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Determining final diagnosis in patients with syncope in a community hospital: A preliminary analysis

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Background

Syncope, a brief loss in consciousness and postural tone, is a common chief complaint of individuals visiting an emergency department or primary care office; accounting for up to 3% of visits (Peeters, Hoek, Mollink, & Huff, 2014; Sarasin, 2001). Considering the broad definition of syncope, the etiology of potential causes cover a large range including cardiac, neurological, and metabolic. Thus, due to the potential life threatening outcomes, individuals with a recent syncope episode often go through a large array of diagnostic tests. Therefore, a structured approach to determining appropriate testing and care plans is not only cost-effective and time saving but allows for better patient care and outcomes. Although there are various risk stratifications available, it is invaluable to determine an appropriate algorithm for the patient population seen at a community hospital in South Florida serving a large Hispanic population. By doing this, syncope evaluation will be evidence-based and population specific with the goal of appropriately managing those that do need hospitalization and/or more extensive evaluation compared to those with benign causes that can safely be discharged (Peeters et al., 2014).

Purpose

The purpose of this study is to explore, evaluate, describe, and compare patients seen for syncope episodes over a 30-month period in a South Florida community hospital serving a large Hispanic population.

Methods

This study is an exploratory descriptive correlational study using archival data. All patients with a chief complaint of "syncope" seen over a 30-month period are used as a pool for electronic chart review.

References

Peeters, S.Y.G., Hoek, A.E., Mollink, S.M., & Huff, J.S. (2014). Syncope: Risk stratification and clinical decision making. *EB Medicine*, 16(4), 1-24.

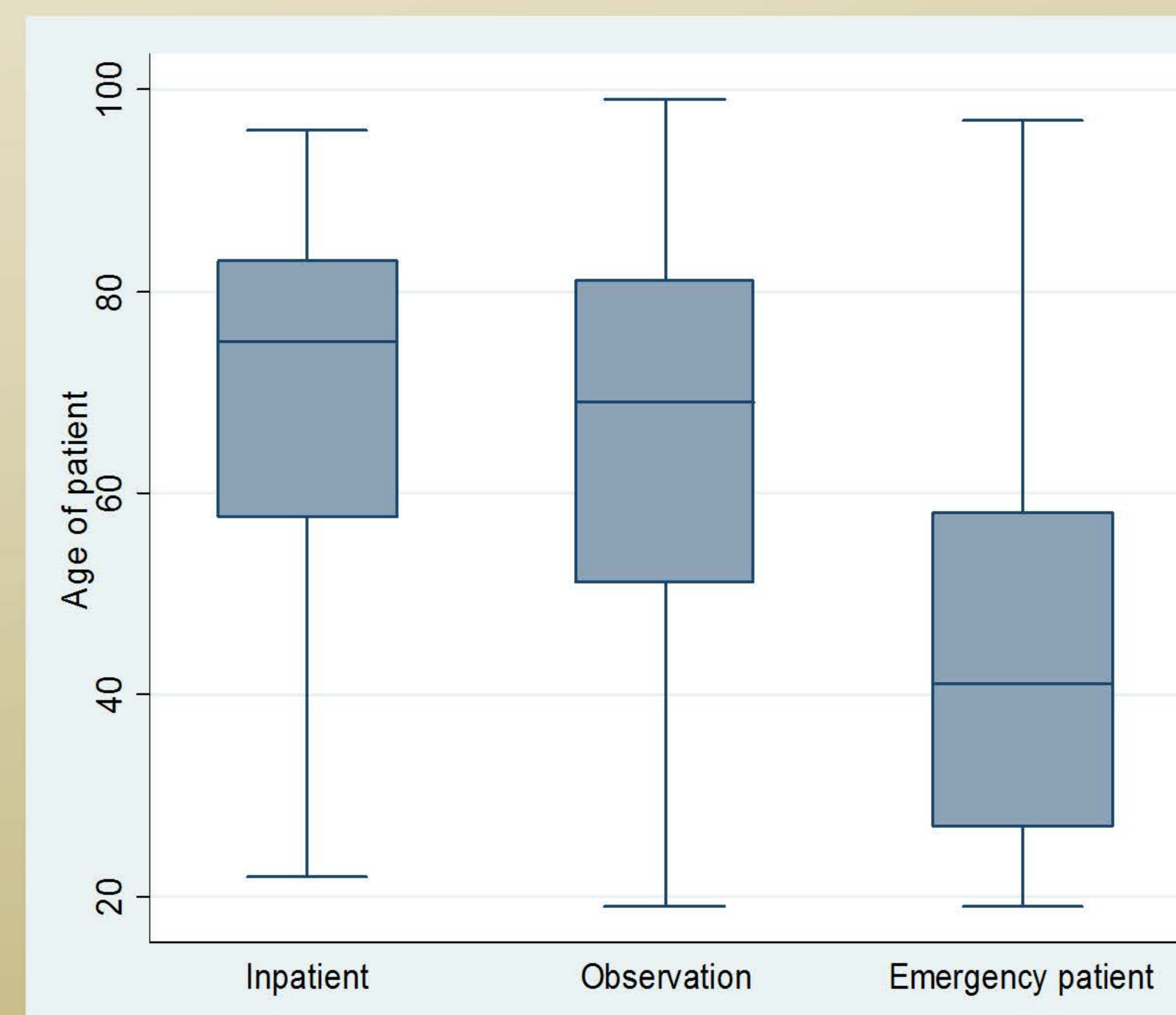
Sarasin, F.P., Louis-Simonet, M., Carballo, D., Slama, S., Rajeswaran, A., Metzger, J.T... Junod, AF. (2001). Prospective evaluation of patients with syncope: A population-based study. *The American Journal of Medicine*, 111, 177-184

Findings

Over a 30-month period, 994 adults presented to the emergency department with a chief complaint of syncope. The table below shows the descriptive statistics for the sample.

