

[102] Ongoing delays in perianal abscess imaging: are virtual wards the way forward?

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“NHS hospitals forced to cut admissions by over half a million due to lack of beds, new analysis shows” The Health Foundation 23/6/23



Objective

Increasing pressure of admissions for perianal abscess drainage and varying wait times for an inpatient MRI to rule out fistula, we aim to find out the following:

- 1) Determine the current length of stay for patients waiting for an inpatient MRI
- 2) If the above subset could be performed as a day case by recruiting on a virtual ward
- 3) Criteria for anal abscess patients to be recruited in the proposed virtual ward.
- 4) Cost Analysis of inpatient stay while waiting for inpatient MRI

Method

- Retrospective Analysis
- Jan-Oct 2023 (10 months)

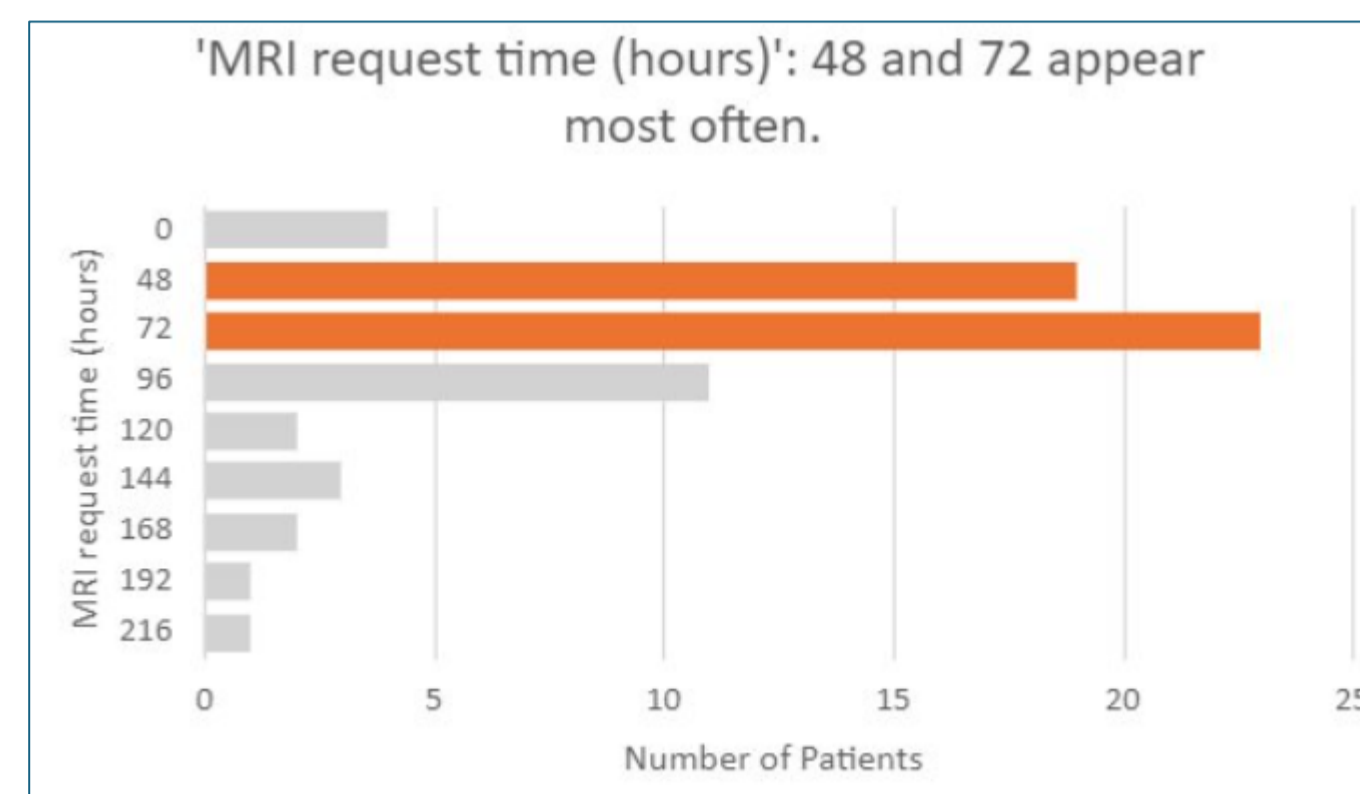
Inclusion Criteria

- Patients Over 18
- Patients with anal abscess waiting for inpatient MRI

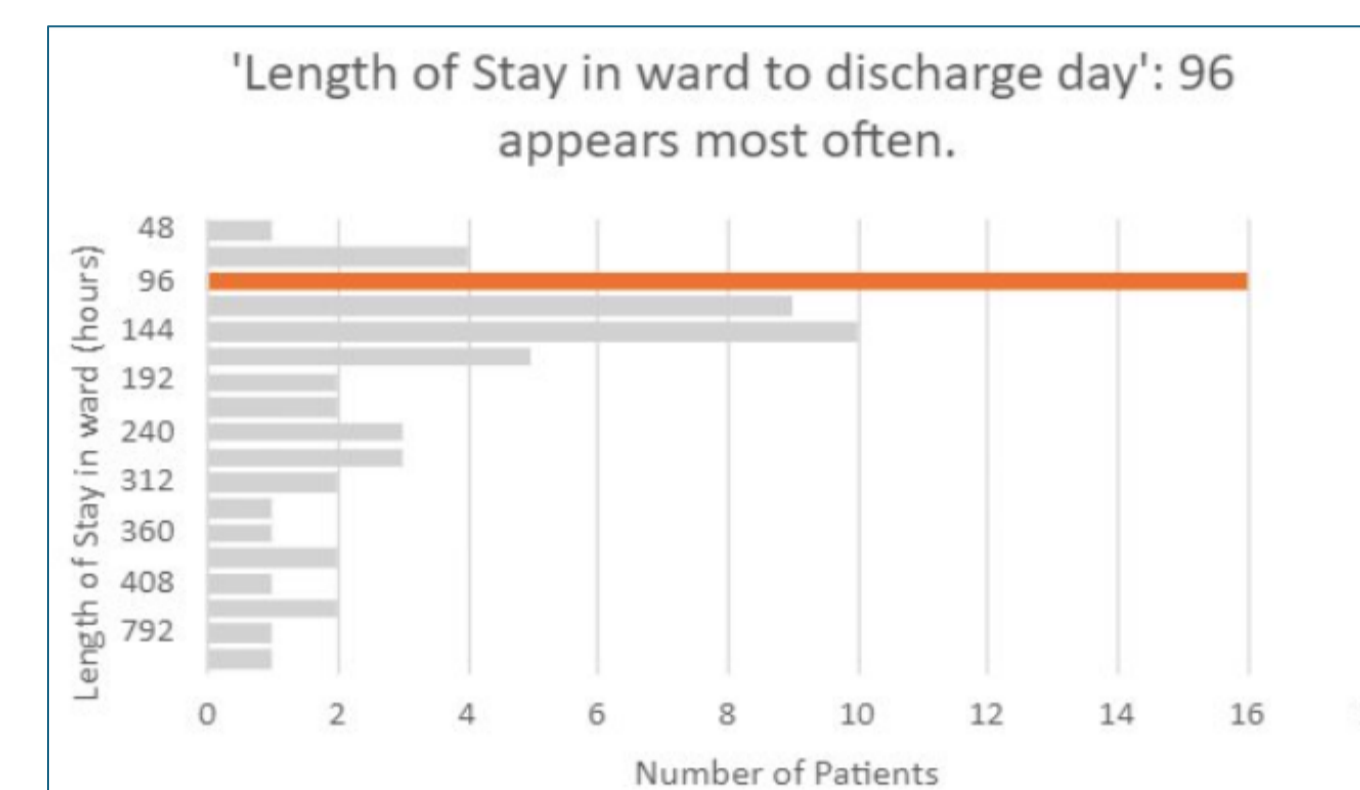
Exclusion Criteria

- Patients not admitted under General Surgery Department in Leicester Royal Infirmary
- Patients requiring outpatient MRI for further investigation
- Patients not requiring surgical intervention
- Paediatric patients (<18 years old)
- Initial list of n=105
- Exclusion criteria applied resulted in n=66
- Investigated for inpatient MRI waiting time, duration of inpatient stay prior to drainage, and length of hospital stay.

