

Hospital length of stay

- Final Fusion Strategies in Early-Onset Scoliosis: Does Implant Density Make a Difference After Magnetically Controlled Growing Rod Treatment?
 - Predictive Factors and Impact of Delayed Spine Surgery: A Nationwide Retrospective Cohort
 - Evaluation of the clinical effectiveness of bundled care interventions on pressure ulcer incidence in neurosurgical patients
 - Field vs. Emergency Department Intubation: A Retrospective Review of Hospital Outcomes of Trauma Patients
 - Machine learning-driven national analysis for predicting adverse outcomes in intramedullary spinal cord tumor surgery
 - Statin use during intensive care unit stay is associated with improved clinical outcomes in critically ill patients with sepsis: a cohort study
 - Does the number of drain tubes influence the formation of postoperative spinal epidural hematoma following biportal endoscopic unilateral laminotomy for bilateral decompression (BE-ULBD) in patients with two-level adjacent lumbar spinal stenosis? a prospective randomized study
 - Effect of transversus abdominis plane blocks in abdominoplasties on postoperative outcomes
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Length of stay (LOS) is a term to describe the duration of a single episode of hospitalization.

Inpatient days are calculated by subtracting day of admission from day of discharge. (However, persons entering and leaving a hospital on the same day have a length of stay of one).

Schipmann et al. performed a systematic literature review on quality indicators (QIs) that are presently used in this field, aiming to elucidate which QIs are scientifically founded and thus potentially justifiable as measures of quality. They found a total of 8 QIs, and methodologically evaluated published studies according to the AIRE (Appraisal of Indicators through Research and Evaluation) criteria. These criteria include length of hospital stay, all-cause readmission rate, and unplanned reoperation rate ¹⁾.

Using a comprehensive all-payer cohort of patients with brain tumors in New York State, Missios and Bekelis identified wide disparities at the hospital and the county level despite comprehensive risk-adjustment. Increased charges were not associated with shorter length of stay (LOS), or lower rates of death and unfavorable discharge ²⁾.

Prolonged length of stay (pLOS), disease-related complications, and 30-day readmissions are important quality metrics under the Affordable Care Act.

Aneurysmal subarachnoid hemorrhage length of stay

[Aneurysmal subarachnoid hemorrhage length of stay](#)

Lumbar spine surgery length of stay

[Lumbar spine surgery length of stay](#)

Long length of stay

see [Long length of stay](#).

C-reactive protein relation to length of stay

[C-reactive protein relation to length of stay](#)

¹⁾

Schipmann S, Schwake M, Suero Molina E, Roeder N, Steudel WI, Warneke N, Stummer W. Quality Indicators in Cranial Neurosurgery: Which Are Presently Substantiated? A Systematic Review. *World Neurosurg.* 2017 Aug;104:104-112. doi: 10.1016/j.wneu.2017.03.111. Epub 2017 Apr 30. Review. PubMed PMID: 28465269.

²⁾

Missios S, Bekelis K. Regional disparities in hospitalization charges for patients undergoing craniotomy for tumor resection in New York State: correlation with outcomes. *J Neurooncol.* 2016 Apr 12. [Epub ahead of print] PubMed PMID: 27072560.

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