

Evidence in Context

Issue: Reducing Acute Care Length of Stay
Released: October 2017

Reducing Acute Care Length of Stay in Newfoundland & Labrador

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Celebrating the 10th
Anniversary of the
Contextualized Health
Research Synthesis
Program

The
Issue

The
Question

The
Results

The
Local
Context

- Acute care patients in Newfoundland and Labrador (NL) have a slightly longer average length of stay (ALOS) than the national average. The NL Health System wants to reduce ALOS for acute care patients, without increasing readmission (RA) or costs.

What does the available research-based evidence tell us about what models/strategies/practices are best suited for the timely and effective discharge of patients admitted to hospitals in NL?

The following table summarizes the findings from this project where the body of evidence was robust enough to draw conclusions, and where the interventions were shown to shorten ALOS. Details on these, and additional interventions, are discussed in the full report.

Strength of Body of Evidence	Very Strong	Moderate or Stronger	
Intervention	ALOS	Readmission	Cost
Care Pathways: All Patient Types	Improvement	No Effect	Conflicting
Care Pathways: Abdominal Surgery	Improvement		
Care Pathways: Gastrointestinal Surgery	Improvement	No Effect	Improvement
Strength of Body of Evidence	Strong	Moderate or Stronger	
Intervention	ALOS	Readmission	Cost
Care Pathways: Colorectal Surgery	Improvement	No Effect	Improvement
Care Pathways: Gynaecological Surgery	Improvement	No Effect	Improvement
Care Pathways: Pancreatic Surgery	Improvement	No Effect	Improvement
Discharge Planning	Improvement	Improvement	Conflicting
Early Supported Discharge	Improvement	No Effect	Improvement
Hospitalists	Improvement	No Effect	Improvement

- The evidence for Care Pathways for colorectal surgery patients is so strong that Care Pathways are recommended as “standard care” for such patients.
- When implemented effectively, structured care plans (including Care Pathways for a range of surgeries and Discharge Planning) are effective at reducing ALOS.
- The most important contextual factor in terms of optimizing the effectiveness of these interventions will be the ability of health systems to guide changes in the practice patterns of physicians.
- Success in decreasing acute care ALOS will also depend on implementing successful institutional change management strategies and promoting workplace environments that are conducive to making the necessary changes.
- The evidence indicates that Early Supported Discharge appears to be effective, but this intervention requires improvements in community-based support.
- Hospitalists offer an alternative approach to structured care plans. Using hospitalists would capitalize on existing positions within many NL healthcare settings; however, hospitalist roles and responsibilities may need to be redefined to capitalize on improvements in ALOS.

Read the full report here: www.nlcahr.mun.ca/chrsp

Health research – synthesized and contextualized for use in Newfoundland & Labrador