Improving Referral of Patients to Hospice Through Community Physician Outreach
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Introduction
Many patients are not referred to a hospice until the very end of the terminal phase of their disease process. Unfortunately, referrals that come late in the course of the illness may hinder optimal symptom management and also may preclude the hospice from meeting the psychosocial and spiritual needs of patients and their families. Indeed, late referrals have been associated with lower satisfaction with hospice care.1

Hospice of St. Mary’s County, a department of St. Mary’s Hospital in Leonardtown, Maryland is the sole provider of hospice care for a rural county with a population of approximately 93,000. In 2003 our agency implemented the National Hospice and Palliative Care Organization’s Family Evaluation of Hospice Care (FEHC) survey, an after-death survey designed for use in evaluation of quality of care. Families were mailed the survey 1 to 3 months following the death of their loved one. One question on the survey asked families whether they believed their loved one had been referred to hospice too early, at the right time, or too late. Sixteen families were surveyed at our facility. In the third quarter of 2003, our agency received results from a benchmarking group (Perforum) in which we participate. Results of the surveys showed that, of the 11 Perforum agencies participating in the survey, St. Mary’s had the highest proportion of families responding that their loved one had been referred to hospice “too late.” Approximately 35% of our families indicated that referral to hospice occurred too late, compared with a mean percentage of 14% of families at other agencies feeling that patients were referred too late. These data were based on a small sample of selected peers that had adopted the FEHC survey early, as we did, but it was enough to motivate us to act. At this time, our average length of stay (LOS) was 25.3 days.

Physicians play a primary role in the referral of patients, and their attitudes have been shown to influence the timing of the referral of a terminally ill patient to a hospice.2 Therefore, we sought to improve our referral process by educating physicians in our county about our short LOS compared with the national average and about the disadvantages of referring patients to hospice too late.

Intervention
In December 2003, LOS data and comparative results of the family satisfaction survey were presented to the annual meeting of physicians at St. Mary’s Hospital in Leonardtown, Maryland. Approximately 60 physicians attended the meeting. The information was also presented to the Department of Family Medicine, the Cancer Committee, and the Department of Medicine of the hospital, which represented an additional 25 physicians, nurse practitioners, or physician’s assistants.

In addition, a letter that detailed our low LOS compared with the national average was sent to all 85 physicians in the county. This letter delineated appropriate hospice diagnosis referrals, and outlined two different patient scenarios. One scenario described a patient who was admitted to hospice late in his disease trajectory and experienced a short-stay, crisis...
management situation. The other scenario described the comprehensive services that were provided to a patient who had been referred 6 months prior to death.

**Results**

At the time of the initial presentation, the census at Hospice of St. Mary’s was 21 patients. Within a month, our average census increased to 25 patients; within 2 months the average census increased to 27 patients; and within 3 months the average census increased to 31 patients. During the third month, our hospice served a total of 54 patients, the most patients ever served in a single month since the inception of the Hospice of St. Mary’s. The LOS has increased by 7.4 days, bringing our average length of stay in this fiscal year to 32.7. Results of the timeliness of referral question on the FEHC survey have also improved each quarter since the intervention (Figure 1).

**Comment**

Despite the benefits of hospice care and an increasing annual rate of patients being cared for by hospice, median length of stay in hospice declined from 26 days in 1996 to 19 days in 1998.3 Physician-related factors play a significant role in determining timing of referral to hospice and subsequent length of stay. While physicians are not the patient and family’s single source of information about the hospice, they are an influential part in the decision.4 And because the physician must certify a patient as having six months or less to live in order to receive hospice services, physicians serve as de facto gatekeepers to hospice care.5

Physician referral patterns that result in hospice admission late in the course of illness deprive patients of access to hospice services and quality end-of-life care,6,7 and engender lower family caregiver satisfaction with hospice care.8 Outreach efforts directed toward community physicians have been proposed as a means to improve access to hospice care and increase length of stay.9

**Implications for Practice**

Educating our county physicians in hospice care, with emphasis on the consequences of late referral and benefits of increased LOS, has substantially increased our census and increased our length of stay. Results for the timeliness of referral question on our FEHC surveys have improved each quarter. Targeted educational interventions to community physicians may be useful for improving referral of patients to hospice.

**References**


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