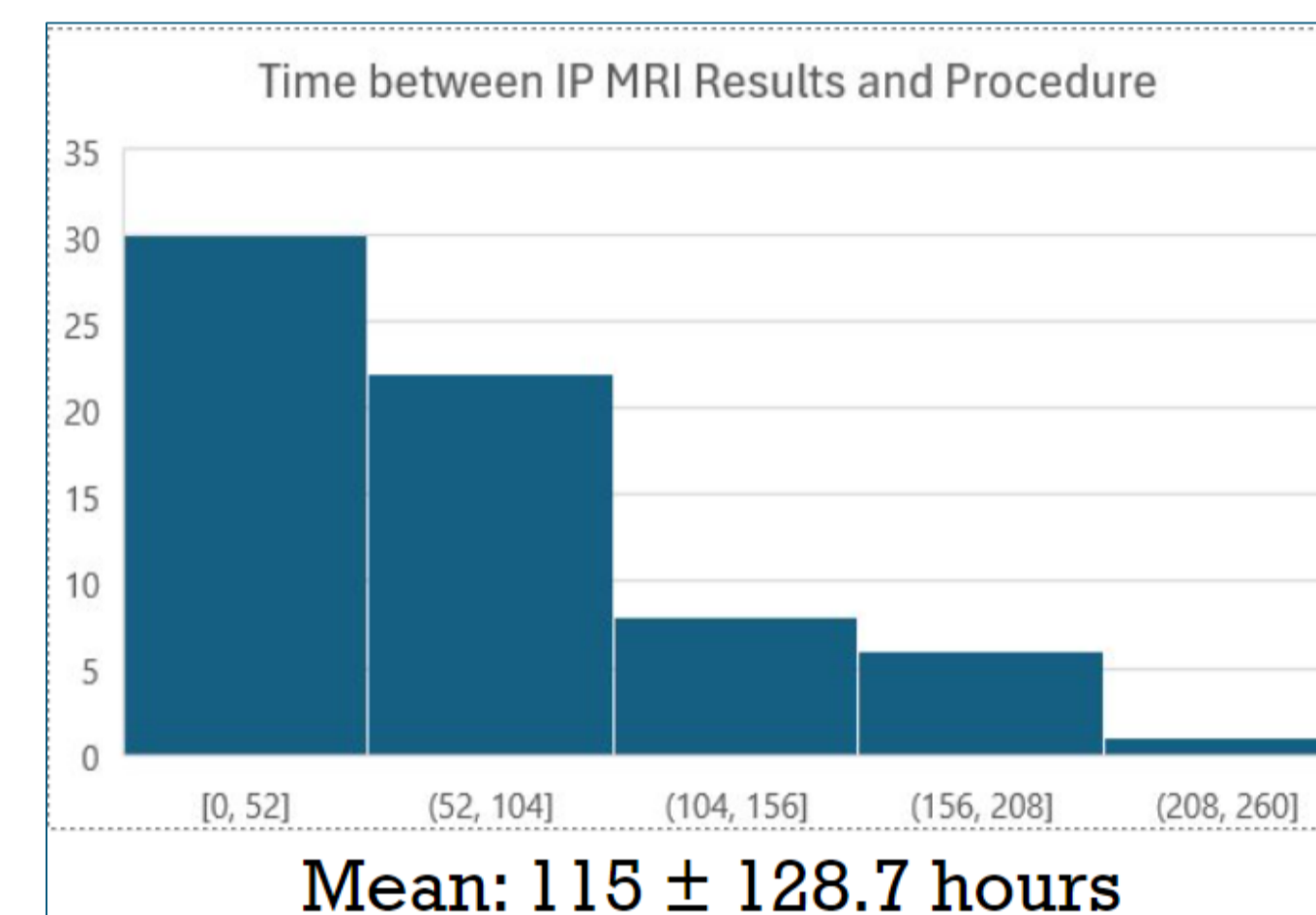
Results



Mean: 76.0 ± 40.1 hours



Mean: 191.3 ± 150.4 hours

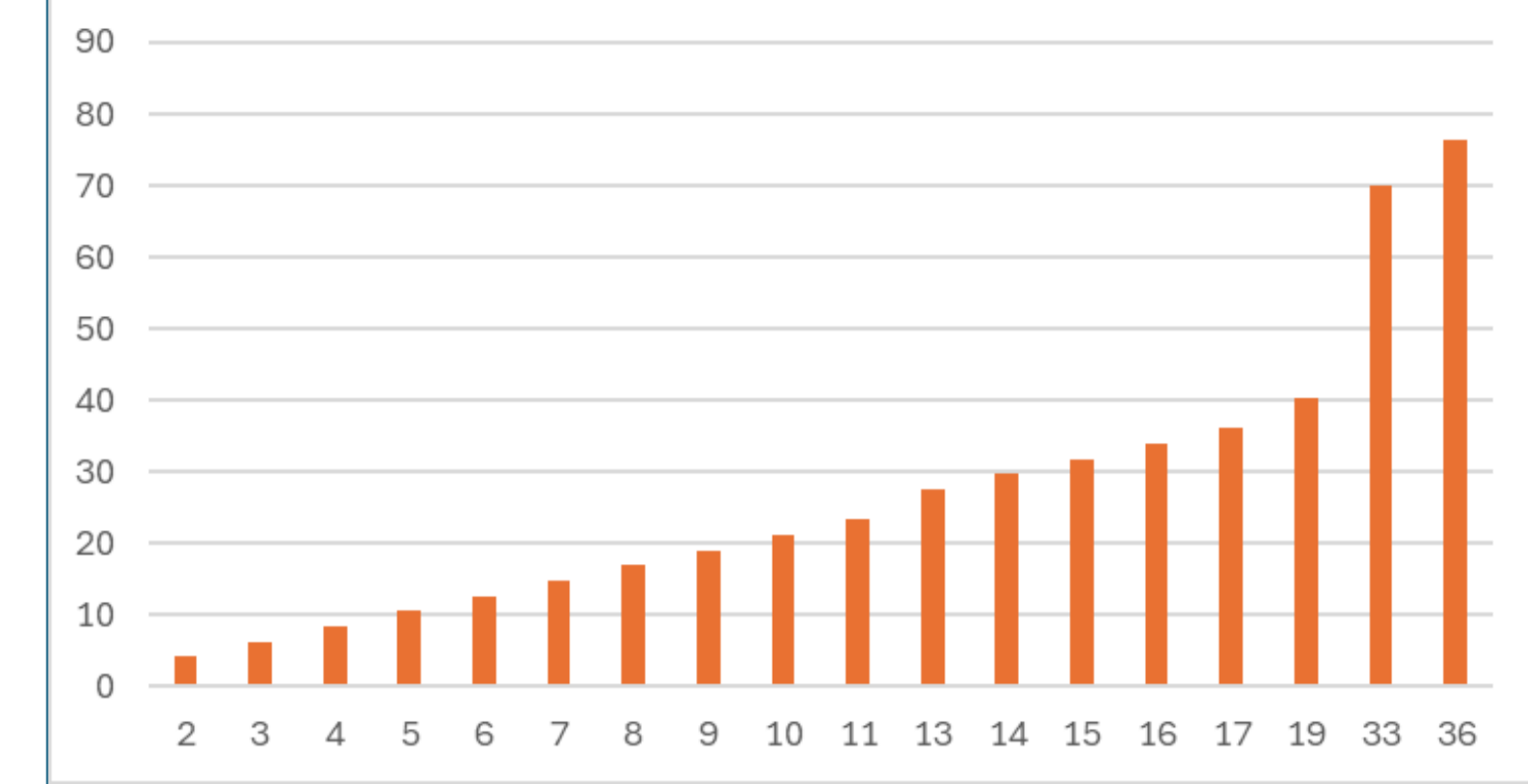


Mean: 115 ± 128.7 hours

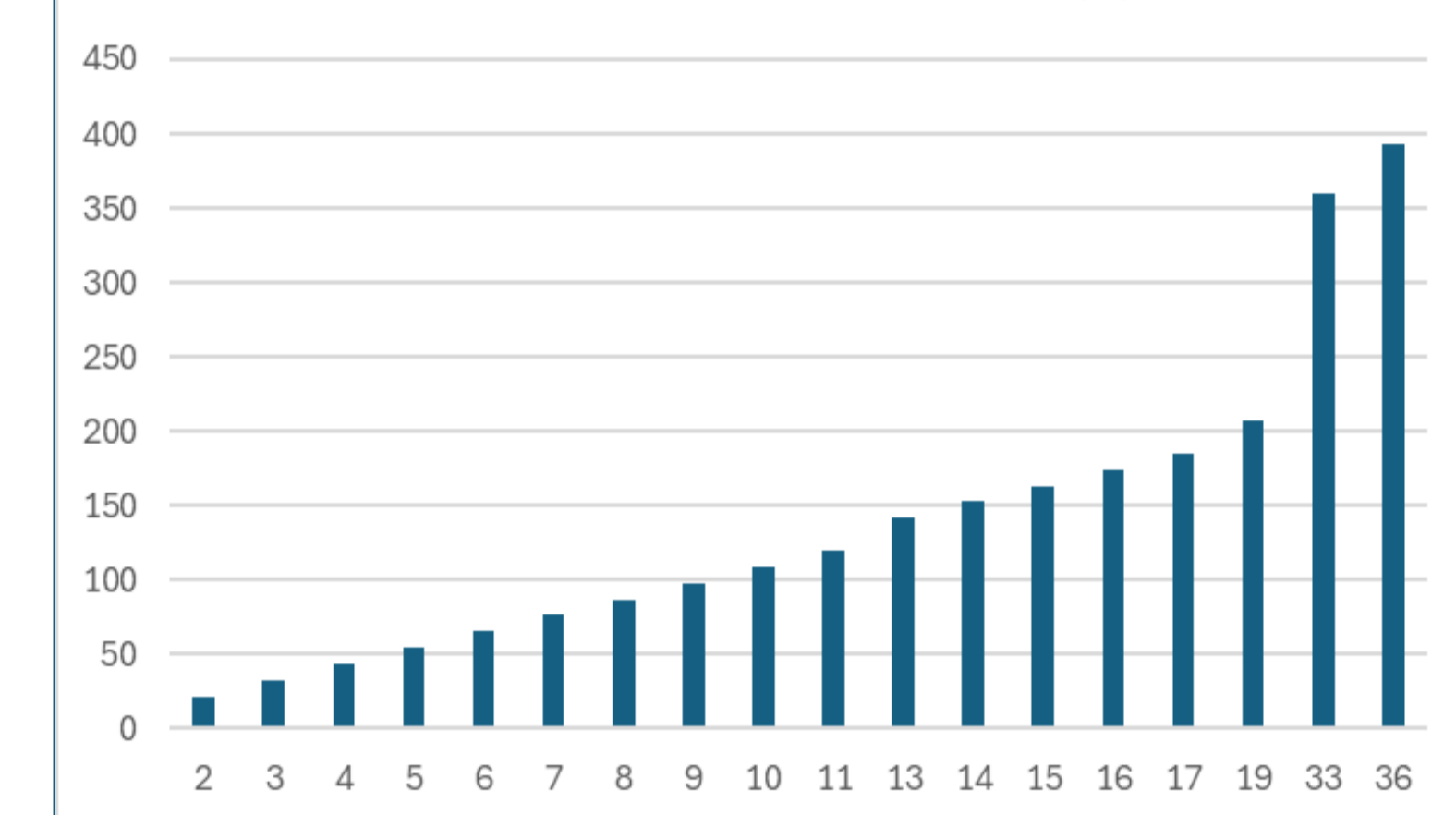
Discussion

- With implementation of a virtual ward criteria, non deteriorating acute patients would be appropriately selected to be managed via an ambulatory pathway
- This will involve safe monitoring and conservative management in the community, followed with day case admission for incision and drainage of perianal abscess
- This leads to a cost reduction for inpatient stay, and reduce cost in prescribing medication
- This would also result in an increase in bed capacity, where inpatient admission spaces can be suitably prioritized to unstable deteriorating patients.

