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Paper:

Manzano-Santaella, A (2010) *Commentary on " Length of stay in an Australian stroke rehabilitation unit: a pilot study"* Roberts, K., Stiller, K. and Harling, R. International Journal of Therapy and Rehabilitation, 17 (10). 503. ISSN 1741-1645

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When we read articles like this one, it is important to remember that decrease LOS is an economic theory that aims to improve health systems efficiency that is highly contested (Manzano-Santaella, 2010). Although there are indications of the cost-effectiveness of decreased LOS, these calculations are based on / for one institution and they do not tend to consider the long-term outcomes for the state and for the patient.

Length of Stay

This article starts explaining how the aim of rehabilitation is to improve functional ability and independence so patients are able to return home / supported environment with optimized function and health related quality of life. However, this noble objective is frequently challenged by the promotion of shorter LOS as the optimum cost effective system to run individual healthcare facilities. Interestingly, the authors refer to three significant findings that support how increased LOS can be beneficial for rehabilitation patients:

1. In their sample, patients with increased LOS achieved better functional outcomes. Other disciplines like geriatric medicine often purposely decelerate the process of discharge to achieve better long-term results.
2. Patients' potential to achieve functional goals cannot always be clear at the start of the rehabilitation process. Patients flow through healthcare systems following different time streams according to the complexity of their illnesses, psychological and social circumstances; and a single average length of stay does not represent diverse rehabilitation trajectories (Harrison et al., 2003).
3. LOS is significantly affected by contextual circumstances specific to each individual institution. These circumstances relate to the ready availability of health and social care community services. An example of this is how significant for a service like the one in which the research took place is the existence of a local rehabilitation at home programme to reduce LOS.

Delayed Discharges

It was not a surprise to read that the LOS of the majority of the sample was longer than benchmark even when delayed discharges were factored out. Although delayed discharges are usually blamed for increased LOS, these people tend to be a small number of the overall health clientele (Godden et al., 2009). Significantly, of the 886 days attributed to delayed discharges, 268 days (30%) were delays of only two people. This is a good example of how the use of mean duration of stay is misleading when dealing with geriatric or rehabilitation patients because a small number of patients with very long stays can skew the distribution. Therefore, the analysis of reasons for delayed discharges is most relevant when we can establish the number of bed days lost per patient and focus on why longer delays happen. Overstays of 1 to 6 days are of little significance when 'delayed discharges labelling' is a constructed process obtained in multidisciplinary weekly team meetings.

Finally, although causes for discharge delay vary substantially from area to area (Glasby et al 2004), studies generally aim to generate patients' profiles, analysing mainly demographic, socioeconomic factors and clinical characteristics of patients. However, attention to individual characteristics can miss opportunities to explore the local contextual circumstances that cause delays in specific facilities. There is nothing intrinsic to patients' demographics or illnesses that generate delays; it is the administrative context in which individual health facilities are embedded that will produce those longer stays.

Conclusion

The promotion of shorter LOS as the optimum cost effective system to run individual healthcare facilities is a contested economic theory and it should be noted that longer LOS can be beneficial for rehabilitation patients. To understand the causes of delayed discharges and allow measures to reduce them, local contextual health and social care structural conditions must be explored.

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