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CLINICAL EFFICIENCY

Though significant efforts at streamlining care have been made to reduce inpatient length-of-stay (LOS) across the last decade, great opportunity still exists. Across the nation, dramatic reductions have been witnessed in procedural LOS, but relatively little reduction has been achieved in medical LOS. Given significant variability around this metric - both overall and at the DRG level—a unique approach is needed for each hospital to see positive movement of this measure.

Many throughput improvement strategies—better patient placement, better discharge planning—result in gains measured in reduction of hours, not days; reason to believe that shaving hours off length of stay is a worthwhile endeavor. The mathematical reality is that hours saved can turn into days. Further, the new mandate for throughput is driven not only by operational realities, but also by reimbursement. With an aging population, case rate business is likely to rise as a proportion of hospital revenues, once again rendering length-of-stay reduction a worthy pursuit for most.

The Bard Group understands the environmental factors leading hospitals to re-evaluate their overall clinical efficiency and has designed an offering to suit both large health systems and small community hospitals. Our approach entails creating a structure and functional capacity to effectively address length of stay opportunity, resulting in improved efficiency, patient access, and subsequent financial gain. Our focused evaluation has the potential to uncover broader issues as they relate to physician-hospital relationships, yielding benefits beyond the clinical efficiency scope.

» [Read about how physician-hospital teams can improve clinical efficiency.](#)