

MESURES DE GESTIÓ HOSPITALÀRIA PER REDUIR LA SATURACIÓ DELS SERVEIS D'URGÈNCIES

Taula 1. Resultats generals

	PERIODE 1	PERIODE 2
Visites al SUH	57140	71280
Visites d'adults	57410	55181
Ingressos des del SUH	4834	5385
%Ingressos urgents/total de visites del SUH	8,4	7,5
% Ingressos urgents/total de visites d'adults del SUH	8,4	9,75
Total ingressos programats	3607	3847
Total CMA	1367	1894
%CMA	37,89	49,23
Dies en què va quedar 1 o més pacients pendents d'ingrés al SUH	86	11
Nre. de pacients pendents d'ingrés al SUH a les 8:00.	307	26
% de pacients pendents d'ingrés al SUH a les 8:00.	6,35	0,52

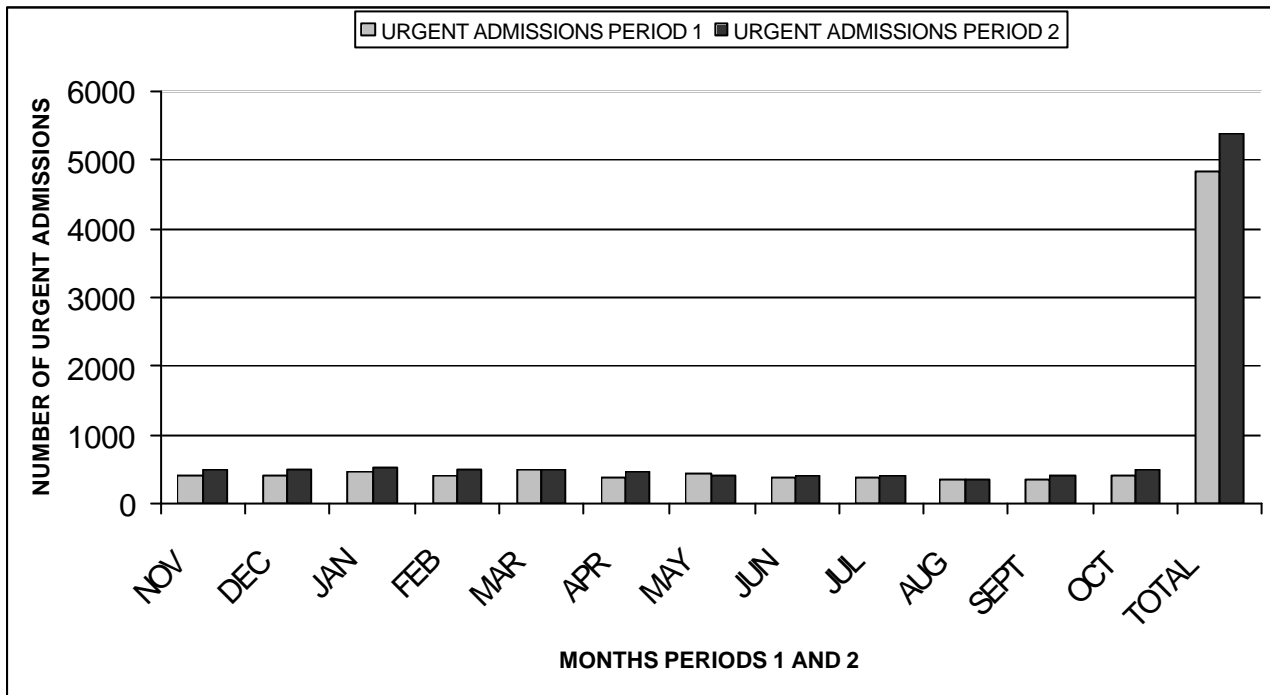
SUH: Servei d'Urgències Hospitalari
C.M.A.: Cirurgia major ambulatoria

