

# Hospital action to reduce length of ward stay can be effective

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Hospital-led efforts to reduce the amount of time older people spend on wards before being allowed home can be effective, reducing length of stay in hospital by more than three days in some areas.

Researchers at the University of Exeter analyzed all available evidence on how effective hospital-led efforts to reduce length of stay were in practice, and whether they save money. The report, is funded and published by the National Institute of Health. The study synthesized 73 studies inside and outside the UK, in which participants had a mean age of at least 60.

The research found that the success of programs to reduce patient stay varied, depending on both the areas of medicine and the type of intervention. The largest reduction was in patients who had surgery on a [lower limb](#), in whom programs that involved components at multiple stages of the care pathway reduced hospital stays by 3.3 days. Interventions focusing on pre-operative care reduced stays by 2.2 days in this group. However, only two randomized control trials on this group of patients met the criteria for inclusion in the analysis.

The most evidence was available for colorectal patients, with 17 studies included in the analysis. In these patients, multiple stage programs reduced hospital stays by an average of 2.2 days.

Lead author Dr. Michael Nunns, of the University of Exeter, said: "Older adults have complex health needs, often with a number of different conditions, and the rising numbers inevitably puts pressure on healthcare systems. In the ten years up to 2016, the number of 60-65-year-olds admitted to hospital increased by 57 percent. Older adults are more prone to complications post-surgery, which can increase the length of stay in hospital. Yet we also know that lengthy hospital stays can increase the likelihood of infections, falls and decline in brain health. We need to do all we can to allow people to leave hospital as soon as they are ready, and part of that is understanding what really works to minimize hospital stays."

John McGrath, Consultant Urological Surgeon and Clinical Lead at the

Royal Devon and Exeter NHS Trust, who collaborated on the study, said: "Our research concluded that hospital-led programs to reduce length of stay in hospital are generally effective. We found the strongest evidence around colorectal and lower limb surgery, with programs that involve a number of factors across the care pathway and those that focus on the pre-operative phase generally improving recovery and reducing length of stay. However, more research is needed to look at wider outcomes, such as patient satisfaction and their experience after being discharged."

The report is titled "[Multicomponent hospital-led interventions to reduce hospital stay for older adults following elective surgery: a systematic review](#)."

**More information:** Michael Nunns et al. Multicomponent hospital-led interventions to reduce hospital stay for older adults following elective surgery: a systematic review, *Health Services and Delivery Research* (2019). [DOI: 10.3310/hsdr07400](https://doi.org/10.3310/hsdr07400)

Provided by University of Exeter

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