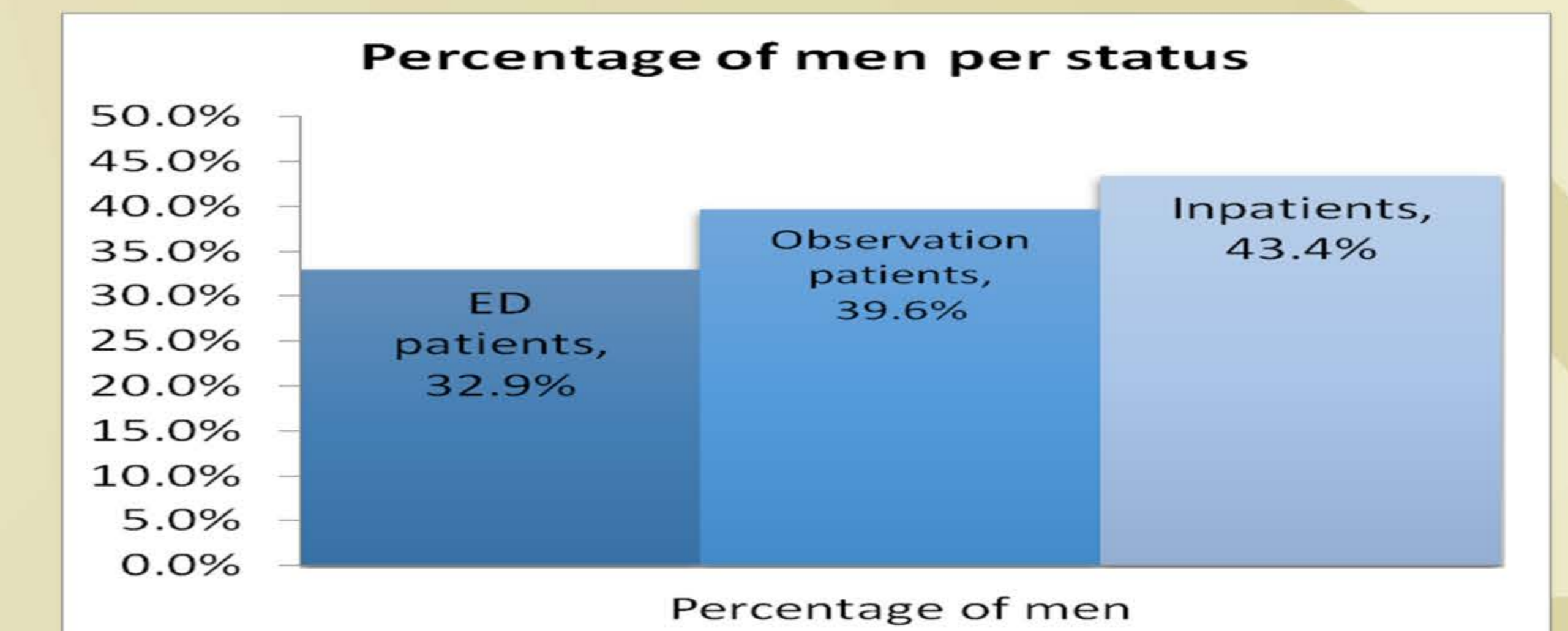
Outcome	Sample
Average cases per month	33
% women	63.1%
Average age (range)	55.7 ± 22.4 (18-99)
Admitted as inpatients	15.3%
Placed observation	36.3%
Discharged	48.4%
Final diagnosis "Syncope"	58.9%
Portion of final dx "syncope" had been in observation	45.1%
Direct costs for discharged patients	\$517
Directs costs for observation	\$2,199
Direct costs for inpatients	\$5,248

The average age (70.1 ± 17.7) of those admitted is significantly higher ($F_{(2, 991)} = 158.2, p < 0.001$) than those in observation (64.6 ± 20.0) and those discharged from the ED (44.4 ± 19.7).



Findings

A significantly larger proportion ($\chi^2_{2df} = 7.306, p = 0.026$) of men (43.4%) make up the inpatient population compared to the population discharged from the ED (32.9%).



Almost 60% of all cases that presented to the ED with a chief complaint of syncope had no significant findings. In addition, almost half (45.1%) of the patients placed in observation were discharged with a final diagnosis of uncomplicated syncope.

Discussion

Identifying the characteristics of the syncope population and the complications associated with this diagnoses at WKBH, set the base for the development of a risk score card to focus the diagnostic evaluation for this patients. This approach will provide a patient specific diagnostic tool to achieve high quality care and decrease the high cost associated with this diagnosis, by focusing on identifying those who have uncomplicated syncope.

Implications for Practice

This preliminary analysis sheds light on the following:

1. Most of Syncope patients can be managed cost effectively in the ED.
2. A large proportion of patients placed in observation are discharged with no additional significant findings. To be cost-conscious, the focus should be on being able to identify those and manage them in the ED.