



## The 65th ASH Annual Meeting Abstracts

## POSTER ABSTRACTS

## 901. HEALTH SERVICES AND QUALITY IMPROVEMENT - NON-MALIGNANT CONDITIONS

**Distinguishing the Variances in Patient Care between Hematologists and Hospitalists for Individuals with Sickle Cell Disease Hospitalized Due to Vaso-Occlusive Crisis**

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**Introduction:**

Sickle cell disease (SCD) is a chronic condition characterized by multiple vaso-occlusive complications. Patients often experience recurrent, severe pain that can be disabling and necessitate opioid treatment. Hospitalization for vaso-occlusive crisis (VOC) is a common occurrence for individuals with SCD. In recent times, the care of hospitalized SCD patients has increasingly shifted from adult hematology specialists to hospitalists. At our institution, we are yet to make this transition, with hospitalists rarely taking over the care of inpatients with SCD. Initially, recommendations to the hospitalist service were provided through informal opinions or formal consultations when requested.

Hospitalists have demonstrated efficient inpatient management; however, some may have knowledge gaps and biases that can influence their interactions with SCD patients. To gain a better understanding of the differences in care practices between hematologists and hospitalists and to identify potential areas for improvement in the care of SCD patients, we conducted a formal comparison of their approaches.

**Methods:** We performed a single-institution, retrospective review of patients with SCD hospitalized for VOC between January 1, 2014, and September 31, 2022.

**Results:** Table 1 portrays the significant results.

**Conclusion:** We observed significant distinctions in the care provided by hematologists and hospitalists to patients admitted for VOC in SCD. Hematologists tended to transfer fewer patients to the intensive care unit compared to hospitalists. On the other hand, hospitalists more frequently sought consultations from the pain service than hematologists. Interestingly, patients under the care of hematologists received longer hours of patient-controlled analgesia for pain management. Additionally, patients managed by hematologists exhibited higher hemoglobin levels at the time of discharge when compared to those treated by hospitalists.

Notably, only 39.8% of patients had a formal hematology consult requested during their hospital stay, indicating a potential need for better collaboration between hematologists and hospitalists. This study emphasizes the importance of enhancing cooperation between these two specialties to elevate the quality of care for patients hospitalized with VOC.

**Disclosures** No relevant conflicts of interest to declare.

	Hematology	Hospitalist	P
n	1032	372	
Age (mean (SD))	29.99 (12.10)	35.44 (9.82)	<0.001
Race (%)			<0.001
African American	834 (80.8)	338 (90.9)	
Caucasian	89 ( 8.6)	5 ( 1.3)	
Other	109 (10.6)	29 ( 7.8)	
Charlson Deyo Cormorbidity Score (%)			<0.001
0	641 (62.1)	181 (48.7)	
1	194 (18.8)	83 (22.3)	
2	126 (12.2)	63 (16.9)	
3	52 ( 5.0)	38 (10.2)	
4	4 ( 0.4)	6 ( 1.6)	
5	15 ( 1.5)	0 ( 0.0)	
6	0 ( 0.0)	1 ( 0.3)	
Female (%)	451 (43.8)	217 (58.3)	<0.001
HBS % (mean (SD))	49.33 (23.97)	49.49 (22.47)	0.918
hematology consulted (%)	NA	148 (39.8)	NA
Transfer to Intensive Care Unit (%)	30 ( 2.9)	24 ( 6.5)	0.004
Length of stay in Intensive Care Unit (mean (SD))	0.51 (2.68)	3.18 (9.24)	<0.001
Pain service consulted (%)	190 (18.4)	94 (25.3)	0.006
Inpatient opioid dose (mean (SD))	772.45 (6836.37)	482.37 (4123.31)	0.452
Home opioid dose at discharge (mean (SD))	322.36 (967.81)	209.15 (695.62)	0.041
Ratio opioid dose (mean (SD))	1.30 (2.19)	1.58 (8.93)	0.398
Hb admission (mean (SD))	9.29 (1.82)	9.14 (1.92)	0.172
Hb discharge (mean (SD))	9.09 (1.69)	8.31 (2.64)	<0.001
Sequestration (%)	5 ( 0.5)	7 ( 1.9)	0.029
IVF on admission (%)	1019 (98.8)	346 (93.0)	<0.001
Bowel regimen (%)	816 (79.6)	259 (70.0)	<0.001
DVT prophylaxis (%)	742 (73.5)	295 (80.2)	0.014
clot dvt pe during admission (%)	51 ( 5.0)	35 ( 9.4)	0.003
PCA for pain control = 1 (%)	619 (60.0)	214 (57.7)	0.465
Total PCA hours (mean (SD))	94.81 (100.64)	67.33 (71.57)	<0.001

Figure 1

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