**Introduction**

The average length of stay in hospitals (ALOS) is utilized as an indicator and benchmark of proficiency. Every single factor being equivalent, a shorter stay will decrease the expense per discharge and move care from inpatient to more affordable post-intense settings (Lukasiewicz et al. 2016). The ALOS alludes to the average number of days that patients spend in hospital. It is commonly estimated by dividing the all-out number of days stayed by all inpatients during a year by the quantity of affirmations or discharges.

**ALOS for Choice Hospital**

For Choice Hospital, ALOS can be calculated as:

ALOS = Total Patient Days / Total Discharges = 70,238 / 15279 = 4.59 days

This shows that at Choice Hospital, ALOS is 4.59 days for the in-patients which is a considerably positive statistic. The ALOS of Choice hospital represents the efficiency of the hospital. Furthermore, in order to evaluate any variation or error diversification in the given statistics, the standard deviation method was used to ensure accuracy of the comparative data. In last five years, the ALOS in Colorado Hospitals have been around 5 days. The Choice Hospital has slightly less figure.

**Average ALOS in US**

At an average, in the United States, the ALOS for a 200 to 300 bed hospital is five days [1] with the federal cost of four hundred billion dollars every year. In the present esteem-based care condition, hospitals are under increasing strain to avoid patient mischief and maintain quality while additionally lowering expenses.

The ALOS is defined as the period during which a patient is confined to a hospital or some other health care foundation (Tsai et al. 2015). The ALOS is frequently contemplated by clinical scientists as a manual for the putative advantage of a treatment of interest. A shorter ALOS (with respect to a reference treatment or standard of care) may indicate clinical advantage, while a more extended ALOS may indicate the more prominent event of treatment-related unfriendly occasions (Carey, 2015). On the other hand, the ALOS is additionally a critical hazard factor for unfavorable occasions. Moreover, the ALOS is as often as possible utilized as a key indicator of operational proficiency and here and there as an intermediary for nature of-care forms. Health financial experts likewise utilize the ALOS to gauge health consumption since health care foundations mainly have fixed expenses.

**Recommendations and Conclusion**

Choice Hospital need to perceive that reducing ALOS would be a noteworthy undertaking because of the unpredictability and extent of the related issues. The group working on this initiative recognized the following challenges and potential hindrances and spread out the foundation to beat them:

Measuring and tracking ALOS can be a troublesome and complex issue, and Choice Hospital's notable strategy for doing so was uncertain. Without convenient and significant information or insights, Choice Hospital was hampered in its improvement endeavors. Colleagues perceived that their endeavors may come up short on the off chance that they couldn't pinpoint the clinical, operational, and financial elements driving ALOS. They required an approach to recognize the interventions to concentrate on that would have the most effect. They likewise needed to guarantee that related measures, (for example, readmissions) would not be adversely influenced by their ALOS interventions.

**References**

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