

Introduction

- There has been a steady rise in the number of inpatient gastrointestinal consultations over time.
- Previously published analyses were mostly done in academic institutions [1].
- We performed a similar analysis in a small community hospital focusing on the ordering providers.

Methods

- Retrospective review of patient charts for all the inpatient gastrointestinal consultations between 1st July 2021 and 9th May 2022 was performed.
- They were divided based on ordering provider and the reason of the consultation. Basic demographic data was obtained for the patients.

Results

- A total of 1,262 consultations were found. 58% were female patients and 42% were males.
- 58% of the consultations were ordered by the non-teaching hospitalists, 14% by the resident teaching teams, 9% by the emergency medicine physicians and the rest by the other healthcare providers.
- The most common reasons for the consultations by all the teams were gastrointestinal bleed (25.9%), abdominal pain (12.4%), abnormal liver function tests (4.1%), diarrhea (2.7%), pancreatitis (2.6%) and vomiting (2.2%).
- Data was analyzed further to see differences in teaching and non-teaching teams (listed in the table).

	Hospitalist (Non-teaching)	Hospitalist (Teaching)
Number of inpatient teams any day	6-7	2
Number of patients per team	14-16	14
Number of gastrointestinal consultations (n)	731	181
Gender (%)		
• Females	57.32%	58.56%
• Males	42.68%	41.44%
Ethnicity (%)		
• Caucasian	66.62%	67.96%
• Black	29.41%	28.18%
• Asian	2.33%	2.21%
• Others	1.64%	1.66%
Reason for consultation		
• Gastrointestinal bleed	26.27%	28.73%
• Abdominal pain	22.30%	23.76%
• Abnormal liver function tests	8.34%	5.52%
• Diarrhea	5.06%	4.97%
• Vomiting	5.47%	2.76%
• Pancreatitis	3.83%	1.66%
• Others	28.73%	32.6%
Median admission to consultation order time (hours)	9.63	13.7
Median duration of hospital stay (days)	4.15	4.88

Table 1. Gastrointestinal consultations in teaching and non-teaching teams

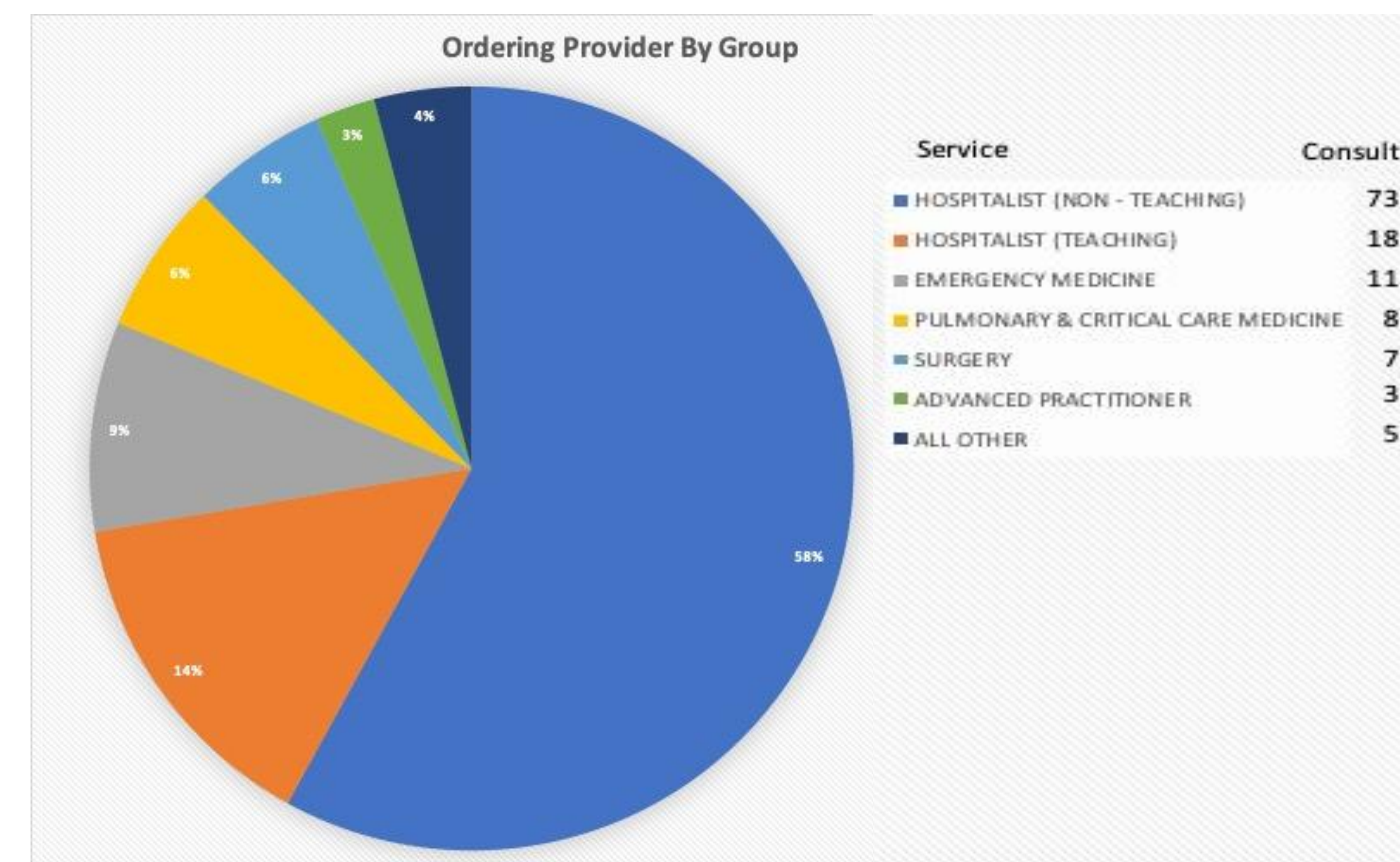


Figure 1. Distribution of the gastrointestinal consultations by the requesting provider service

Discussion

- Our review in a small community hospital revealed around 1,262 inpatient gastrointestinal consultations were requested in almost 1 year duration.
- The median duration of hospital stay was shorter in the non-teaching group (4.15 days) which could be explained by the earlier placement of consultation order as compared to the teaching team.
- Overall, our gastroenterology team expressed concern of increasing burden on their service, total duration of hospital stay for the patients and possible increased cost for the patients.
- Many of these consultations were appropriate and needed for patient care but many others could have been seen as an outpatient by the gastroenterologists.
- Our hospital will be implementing a quality improvement project over the next year in order to improve this process – some of the measures will be direct communication between the requesting provider and the gastroenterologist for the main reason of the consult and reviewing the providers who have ordered the maximum number of consultations.

Contact

Sahib Singh, MD
 Chief resident (2021-2022), Greater Baltimore Medical Center
 Email: sahib_aries2003@yahoo.co.in
 Website: <https://www.gbmc.org/internal-medicine-residency>
 Phone: (443) 849-2000

References

1. Sharma, Sheetal et al. Inpatient Gastrointestinal Consultation Requests and Subsequent Invasive Procedures in an Academic Teaching Hospital: A Single Center Experience. American Journal of Gastroenterology: October 2010 - Volume 105 - Issue - p S408.