

Inpatient Average Length Of Stay (ALOS) for acute admissions

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Outcome

By shortening hospital length of stay, while ensuring patients receive sufficient care to avoid readmission, the District Health Board (DHB) will impact on the Ministerial priority of improved hospital productivity.

Measure

Inpatient Average Length of Stay (ALOS) for acute admissions

Type

Contributory measure

Relationship(s) to other frameworks

This measure is similar to 'OS3 Inpatient Average Length of Stay (ALOS)' in the DHB non-financial monitoring framework and performance measures.

The only difference is this measure counts only acute admissions but OS3 counts both acute and elective admissions.

2016/17 DHB non-financial monitoring framework and performance measures – May 2016.

Wellington: Ministry of Health Framework available

at: <http://nsfl.health.govt.nz/accountability/performance-and-monitoring/performance-measures/performance-measures-201617>

Rationale

By shortening hospital length of stay, while ensuring patients receive sufficient care to avoid readmission, the DHB will impact on the Ministerial priority of improved hospital productivity. This will be achieved through freeing up beds and other resources so the DHB can both provide more elective surgery and reduce length of stay in the emergency department.

There is a need for DHBs to manage within a slower funding growth path and make demonstrable productivity improvements to offset cost pressures and to meet wider Crown expectations (i.e. maintain per capita service coverage, achieve national Health Targets, and eliminate DHB deficits). Shortening hospital length of stay will also help to delay infrastructure expansion and/or make savings that can assist in reducing DHBs' deficits.

Addressing the factors that influence a patient's length of stay in hospital will require the DHB to consider its performance on other measures, such as reducing readmissions, and increasing its integration activities that strengthen the ability of primary care to treat people more appropriately in the community. Supporting patients to return home sooner may, in part, be achieved by reducing the rate of patient complications and better use of the time clinical staff spend with patients. Patients will also be less at risk of contracting nosocomial (or hospital-acquired) infections. Through these actions, the DHB will contribute to an improved patient experience. The

following actions and activities are examples of initiatives that have a proven impact on this measure:

- Implementing programmes such as The Productive Ward – Releasing Time to Care or Optimising the Patient Journey which focus on improving ward processes and environments to help nurses and therapists spend more time on patient care, thereby improving safety and efficiency
- Process mapping and/or service redesign to improve the patient journey, reduce “waste” and improve primary care’s access to services
- Improving rates of day of surgery admissions (DOSAs) for elective patients
- Improving pre-admission programmes for elective patients

Eligible population

DHB resident population

Measure status

Active

Numerator

Sum of the length stay for patients in the eligible population who are acutely admitted to hospital, by DHB of service

Denominator

Sum of the number of stays by patients in the eligible population who are acutely admitted to hospital, by DHB of service

National target

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Local target

Milestones to be decided by Alliance

Data Sources

- National Minimum Dataset (NMDS), Ministry of Health

Data extracted from data sources

- Financial year data from the NMDS

Data availability

Data will be released by the Ministry of Health quarterly

Measure calculation process

The standardised ALOS is the ratio of 'observed' (actual) to 'predicted' ALOS, multiplied by the nationwide inpatient ALOS.

Combining events into stays:

- Each event's length is calculated, rounded to the closest half hour, then summed together.
- No adjustment is made for leave days.
- Non-casemix events have their length set to zero

Determining stay information:

- DHB; the first event's DHB
- Start Date; the first event's start date
- End Date; the last event's end date
- Admission Type; the first event's admission type
- DRG; the DRG of the highest caseweight event
- PCCL; the PCCL of the highest caseweight event
- Caseweight; the sum of every events' caseweight
- Length of Stay; the sum of every events' length

An event is excluded if:

- The first event in the stay doesn't have a valid DHB of service
- The first event in the stay is not Elective or Acute
- The stay is Elective and no event has a surgical purchase unit
- Every event in the stay is non-casemix
- The last event in the stay ended in a transfer, i.e. the stay is ongoing
- The first event in the stay does not have an accepted purchaser

Events are considered to be part of the same stay if:

- The events have the same National Health Index (NHI) number
- The events have the same DHB of Service
- The prior event ends in a transfer
- There is less than 24 hours between the prior event ending and the next starting

Quantitative Indicator

The predicted ALOS is derived by taking the nation-wide ALOS for each grouping of patient discharges, defined by DRG cluster and complexity group, multiplying this by the proportion of total discharges this group represents, and summing the result across all discharge groups. A contingency table is used to provide the ALOS across all DHBs for each DRG and complexity group. This information is then used to calculate the standardised ALOS for the casemix DRGs within each DHB.

Relationship(s) to other measures

Almost identical to OS3 average length of stay, except that this measure is only acute, but OS3 ALOS is both acute and elective.

