American College of Emergency Physicians®
ADVANCING EMERGENCY CARE

ACEP 60

Title: Syncope – Avoidance of admission for adult patients with low-risk syncope
Description: Percentage of emergency department (ED) visits for patients aged 18-50 years with a diagnosis of low-risk syncope who were discharged
Measurement Period: January 1, 2024, through December 31, 2024
Measure Steward: American College of Emergency Physicians (ACEP)
Measure Developer: American College of Emergency Physicians (ACEP)
Measure Scoring: Proportion
Measure Type: Outcome

Initial Population	All ED encounters for patients aged 18 to 50 years of age with the diagnosis of syncope
Denominator	Equals Initial Population
Denominator Exclusions	Heart Disease (coronary artery disease, Myocardial Infarction, CHF, cardiomyopathy, etc.) Heart Rhythm Disorders (Arrhythmias, Sinus Node Dysfunction, Uncontrolled Atrial Fibrillation, etc.) Aortic Dissection Pulmonary Embolism Subarachnoid Hemorrhage Coagulation Disorder
Numerator	All ED encounters for patients aged 18 to 50 years of age with diagnosis of syncope who were discharged
Numerator Exclusions	Not Applicable
Denominator Exceptions	Death, LAMA, LWBS, LWT.

Stratification: None
Risk Adjustment: None
Improvement Notation: Higher score indicates better quality

Rationale

Syncope is a common presentation to the emergency department (ED) that accounts for 1% to 1.5% of ED annual visits and up to 6% of hospital admissions. Patients with only low-risk characteristics and without any high-risk characteristics can be classified as low risk and can be safely discharged from the ED. These patients do not need further diagnostic tests in the ED and their likely diagnosis is reflex, situational, or orthostatic syncope. Low-risk patients may still require further examination or investigation, and possibly admission to hospital in the event of them having associated injury or social or welfare reasons meaning they are not able to be discharged home. Current use of hospitalization for patients with low-risk features is both inefficient and inconsistent; these patients can be safely discharged home from the ED. Avoiding admission of these patients may significantly reduce hospital admissions thus, cutting costs and decreasing adverse outcomes associated with unnecessary hospitalization.

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Clinical Recommendation Statement

Because of the concerns that patients presenting with syncope are at higher risk for an impending catastrophic event, overuse and inappropriate use of testing and hospital admission are common. From the available literature, it is unclear whether admitting asymptomatic syncope patients for observation and inpatient evaluation affect patient outcome. Additionally, it is estimated that more than $2 billion a year is spent in the United States on hospitalization of patients with syncope. An analysis of the 2001 American College of Emergency Physicians (ACEP) clinical policy on syncope found that by applying the Level B recommendations, all patients with cardiac causes of syncope were identified, and the admission rate would be reduced from 57.5% to 28.5%.[4]

Definition

None

Guidance

None

References

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2. Win-Kuang Shen, MD, FACC, FAHA, FHRS, Chair, Robert S. Sheldon, MD, PhD, FHRS, David G. Benditt, MD, FACC, FHRS, Mitchell I. Cohen, MD, FACC, FHRS, Daniel E. Forman, MD, FACC, FAHA, Zachary D. Goldberger, MD, MS, FACC, FAHA, FHRS, Blair P. Grubb, MD, FACC, Mohamed H. Hamdan, MD, MBA, FACC, FHRS, Andrew D. Krahn, MD, FHRS, Mark S. Link, MD, FACC, Brian Olshansky, MD, FACC, FAHA, FHRS, Satish R. Raj, MD, MSc, FACC, FHRS, Roopinder Kaur Sandhu, MD, MPH,Dan Sorajja, MD, Benjamin C. Sun, MD, MPP, FACEP, Clyde W. Yancy, MD, MSc, FACC, FAHA. 2017 ACC/AHA/HRS Guideline for the Evaluation and Management of Patients with Syncope. DOI: 10.1161/CIR.0000000000000499
3. Sun BC, Emond JA, Carmargo CA. Direct medical costs of syncope-related hospitalizations in the United States. Am J Cardiol. 2005;95:668-671.
4. Elesber AA, Decker WW, Smars PA, et al. Impact of the application of the American College of Emergency Physicians recommendations for the admission of patients with syncope on a retrospectively studied population presenting to the emergency department. Am Heart J. 2005;149:826-831.

Disclaimer

These performance measures are not clinical guidelines and do not establish a standard of medical care and have not been tested for all potential applications.

