Bed availability

Reducing long length of stay (LLOS, or inpatient stays lasting over 30 days) is an important way for hospitals to improve cost efficiency, bed availability and health outcomes. Discharge delays can cost hundreds to thousands of dollars per patient, and LLOS represents a burden on bed availability for other potential patients. However, most research studies investigating discharge barriers are not LLOS-specific. Of those that do, nearly all are limited by further patient subpopulation focus or small sample size.

The study of Zhao et al. from the Stanford University, California, USA is the first to describe LLOS discharge barriers in an entire Department of Medicine.

They conducted a chart review of 172 LLOS patients in the Department of Medicine at an academic tertiary center and quantified the most frequent causes of delay as well as factors causing the greatest amount of delay time. They also interviewed healthcare staff for their perceptions on barriers to discharge.

Discharge site coordination was the most frequent cause of delay, affecting 56% of patients and accounting for 80% of total non-medical postponement days. Goals of care issues and establishment of follow-up care were the next most frequent contributors to delay.

Together with perspectives from interviewed staff, these results highlight multiple different areas of opportunity for reducing LLOS and maximising the care capacity of inpatient hospitals [1].

1)
Zhao EJ, Yeluru A, Manjunath L, Zhong LR, Hsu HT, Lee CK, Wong AC, Abramian M, Manella H, Svec D, Shieh L. A long wait: barriers to discharge for long length of stay patients. Postgrad Med J. 2018 Oct 9. pii: postgradmedj-2018-135815. doi: 10.1136/postgradmedj-2018-135815. [Epub ahead of print] PubMed PMID: 30301835.