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| **An Australian study on length of stay for pulmonary embolism** |
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| **Introduction/Aim:** International studies have found that patient factors and disease severity prolong the length of stay (LOS) for acute pulmonary embolism (PE). Similar studies investigating the contributors to LOS for PE in Australia are lacking. We aimed to determine the contributors to LOS for PE at an Australian centre.  **Methods:** We retrospectively reviewed medical records for patients with first presentation of PE at our centre between 01/03/2019 to 28/02/2020. Our centre consisted of a primary hospital (PH) and a satellite hospital (SH). Patients could initially present to either PH or SH, however all patients requiring admission were transferred to the PH. The LOS included the total time spent at SH and PH. Multivariable analysis using a generalized linear model was used to identify factors independently associated with increased LOS. All variables were reported as median(IQR) or number(%). Statistical significance was defined as p-value<0.1 due to a modest sample size.  **Results:** 110 inpatients with PE had an overall LOS of 3(3) days. 48% had low-risk PE (simplified PE severity index=0) and were potentially amendable to outpatient management. The 21(19%) inpatients who initially presented to the SH had a longer LOS compared to PH [5(3) vs 3(4) days, p=0.035]. The factors associated with increased LOS included any comorbidity (p=0.06), initial presentation to SH (p=0.05), the use of warfarin anticoagulation (p=0.005), more inpatient medical issues during admission (p=0.07), requirement for more allied health involvement during admission (p=0.03) and completion of additional imaging (venous doppler studies) (p=0.003).  **Conclusion:** The LOS for PE at our centre could be reduced by improving access to imaging, using alternatives to warfarin anticoagulation and a multidisciplinary team-based approach. The number of PE admissions could be reduced through outpatient management of low-risk PE. Management pathways to facilitate early discharge and close follow-up of low-risk PE requires further investigation.  **Grant Support:** None. |