

Reducing Hospital Length of Stay: Topic Nomination from the LHS Panel Project
June 27, 2019

1. What is the decision or change (e.g. clinical topic, practice guideline, system design, delivery of care) you are facing or struggling with where a summary of the evidence would be helpful?

- What are the types of effective strategies/interventions to reduce length of stay (LOS) in the hospital while maintaining or improving patient outcomes?
- What are the patient-centered benefits and harms associated with these strategies/interventions?
- What are effective strategies for health systems to tailor these interventions for vulnerable populations (e.g. limited English proficiency, patients with higher levels of social risks such as housing instability)?

Population: All inpatients including adult patients, pediatric patients, and NICU patients – with an emphasis on those needing complex care (or those without other care options) and/or vulnerable populations

Intervention: Implementation strategies/interventions to reduce LOS – strategies may include:

- Clinical care approaches to reducing LOS (e.g., switching from IV to oral medications earlier, Enhanced Recovery After Surgery (ERAs) pathways, care/clinical pathways)
- Care coordination process approaches (e.g., making sure all case managers know where the patient will go upon discharge, partnering with home health care and long-term care facilities to provide options for continued care beyond the hospital setting)

Comparator: None specified

Outcomes: Length of Stay

Timing: None specified

Setting: Inpatient

2. Why are you struggling with this issue?

Most academic centers are overutilized because of complexity of care / cost shifting from smaller hospitals (by transferring patients to academic medical centers). Thus, the inability to reduce LOS prevents access to care for patients who do not have other care options (or need to be transferred to the academic medical center, for example). In addition:

- Reducing LOS reduces the risk of patient harms in the hospital and the cost of care for health systems, thereby improving health systems' bottom line; it may also reduce costs for payers and patients.

- Indirectly, reducing LOS increases hospital volume capacity for those hospitals that have greater patient demand than bed supply including many safety net hospitals and academic medical centers.

3. What do you want to see changed? How will you know that your issue is improving or has been addressed?

Hospital and health systems would like to be able to implement a comprehensive system or process initiative in which providers and patients have a timeline and plan prior to admission, stated goals, and discharge criteria, thereby allowing for the anticipated LOS to be stated prior to admission.

In addition, hospitals and health systems would like to be able to offer better access to care, including access to complex care, for their local communities. Specifically, they would like to see/experience:

- Fewer patients being boarded in emergency departments and hallways – many for days – while waiting for a hospital bed
- Fewer patients being denied transfer to tertiary/quaternary care hospitals because the "hospital is full"
- Fewer ambulance diversions for special populations
- Improved patient and provider satisfaction related to care planning.

4. When do you need the evidence report?

Health systems would like this report as soon as possible.

5. What will you do with the evidence report?

Hospitals and health systems, including CEOs, will use this information to improve patient safety and access to care within their health systems.

LHS Point of Contact/ Champion:

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