

# Length Of Stay Spotlight



Issue 3  
OCTOBER, 2008

LOS REDUCTION PLAN

## What's a LOS Index???

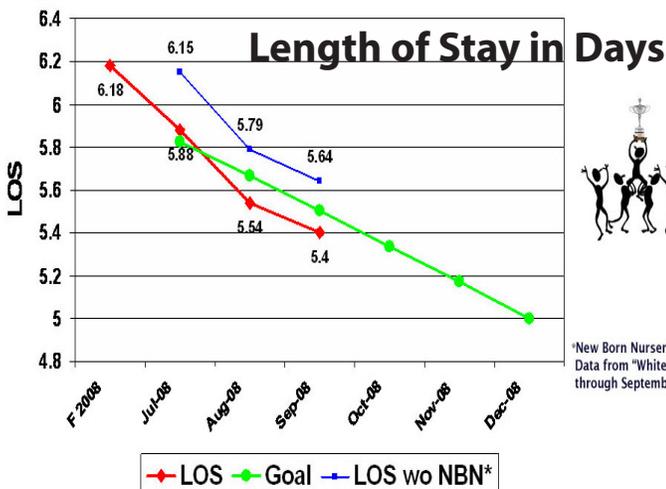
### Unit Administrative Teams

Who knows better than the clinical providers on each patient unit how to improve care and thereby reduce the LOS (Studies have shown that quality improvements in a hospital have a positive effect on financial goals like LOS and cost of care). As part of the LOS Reduction project, Unit Administrative Teams have been formed for the inpatient units. Each Team contains a Physician Leader, Nurse Manager, Case Manager and other care providers. Teams will be meeting monthly to review data, develop Medical Management tools and make suggestions for system improvements. If you have ideas about how to improve care on your unit, please discuss it with the nurse manager or case manager.

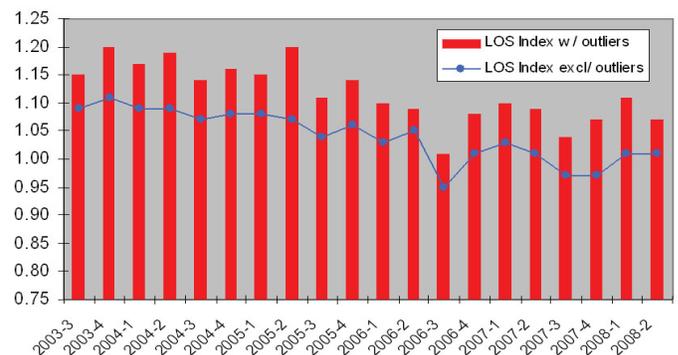
The LOS Index compares our patients actual LOS to what their LOS should be. You might ask "how's that possible?".

University Hospital belongs to The University HealthSystem Consortium (UHC). UHC is an alliance of 102 academic medical centers and 191 of their affiliated hospitals representing approximately 90% of the nation's non-profit academic medical centers. The hospitals that belong to UHC send data about their patients to the organization. UHC then severity adjusts the data; they look at things like age, comorbidities, social situation to determine the complexity of care the patients need. The data from patients at the different hospitals is then compared. Doing this allows hospitals to see how well they are performing compared to similar hospitals across the country.

LOS Index is the ratio of actual to expected LOS. If a hospital's actual LOS is the same as their expected LOS, the LOS Index is 1. If the hospital's actual LOS is longer than expected, the LOS Index is more than 1 (example 1.2). Conversely if you're doing better than expected you might have a LOS Index of 0.98. As the graph shows, University Hospital continues to have a LOS Index above 1; are patients are stay longer than expected. Longer than similar patients stay at other academic medical centers.



### LOS Index



UMDNJ - The University Hospital

Data from UHC - CDB



## Coordinating Care to Improve Quality

By, Dr. Vincent Barba, Medical Director For Quality

The quality of inpatient healthcare is an aggregate measure of the safety, patient centeredness, timeliness and effectiveness of the clinical experience. In today's hospital, care coordinators are asked to do more than just help discharge patients. They are often looked to for their expertise in improving processes of care, reducing wait times for inpatient tests and procedures, working to implement evidence based care plans and ensuring that discharge planning keeps the patient at the center of the care equation.

The care coordinator is at the point of care daily and is in the best position to help leverage improvements in utilization with improvements in evidence based clinical care, timeliness and patient centered approaches to clinical problems. They are often asked to participate in interdisciplinary performance improvement teams charged with developing processes of care to improve outcomes and patient satisfaction.

Working closely together, the Quality Improvement and Care Coordination teams synergistically propel the hospital towards great strides in improving the quality of care for all patients.

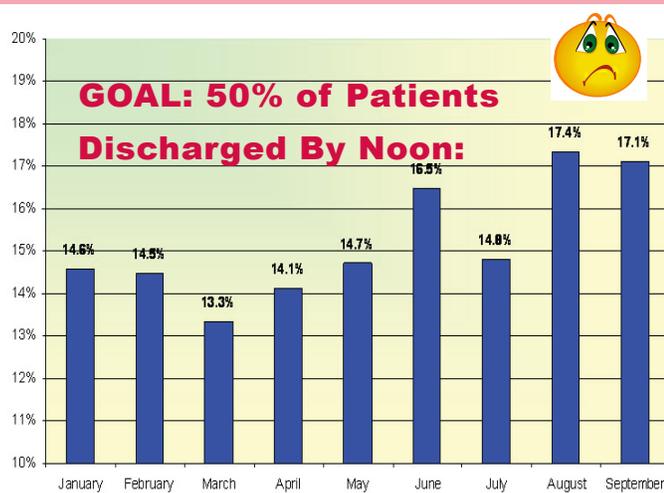


**11 AM Discharge Time**  
Have you noticed the new signs in the patient rooms? They inform patients and families that discharge time at University Hospital is 11am. Please reinforce the 11am time when you interact with patients about discharge.



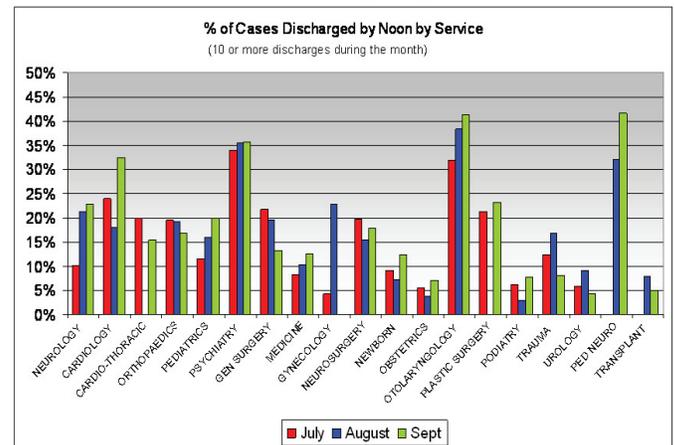
The Time of Discharge goal needs a boost!

### Time of Discharge for Aug & Sept 2008:



Data from EPIC: 2008

### Time of Discharge by Service



CARE COORDINATION DEPARTMENT

Data from EPIC

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