

Transition of Care from an Inpatient Hospice to Nursing Homes



Su-yen Tan¹, Qiu Xuan Tan¹, Yin Yee Wong¹, Alice Yilin Choo¹,
Sukhdev Kaur d/o Ranjit Singh¹, Weifan Shu¹, Chermaine Tsu Lynn Ooi¹,
Celine Yun Lee Yong¹, Huixin Neo¹, Gwendoline Beatrice Tze Ling Soh^{1,2}, Tan Ying Peh^{1,2}
¹Assisi Hospice, Singapore, ²Division of Supportive and Palliative Care, National Cancer Centre, Singapore

Background

Assisi Hospice cares for inpatients with life-limiting illnesses and a likely prognosis of 3 months or less. At times, these patients may stabilize and require discharge planning to nursing homes (NH) when care at home is not feasible. Retrospective audits have shown that the transfer of hospice patients to NH can be problematic, potentially increasing distress to patient and family, while a significant proportion deteriorate prior to transfer.¹

From 1/7/20 to 30/6/21, 71 Assisi inpatients were identified to be suitable NH candidates. Only 28 (39.4%) patients had a NH application (NHA) initiated on the Agency for Integrated Care (AIC) portal. Six patients were successfully transferred to NH eventually. The mean number of days from the initiation to submission of NHA was 21.4 days and from the submission of NHA to pending NH assignment was 20.1 days. Table 1 shows the detailed breakdown of time taken for each phase from AIC initiation to NH transfer.

Table 1:

Phase	Assisi		AIC		NH		NH		NH	
	NHA initiation to submission	NHA submission to pending NH assignment	Pending to NH assignment	NH assignment to NH transfer	Admission to NH transfer					
	Baseline	Post INT	Baseline	Post INT	Baseline	Post INT	Baseline	Post INT	Baseline	Post INT
Mean (days)	21.4	9.6 (7.5 wd)	20.1	11.7 (8.7 wd)	35.7	65.3	24.0	24.3	207.2	171
Median (days)	17.0	8.5 (6 wd)	15.0	13.0 (10 wd)	20.0	53.0	21.0	23.0	190.5	155
Range (days)	2-94	5-21	0-88	1-24	6-120	6-137	10-50	21-29	129-314	106-251

* INT = intervention; wd = work days

Aim

This quality improvement project aims to 1) reduce the mean time from NHA initiation to pending NH assignment from 41 calendar days to 14 working days within 6 months, and 2) improve the identification of suitable NH candidates.

Method

An Ishikawa diagram was used to determine the root causes of delay in completion of NHA. Multi-voting was conducted between team members and the top root causes were identified following a Pareto Chart analysis (Table 2). Interventions included creating:

- a workflow for reactivation of staff's AIC account needed for NHA
- a checklist of important information to include in the NHA (Fig 1)
- a stipulated work process for team members to complete NHA (Fig 2)
- guidelines for inpatient discharge planning (Fig 3)

Plan-Do-Study-Act cycles were conducted from April 2022

Rank	Root Cause
1	No clear policy on long stayers (Patient/ family does not want to change site of care)
2	No penalties for overstaying (Refuse to give consent for NHA)
3	No stipulated workflow on timeline for team members to complete relevant portion
4	No clear criteria for NH candidate (Increase workload unnecessarily)
5	No clear guidelines from AIC re: NH status (PSS receive inconsistent instructions from AIC)
6	No clear guidelines on long stayers (Refuse to give consent)
7	MOH's lack of understanding of ground needs (Varying knowledge in palliative care between NH staff)
8	Process on reactivation of AIC account is unclear to staff (Difficulty in reactivating AIC account)
9	Lack of awareness of the importance to complete input for AIC referrals
10	No clear expectations set at admission (Difficult to initiate NH discussion)

Fig 1: AIC NH Application Checklist

Medical	Nursing	Psychosocial Service (PSS)
<ul style="list-style-type: none"> Condition/ Symptoms/ Management/ Goals of care Completed medication list Do not leave prognosis blank (NH candidate should ideally have at least 3 - 6 months prognosis) Include last chest X-Ray (CXR) date and findings - if CXR expired, please indicate in remarks: "Pt will undertake CXR prior to transfer" If patient has dementia - please indicate presence or absence of any behavioural issues, describe behaviours and management (pharm or non-pharm) Include COVID vaccination status & dates/past COVID infection 	<ul style="list-style-type: none"> *Resident Assessment Form (RAF) will be discussed in interdisciplinary team meeting (IDM)* Follow steps in manual for RAF Ensure RAF matches with PT/OT functional report Include wound pictures/chart Indicate milk supply and NGT/PEG regimen if applicable Include at least 3 days of behavioural chart if patient has dementia/ behavioural issues Indicate if patient has dysphagia and recommended management Physiotherapy (PT)/ Occupational therapy (OT) *RAF will be discussed in IDM* Ensure RAF matches with PT/OT report 	<ul style="list-style-type: none"> Clear documentation on why other care plans are not viable Home ownership status of patient and plans for any owned home upon NH transfer If patient has assets or large sum of savings to indicate if family is agreeable/will initiate deputy application if patient has no mental capacity and patient and family cannot access the monies/assets Indicate Lasting Power of Attorney (LPA) has been done if available To indicate in remarks "Advance Care Plan will be provided prior to transfer, if necessary" Ensure all necessary documents are uploaded prior to submission To check that all reports tally prior to submission

