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Evaluation of a Hirschsprung Disease Systemwide Enterocolitis De-escalation Strategy

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Evaluation of a Systemwide Hirschsprung Disease Enterocolitis De-Escalation Strategy

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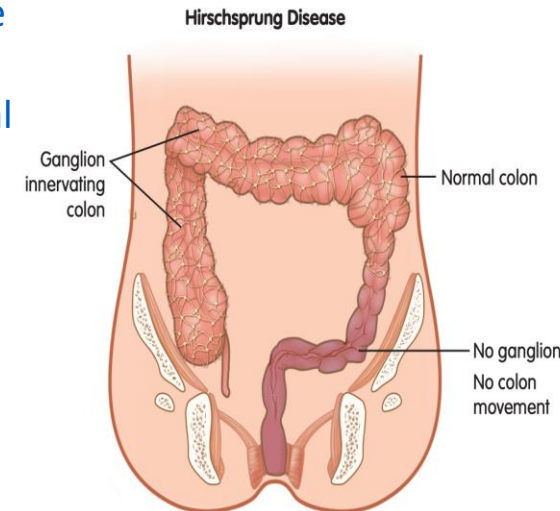
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Introduction

- Hirschsprung-associated enterocolitis (HAEC) is a severe and potentially life-threatening complication of Hirschsprung Disease (HSCR)
 - The rate of HAEC post-pullthrough surgery for HSCR ranges from 15-65%
- Dedicated prophylactic and therapeutic protocols may decrease incidence and severity
- Systems support components that identify, treat and prevent HAEC are not well described

Aim

- Evaluate our systemwide HAEC de-escalation strategy for both hospital staff and caregivers with an aim to evaluate resource utilization and system impacts.

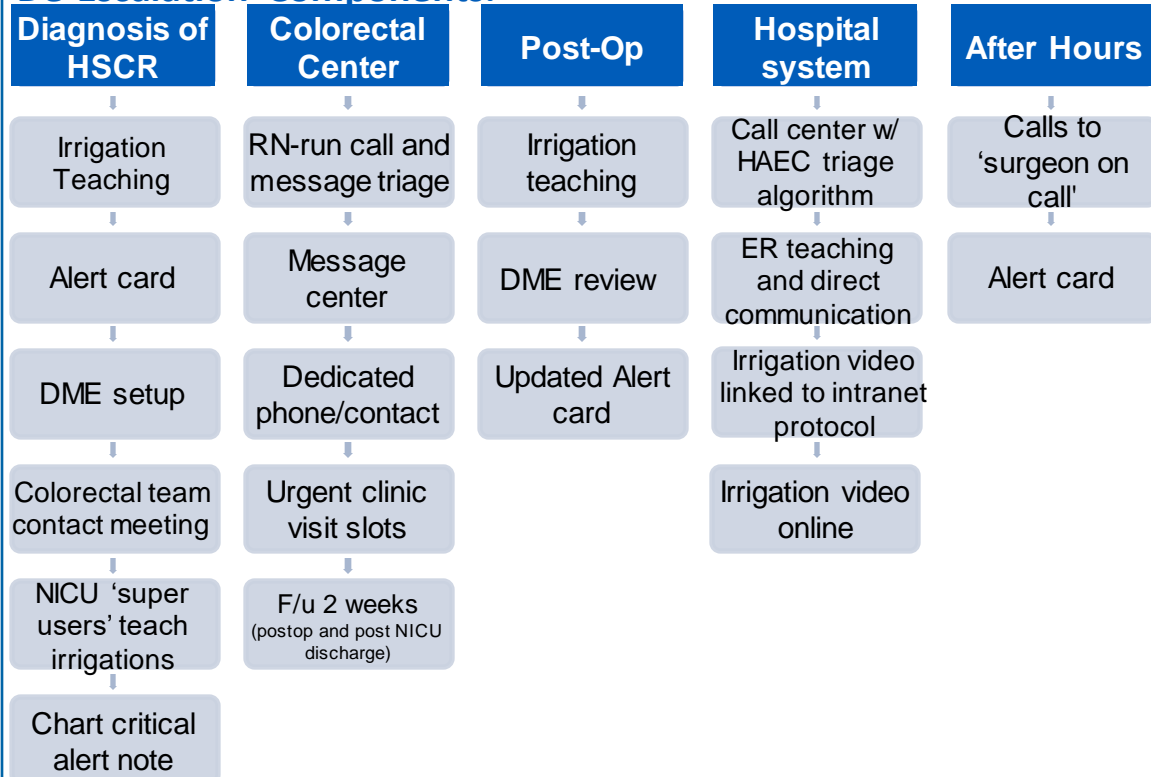


Methods

- Single institution retrospective review
- Cohort of HSCR patients between
 - 2015 to 2017 (pre-support system, Group A)
 - 2019 to 2021 (post-support system, Group B)
- We compared demographics, emergency room (ER) visits, length of stay (LOS), and system support utilization

Results

De-Escalation Components:



	Group A (pre-support) n= 16	Group B (pre-support) n=20	p-value
Length of Stay (days)	7 (5,8)	2 (1,3)	0.05
ED Visits	1 (1,4)	1 (0,3)	0.5
Clinic Visits	1 (0,2)	3 (2,4)	0.03
Call Center Calls	0	1(0,4)	0.001
Clinic Calls	2 (1,3)	6 (5,7)	0.004

- Admitted patients had decreased LOS for HAEC
- Patients had increased clinic visits, call center interactions and clinic phone calls post Colorectal Center establishing

Conclusion

- Systemwide protocol implementation for HAEC demonstrated decreased LOS and increased patient utilization of the
- Continued education of caregivers and hospital staff in all stages of HSCR care is important and multimodal
- Implementation of HAEC protocols is beneficial



Colorectal Center and Irrigation Resources: