

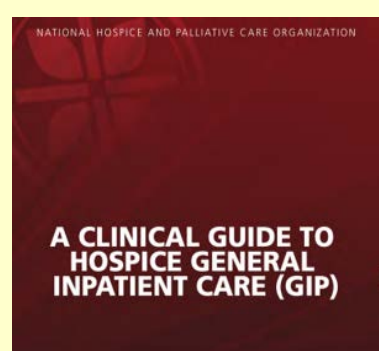
# Increasing Length of Stay Awareness and Enhancing Discharge Planning in Hospice Care Centers

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## Introduction

### Improvement Drivers

1. Standardize Processes Across all GIP settings
2. Begin Discharge Planning upon referral to the Hospice Care Centers (HCC's)
3. Increase psychosocial support for patients served in our GIP settings
4. Improve documentation on continued need for GIP services by all interdisciplinary team members; i.e. Hospice Team Physicians, Nurse Practitioners, Registered Nurses, Masters of Social Workers, Hospice nursing aides



### Who We Are

Bluegrass Hospice Care is a not-for-profit hospice provider dedicated to provide all levels of care that our patients and families need.

We provide General Inpatient (GIP) Hospice Services in a variety of settings:

- One unit within a community hospital – 12 beds
- One unit within an academic Medical Center- 10 beds
- One virtual unit within a community hospital – fluctuating census
- One freestanding unit in rural Appalachia – 12 beds



## Conclusion

Visual Cues were well received by the IDG care team  
Starting discharge planning upon referral assists in **early identification of patients** needing assistance with discharge planning/ disposition/ location change  
Early psychosocial involvement enhances the discharge planning process and acceptance of potential change  
Increasing visibility of LOS impacts IDT discussions  
Ongoing monitoring is important to sustain improvement  
All members of the improvement team provided valuable insights to support team member documentation improvement initiatives

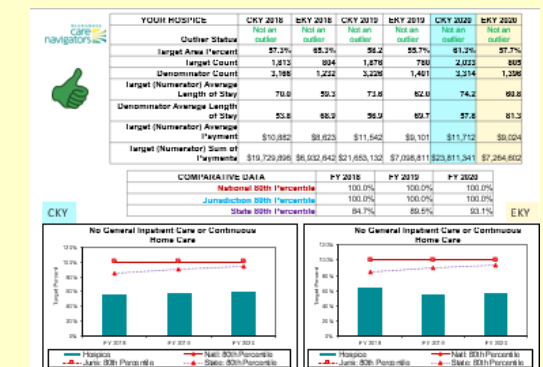
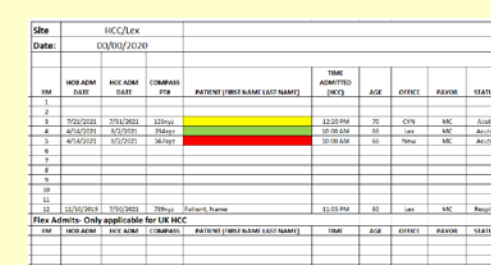


Plan of Care documentation improved when focus of documentation needs for GIP level of care



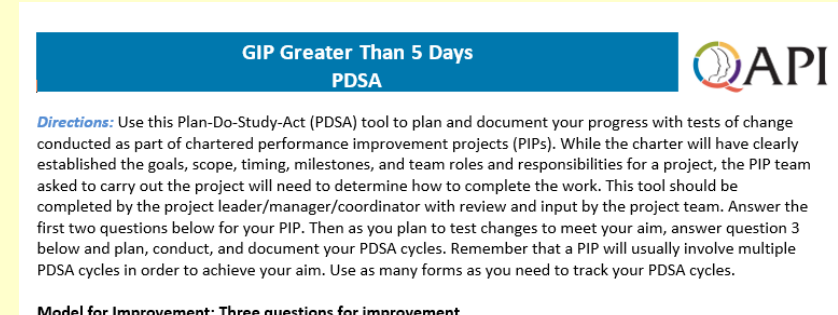
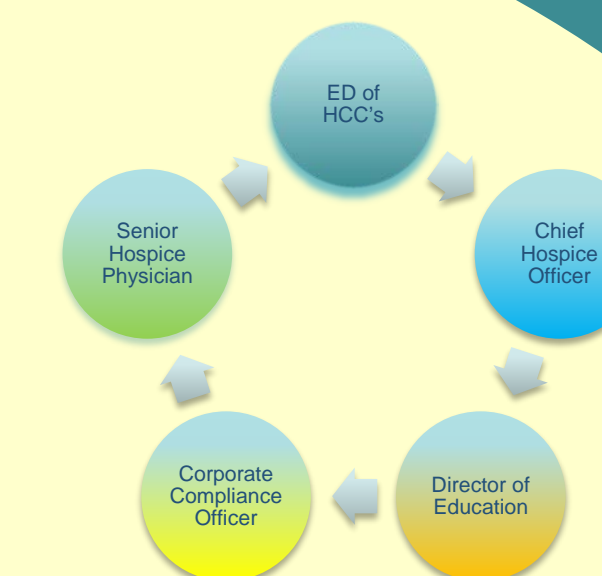
## Materials

