Shifts in ALOS for Certain Surgical Procedures

As health systems transition from volume to value, a growing number of appendectomy, mastectomy, and thyroid procedures are shifting to outpatient facilities. However, when these procedures are performed as inpatient surgeries, patients’ average length of stay (ALOS) is increasing, implying that more severe cases are handled in hospitals, and likely will remain there. Hospitals should consider future demand and volume for these surgery services, capacity for an increase in hospital outpatient volume, and staffing and operational implications.

VOLUME OF APPENDECTOMY AND SURGICAL LAPAROSCOPY PROCEDURES, 2014–2026

Appendectomy without Complicated Principal Diagnosis (DRG 341–343) has two associated procedures: appendectomy, and surgical laparoscopy of the appendix. Surgical laparoscopy of the appendix is predicted to increase in volume from 2014 to 2026, while appendectomies will decrease in volume during the same time period. By 2026, surgical laparoscopy will have increased from 73% to 80%, while appendectomies are projected to decrease from 8% to 4%.

HOSPITAL INPATIENT-TO-OUTPATIENT SHIFT AND ALOS

Surgical laparoscopic procedures and appendectomies will shift from hospital inpatient to hospital outpatient from 2016 to 2026. The change in discharges varies from -28% to -23%. However, the ALOS for these procedures is projected to increase during this time period, from 13% to 14%. The increase in ALOS mitigates the resulting savings from an inpatient-to-outpatient shift, and implies that severe cases are remaining inpatient.

Upcoming Topic: Cardiac Hospital Performance

FACT FILE PARTNER: Truven Health Analytics
VOLUME OF MASTECTOMY AND BREAST REPAIR AND RECONSTRUCTION, 2014–2026

Mastectomy for malignancy diagnosis has three associated procedures: Simple mastectomy, breast repair and reconstruction, and modified radical mastectomy. Simple mastectomy is predicted to increase in volume from 2014 to 2026, from 42% to 43% of procedures. Breast repair and reconstruction will increase from 20% of cases to an estimated 30%. However, modified radical mastectomies will decrease from 14% to 5%.

VOLUME OF THYROID, PARATHYROID, AND THYROGLOSSAL PROCEDURES, 2014–2026

Thyroid, parathyroid, and thyroglossal procedures (DRG 625–627) have five associated procedures: thyroidectomy, thyroid lobectomy, radical lymphadenectomy, parathyroid/adrenal procedures, and major thyroid procedure. Thyroidectomy is the most common procedure and is predicted to increase in volume from 2014 to 2026, while thyroid lobectomy volume is predicted to decrease during that time. Radical lymphadenectomy, parathyroid/adrenal procedures, and major thyroid procedure will not change.

HOSPITAL INPATIENT-TO-OUTPATIENT SHIFT AND ALOS

Mastectomy procedures are estimated to shift from hospital inpatient to hospital outpatient from 2016 to 2026. The percent change in discharges varies from -28% to -29%. However, the ALOS for these procedures are expected to increase during this time frame, from 11% to 15%. The increase in ALOS mitigates the savings from the inpatient-to-outpatient shift, and implies that severe cases will remain inpatient.

Thyroid, parathyroid, and thyroglossal procedures are estimated to shift from hospital inpatient to hospital outpatient from 2016 to 2026. The percent change in discharges varies from -18% to -20%. However, ALOS for these procedures are estimated to increase over this time period, from 13% to 17%. The increase in ALOS will mitigate the resulting savings from an inpatient-to-outpatient shift, and implies that severe cases are remaining inpatient.

SOURCE: Truven Health Analytics.