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The Impact of Early Consultation on Overall Length of Hospital Stay

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Rationale: Length of stay (LOS) is a frequent metric used to evaluate efficiency of patient care and allocation of resources. Longer LOS may reflex complex medical conditions, requiring subspecialty consultation and co-management. Many patients with complex cardiovascular conditions require a Cardiology consult and have significant LOS. However, longer LOS may be associated with complications, such as increased rates of hospital acquired infections and result in higher costs of care. Early identification of patients requiring consultation may be associated with a reduction in LOS.
Methods: We manually reviewed all encounters in which there was a placement of a weekday Cardiology consultation at University Hospital of Brooklyn (UHB) in December 2021. Age, gender, date of initial Cardiology consultation and overall LOS were reviewed. Early consultation was defined as Cardiology consultation placed within the first 48 hours of an encounter. Median LOS between early and late consultation was compared using a two-sample t-test.
Results: There were 62 encounters who had Cardiology consults placed at UHB over this period, of which 38 were women and 24 men. Overall median LOS was 8 days (IQR 4.0 - 10.5). 32 patients had consults placed within the first 48 hours of their stay and 27 patients had consults placed outside of the time window. The median LOS was significantly shorter in encounters in which Cardiology was consulted within the first 48 hours (5 days vs. 10 days, $p = 0.026$).
Discussion: Early consultation was observed to be associated with a significantly shorter LOS. Further analysis, including demographics and reasons for Cardiology consultation may provide insight into the impact that earlier evaluation can have on overall patient outcomes and effective utilization of hospital resources.
Characters: 1927/2000