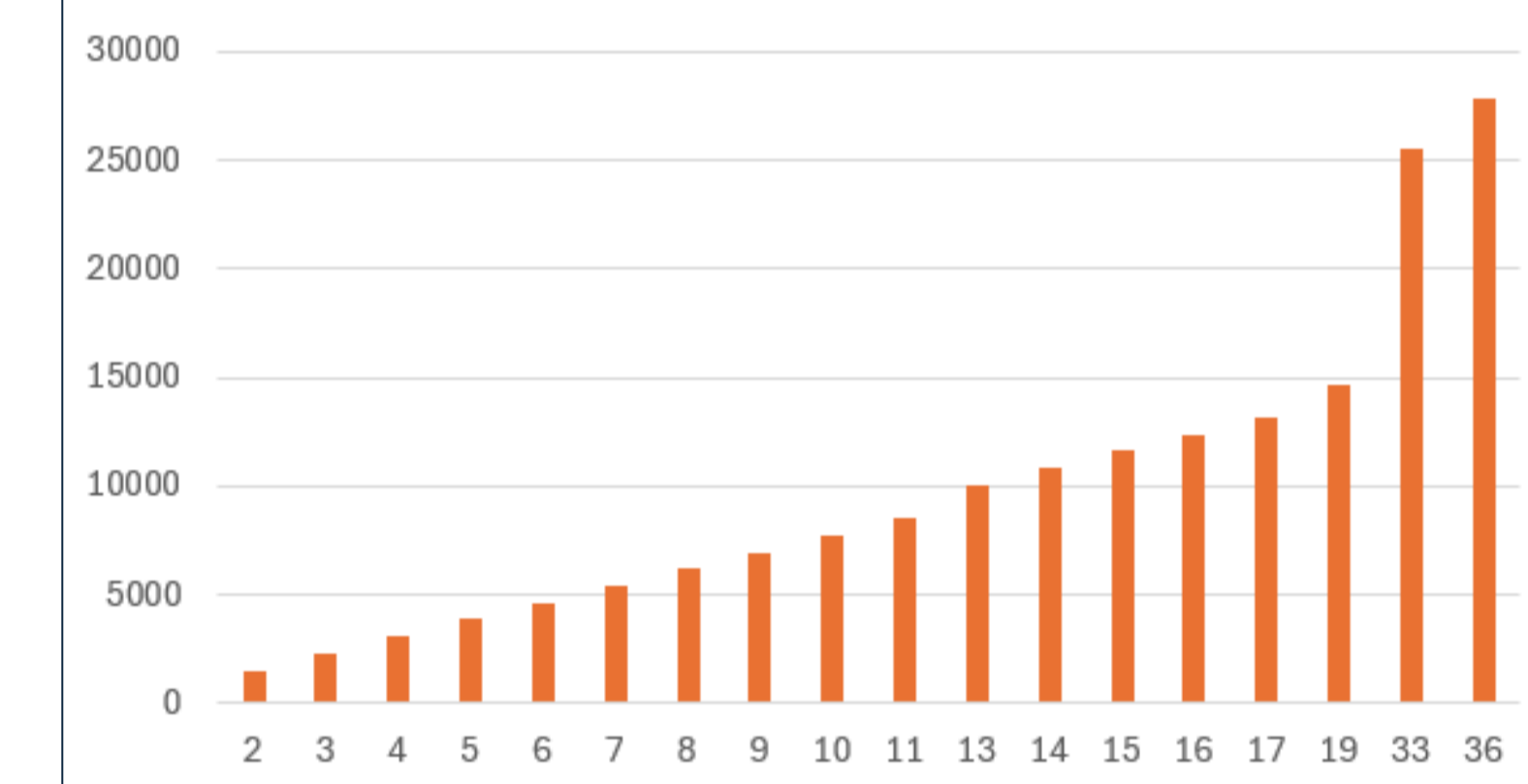
Cost of Oral Antibiotics (£)