Internal Power BI (business Intelligence) Census Data from our **IT team** pulled from our Electronic Medical Record  
Monitoring data from our **education specialists**  
Compliance data from our **compliance analyst**  
Program for Evaluating Payment Patters Electronic Report (PEPPER) trended data from the **Quality and Compliance Committee**  
Identification of Interventions that would Draw Attention to Current Census and Length of Stay (LOS) from the **inpatient unit management team**  
Color Coding based on LOS



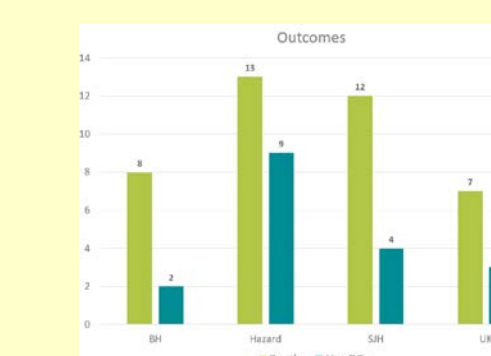
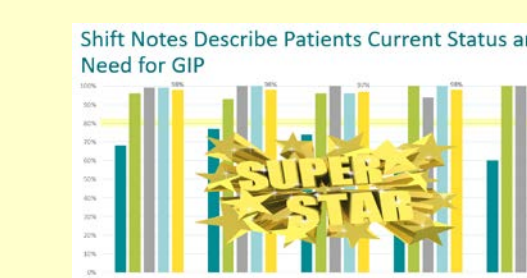
## Methodology

Using the **PLAN DO CHECK ACT** process  
Interdisciplinary Performance Improvement Team for a **PIP**  
**Senior Leadership Participation** and support  
Nursing Unit Whiteboards color coded  
Psychosocial support availability increased  
Psychosocial assessment timing completed  
Discharge planning begins with referral to unit.



## Results

1. Overall scores improving or trending positively in all elements of documentation for continued need for GIP; including RN and NP/MD documentation. (up to 100% in June 2021)
2. Fewer patients needing GIP past the 5 day mark
3. Monitoring of volume of patients who die on day 6
4. More in-depth conversations regarding GIP status in IDT/daily discussions.
5. Improved discharge planning documentation; including MSW and RN shift documentation
6. Disposition monitoring for patients with GIP LOS>5 days ( Death vs Live Discharge)



## **Increasing Length of Stay Awareness and Enhancing Discharge Planning in Hospice Care Centers**

### Abstract:

General inpatient (GIP) care is one of the four levels of hospice care that the federal Medicare hospice regulations require a hospice to provide as a condition of their Medicare certification. GIP care is intended to be short-term care that provides pain and symptom management that cannot be accomplished in another setting. There is risk to hospice programs for not providing all levels of care and there is risk for having long lengths of stay, including in a GIP setting.

A Performance Improvement Project (PIP) was formed to address discharge planning in our GIP locations. The Compliance Analyst had trended data over time that indicated delays in psychosocial assessment and disposition challenges were key factors driving longer lengths of stay in our Inpatient units (IPUs). Color Coding (stop light methodology) based on LOS was undertaken in a variety of places including census reports and white board displays. LOS was verbalized during the Interdisciplinary (IDT) team meetings, that occurred on Monday Wednesday and Fridays. The quarter 1 2021 audit results indicate a steady decline in this patient population had occurred over a three (3) quarter period.

