How To Decrease Hospital Lengths Of Stay

Skeptical Scalpel

I recently wrote about my plan to reduce hospital readmissions. Now I will discuss the problem of reducing length of stay.

The recent hurricane in New York City and the closures of some hospitals requiring the transfer of a large number of patients reminded me of something that happened on 9/11/2001.

I was working at a hospital near New York. You may recall that among the many problems that day was a breakdown in communications. Reliable information on the number of casualties and extent of injuries was hard to determine.

Late on the morning of 9/11, a meeting was held at my hospital. We canceled all elective surgery and decided to discharge as many patients as possible in preparation for the injured who, sadly, never arrived. Victims either got out of the World Trade Center and walked away or perished. Injured patients were few and were cared for by hospitals in New York.

Unaware of what was really happening in the city, we made rounds on every patient and discharged nearly 50 who otherwise would have stayed a day or two longer. As far as I know, there were no complications related to what seemed to be a premature departure from the hospital for many.

The next day someone wondered why, if we were able to discharge so many patients on the day of a disaster, could we not do so more often?

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