Fig 2. Workflow for completion of AIC NH application

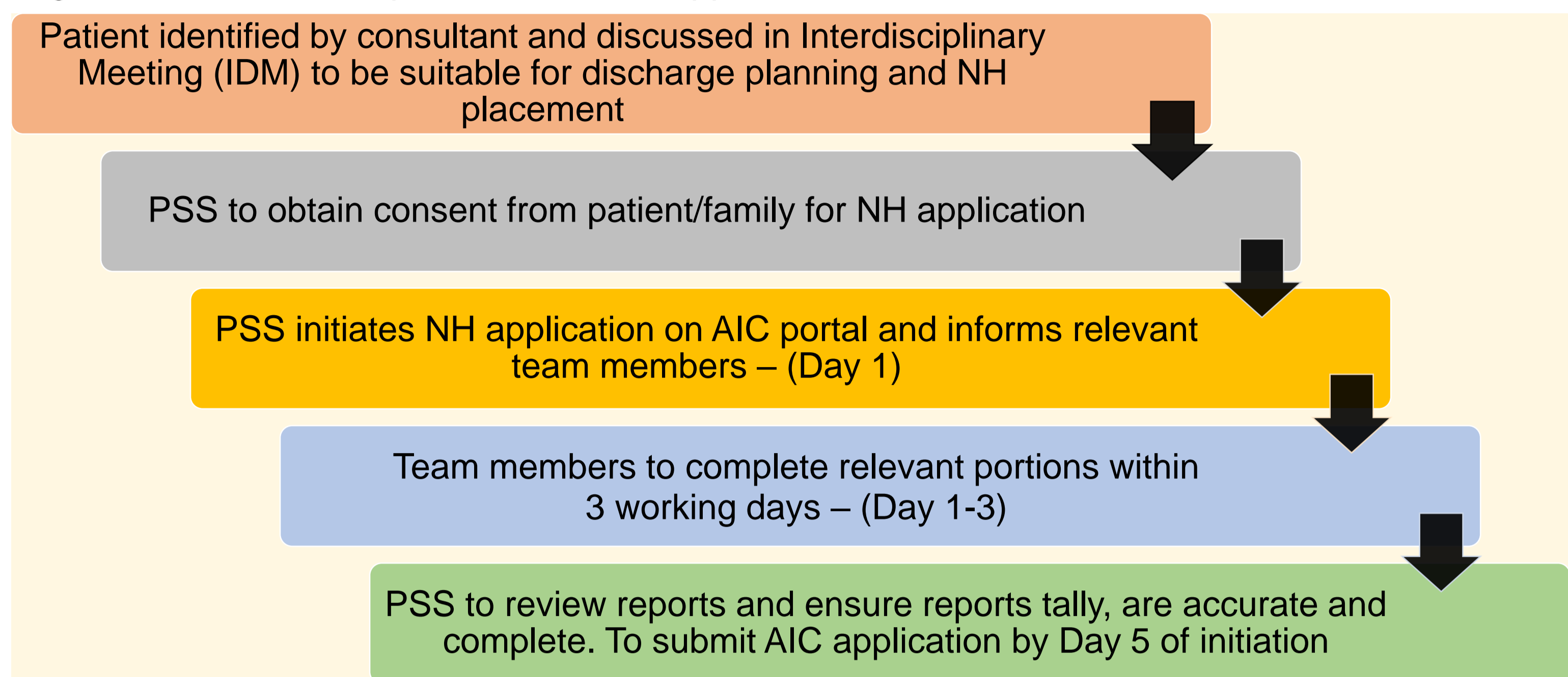
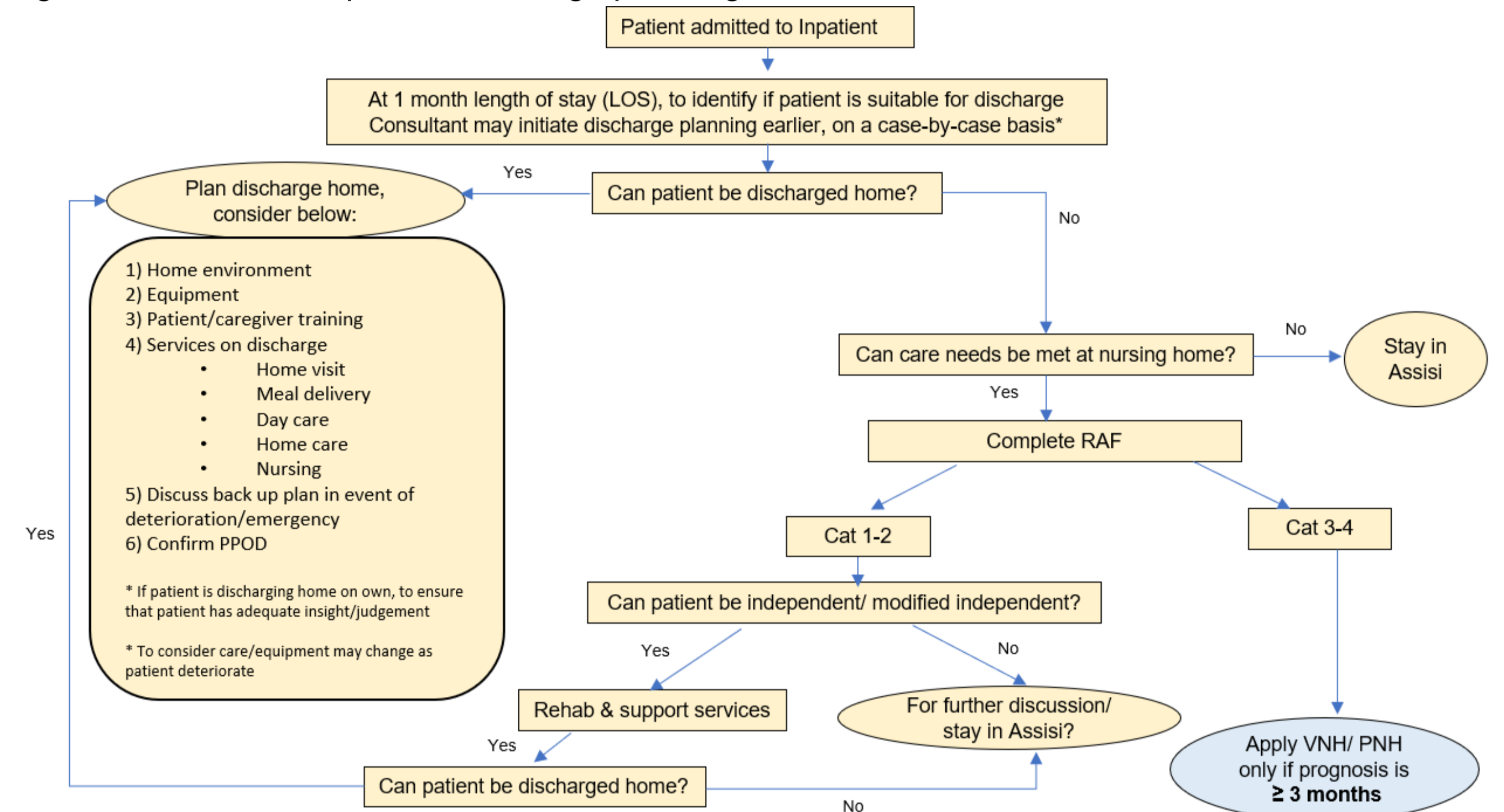


