



Identifying Hospice-in-Place Opportunities: Setting the Stage for Future Improvement

Jodi E. Mullen, MS, RN-BC, CCRN, CCNS, ACCNS-P, FCCM, CPHQ
UF Health Shands Office of Clinical Quality and Patient Safety



Background/Problem

- All inpatient mortalities at UF Health Shands Hospital are reviewed by a multidisciplinary team for opportunities for improvement
- Mortality index is a key quality measure
- Efforts to expand hospice-in-place program have not resulted in an increased number of patients receiving this service
- There are missed opportunities for end-of-life symptom management and family support
- Minimal data exist to inform improvement efforts
- No clear criteria defining when a referral for hospice services is appropriate.

Interventions

Identified conditions present on admission that suggest expected death, for which a hospice referral may be indicated:

- Stage IV cancer
- “Do not resuscitate” on admission
- Irreversible neurologic damage
- End-stage disease

Additional hospice-in-place referral triggers:

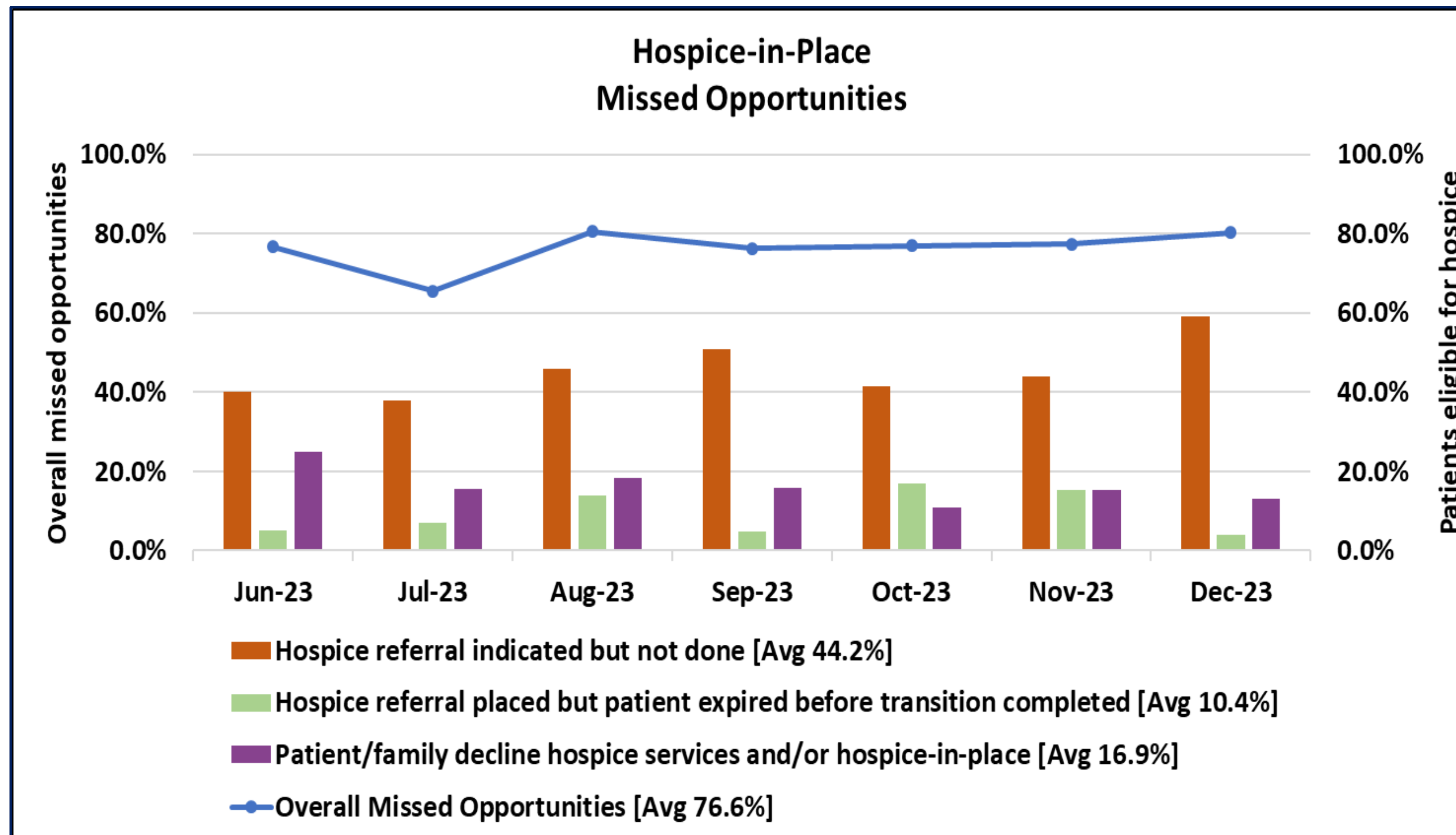
- Displaying signs and symptoms requiring skilled hospice management
- Prognosis of only days to live
- Too unstable for transfer to a residential hospice facility

Integrated all criteria into mortality case review process

McAndrew, N. S., McCracken, C., Szabo, A., Narayanan, B., Peltier, W., & Leske, J. (2020). Evaluating the outcomes of an organizational initiative to expand end-of-life resources in intensive care units with palliative support tools and floating hospice. *Dimensions of Critical Care Nursing*, 39(4), 219-235.

McCracken, C., & Walczak, K. (2019). Implementing a floating hospice: Providing the right care at the right time can enhance patients' and families' end-of-life experience. *American Nurse Today*, 14(9), 28-32.

