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The integrated comprehensive care (ICC) program: A novel home care initiative after major thoracic surgery

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Objectives: The study evaluates the Integrated Comprehensive Care (ICC) program, a novel health system integration initiative that coordinates home care and hospital-based clinical services for patients undergoing major thoracic surgery relative to traditional home care delivery.

Methods: A pilot retrospective cohort analysis compared the intervention cohort (ICC), composed of all patients undergoing major thoracic surgery in the 2012/2013 fiscal year with a control cohort who underwent surgery in the year prior to the initiation of ICC. Length of stay, hospital costs, readmission and emergency room visit data were stratified by degree and approach of resection and compared using univariate logistic regression analysis.

Results: A total of 331 ICC patients and 355 Control patients were enrolled. Hospital stay was significantly shorter in VATS ICC patients (Sub-lobar median 3 versus 4 days, $p=0.013$; Lobar median 4 versus 5 days, $p=0.051$) but not for open resections. The frequency of ER visits within 60 days of surgery was lower for all stratification groups in the ICC cohort, except for VATS sub-lobar (25.7% Control versus 13.9% ICC, $p=0.097$). There were no significant differences in sixty-day readmission frequency in any sub-cohort. The mean in-patient case cost was significantly lower for ICC VATS sub-lobar resections (\$8505.39 versus \$11,038.18, $p=0.007$), with the other resection types trending lower for ICC but non-significant.

Conclusions: A hospital based, post-discharge, patient-centered program could potentially result in shorter hospital stay, fewer readmission and ER visits, cost savings and no increase in adverse post-discharge outcomes after major thoracic surgery.

Biography

Dr. Shargall completed his medical school and bachelor in medical sciences and immunology at the Hebrew University in Jerusalem. He then completed cardiothoracic residency at the Haddasah University Hospital of Hebrew University Jerusalem, followed by cardiac and thoracic surgery fellowship at the University of Toronto. Since 2004 he practiced thoracic surgery at the University of Toronto, St. Joseph's Health Centre and St. Michael's Hospital (both in Toronto). Between 2007 and 2010 he was the director of medical education at St. Joseph's Health Centre and the associate director of undergraduate education at the department of surgery, University of Toronto. Since October 2010 he is the division head of Thoracic Surgery at McMaster University and St. Joseph's Healthcare in Hamilton, Ontario Canada. He is an Associate Professor of Medicine and Surgery at McMaster University and an adjunct Associate Professor of surgery at the University of Toronto. He is the local LHIN 4 (Ontario) thoracic oncology lead and serves at multiple expert panels for Cancer Care Ontario. His main research focus is on post-discharge care for thoracic surgery patients and he has received numerous grants, including the Canadian Institute of Health Research (CIHR), Heart and Stroke Foundation and Ontario Thoracic Society. He is currently chairing the European Society of Thoracic Surgeons' working group on VTE in Thoracic Surgery.

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