### Introduction:

Long length of stay (LOS) in GIP is considered a high-risk area for hospice programs and was added to the Program for Evaluating Payment Patterns Electronic Report (PEPPER) (\*new as of the Q4FY16 release). PEPPER describes a long LOS in a GIP setting as greater than five consecutive days. In addition, there has been increased focus on hospice care by the Office of Inspector General (OIG). The OIG published a study on data from a medical record review of a stratified random sample of all GIP stays in 2012. We analyzed the results of the medical record review to estimate the percentage of GIP stays that were billed inappropriately. We also used Medicare Part D data to identify the drugs paid for by Part D and provided to beneficiaries during GIP stays. The OIG found that hospices billed one-third of GIP stays inappropriately, costing Medicare \$268 million in 2012. Hospices commonly billed for GIP when the beneficiary did not have uncontrolled pain or unmanaged symptoms. The OIG recommend that the Centers for Medicare & Medicaid Services (CMS) to increase its oversight of hospice GIP claims, ensure that a physician is involved in the decision to use GIP, conduct prepayment reviews for lengthy GIP stays, and follow up on inappropriate GIP stays.

In addition, the agency has strived to standardize the provision of care across all regions and settings and the IPU's were no exception. We provide GIP level of care in our own freestanding facility in rural Appalachia, which is licensed with 12 beds; we have an IPU in a 433-bed community hospital of which the hospice unit has 12 bed; we have an IPU unit in a 945- bed academic medical center of which the hospice unit has 10 beds, and we hospice services using a virtual unit model in a 434 acute and skilled bed hospital, where hospice census is flexible.

Discharge planning is intended to begin upon admission to the hospice IPU. The PI team discussed the importance of early discharge planning and identified the earliest possible time for the initiation of discharge planning was upon referral to the unit. This was implemented as one of the interventions.

Other interventions included increasing psychosocial support for patients served in our IPU's was also identified as an intervention to identify any disposition challenges, or facilitate additional caregiver support to move the patient to a lower level of care, and concurrent monitoring of documentation for continued need for GIP services by all interdisciplinary team members, i.e. Hospice Team Physicians, Nurse Practitioners, Registered Nurses, Master of Social Workers, Hospice nursing aides

### Materials:

Data was foundational to this project. The compliance analyst had trended our data on GIP LOS. Other data utilized included:

1. Internal Power BI (business Intelligence) Census Data from our IT team pulled from our Electronic Medical Record
2. Monitoring data from our education specialists
3. Program for Evaluating Payment Patterns Electronic Report (PEPPER) trended data from the Quality and Compliance Committee
4. Identification of Interventions that would Draw Attention to Current Census and Length of Stay (LOS) from the inpatient unit management team

### Methodology:

The team utilized the Using the **PLAN DO STUDY/CHECK ACT** process. Action steps were divided into 7 day and 30-day buckets; weekly follow up data was provided by the compliance analyst and concurrent monitoring data was provided by the education specialists.

The interdisciplinary PI team meet biweekly, then monthly to monitor progress and identify and unexpected developments. The PI team included two Senior Leadership representatives, the Executive Director of the IPU's and hospital liaisons, the unit managers, the Director of Education, and the compliance analyst. Once 100% of documentation indicated the need for continued GIP level of care was achieved by nursing and the MD or NP, the PIP closed this PIP, and began to address other areas of documentation improvement that was identified through the continuous monitoring.

### Results:

Overall scores improving or trending positively in all elements of documentation for continued need for GIP, including RN and NP/MD documentation. (Up to 100% in June 2021)

Fewer patients needing GIP past the 5-day mark; from quarter 3 of 2020 until quarter 4 of 2020 there was a 15% decrease in the number of patients whose LOS was greater than 5 days; from quarter 4 of 2020 until quarter 1 of 2021 there was a 20% decrease in the number of patients whose LOS was greater than 5 days. In addition, ongoing monitoring of the volume of patients who die on day 6 continued.

More in-depth conversations regarding GIP status in IDT/daily discussions occurred. In addition, patients and caregiver goals of care and discharge planning discussions in IDT improved. Improved discharge planning documentation was present including MSW and RN shift documentation. Increased visits from the MSW also occurred during the IPU episode. Ongoing disposition monitoring for patients with GIP LOS>5 days (Death vs Live Discharge) continued and appropriate changes to level of care while residing in the IPU also occurred.

### Conclusion:

Starting discharge planning upon referral assists in **early identification of patients** needing assistance with discharge planning/ disposition/ location change and can minimize the risk of IPU stays over 5 days; early psychosocial involvement enhances the discharge planning process. Increasing visibility of LOS impacts IDT discussions. ongoing monitoring is important to sustain improvement; all members of the improvement team provided valuable insights to support team member documentation improvement initiatives. Plan of Care documentation improved when focus of documentation needs for GIP level of care.