
Emergency Department Admitting Practices and Mortality



Emergency department patients treated by physicians with a high tendency to admit them to the hospital are more likely to be discharged after a short stay, raising concerns about potentially unnecessary admissions. However, new research indicates that these patients are no less likely to die than those treated by low-admitting physicians.

A recent study suggests that physician differences in skill or risk aversion may influence these admission decisions. Physicians vary in their abilities and decision-making, which impacts the amount of care a patient receives, including the likelihood of hospitalisation. Some physicians may order more tests and hospitalise more patients, but this doesn't seem to lead to better health outcomes.

The findings are published in *JAMA Internal Medicine* and address a gap in previous research, which showed significant variation in emergency department physicians' admission rates but provided limited evidence on how this affects patient outcomes.

Using electronic health records from the Veterans Affairs (VA) system, researchers analysed data from 2,100 physicians across 105 emergency departments in the U.S. The study considered over 2.1 million patient visits, focusing on cases involving chest pain, shortness of breath, or abdominal pain. Approximately 41% of these visits resulted in hospital admission, with 19% of admitted patients discharged in less than 24 hours.

Admission rates varied significantly. Patients seen by high-admitting physicians (90th percentile) were nearly twice as likely to be admitted compared to those seen by low-admitting physicians (10th percentile), despite similar underlying health conditions. Overall, about 2.5% of patients died within 30 days, and the researchers found no correlation between a physician's admission rate and the 30-day mortality rate. This lack of association also extended to 7-day, 14-day, 90-day, and one-year mortality rates.

The researchers conclude that differences in admission rates are more reflective of physician decision-making rather than patient health. Additional hospitalisations by high-admitting physicians did not offer short-term protection against severe outcomes or reduce the risk of death over the following year. Furthermore, patients treated by low-admitting physicians spent less total time in the hospital after their emergency department visit, suggesting that these physicians were not merely deferring necessary hospitalisations.

While more research is needed to fully understand differences in admission rates, this study offers valuable insights. The analysis better accounts for patient differences and enables a direct comparison between physicians. It highlights true variations in emergency department practice patterns, which do not translate into better patient outcomes.

Source: [University of California - Los Angeles Health Sciences](#)

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