

ALBERT EINSTEIN COLLEGE OF MEDICINE
OF YESHIVA UNIVERSITY

1300 MORRIS PARK AVENUE, BRONX, N.Y. 10461

OFFICE OF THE DEAN

PHONE: (212) 430-2801

⑨ given me 1/1/87
Jack Reingold
replies to my
request for data

July 8, 1987

Dr. Norman Lamm
President
Yeshiva University
Main Campus

Dear President Lamm:

The enclosed is from our "mayven", Professor Herbert Lukashok, to whom I addressed the question about hospitalization that you had put to me.

I believe his reply is responsive to the point of your inquiry (as I myself understood it). If, however, there are further questions, please contact either one of us again.

Sincerely,



Dominick P. Purpura, M.D.
Dean

ENCLOSURE

DPP:kmg
cc:Prof. H. Lukashok

M/Hove

ALBERT EINSTEIN COLLEGE
OF MEDICINE

DEPARTMENT OF EPIDEMIOLOGY

AND SOCIAL MEDICINE

M E M O R A N D U M

TO: Dr. Kligler

FROM: H. Lukashok

DATE: July 6, 1987

RE: Last Day of Hospitalization

Hent

That hospitals can be dangerous places is not disputed. There is an abundance of data to demonstrate this. Nosocomial (hospital-acquired) infections are a common peril. They cause over 6 million excess hospital days each year and at least 1-1.5% of hospital infected patients die as a result. These infections are also a major contributing factor in the deaths of an additional 3-4% of infected patients. In 1976 it was estimated that the nosocomial infection rate was 5-7 per 100 admissions.

Data from the Boston Collaborative Drug Surveillance Program suggest that almost one-third of hospitalized patients experience at least one adverse drug reaction during hospitalization.

It is estimated that each year about 30,000 deaths occur as a result of anesthesia. In a study of teaching hospitals, almost half the patients were exposed to one or more potentially dangerous procedures and 14% of those undergoing procedures experienced complications. All this on the basis of a very brief and cursory examination of the literature. There is undoubtedly much more documentation available.

I suppose it is possible to argue that even one more extra day in the hospital could expose the patient to additional life threatening hazards. However, I have seen nothing that could satisfactorily demonstrate this. (It is conceivable that a study exists that would document infection or drug reaction etc. on the last day of hospitalization. I doubt it.)

The whole thrust these days is to keep patients out of the hospital and if they are in - to discharge them as soon as possible. This is a result of many factors, the major ones being utilization review, DRG reimbursement for Medicare patients and a significant increase in ambulatory surgery. Patients days of care in general hospitals have gone down over 20% since 1980. Average length of stay is down by about 1 1/2 days for this period. The discharge rate dropped 11% from 1983-1985.

(over)

Nevertheless, in response to Dr. Lamm's problem, I would think that one extra day in the hospital for those occasions when an Orthodox Jew is up for discharge on Shabbat is an acceptable option for the hospital. Remember, even DRG's now apply only to Medicare patients - perhaps 30-40% of hospitalizations in N.Y.C. The remaining patients are Blue Cross or Medicaid, etc. where there is no financial loss to the hospital for the extra day - rather the contrary (though utilization review is a factor).

What I'm saying, to sum it up, is that it is highly unlikely that we can prove that the extra or last day of hospitalization is any more risky than all the others. The problem of postponing discharge on Shabbat should be directly faced when it occurs.

HL:mc