**Introduction**

- Delayed transfers of care (DTOC's)\(^3\), occur when a patient is ready to leave hospital care but is still occupying an acute hospital bed and awaiting discharge home or another facility.
- Discharge bottlenecks lead to fewer beds, increased occupancy rates with associated costs, longer waiting times and poorer patient/staff satisfaction\(^2\).
- NHSI is focussing on delays > 21 days but this may miss bigger picture as highlighted by DoCS, which reviews whole-hospital delays. This large study describes length of stay (LOS) of delayed patients and highlights patients’ optimal place of care.

**Methods**

- Using DoCS\(^3\), inpatient delays were assessed in 23 of 27 London hospitals over two weeks in October-November 2017.
- Patients who did not meet criteria for inpatient care were identified; their LOS, reason for delay and alternative place of care recorded.
- Surveys were carried out by trained reviewer teams a each site between 8 and 10am and taking 1 to 3 hours for completion.
- Data was checked and entered anonymously, with site reports with recommendations produced.

**Results**

- Of 9004 beds surveyed, 7856 patients were included → 24% (1919) delayed.

**Conclusion**

- This data suggests NHSI strategy may be misplaced and hospitals must get upstream in LOS by identifying patients at point of entry, within the AMU, to minimise longer admissions and DTOC’s.
- Shifting focus to delayed patients with LOS 1-3 may provide better results for patients and reduce occupancy.
- As 56% could receive care at home, hospitals should better understand needs of this patient group and consider whether they could be served with expedited, simple packages across the working week.

**Delayed patient’s length of stay; results from the London Day of Care Survey (DoCS)**

Authors: Milka Marinova, Lauren McKenzie Bell, Derek Bell

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