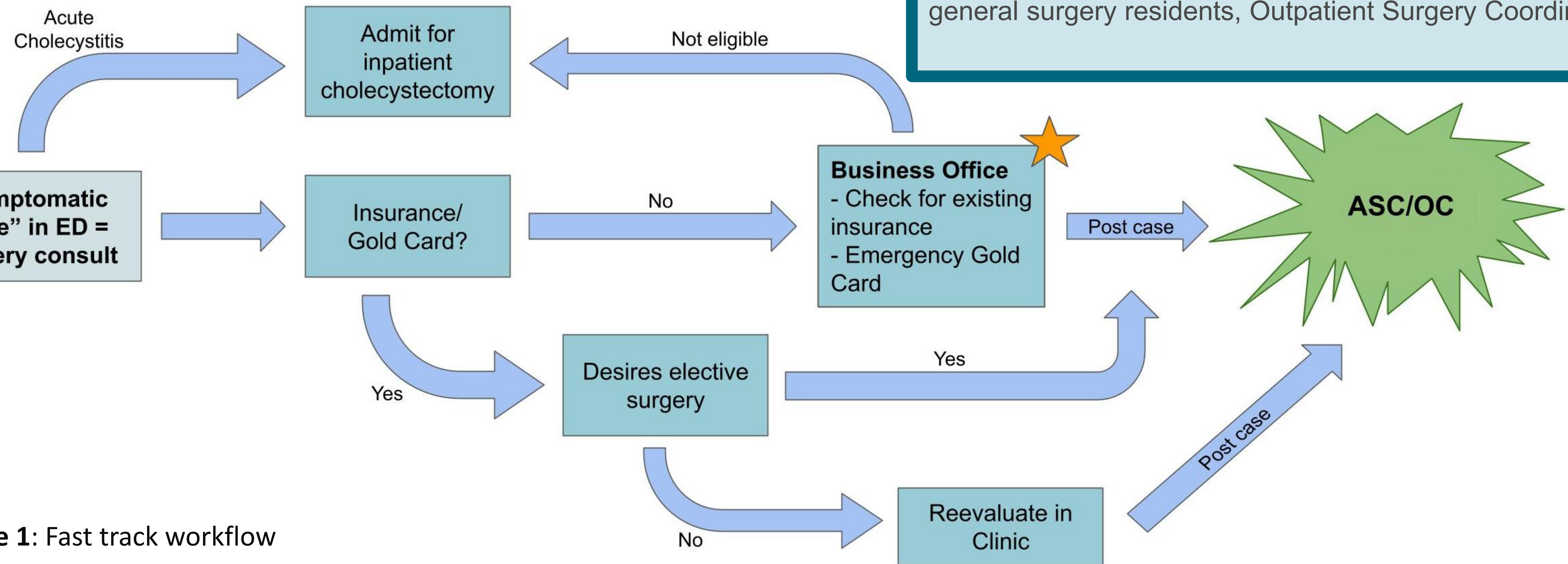


Figure 1: Fast track workflow