Increased AH services to general and acute medical units decreases length of stay

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Aim: We evaluated the effect of an initiative to fund increased AH services, enabling increased days and volume/scope of AH services, to general medical inpatients for a 6-month trial period.

Methods: Mixed methods study, conducted at the Royal Adelaide Hospital and The Queen Elizabeth Hospital, with a prospective (Dec 2015-May 2016) and a historical comparison cohort (Dec 2014-May 2015). Outcomes included hospital LOS, occupied bed-days, adverse events and AH service data.

Results: Median (IQR) hospital LOS significantly decreased from 7.2 (0.9) to 6.5 (0.6) days (P=0.006) and occupied bed-days significantly decreased from 5,295 (422) to 4,663 (409) bed-days/month (P=0.004) post-implementation of the increased AH services. There was no significant change in weekend discharges or adverse events. AH services significantly increased, with the median number of referrals seen by AH per month, occasions of AH service and AH time per month increasing by 17%, 45% and 43% respectively, along with a faster response time to referrals.

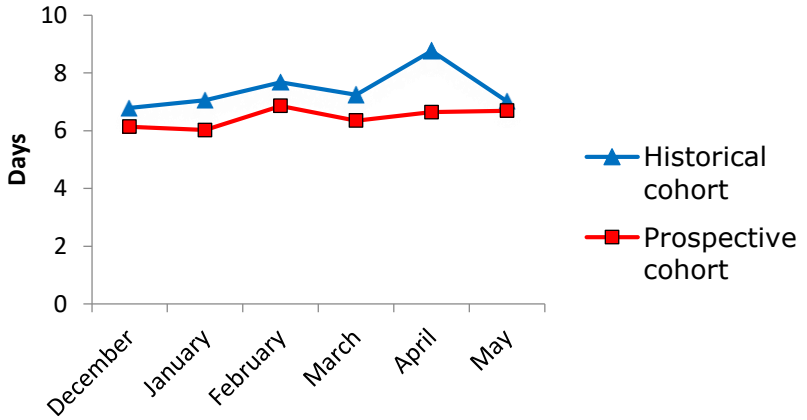

Figure 1. Mean LOS per month.

Conclusions: Increased levels of AH staffing to general medical inpatients were associated with a significant reduction in hospital LOS and occupied bed-days.

Mills E, Hume V, Stiller K. Australian Health Review (in press).