The Length of Stay (LOS) metrics calculate the median LOS for all new admissions from a hospital as well as the percentage of new admissions who have stays of 7 days or fewer, 14 days or fewer, 20 days or fewer and 45 days or fewer. The LOS is based on MDS 3.0 data.

- LOS is calculated for new admissions regardless of payor status to a nursing facility from a hospital. New admissions are defined as any admission assessment from a hospital and no prior stay in Center based on having no MDS assessments in the 100 days prior to the admission.
- Each person’s LOS is calculated based on the number of days between their admission and discharge from the Center.
- If they are not discharged from the center within 120 days from admission they are assigned a LOS of 120 days no matter how long they stay past 120 days.
- When and individual has an interruption in service that is 10 days or less, their LOS related to their subsequent readmission to the SNF will be counted with the prior admission’s LOS.
- When an individual has an interruption in service (e.g. is hospitalized) that is greater than 10 days; their LOS ends on the day of discharge to the hospital. Any subsequent admission to the SNF is not counted unless it meets the criteria for a new admission as stated above.
- All deaths are excluded from the Median LOS and from the four other metrics only when the death occurs before the cut point (e.g. deaths occurring on day 16 are included in 7 and 14 day LOS but not the 20 and 45 day LOS metrics.

% Staying 7, 14, 20 or 45 days or fewer Metrics (Actual LOS) are each calculated following the same approach. For example, the percentage staying 14 days or fewer is calculated by dividing the number of individuals with LOS 14 days or fewer by the total number of admissions from a hospital that did not have a prior stay in a SNF within the 100 days of admission (see denominator definition).

<table>
<thead>
<tr>
<th>Numerator:</th>
<th>number of individuals with a LOS of 14 days or fewer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Denominator:</td>
<td>all residents (regardless of payor status) admitted from an acute hospital to a center over the prior 12 months and who did not have a prior stay in a nursing center for the prior 100 days; and did not die before 14 days following admission.</td>
</tr>
</tbody>
</table>

Risk-Adjusted LOS: to obtain the risk-adjusted LOS for any Center, the Center’s actual LOS rate is divided by the Center’s mean expected LOS (expected rate) which is then multiplied by the national observed LOS.

\[
\frac{Actual\ Rate}{Expected\ Rate} \times National\ Observed\ Rate = Risk\ Adjusted\ Rate
\]

Expected LOS: We use logistic regression to calculate the expected LOS for each admission. Logistic regression uses 60-70 different clinical characteristics to calculate the expected LOS for each resident based on the LOS for patients with a similar profile of clinical characteristics across the country.

For more detailed description see Length of Stay Calculation.