

Shorter hospital stays don't compromise care, study finds

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Earlier discharge corresponds with lower readmission and death rates in VA hospitals.

(HealthDay)—Fears that patients are being forced out of hospitals dangerously early may be unfounded, researchers report.

Shorter hospital stays don't increase readmissions or lead to more deaths, according to a study of Veterans Administration hospitals.

Researchers from the Iowa City VA Medical Center looked at records for 129 VA hospitals across the United States, and found that lengths of stay decreased 27 percent over 14 years, or 2 percent annually. However, contrary to what they anticipated, readmission rates and [death rates](#) also dropped during that time.

"What we found was that they both went down simultaneously. We can improve efficiency and at the same time improve 30-day [readmission rates](#)," said lead researcher Dr. Peter Kaboli, a [hospitalist](#).

"Over 14 years, the VA and other health care systems have been trying to improve efficiency, moving patients through the hospital quicker—get them diagnosed; get them treated; get them home," Kaboli explained.

"It's costly to be in the hospital, and patients prefer to go home," he added.

The study, published in the Dec. 18 issue of the [Annals of Internal Medicine](#), involved reviewing records for more than 4 million patients hospitalized between 1997 and 2010. The researchers paid special attention to patients with these five common health problems: [heart failure](#), [chronic obstructive pulmonary disease](#) (COPD), [heart attack](#), [pneumonia](#) and gastrointestinal bleeding.

The researchers looked at length of stay and rate of readmissions in the 30 days and 90 days after hospital discharge. They also looked at the death rate one month and three months after [hospital discharge](#).

While lengths of stay decreased 27 percent, readmissions rates decreased 16 percent, Kaboli said.

Moreover, death rates at 30 and 90 days after leaving the hospital dropped about 3 percent.

When patients were released too soon, however, the risk for readmission rose 6 percent for each day they were released early, Kaboli's group found.

Kaboli believes the positive results reflect improved coordination

between hospital and outpatient services, and a focus on quality care and patient safety.

In addition, the greater use of hospitalists—doctors who provide care only in the hospital—is associated with higher quality care, he said.

Whether these same results are seen in private hospitals, where length of stay has also declined, isn't known, Kaboli said.

The authors of a commentary accompanying the study said the VA system has made some noteworthy advances.

"VA management has achieved some of the things health care reform is trying to achieve," said Dr. Eugene Oddone, co-author of the accompanying editorial who is with the Center for Health Services Research in Primary Care at the Durham Veterans Affairs Medical Center in North Carolina.

The VA system "can be used as a model for some aspects of health care reform," added Oddone, a professor of medicine at Duke University School of Medicine.

Specifically, he cited integration of care between the hospital and outpatient care, and improved quality of care.

More information: For more information on patient safety, visit the [U.S. National Library of Medicine](#).

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