EE462

Same Day Discharge after Percutaneous Transluminal Coronary Angioplasty (PTCA): Is It Cost Saving?

Nerla R[1], Respigo R[2], Borghetti F[2], Maglionico GML[2]

(1) Maria Cecilia Hospital, Cotignola, Italy; (2) Medtronic Italia, Milano, Italy

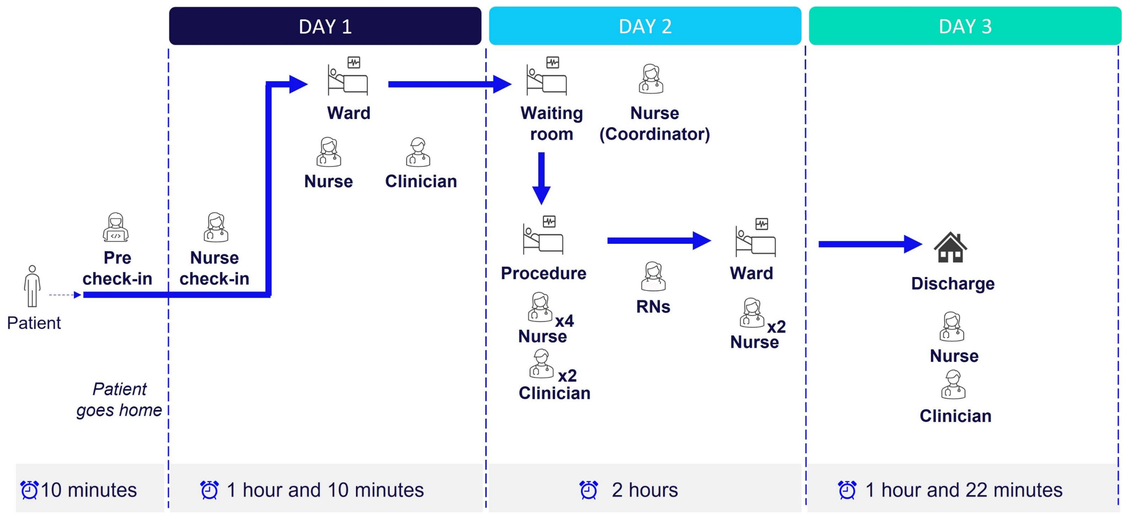
BACKGROUND & OBJECTIVES

The safety and efficacy of same-day discharge (SDD) for percutaneous transluminal coronary angioplasty (PTCA) in selected patients have been confirmed in several randomized trials. A greater adoption of SDD after PTCA has the potential to improve patient satisfaction and reduce hospital costs: the aim of the analysis is to demonstrate, at the hospital and regional level, that the procedure performed in SDD compared to the ordinary hospitalization is cost-saving.

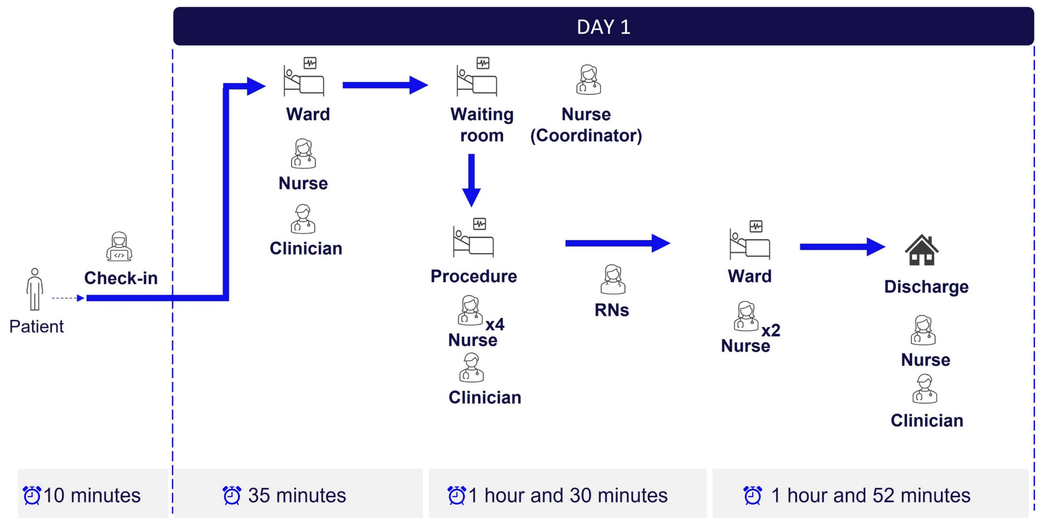
RESULTS

The SDD after PTCA in selected patients is cost saving: € 3.823,28 (two nights of stay – figure 1) vs € 2.938,24 (SDD – figure 2) from the hospital perspective The materials used during the procedure are equally consumed for both pathways, thus the related costs have not been included. By performing 99 procedures in SDD per year, the hospital can free up 198 bed days with an overall saving of € 195.915,06 (considering DRG 558 tariff € 4.917,18 and the cost per procedure of € 2.938,24).

From a regional point of view, considering that the estimated number of patients eligible to SDD is 1.132, the overall savings could be € 2.240.160,08.



SCENARIO AS IS (figure 1)



SCENARIO TO BE: SDD (figure 2)

METHODS

The analysis was performed in a Northern Italian hospital thanks to the Activity-Based Costing methodology. Hospital and regional perspectives were included.

Thanks to the Hospital administration and the clinical staff, data about drugs, imaging, laboratory exams, consumables, medical procedures, visits, personnel costs were collected. Costs for non-clinical staff and overhead costs came from the literature (1). About the regional perspective, to compute the potential saving, we estimated 10% of PTCA eligible for SDD (2).

CONCLUSIONS

The analysis conducted has demonstrated that SDD increases the bed availability and reduces hospital and regional costs. Considering that this procedure over the years still struggles to be widespread in SDD setting, this economic evidence can support its benefits.

Medtronic

REFERENCES

1. Pradelli, L., & Zaniolo, O. (2012). Perceval Sutureless valves in isolated and concomitant AVR procedures: an economic model shows overall decrease of costs for isolated or combined operations. Farmeconomia. Health economics and therapeutic pathways, 13(4), 159-174.
2. Violini R., et al. (2021) Position paper GISE (Società Italiana di Cardiologia Interventistica): Ricovero breve per la PCI in elezione, uno strumento per la “ripartenza”. G Ital Cardiol Vol 22 Suppl 2 4S-15S