An evaluation of whether the presentation of cases at morning report, with librarian support, decreases hospital length of stay.

Bottom Line: Presentation of a case at morning report resulted in a shortened length of stay and lower hospital charges compared with controls. Further study is needed to show the contribution librarian support of morning report makes in affecting these results.

Focused Question:

Does the paper help the library service claim it could be effective in supporting the following corporate objectives?

- Ensure patients receive timely care by efficiently delivering against national access targets and focusing on theatre utilisation, length of stay, effective discharge planning, outpatient and diagnostic services.
- Ensure we always provide patients with the best clinical care possible by targeted re-modelling of pathways of care.

Citation:

Decreased hospital length of stay associated with presentation of cases at morning report with librarian support
D.E.Banks et al
J Med Libr Assoc. 2007 October; 95(4): **381–387**.

http://www.pubmedcentral.nih.gov/picrender.fcgi?artid=2000787&blobtype=pdf

http://www.pubmedcentral.nih.gov/articlerender.fcgi?artid=2000787#supplementary-material-sec

Search terms:

N/A – Article suggested by colleague

Summary of the aim and methods of the study

- The study aim was to determine whether hospital charges, length of stay (LOS) or 30-day or re-admission rates were affected by case discussion at residents' morning report (MR), accompanied by librarian-provided literature search results, within 24 hours of admission.
- Conducted from August 2004 to March 2005, the case-control study compared outcomes for 105 cases presented at MR within 24 hours of admission to 19,210 potential matches, including cases presented at MR and cases not present at MR.
- 55 cases were matched to 136 controls using the criteria of patient age (5 years), identical primary diagnosis, and secondary diagnoses (within 3 additional diagnoses) using International Classification of Diseases (ICD-9) codes.
- Statistical analyses included Student's t tests, chi-squared tests and nonparametric methods

Main Results:

- Length of Stay differed significantly between matched MR cases and controls (3 days vs. 5 days, $P < 0.024$)
- Median total hospital charges were $7,045 for the MR group and $10 773 for the control group
- There was no difference in 30-day readmission rate between the 2 groups

Comments:

- The methodology used to select cases and the controls has been clearly explained.
- The methodology used for the survey component of the study however is not well described. It is not clear who did the analysis of the survey data or the basis of how this was done.
- No information is given on the house officers taking part in the study. We are not told how many house officers were surveyed or if the group changed over the course of the study.
- Researchers have tried to account for variations between the control and intervention groups.
- As the control cases were drawn from inpatients admitted over a five year period the researchers admit there could be many aspects that could have accounted for the variation between MR and control cases:
    - Introduction of new therapies
    - More effective interventions
    - Changes in medical practice
    - Year to year variability
    - Seasonal differences
- The control group contains a mixture of cases presented at MR and cases that were not. If only cases that had not been presented at MR had been used in the control, this would have made effects of MR more conclusive. Possibly patient records did not state if their case had been presented at MR so this information was not available retrospectively.
- More information on the journals resources available would have been interesting, especially as preference was given to electronic full-text articles.
- The study supports the value of MR but the results do not show how the literature search result and librarian support has contributed to differences in LOS and hospital charges. A further study to investigate the relative contributions of the MR presentation and the literature search conducted by the librarian in affecting clinical outcomes would be of interest.

Appraised by: Oxfordshire Health Librarians Journal Club, 21 August 2008