

2000 to 2015 saw increase in institutional post-acute care

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percent). Among [patients](#) discharged to post-acute care, there was a decrease in hospital length of stay from 9.0 to 7.3 days in 2000 and 2015, respectively; a decrease from 5.7 to 4.8 days was seen in hospital length of stay among patients discharged home. From 2000 to 2014, length of stay in post-acute care increased from 21.7 to 25.7 days, with a decrease to 25.1 days in 2015.

"Despite its proliferation, there is little evidence that post-acute care improves key patient outcomes—preventing rehospitalizations or improving functional recovery," the authors write. "Further investigating how post-acute care affects patient outcomes is essential."

One author disclosed financial ties to CarePort Health.

More information: [Abstract/Full Text \(subscription or payment may be required\)](#)

(HealthDay)—From 2000 to 2015 there was an increase in the use of institutional post-acute care, according to a study published in the April 17 issue of the *Journal of the American Medical Association*.

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Rachel M. Werner, M.D., Ph.D., from the University of Pennsylvania Perelman School of Medicine in Philadelphia, and colleagues documented recent trends in use of institutional post-acute care for Medicare beneficiaries discharged alive from an [acute care hospital](#) between January 2000 and December 2015.

The researchers found that 20.3 and 3.7 percent of the 137,973,633 [hospital](#) discharges were discharged to skilled nursing facilities and inpatient rehabilitation facilities, respectively. From 2000 to 2015 there was an increase in the adjusted percentage of [hospital discharges](#) to post-acute care, from 21.0 to 26.3 percent, and a corresponding decrease in the adjusted percentage of discharges home (79.0 to 73.6

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