Taula 2. Activitat a hospitalització

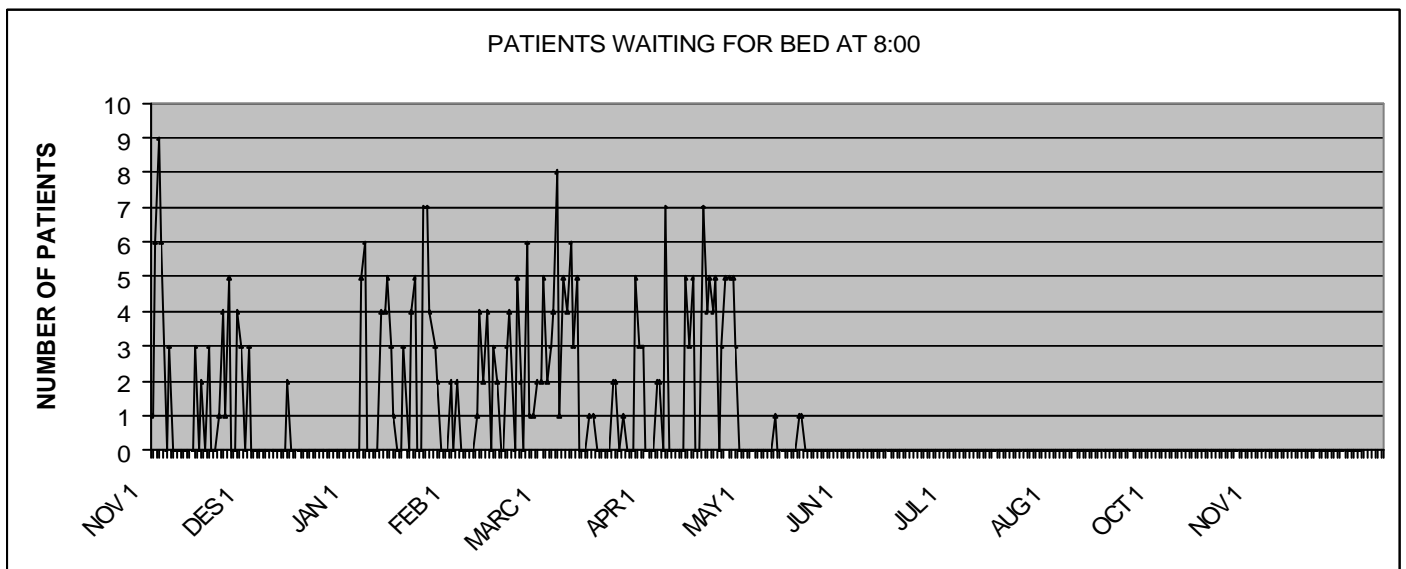
	PERÍODE 1	PERÍODE 2	Significació estadística
Estada mitjana d'hospitalització (sense CMA)	5,19 (IC 95% 5,05-5,33)	4,54 (IC 95%4,41-4,66)	0,000
Pes mitjana d'hospitalització	1,29	1,27	ns
Índex de Charlson d'hospitalització	0,68	0,71	ns
Estada mitjana dels serveis mèdics	7,15 (IC 95%6,90-7,40)	5,93 (IC 95%5,75-6,11)	0,000
Estada mitjana dels serveis quirúrgics	3,95 (IC 95%3,80-4,11)	3,50 (IC 95%3,34-3,68)	0,002
Nre. d'ingressos a la UCEM	188	1137	
Estada mitjana de la UCEM	3,20 (IC 95%2,96-3,45)	4,09 (IC 95%3,93-4,25)	0,000
Pes mitjà de la UCEM	1,20	1,34	
Complicacions (%)	1,25	1,17	ns
Complicacions quirúrgiques (%)	3,32	2,39	0,005
Reingressos als 30 dies posteriors a l'alta	3,56	4,51	0,001
Índex de mortalitat	3,06	2,74	ns

UCEM: Unitat de Curta Estada Mèdica

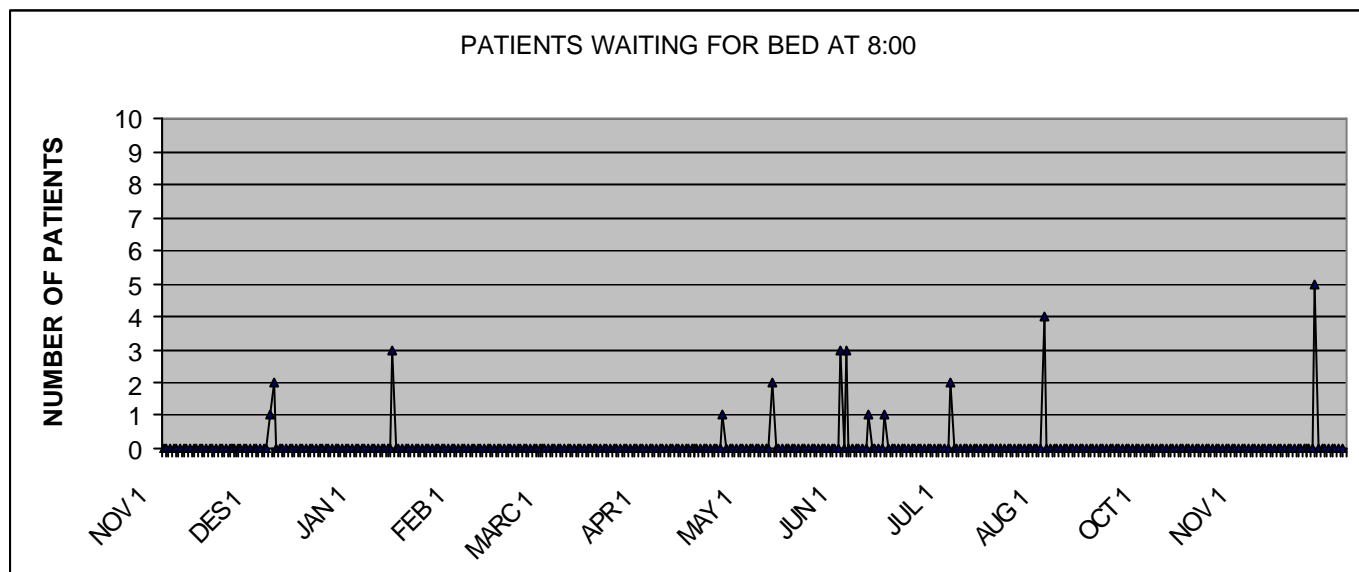
Gràfic1. Nre. total d'ingressos urgents



Gràfic 2. Nre. de pacients esperant llit al SUH a les 8:00 període 1.



