Risk Factors Associated with an Extended Length of Stay Following Limb Amputation

Agoris CP; Peretiatko S; Switzer J. & Latleif GA.

Background: The implementation of healthcare reform will bring about a paradigm shift that connects reimbursement to quality of care. Length of stay is an important quality metric measure for determining the allocation of medical resources and their consumption. Understanding which factors lead to a longer length of stay can provide information essential for reducing medical costs and improving the quality of medical care patients receive.

Methods: The authors performed a retrospective chart review of all patients who underwent inpatient rehabilitation at the James A. Haley Veterans Affairs Hospital over a three-year time span. Patient demographics (age), amputation characteristics (type, site), clinical characteristics (mobility, pain), comorbidities (BMI, diabetes), time from amputation to rehabilitation, & length of stay were assessed. Multivariate analysis was performed to determine risk factors associated with prolonged length of stay, decreased functional mobility, and increased pain at site.

Results: 55 consecutive patients underwent inpatient rehabilitation following limb amputation. High BMI, diagnosis of diabetes, perioperative smoking, & increased time from amputation to rehabilitation was associated with prolonged hospital stay, decreased functional mobility, and increased pain at site.

Conclusions: The data collected has potential for use in identifying amputees participating in rehabilitation programs who may require an extended length of stay. This additional prognostic information can aid providers in medical decision making that may alter treatment course and ultimately reduce length of stay.