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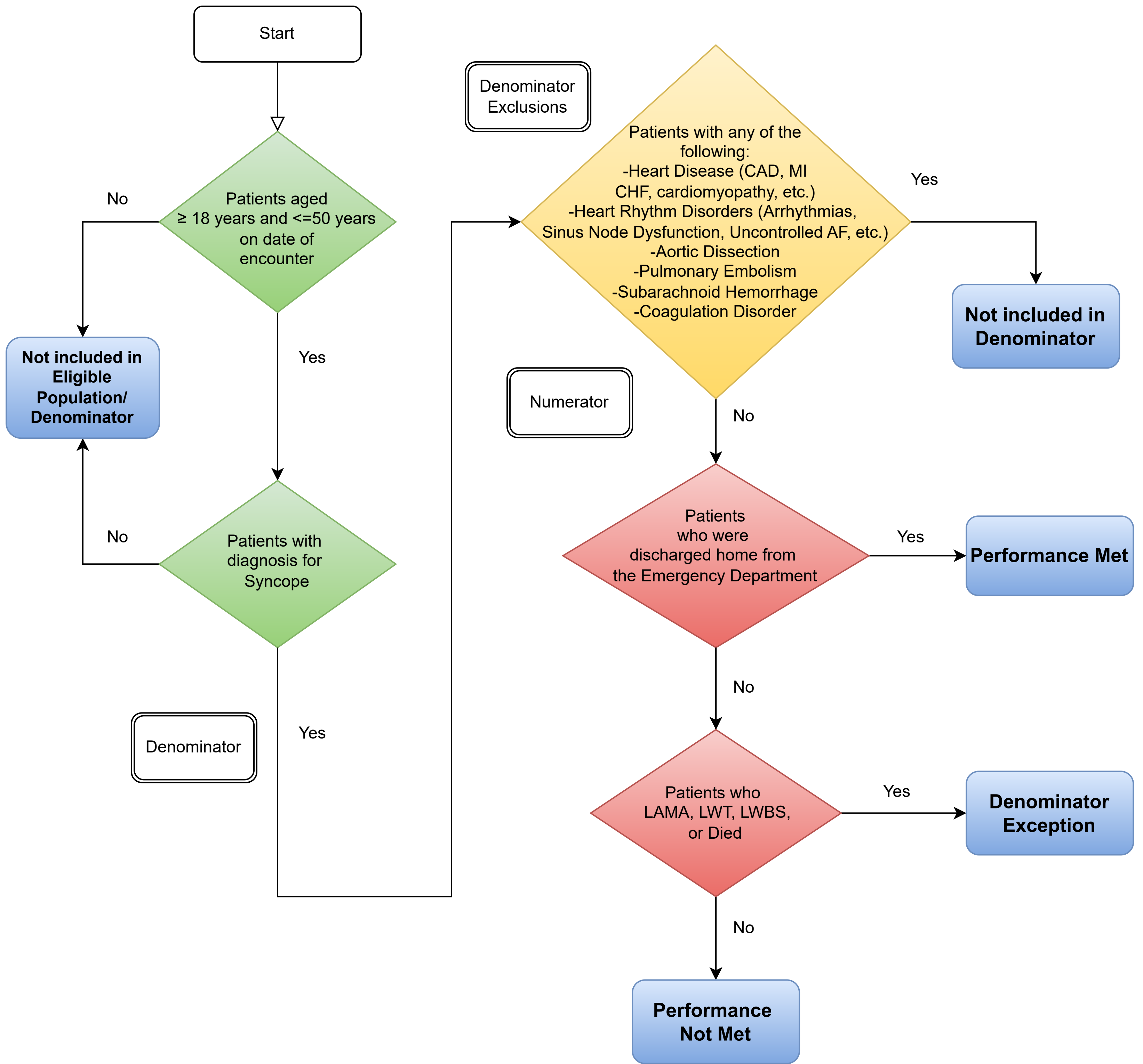
Start
Denominator Exclusions
Patients aged ≥ 18 years and <=50 years on date of encounter
No
Yes
Not included in Eligible Population/ Denominator
Patients with diagnosis for Syncope
No
Yes
Denominator
Patients with any of the following:
-Heart Disease (CAD, MI CHF, cardiomyopathy, etc.)
-Heart Rhythm Disorders (Arrhythmias, Sinus Node Dysfunction, Uncontrolled AF, etc.)
-Aortic Dissection
-Pulmonary Embolism
-Subarachnoid Hemorrhage
-Coagulation Disorder
Yes
Not included in Denominator
No
Numerator
Patients who were discharged home from the Emergency Department
Yes
Performance Met
No
Patients who LAMA, LWT, LWBS, or Died
Yes
Denominator Exception
No
Performance Not Met