

COPD patients' hospital stays 67% shorter due to one additional staff meeting, study finds

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Hospitals can dramatically reduce the length of a patient's stay (by up to 67%) when their provider teams hold integrated care conferences

(ICCs), a daily meeting for providers to share information at once. However, the seemingly obvious concept is rarely implemented, according to researchers in *The Journal of the American Osteopathic Association*.

Admitted patients require multidisciplinary teams to provide care, including nurses, social workers, pharmacists and more. Most hospitals leave it up to the primary physician to do the leg work of coordinating that care via individual emails, phone calls and in-person meetings.

"When I first encountered a [hospital](#) with ICCs, I was awestruck by how much easier and efficiently everything ran," says Ryan Shilian, DO, an adult and pediatric allergy/immunology fellow with University Hospitals Cleveland Medical Center, and lead author on this study. "At the vast majority of hospitals, it is left up to the primary physician to physically seek out and coordinate supporting services."

An intuitive practice with dramatic results

Dr. Shilian set out to quantify the efficiency of ICCs by comparing the lengths of stay for COPD patients at two University Hospital facilities. Each had similar staffing and resources, as well as patient populations. The key difference was one maintained a daily ICC in which representatives from each care provider team met to discuss patient progress and address barriers to a safe discharge. The other did not.

The average length of stay for patients with COPD at the hospital with ICCs was 3.37 days, compared to 5.55 days in the hospital without them. Additionally, in the hospital with daily ICCs, patients aged 40 to 69 years old had a 67% shorter admission, and patients aged 70 to 99 years or older had a 36% shorter length of stay compared with patients at the hospital without those meetings.

Dr. Shilian says that the more common model of care coordination—without ICCs—is not only slower but allows more opportunities for miscommunication and gaps in treatment. He adds that reducing the length of hospital stays will save money and improve patient outcomes as patients will have less exposure to risks like secondary infections and other complications.

The vast majority of hospitals conduct multidisciplinary rounds (MDRs) in which the attending physician visits each patient with an entourage of residents, medical students, nurses, ancillary clinicians and staff to discuss the diagnoses and treatment plans. Dr. Shilian notes that MDRs are often held at the bedside, leaving little space and time for the large group to have meaningful discussion and/or input.

He adds that ICCs are held in a conference room that can accommodate the required staff, but also provide a more collaborative environment that dedicates time for every team member's input. ICCs are typically led by nursing supervisors, who represent the most direct point of care, and are focused on the patients' progress and identifying the necessary steps to getting each patient healthy enough to discharge.

More information: Ryan Shilian et al, Daily Integrated Care Conferences to Reduce Length of Hospital Stay for Patients With Chronic Obstructive Pulmonary Disease, *The Journal of the American Osteopathic Association* (2020). [DOI: 10.7556/jaoa.2020.027](https://doi.org/10.7556/jaoa.2020.027)

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