

Short Article

Supporting Hospital Efficiency at the Community Level

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Received: June 03, 2022; Accepted: June 07, 2022; Published: June 09, 2022

Introduction

Historically, the need for health care efficiency has been an important challenge to the economy of the United States. The following information identified specific challenges and efforts to address them in the metropolitan area of Syracuse, New York.

The need for efficiency in hospitals has been an important economic issue in United States hospitals. A major driver of health care expenses has been inpatient surgery. These procedures include inpatient orthopedics, open heart, and neurosurgery. During the past five years, hospitals have shifted larger numbers of orthopedic procedures, especially joint replacements, from inpatient to outpatient care.

The data in Table 1 describe the movement of orthopedic joint procedures from inpatient to outpatient settings. The data demonstrate that many of these procedures have a low severity of illness and can readily be accommodated in outpatient settings.

The movement of orthopedic surgery to outpatient care has improved hospital efficiency by eliminating clinical expenses in hospital. It has also reduced hospital administrative expenses. These changes have made hospital capacity available for patients with higher severity of illness.

An alternative approach to improving hospital efficiency is through length of stay reduction. This approach to utilization management retained the inpatient admission while reducing the number of days in the stay. After discharge, the hospital inpatients completed their stays at home or in long term care services.

In the Syracuse hospitals, length of stay reduction has included

Table 1: Hospital Inpatient Discharges by Severity of Illness Orthopedic Joint Replacement Surgery - APR DRGs 301-302, 322 Syracuse Hospitals January - March 2017, 2019, 2022.

| | Number of Discharges | | | | Total |
|--------------------------------|----------------------|----------|-------|---------|-------|
| | Minor | Moderate | Major | Extreme | |
| 2017 | 600 | 432 | 31 | 5 | 1,068 |
| 2019 | 502 | 498 | 51 | 16 | 1,067 |
| 2022 | 91 | 93 | 25 | 17 | 226 |
| Percent Difference 2017 - 2022 | -84.8 | -78.5 | -19.4 | 240 | -78.8 |

Data include patients aged 18 years and over.
Source: Hospital Executive Council.

efforts to reduce some of the longest hospital stays through approaches such as following hospital patients who are Difficult to Place in nursing homes. They have included the development of subacute and complex care programs to support extended stays in nursing homes rather than hospitals.

The data in Table 2 identify lengths of stay for patients in the Syracuse hospitals by severity of illness. They demonstrate how one of the hospitals consistently generated efficient stays by severity of illness and saved large numbers of inpatient days.

Another approach to utilization management that has improved health care efficiency in Syracuse has involved the community's response to the coronavirus. The advent of the virus resulted in avoiding large numbers of inpatient admissions through cancelling surgery and diverting incoming ambulances. This utilization management improved efficiency through drastic measures.

Data collected by the Hospital Executive Council have demonstrated that the Syracuse hospitals have offset 60 percent of the hospital admissions avoided during the coronavirus epidemic. Further information will identify whether the remaining 40 percent can be restored.

Table 2: Inpatient Hospital Mean Lengths of Stay by Severity of Illness Adult Medicine and Adult Surgery Hospital A January-March 2022.

| | Severity of Illness | | | | |
|--|---------------------|----------|---------|-----------|-----------|
| | Minor | Moderate | Major | Extreme | Total |
| Adult Medicine | | | | | |
| Mean Length of Stay | 1.98 | 3.01 | 5 | 8.94 | 4.91 |
| Severity Adjusted National Average Mean Length of Stay | 2.65 | 3.72 | 5.65 | 10.3 | 5.72 |
| Patient Days Difference | -153.4 | -417.48 | -546 | -579.36 | -1,696.27 |
| Adult Surgery | | | | | |
| Mean Length of Stay | 2.02 | 3.42 | 6.54 | 15.03 | 5.36 |
| Severity Adjusted National Average Mean Length of Stay | 3.12 | 4.26 | 8.83 | 20.6 | 7.26 |
| Patient Days Difference | -433.4 | -442.7 | -735.09 | -1,130.71 | -2,741.88 |

Adult medicine data exclude Diagnosis Related Groups concerning surgery, obstetrics, psychiatry, alcohol/substance abuse treatment, rehabilitation, and all patients aged 0-17 years.

Adult surgery data exclude Diagnosis Related Groups concerning medicine, obstetrics, psychiatry, alcohol/substance abuse treatment, and all patients aged 0-17 years.
Source: Hospital Executive Council.

Historically, the development of efficiency has been a major interest of health planners in the United States. Available information suggests that this is a challenging undertaking, but one which can be developed at the community level. In the current health care environment, improving efficiency can help address staffing issues and support effective patient care.

Citation:

Lagoe R, Littau S (2022) Supporting Hospital Efficiency at the Community Level. *J Clin Res Med* Volume 5(2): 1-2.

J Clin Res Med, Volume 5(2): 2-2, 2022