



## Acute and Stable Ischemic Heart Disease

### THE HIGH COST OF LOW ACUITY NON ST-SEGMENT ELEVATION ACUTE CORONARY SYNDROME ADMISSIONS TO THE CORONARY CARE UNIT: AN ANALYSIS OF NATIONAL POPULATION HEALTH DATA

Poster Contributions  
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**Background:** We estimated the opportunity cost of admitting patients with low acuity non ST-Segment Elevation Acute Coronary Syndrome (NSTE ACS) to coronary care units (CCU) instead of telemetry wards.

**Methods:** National hospital claims were used to identify all patients in Canada, except Quebec, with NSTE ACS initially admitted to a dedicated CCU between 2007 and 2013 (n=47,052 patients admitted to 84 hospitals). Low acuity admissions were defined as those not receiving revascularization or critical care therapies within 24 hours of admission. Annual total hospitalization costs, CCU costs, and potential cost savings associated with avoiding CCU admissions among low-acuity patients were calculated.

**Results:** The majority of patients (80.5%; n=37,900) admitted to CCUs were low-acuity and they were more frequently older, female, and admitted to a community hospitals. Total hospital costs for NSTE ACS patients were between \$32.6M and \$36.2M/year and CCU care accounted for 91.9% of total costs (Figure). Low acuity patients accounted for 56.3% of annual NSTE ACS CCU costs. The potential direct cost savings of not admitting low acuity patients to CCU are approximately \$16M/year.

**Conclusions:** In a population health dataset of NSTE ACS patients admitted to CCU, over 80% were low acuity and these accounted for over half of annual NSTE ACS CCU costs. Implementing policies and admission practices aimed at aligning hospital resources with patient care needs have the potential to reduce overall health care costs.

