

Longer average length of stay predicts increased risk of readmission, complications, and mortality at the hospital level in psychiatric patients

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Abstracts will be considered for both poster and platform presentations

Outcomes/Health services

Objective: Previous data examining length of stay and clinical outcomes in psychiatric patients has yielded mixed results. The objectives of this study were to assess the association between length of stay in hospitalized psychiatric patients and 1) readmission, 2) hospital-related complications, and 3) mortality at the hospital level.

Methods: Data from 101 hospitals participating in a national database were analyzed for total cases, percentage intensive care unit cases, case load demand, length of stay, related and all-cause readmission at 7, 14, and 30 days, complication rate, and mortality of patients with a primary psychiatric diagnosis. The association between average length of stay and clinical outcomes was first assessed using unadjusted linear regression, then multivariable regression models.

Results: This study found a significant association between increasing length of stay and a higher risk of 1) readmission at 7 and 14 days post-discharge, 2) complications, and 3) mortality in psychiatric patients. These findings remained significant after multivariable testing that controlled for case load demand and the percentage of intensive care unit cases, neither of which individually accounted for negative clinical outcomes.

Conclusions: A longer length of stay in psychiatric patients is associated with higher risk of readmission, hospital-related complications, and mortality, when analyzed at the hospital level. Further studies should determine if these findings persist at the individual patient level.