

Organisational interventions to reduce length of stay in hospital: a rapid evidence assessment

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Plain English summary

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Plain English summary

Interventions that lead to a reduction in the length of time patients have to stay in hospital are widely considered as effective measures to increase the efficiency of hospitals and, potentially, reduce costs. However, a large number of interventions could contribute to achieving this goal, ranging from planned shorter stays, such as day surgery, to those involving complex organisational changes, such as stroke units.

In this study we sought to better understand the evidence base on whether or not, and how well, different types of organisational interventions in acute hospitals contribute to reducing length of stay, and other impacts these might have, for example on patient health status and experience, or on costs. We conducted a review of the literature published between 2003 and 2013, and carried out interviews with a small set of NHS managers to help place the findings of the evidence review in the current NHS context.

Our findings showed that several interventions could potentially help to reduce length of stay. These included multidisciplinary team care, which brings together different types of professionals to deliver, for example, stroke care or rehabilitation; improved processes facilitating early discharge from hospital through, for example, better communication between specialists in hospital, general practitioners and community services; and clinical care pathways, which describe, for example, the key elements of care and how these should be co-ordinated. We also found that several interventions contributed to improvements in patient outcomes, such as reducing mortality and complications rates, and organisational processes, such as better collaboration between teams, although they might not have resulted in reduced length of stay.

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