

Title	Length of Stay - Predicting Outcomes from Day 1
Number	21
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Abstract	<p>Background: Understanding factors that influence length of stay is important to plan for service use, for an equitable use of resources and to assist with discharge planning.</p> <p>Method: Retrospective audit of clinical records for consecutive patients admitted to Calvary Health Care Bethlehem during July 2013. Results: 82 patients were admitted, 38 (46.3%) female and the mean age was 76 years. The mean length of stay was 30 days, the median was 12 days with a range of 1- 130 days. When functional decline was a precipitant to admission, length of stay was longer (mean of 22 days compared to 13 days; $p < 0.05$); as was the case for active delirium at admission (26 days compared to 14 days; $p < 0.05$). The development of a delirium or infection during the admission and the occurrence of a fall were associated with longer lengths of stay (all $p < 0.05$). The average length of stay was 13.3 days for patients discharged home, 31.2 days for patients who died and 58.3 days for patients discharged to residential care. There was no association between length of stay and age, gender, AKPS, RUG-ADL, carer precipitant for admission, symptom burden, CALD background, or being known to community palliative care.</p> <p>Conclusion: Patients who presented with functional decline or delirium were more likely to have a longer length of stay. The occurrence of infection, delirium or fall during an admission and an admission outcome of death or transfer to residential care were associated with longer lengths of stay</p>