

Direct Medical Cost-Estimator Tool – Economic Burden of Physically Restraining Patients with Agitation and Schizophrenia in Emergency Departments

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BACKGROUND

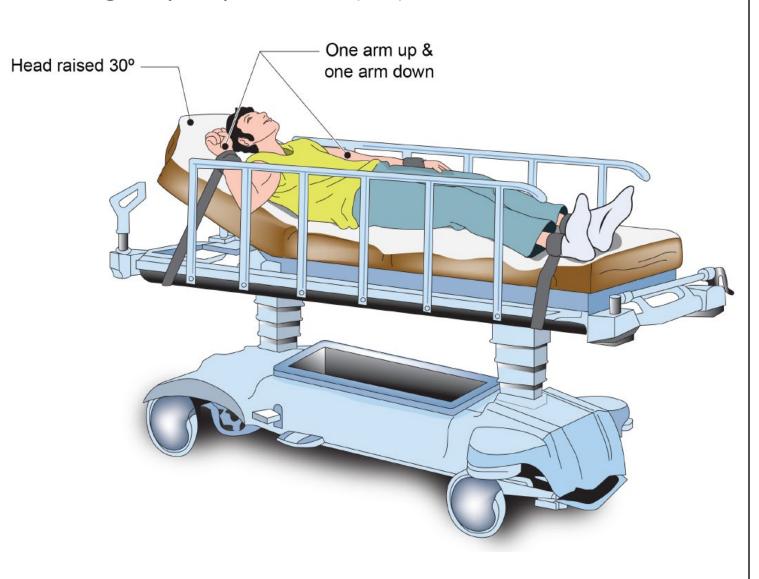
Agitation is a common and debilitating condition for patients with schizophrenia.¹ Acute agitation is challenging for patients and staff, complicate care, and may escalate to situations with risk of harm to patients and others²



Patients with schizophrenia experiencing episodes of acute agitation⁴

OBJECTIVE

To develop an interactive tool to estimate direct medical costs associated with physical restraint use on patients with agitation and schizophrenia in the Emergency Department (ED)



Physical restraints are used in 1% – 1.4% of total ED encounters and primarily on agitated patients become aggressive^{5,6}

METHOD

Primary data variables from the 2018 HCUP-NEDS analysis were combined with a wide range of existing published data to create a dynamic Microsoft Excel® tool to comprehensively estimate direct medical costs after physical restraint use, including, ED, hospital inpatient, and ED staff injuries.

HCUP
Healthcare Cost

and Utilization Project

NEDS

Nationwide Emergency
Department Sample

Data Input Variables with Source References

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Variable	2021 Value	Source	Notes
Annual ED Volume	100,000	Assumption	
% Related to Schizophrenia	1.6%	HCUP NEDS/NIS (BioXcel Analysis)	
% Related to Agitation	52%	Boudreaux 2009	
% Requiring Restraints	10%	Boudreaux 2009	
Additional ED LOS	4.2 hours	Weiss 2012	
Personnel Costs per patient bed-hour ¹	\$64	Schreyer 2017 (\$58.20 adjusted to 2021)	
Additional % Hospitalized	8%	Weiss 2012	
Schizophrenia with agitation inpatient LOS (mean) ²	12.3 days	HCUP NEDS/NIS (BioXcel Analysis)	
Schizophrenia average inpatient cost ¹	\$10,543	HCUP net 2018 (MBD001; \$9,729 adjusted to 2021)	
Additional inpatient length of stay associated with restraint use	1.45 days	Compton 2006	
Daily psychiatric costs	\$857	Calculated (see calculation)	
Proportion resulting in staff injuries	22%	Stewart 2009	Average of 12%, 17%, 19% and 40%
Average cost per staff injury ¹	\$1,072	Speroni 2014 (\$88.26 adjusted to 2021	28.3% of 106 nurses treated

¹Input costs have been adjusted to 2021 US dollars using the medical care component of the consumer price index (see tab "BLS data series)

Cost Estimate Summary per 100,000 ED Visits

Cost Categories	Original as Referenced	Adjusted for Inflation
ED Length of Stay	\$20,337	\$22,472
Hospitalization	\$69,381	\$78,832
Staff Injuries	\$16,259	\$19,620
Total to Institution	\$105,977	\$120,925
Total per Target Patient	\$1,274	\$1,453

Cost Estimates Adjusted for Inflation

Intermediate Calculations	
Epidemiology	Yearly
ED Volume	100,000
Schizophrenia-related ED volume	1600
Agitation- related ED volume	832
# agitation-related ED volume requiring restraint use	83
# excess hospitalization associated with restraint use	6.7
# staff with injury (assuming 1 injured staff/event)	18.3
ED Length of Stay	
Total yearly additional ED hours	349.4
Total yearly additional personnel; costs associated with increased ED LOS	\$22,472
Hospitalization	
Yearly excess hospitalization cost	\$70,519
Yearly excess cost due to increased inpatient LOS	\$8,313
Total yearly excess hospitalization cost	\$78,832
Staff Injuries	
Yearly cost of staff injury	\$19,620
Total Costs (Adjusted to 2021)	
Annual costs to institution with ED volume of 100,000	\$120,925
Cost per schizophrenia patient	
Cost per agitated schizophrenia patient	\$14
Cost per restrained schizophrenia patient (with agitation)	\$1,453

RESULTS

- 832 have agitation + schizophrenia with 83 patients physically restrained and 18.3 staff injured

Adjusting for inflation to 2021 US dollars, each 100,000 patients presenting to the ED incurred an estimated:

 Institution annual direct medical costs of \$120,925 or \$1,453 per patient with agitation + schizophrenia physically restrained in the ED

This total includes annual:

- Increased ED Length of Stay costs of \$22,472
- Excess admission hospitalization costs of \$78,832
- \$19,620 from ED staff injuries

CONCLUSIONS

- NEDS data from 2018 were combined with published data to create an interactive tool for hospitals to estimate annual direct medical costs related to ED physical restraint use on patients with agitation and schizophrenia.
- Physically restraining patients who have escalated from agitation to aggression and violence results in significantly higher total hospital direct medical costs from longer ED LOS, higher number of and longer hospital inpatient admissions, and staff injuries.
- Vsing this tool, hospitals can input actual ED volume and update variables to estimate annual direct medical costs for physical restraint use in this patient population.

²Sensitivity analysis performed against schizophrenia LOS = 8.5 days