

# Alternative Sites of Care: Nontraditional Solutions to Hospital Discharge Barriers

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## Learning Objectives

- Identify alternative discharge solutions.
- Discuss methods implemented to address discharge barriers.
- Outline outcomes of alternative discharge interventions used.

## Problems/Issues

**Lack of community resources, resulting in increased length of stay for the hospital system.**

**LOS increased from 4.48 to above 5.0**

Barriers to discharge from the acute hospital setting to the community became increasingly more complex and include:

- Staffing shortages & availability of post-acute agencies
- PCP shortages
- Uninsured/underinsured patients

With increasing barriers to discharge, our hospital system's length of stay crept higher, readmission rates increased, and most consequentially, our patients were essentially 'stuck' in the hospital without safe and effective care plans post discharge.

## Goals

- Create innovative programs identifying alternative sites of care for patients no longer requiring hospitalization, but in need of some medical follow-up and no safe options for discharge.
- Decrease Length of Stay for medically stable patients.
- Provide referral/assessment process for care teams to refer potential alternative sites of care patients

## Changes Implemented & Future Plans

To fill the gap in post-acute services, our care coordination teams examined where we could begin addressing the disparities and we implemented several alternative disposition options to do just that.

- **Leased Bed Program:** Created partnerships with 12 skilled nursing facilities and developed individualized patient contracts for payment and placement. Future plans include development of quality program with specified nursing facility partners.
- **Respite Bed Program:** Developed two partnerships with community agencies securing 10 medical respite beds in the community for unhoused, medically compromised patients. Plans for future include bed expansion and additional community agency partnership.
- **Community Paramedicine:** Partnered with community ambulance agency to provide skilled services for patients without access to community resources. Specialized training completed to care for patients with wound vacs, burn patients, and post- cystectomy. Plans for future include developing a lifespan community paramedicine program to work alongside our community partners.

## Outcomes

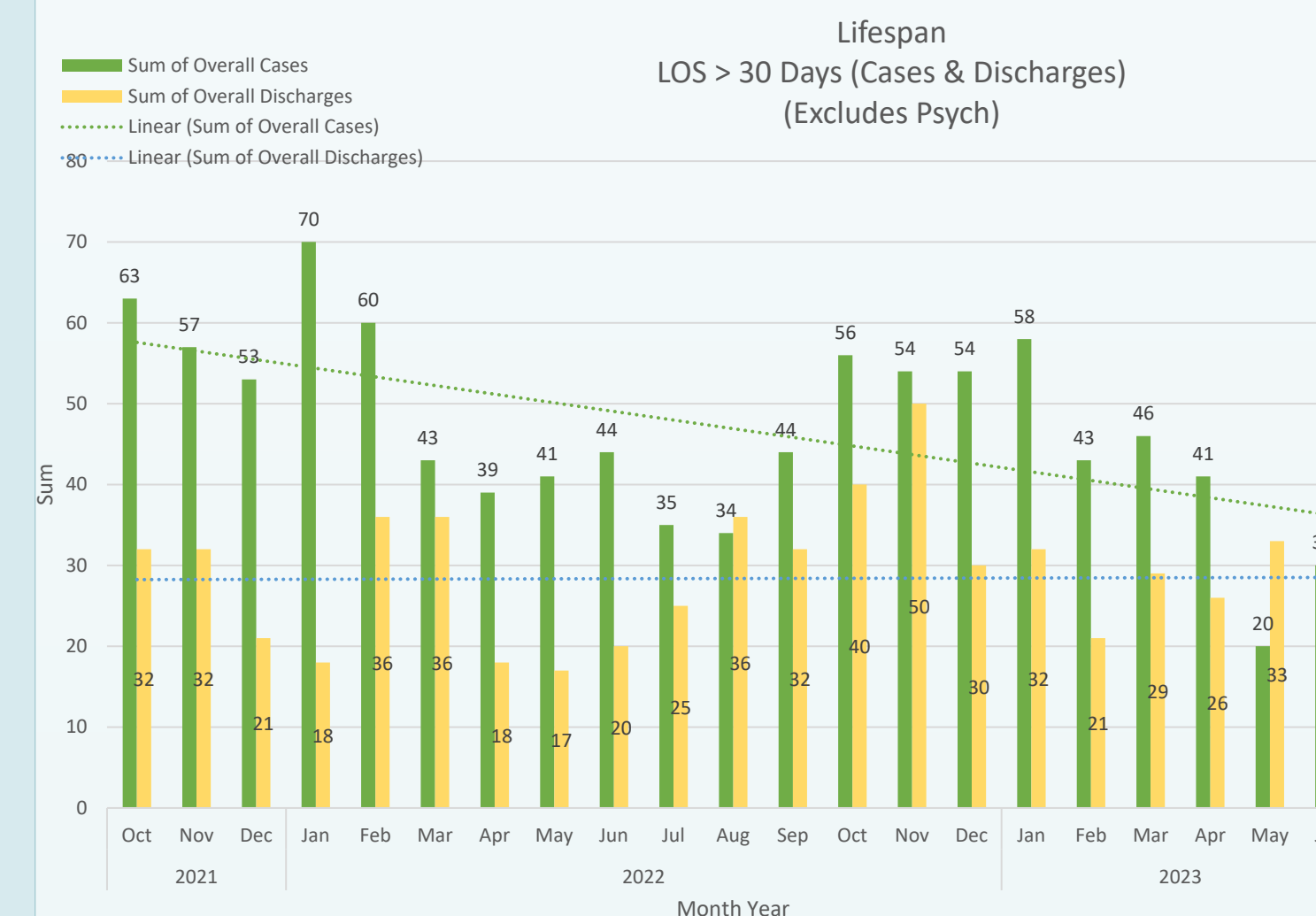
### Timeline for Program Implementation

October 2021: Leased Bed Program Begins

November 2021: Respite Program Begins- 5 beds

April 2022: Paramedicine Pilot Begins

February 2023: Respite Program expands- 10 beds



## Alternative Sites of Care Data

Leased Bed Program		Respite Bed Program		Paramedicine Program	
Total Patients	58	Total Patients	80	Total Patients	398
Days Saved	5293	Days Saved	686	Days Saved	1941
Total Program Cost	\$2,034,350	Total Program Cost	\$221,265.90	Total Program Cost	\$517,825
Net Patient Service Revenue	10,970,304	Net Patient Service Revenue	1,371,070	Net Patient Service Revenue	3,978,886
Return On Investment	8,935,954	Return On Investment	1,149,804.10	Return On Investment	3,461,061

## Key Takeaways

- **Lessons Learned**
  - Screening patients for appropriateness
  - Identify payor sources/funding for each program
- **Challenges/Barriers**
  - Need for additional staff post discharge to manage complex cases
  - Access to resources in the community (lack of PCPs, housing...)
  - Education for other departments/teams in Lifespan system
  - Educating post-acute providers on new disposition programs
  - Setting expectations for programs

### What Worked Well:

- Continuous review and evaluation of programs by care coordination teams
- Collaboration with multidisciplinary teams and community providers
- Team empowerment to proactively identify complex cases and develop innovative discharge plans

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### Disclosure Summary

No one in a position to control the content of this educational activity has relevant financial relationships with ineligible companies.

# Lifespan

## LOS > 30 Days (Cases & Discharges) (Excludes Psych)

- Sum of Overall Cases
- Sum of Overall Discharges
- Linear (Sum of Overall Cases)
- Linear (Sum of Overall Discharges)

