

How to reduce hospital stays and increase patient satisfaction

October 1 2009

A Loyola University Health System study has found that high-risk surgery patients experienced significantly shorter hospital stays when they were seen by general internists trained in managing medical complications in surgical patients.

Patients who underwent high-risk orthopaedic surgeries experienced shorter stays when their care was co-managed by hospitalists and their surgeons. And, the study found, patients reported they were treated by doctors with more courtesy and respect.

The study was published in the July, 2009 issue of the journal *Orthopedics*.

"We accomplished significant improvements in efficiency and quality in the care of complex surgical patients," said lead author Dr. Michael Pinzur, professor in the Department of Orthopaedic [Surgery](#) and Rehabilitation, Loyola University Chicago Stritch School of Medicine.

"Our cost of care also was significantly less than that of other academic medical centers," Pinzur added. "And the sicker the patients, the greater the savings."

Researchers followed 86 of Pinzur's high-risk surgical patients who were co-managed by hospitalists from the Division of [General Internal Medicine](#). These patients were compared with 54 similar patients who underwent surgery before the co-management program began.

A hospitalist is a physician, typically an internist, who specializes in the care of hospital patients. A hospitalist cares for the patient in place of the patient's primary care physician while the patient is in the hospital. The hospitalist coordinates and oversees care of the patient's medical problems, and is the contact person for the family.

Researchers calculated the ratio of how long a patient stayed compared with how long such a patient would be expected to stay at a major teaching hospital. A ratio lower than 1.0 means the patient had a shorter-than-expected stay.

Before the co-management program began, patients had a length-of-stay ratio of 0.86. After the program began, the ratio dropped to 0.69. Hospitalist patients stayed an average of 3.8 days, compared with an expected stay of 5.5 days.

"We're getting patients out of the hospital almost two days earlier," Pinzur said.

In the co-management group, 76 percent of patients said their doctors always communicated well, and 90 percent said they were treated with courtesy and respect. In the non-hospitalist group, 71 percent said doctors communicated well and 76 percent said they were treated with courtesy and respect.

The study included patients who underwent complex procedures such as foot reconstructions, and had risk factors such as diabetes, high blood pressure and heart and kidney problems.

At Loyola University Medical Center, hospitalists begin caring for Pinzur's high-risk patients before surgery, and stay with the patients until they are discharged. "We're providing more coordinated care for patients all the way through," said study co-author Dr. Edward Gurza, a

hospitalist and director of the Division of General Internal Medicine.

Before surgery, the hospitalist does a complete history and physical and risk assessment of the patient. The hospitalist often detects conditions that could be stabilized before surgery, as well as starting proven preventive measures. The study found that in the hospitalist group, 10 percent of surgeries were delayed while hospitalists treated such problems.

"Hospitalists get [patients](#) in optimal condition before surgery, so they're less prone to problems after surgery," Pinzur said.

Source: Loyola University

Citation: How to reduce hospital stays and increase patient satisfaction (2009, October 1)
retrieved 6 May 2024 from
<https://medicalxpress.com/news/2009-10-hospital-patient-satisfaction.html>

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