AN ANALYSIS OF SHORT-STAY CASES
IN AN ACUTE GENERAL HOSPITAL

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SUMMARY

The reason for admission to hospital of 1181 patients who had lengths of stay of three days or less were analysed. More than 50% of the patients were admitted for three principal reasons - for investigations, for minor procedures or as a result of injuries.

1. INTRODUCTION

1.1 Financial restraints demand that consideration be given to ways of reducing the cost of treating the sick without in any way compromising standards of medical care. This is particularly relevant in the area of general hospital services which receive a large portion of the health service budget.

Two facts stand out as problems in the provision of hospital services. First, the number of in-patients has almost doubled in the years 1961 to 1979\(^1\) although the population of the country has only increased by about 20%\(^2\) in the same period. Secondly, a large proportion of in-patients spend less than four days in hospital (37% in 1979\(^3\)). The fact that most of these patients have stays of two days or less suggests that at least some of the conditions for which patients are admitted could be treated without the expensive facilities of an acute general hospital.

The aim of this study is to identify those conditions for which patients were hospitalized for three days or less in one particular hospital.
2. METHOD

2.1 The Hospital In-Patient Enquiry Scheme (HIPE).
The HIPE scheme is a reporting system which is organized by the Medico-Social Research Board (MSRB) to collect medical, social and administrative information on all patients discharged from general hospitals (excluding psychiatric and obstetric units). The administrative and social data include age; sex; marital status; area of residence (e.g., county); date; method (booked or immediate) and source of admission; date of discharge; place to which discharged (e.g., home, other hospital) and the hospital discharge number. The medical data includes main and secondary diagnosis, any surgical operations performed and the consultant code. The diagnoses are coded using International Classification of Diseases (ICD) and the operations are coded using the Classification of Surgical Operation codes, produced by the Office of Censuses and Surveys in London (OPCS).

2.2 The study is based on HIPE returns from one acute general hospital in 1979. A hospital typical of most general hospitals in terms of size, catchment area (urban-rural) and range of specialties was selected. It treated approximately 9,000 in-patients in 1979 and had 95% coverage by the HIPE.

A systematic sample of 1181 discharges was drawn from all discharges with lengths of stay of three days or less. To avoid the possibility of drawing a sample from one particular reason, discharges were arranged in sequence by month of admission prior to drawing the sample.

Discharges were assigned to specialties according to the consultant code. The specialty, general medicine, includes paediatrics and geriatrics. Length of stay was divided into 1 day, 2 days, 3 days. If a patient was admitted and discharged on the same day this was counted as one day. The principal diagnosis or principal operation on the summary sheet was taken as the reason for admission.