

# Assessing Factors That Determine High Inpatient Utilization in the University of Kansas General Internal Medicine Clinic – A Quality Improvement Needs Assessment

Adrian C. Blanco, B.S., Marie Brubacher, M.D., Branden Comfort, M.D., MPH  
University of Kansas Medical Center, Kansas City, KS, Department of Internal Medicine

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**Introduction.** Many inpatient hospitalizations are for ambulatory care sensitive conditions (ACSC). High inpatient utilization is problematic as it exposes patients to unnecessary iatrogenic harm and financial costs. At the University of Kansas General Internal Medicine Clinic, inpatient services are overutilized at a rate that is above national benchmarks. We sought to better understand this overutilization by performing a QI needs assessment.

**Methods.** Retrospective chart reviews of patients that had 2+ inpatient admissions from within the last 12 months was performed. An extensive medical history for all patients was analyzed including most recent admission route, comorbidities, and determination if the final discharge diagnosis was an ACSC.

**Results.** Admissions data was collected from 239 patients. Approximately 38% of cases qualified as ACSCs. The most common ACSC-related admissions were determined to be complications of chronic heart failure (CHF; 10.5% total cases), hypertension (5.44%), diabetes and chronic obstructive pulmonary disease (COPD; 5.02%), making up 68.42% of all ACSC cases. Patients had multiple comorbidities with hypertension (73.6%), heart disease (52.8%), and chronic kidney disease (CKD; 40.3%) as the top three. Most patients were admitted through the emergency department (ED; 74.1%) with only 20.5% admitted directly from clinic.

**Conclusions.** In this QI needs assessments, we found that nearly 38% of total admissions within the last 12 months were from an ACSC complication which can be avoided through high-quality, accessible primary care. As the next cycle in this project, we plan to create comprehensive care plans for the most common ACSC – CHF, Hypertension, Diabetes, and COPD – with the goal of improving care outcomes and reducing unnecessary inpatient care.