

Community Acquired Pneumonia Clinical Evidence Summary Sheet

Introduction

The Avoidable Admissions strategy has been developed as a result of extensive research and consultation with key clinicians. The strategy identifies that it may be appropriate for patients with specific medical conditions and DRG categories, to be treated for their conditions as a non in-patient hospital admission.

This paper summarises the clinical evidence for patients with Community acquired pneumonia (without complications) with a DRG category- ANDRG E62C to be potentially treated through models other than in-patient admission.

Options for alternative models of care to provide patient centered and non-admitted treatments are required. These models may include the development of "Hospital in the Home " (HITH) and Community Acute Post Acute Care (CAPAC) type services.

There will be an even higher demand for health services in the future with the population ageing (1,2). It is therefore important that we start planning and implementing alternative models of care for our patients. Patients' care delivered through CAPAC, or HITH type models has been associated with greater patient satisfaction when compared to hospital care and has been shown to have similar health outcomes to hospital care in selected patients (3,4).

A recent data review found that of patient admissions to EDIS reporting hospitals in NSW during 2005/2006:

- Approximately 5890 patients diagnosed with Community acquired pneumonia were admitted to hospital as in-patients through Emergency Departments
- Community acquired pneumonia was ranked in the top twenty emergency admissions to hospitals

Disease Management

The risk of developing community acquired pneumonia can be reduced in susceptible patients by pneumococcal and influenza vaccinations (5, 6) Research shows that smoking cessation may also be beneficial in minimizing infection. (7)

Predicting the severity of pneumonia can assist to reduce unnecessary admissions by identifying low risk patients suitable for outpatient care as well as those likely to require admission (8,9).

The severity of those with community acquired pneumonia can be assessed by using the Pneumonia Severity Index (PSI) or the more simple CURB-65 assessment (8,9,10,11). These infections if treated at home can reduce the risk of iatrogenic complications. (7)

Alternative to Hospital care

As an alternative to hospital admission low risk patients with community acquired pneumonia may be safely treated at home and managed by services such as CAPAC. Increased satisfaction has been reported amongst patients that have been treated at home rather than in hospital care (7,12)

There are indicators of pneumonia severity and guidelines that may assist selection of patients most suitable for home or ambulatory management (8,9,10,11,13,14). A number of hospitals and AHS have developed guidelines for the management of community acquired pneumonia (Refer to Clinical Guidelines - Attachment A & B) and a number of successful models have also been trailed elsewhere (12,15)

The purpose of this paper is to assist in bringing evidence into practice within NSW Health services. There have been a number of local studies suggesting improved resource utilisation for CAPAC type services in SESIAHS (16) and SSWAHS (17).

Predicting the severity of pneumonia can assist to reduce unnecessary admissions by identifying low risk patients suitable for outpatient care

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Clinical Guidelines - Attachment A & B

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