Gràfic 3. Nre. de pacients esperant llit al SUH a les 8:00 període 2.



BIBLIOGRAFIA

1. Richardson LD., Asplin BR, Lowe RA. Emergency Department Crowding as a health policy issue: past development, future directions. *Ann Emerg Med.* 2000; 40:3088-393
2. Graff L. Overcrowding in the ED: an international symptom of health care system failure. *Am J Emerg Med* 1999; 17:208-9.
3. Hoot N. R., Aronsky D. Systematic Review of Emergency Department Crowding: Causes, Effects and Solutions. *Ann Emerg Med* 52:126-136.
4. Asplin B R., Magid DJ, Rhodes KV, et al. A conceptual model of Emergency Department. *Ann Emerg Med.* 2003; 42: 173-180
5. Australasian College for Emergency Medicine. Standard Terminology. Melbourne, 2001. Available from URL: <http://www.acem.org.au/open/documents/policy.htm>.
6. Huang X-M. Decision making support in reshaping hospital medical services. *Health Care Manag Scien* 1 (1998) 165-173.
7. DeLia D. Annual bed statistics give a misleading picture of hospital surge capacity. *Ann Emerg Med.* 2006; 48: 384-388.
8. Gomez Vaquero, C., Salazar Soler A., Juan Pastor A., et al. Efficacy of a holding unit to reduce access block and attendance pressure in the emergency department. *Emerg Med J*, 2009; 26; 571-2.
9. Gurusamy K, Junnarkar S, Farouk M et al. Meta-analysis of randomized controlled trials on the safety and effectiveness of day-case laparoscopic cholecystectomy. *Br J Surg.* 2008 Feb; 95 (2): 161-8
10. Juan A., Salazar A, Alvarez A., et al. Effectiveness and safety of an Emergency Department Short Stay Unit as an alternative to standard inpatient hospitalisation. *Emerg. Med J.* 2006; 23; 833-837
11. Bazarian J, Schneider S., Newman V., et al. Do admitted patients held in the Emergency Department Impact the throughput of treat-and-release patients?. *Acad. Emerg Med.* 1996; 3:1113-1118.
12. Gomez-Vaquero C, Salazar A, Juan A, et al. Efficacy of a holding unit to reduce access block and attendance pressure in the emergency department. *Emerg Med J*, 2009; 26; 571-572.
13. Salazar A, Corbella X, Sanchez JL, et al. How to manage the ED crisis when hospital and/or ED capacity is reaching its limits. Report about the implementation of particular interventions during the Christmas crisis. *Eur J Emerg Med.* 2002; 9 : 79-80.

14. Steele R, Kiss A. EMDOC (Emergency Department overcrowding) internet-based safety net research. *The Journ Emerg Med*. 2008. 35; 101-107.
15. Fatovich DM, Hirsch RL, Entry overload, emergency department overcrowding, and ambulance by pass. *Emerg Med J* 2003; 20:406-409.
16. Fatovich DM, Nagree Y, Sprivulis P. Access block causes emergency department overcrowding and ambulance diversion in Perth, Western Australia. *Emergency Med J*. 2005; 22; 351-354.
17. Paoloni R., Fowler D. Total access block time: A comprehensive and intuitive way to measure the total effect of access block on the emergency department. *Emerg Med Austral*. 2008; 20; 16-22
18. Sayne P.; Lin M.; Ufberg J, et al. The effect of Emergency department crowding on education: blessing or curse. *Acad Emerg Med* 2009; 16:76-82
19. Kyriacou DN, Ricketts V, Dyne PL, et al. A 5-year time study analysis of Emergency Department patient care efficiency. *Ann Emer Med*, 1999; 34 :326-335.
20. Moskop J., Sklar D., Geiderman J, et al. Emergency Department crowding, Part 1. Concept, causes and moral consequences. *Ann Emerg Med*, 2009; 53: 605-611.
21. Vermeulen MJ, Ray JG, Bell C, et al. Disequilibrium between admitted and discharged hospitalized patients affects emergency department length of stay. *Ann Emer Med*. Article in press.
22. Moskop J., Sklar D., Geiderman J, et al. Emergency Department crowding, Part 2. Concept, causes and moral consequences. *Ann Emerg Med*, 2009; 53: 612-617.