Fig 3. Guidelines for inpatient discharge planning



Results

The time taken from NHA initiation to submission decreased from 21.4 to 9.6 days post implementation of the NHA workflow (Fig 2). The time taken from NHA submission to pending NH assignment decreased from 20.1 to 11.7 days post implementation of NH checklist (Fig 1). This resulted in a reduction in mean time from NHA initiation to pending NH assignment from 41 calendar days to 16.2 work days (Table 1).

Following the introduction of guidelines for discharge planning (Fig 3), the number of patients identified for NH reduced significantly, while the percentage of patients who had NH discussion started and NHA initiated improved from 81.7% to 93.3% and from 48.3% to 71.4% respectively (Table 3). This indicated improved identification of suitable NH candidates, as those without NH discussion started or NHA initiated were due to deterioration or demise post-identification. Out of the 10 patients with NHA initiated, 3 were successfully transferred, 4 demised and 3 are still awaiting NH assignment

Table 3. Outcome of NH candidates identified

Results	Baseline (1/7/20-30/6/21)	Post intervention (1/5/22-30/4/23)
Number of suitable NH candidates identified	71	15
Number of NH discussion started	58 (81.7%)	14 (93.3%)
Number of NH application initiated	28 (48.3%)	10 (71.4%)
Number of patients successfully transferred	6	3

Cost Savings

As the number of NHA initiations reduced from 58 to 14 following our interventions, this has resulted in cost savings of 34.8 work days (Table 4).

Table 4. Time taken to complete 1 NHA

Medical	Nursing	PSS	PT	OT	Total
60 mins	60 mins	240 mins	10 mins	10 mins	380 mins (6.3 hours)

Sustainability & Conclusion

Buy-in from management and the clinical team was essential to the success of this project. The above interventions have reduced possible delays in different phases of a NHA within our organization. This resulted in significant savings of 34.8 work days and reduction in potential distress to patients and families who were deemed less likely to be discharged to NH. These results have been sustained over 6 months. The implemented interventions have since been adopted as part of standard hospice workflow.

Reference:

- Thomas, T. Clarke, G. Barclay, S. The difficulties of discharging hospice patients to care homes at the end of life: A focus group study. *Palliative Medicine* 2018; Jul;32(7):1267-1274.