Revenue-driven surgery drives patients home too early

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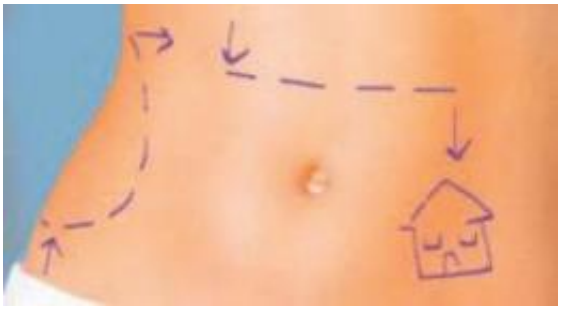

"Patient traffic jams present hospitals and medical teams with major, practical concerns, but they can find better answers than sending the patient home at the earliest possible moment," says UMD's Bruce Golden. Credit: University of Maryland

Revenue-driven surgery and poor planning drive some surgical patients home too early, concludes a pair of logistical studies conducted by researchers at the University of Maryland's Robert H. Smith School of Business.

The studies show a correlation between readmission rates and how full the hospital was at the time of discharge, suggesting that patients went home before they were healthy enough.

The researchers recommend better planning and other logistical solutions to avoid these problems.

The studies appear in the two most recent issues of the peer-reviewed journal Health Care Management *Science*: "The impact of hospital utilization on patient readmission rate" and "Examining the discharge practices of surgeons at a large medical center".

"Discharge decisions are made with bed-capacity constraints in mind," says University of Maryland Professor Bruce Golden, the Smith School's France-Merrick Chair in Management Science, who conducted the research with Ph.D. student David Anderson and other colleagues.

"Patient traffic jams present hospitals and medical teams with major, practical concerns, but they can find better answers than sending the patient home at the earliest possible moment," Golden adds.

In the studies, Golden and Anderson tracked patient movement at a large, academic medical center located in the United States.

They found that patients discharged when the hospital was busiest were 50 percent more likely to return for treatment within three days. This indicates recovery was incomplete when patients were first released, the researchers say. The study tracks occupancy rates, day of the week, staffing levels and surgical volume.

Surgeons and hospitals are incentive-driven to perform as many surgical procedures as feasible, Golden says.

"The hospital has to maintain revenue levels to meet its financial obligations. Surgeons are working to save lives and earn a livelihood. It's what they do," he explains. "If the hospital says 'sorry there are no beds available,' there's a lot of tension and pressure from both sides to keep things moving."

These problems are much more likely at large hospitals, which tend to

provide more advanced, specialized surgeries not accessible at smaller, community institutions,the researchers say. Patients often have to travel a great distance for the procedures, so hospital delays become expensive for both them and the care providers.

The study findings cover surgical discharge data from fiscal year 2007 covering more than 7,800 surgery patients who collectively spent 35,500 nights at the facility.

"This gives us a good snapshot of the pressures at work in a busy non-profit hospital," Golden adds. "Other institutions may handle the challenges somewhat differently, but the pressures are widespread and these results call for some introspection."

BETTER LOGISTICS

"Too often, the biggest problem is that hospitals just don't plan ahead, and this is what gets them in trouble" Golden says. "There are logistical alternatives to sending a patient home too soon."

He suggests that surgeons use checklists before discharging the patient. "They know better than we do what questions should be asked - questions that would force the surgeon to think about whether they were discharging the patient for the right reason."

Recently, for example this checklist approach has been used successfully to reduce hospital bacterial infections, Golden points out.

Also, he suggests that hospitals increase the flexibility of where patients go post-surgery. Allowing them to be moved to units with empty beds, for example, could also lessen premature discharges.

Though, this may increase costs in the short run, discharging patients

who then quickly return to the hospital offers no long-term savings, and decreases the quality of care, Golden adds.

Provided by University of Maryland