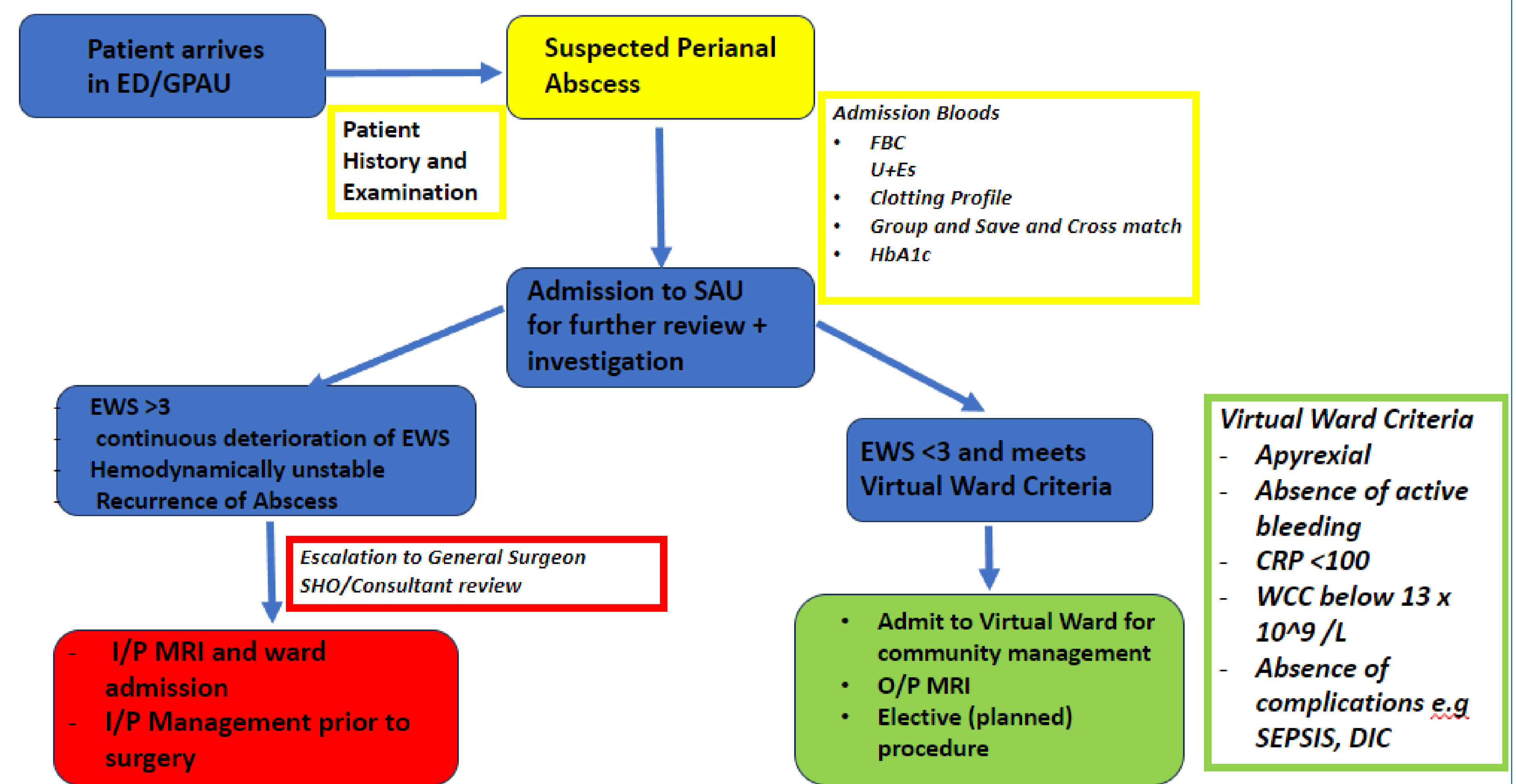
Cost of Intravenous Antibiotics (£)



Inpatient stay cost per day (£)



Clinical Model for Admission to Virtual Ward



Conclusion

A conversion to ambulatory pathway upon diagnosis for non-acute deteriorating patients with suspected perianal abscess would benefit the trust by increasing day case admissions, resulting in better post-operative recovery, prognosis, and reduction in complications whilst increasing bed capacity in the long term for acute cases, and reduces cost in expenses for inpatient management. Further analysis is required to refine the above pathway following implementation of the pathway of care.

References

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