

Children's hospitals do not acutely respond to high occupancy

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OBJECTIVE: High hospital occupancy may lead to overcrowding in emergency departments and inpatient units, having an adverse impact on patient care. It is not known how children's hospitals acutely respond to high occupancy. The objective of this study was to describe the frequency, direction, and magnitude of children's hospitals' acute responses to high occupancy.

METHODS: Patients who were discharged from 39 children's hospitals that participated in the Pediatric Health Information System database during 2006 were eligible. Midnight census data were used to construct occupancy levels. Acute response to high occupancy was measured by 8 variables, including changes in hospital admissions (4 measures), transfers (2 measures), and length of stay (2 measures).

RESULTS: Hospitals were frequently at high occupancy, with 28% of midnights at 85% to 94% occupancy and 42% of midnights at > or =95% occupancy. Whereas half of children's hospitals used occupancy-mitigating responses, there was variability in responses and magnitudes were small. When occupancy was >95%, no more than 8% of hospitals took steps to reduce admissions, 13% increased transfers out, and up to 58% reduced standardized length of stay. Two-day lag response was more common but remained of too small a magnitude to make a difference in hospital crowding. Additional modeling techniques also revealed little response.

CONCLUSIONS: We found a low rate of acute response to high occupancy. When there was a response, the magnitude was small.

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