



## LOS (Length of Stay)

According to the American Hospital Association’s Annual Hospital Survey of 2018, the average adjusted inpatient hospital cost per day was \$2,260 in 2018. **Reducing length of stay provides positive impacts on financial costs, operations, patient throughput, & clinical outcomes.**

Patients that spend unnecessary days in the hospital can lead to increased costs & other complications. The length of hospitalization may negatively impact the staff’s experience & create burn-out. According to our surveyed clinicians, most health systems work on length of stay initiatives, but a framework to remind them of the clinical barriers to discharge is missing from their workflow.

**IllumiCare LOS App provides a display of clinical barriers and allows streamlined communication with case management to improve discharge length of stay.**

Displaying these data elements in a well organized view allows providers to efficiently review and address the discharge barriers as needed

### The LOS App will:

- 1 Display the Current Length of Stay
- 2 Benchmark Current LOS versus GMLOS<sup>3</sup>
- 3 Aggregate and Display Potential Clinical Barriers to Discharge
  - IV medications still being administered
  - Peripheral devices in use (*foley, central line, ventilator, oxygen*)
  - Abnormal labs in the last 24 hours
- 4 Provide Quick and Easy Case Management Messaging regarding tasks the clinician feels are pertinent to disposition and/or prevention of readmission



<sup>1</sup> "Hospital Adjusted Expenses per Inpatient Day by Ownership." Kaiser Family Foundation, 21 Feb. 2020, www.kff.org/health-costs/state-indicator/expenses-per-inpatient-day-by-ownership/.  
<sup>2</sup> Rojas-García A, Turner S, Pizzo E, et al. Impact and experiences of delayed discharge: a mixed-studies systematic review. Health Expect. 2018 Feb;21(1):41-56. DOI: 10.1111/hex.12619. PMID: 28898930.  
<sup>3</sup> The GMLOS (Geometric Mean Length of Stay) is based off of the patient’s diagnosis-related group (DRG), which is a system of grouping together clinically similar patients.

## Other IllumiCare Apps Include:



**Trials** nudges providers at point of care when their patient matches the referral criteria set by the study coordinator. No complex EMR / BPA programming required!



**Stewardship** nudges providers with lower cost, clinically efficacious alternative meds & tests.



**Benchmarking** empowers each provider to compare their spending per admission with other providers in the same specialty.



**PDMP** provides a link to your state's PDMP database. It automatically transcribes patient demographic information within the app to quickly display your patient's PDMP report & opioid exposures.



**RxOffers** electronically sends prescription discount offers to patients. These offers may include copay assistance programs for branded medications, as well as cash pay offers for branded and generic medications.



**RxLightning** is a streamlined approach to prescribing, ordering, and tracking specialty medication and the enrollment process within the Electronic Health Record (EHR) workflow.



**UpToDate** app keeps clinicians logged into their account to seamlessly track accrued CME's. The knowledge contained in UpToDate is evidence based and continuously updated.



**Resources** is a repository that contains informational content (clinical resources and patient education) relevant to the patient being viewed in the EMR or content that has been previously saved by the user.