Results

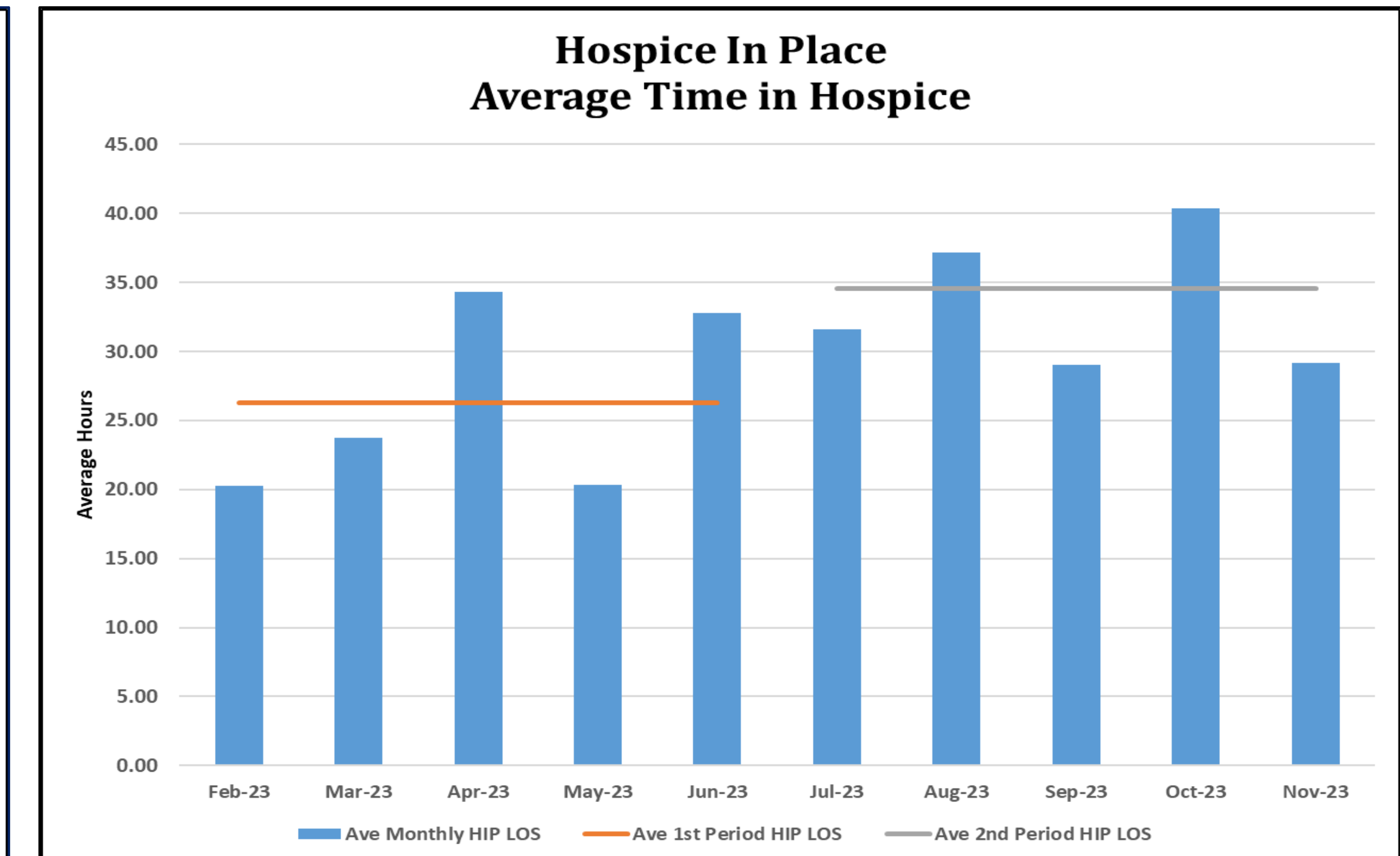


	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Average
Overall Missed Opportunities	76.7%	65.5%	80.5%	76.2%	76.9%	77.3%	80.3%	76.6%
Hospice referral indicated but not done	40.0%	37.9%	46.0%	50.8%	41.5%	43.9%	59.2%	44.2%
Hospice referral placed but patient expired before transition completed	5.0%	6.9%	13.8%	4.8%	16.9%	15.2%	3.9%	10.4%
Patient/family decline hospice services and/or hospice-in-place	25.0%	15.5%	18.4%	15.9%	10.8%	15.2%	13.2%	16.9%

On average, 44.2% had a hospice referral indicated but not done, 16.9% had patient/family declining hospice services, and 10.4% had a hospice referral placed but the patient died before the transition was completed.

Next Steps

- More than 75% of eligible patients die without hospice, representing a significant opportunity for improvement going forward.
- Identify barriers of using hospice services, targeted education, and unit-specific feedback regarding hospice-in-place trends and patient-level data.



Pre: 26.27 hours average hospice-in-place status

Post: 34.53 hours average hospice-in-place status (p=0.0007)

- Increase in the hospice-in-place length of stay did not correlate with an increase in the number of patients being successfully transitioned to hospice-in-place ($r^2=0.009$)
- Patient are being transitioned to hospice-in-place earlier in their trajectory, resulting in better patient/family-centric end-of-life care.

Takeaways

- Institute a multidisciplinary approach for mortality case review that identifies missed opportunities for inpatient hospice.
- Identify explicit criteria that delineate when it may be appropriate to refer patients for hospice care.
- Partner with local hospice service providers to improve the hospice experience for patients and their families.