The discharge planning process: how hospital discharge planners support nursing home placements

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Presentation outline

• Background and Purpose
• Methods
• Results
• Discussion
• Implications
Background

• Most nursing home residents enter facilities after a hospital stay

• Discharge planning teams play a critical information intermediary role:
  • Patients and families know very little about long-term care
  • A placement often needs to be made quickly; discharge planners (DPs) provide the necessary information to patients and families to make a choice
Background

• Not much research documenting the discharge planning process

• Studies that do describe the DP process suggest that teams largely overlook Nursing Home Compare (NHC) as a resource for information
Purpose

• To determine how discharge teams typically support nursing home placement decisions

• To identify the reasons as to why teams by and large do not use Nursing Home Compare as a resource in placement decisions
Methods

• Qualitative study
• Semi-structured interviews with members of discharge planning teams from hospitals in the greater Boston area
• Convenience sample (n=10)
• All interviews recorded, transcribed, and coded thematically using Atlas.ti software
Results: Overview of themes

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Information DPs use

• Word of mouth, existing relationships with nursing home staff and representatives, pamphlets and book of service providers, internal databases, Internet

“...But really, it’s patient feedback...Also, talking with colleagues who perhaps have loved ones at nursing facilities. And also, my personal experience having worked in one, I can speak to my own kind of judgments about other facilities...We also have something called—it’s a lifestyles brochure.... It lists the facility, what they offer, and then there are usually a few sentences about what’s so great about them.”
Information DPs provide

- List of nursing homes
  - Based on location of patient or family homes
  - Sometimes narrowed by care needs
  - Narrowed by payment type/insurance coverage

“We have an electronic system here called “For Next,” and we print out—we do search, and so if the family or the patient says, “I’d like to stay within the X area – Newton,” wherever, “I want to stay, near my home,” or, “Near the hospital,” or, “Near a daughter, a son,” or whatever, then we would print out a radius of facilities that meet their level of care, and that are – that meet their insurance reimbursement, and then on that printout it will have – it can be very detailed...”
What DPs recommend to patients/families

• Visit facilities
  • Unannounced
  • What to look for and ask
  • Observe staff interactions
  • Observe and talk to residents

• Ask friends and family

• Pay attention to location

• Stay within system for continuity of care

“...because I tell them not to look at the facilities as -- like the Taj Mahal you’re not looking for that, you’re not looking for the crystal clean chandelier you’re looking for quality care. And I tell them to go in unannounced, walk and say I’m here I just want to look around and pay attention to how the staff is caring for the patients...”

“...the place that you as a family can get to. I don’t care if it is ‘the best’ but if you can get there that is the - - that is my number one.”
Overall awareness and use of NHC

• Well aware of NHC, despite initial confusion with other websites
• None use regularly, occasionally when learning about a facility new to them or occasionally recommend to patients

“There’s a Web site – Medicare.gov – has where they grade different facilities. **Sometimes I’ll print that out**, and say, ‘Here’s the stars, they’re indicators that the state has said these nursing homes have met,’ and compare; it’s ‘Nursing Home Compare.’”
Perceptions of NHC

• A good tool in theory

• Skepticism about measurement
  • Does not give a true reflection of a facility
  • Items measured not the most important
  • No context around data points

• Concern for usability
  • Overwhelming to users
  • Not what people are looking for
“I think that the information there is good. I think that what they’re trying to measure is good.”

“. . . the report is based on the data that gets put in and the data that gets put in on some of the issues such as pressure ulcers for example are one where the - - it doesn’t risk adjust for a lot of things. So the newer version NDS 3 over time might be getting better but it doesn’t - - a lot of times it doesn’t risk adjust so you may have let’s say a higher rate of pressure ulcers, but you don’t know...So I think a lot of it is the data that is going in is probably not accurate to generate the results”

“I think also this tool could probably be overwhelming for somebody who’s never been to a rehab. “Well what do I do with this information? What is it telling me? So what if this one has 115 beds? Let’s say the one down the street has 60. Am I going to get better care at the 60?” Not necessarily.”
Policy conflict
• Patient choice
• Fear of steering decisions

“They need to make that choice because I can’t force upon them saying no you have to go there, there’s no other place”

Officially, there are a lot of regulations, and they’re important...I mean, we can say, this hospital owns the rehab. We could say that and that’s what everybody is seeking now, more continuity, but the law prohibits us from saying this is the best nursing agency or this is the best – there are a lot of reasons about that. I find a way of saying if I were you, I would look at these 4 places first and, you know ...Because in all good conscience, when I want the best for a patient and family, and I know that 3 places are excellent, I’m not gonna not figure out a legal way to tell them that. CMS, I’m not doing anything against the law. I’m gonna say, well, you know, I’ve had some feedback from family who have really enjoyed that, or they said their mother who had a stroke did really well here. That’s not saying I want you to go. I’m giving them some comments”
Putting it together:
Why DPs do not use NHC

• Content barriers
  • NHC does not contain information they think is most helpful
  • NHC does not contain information they think patients and families are looking for

• Perception barriers
  • Quality measures are difficult to understand and overwhelming to users
  • Skepticism about accuracy and validity of the measures

• Process barriers
  • NHC is outside of usual habits
  • Perceived policy constraints
Why DPs do not use NHC

“I don’t want to say I wouldn’t put a lot of faith in it. I think it’s just about surveys. It’s just data that’s been collected. It doesn’t give you any reviews, you know, personal reviews from family members or patients themselves, which I think are often important. You know think about when you buy something on Amazon. I always go to that reviews.”
Discussion

• Confirms previous knowledge
  • DP teams provide lists to patients and families without much specific guidance
  • DPs do not use NHC much or recommend it to patients and families

• Barriers to using NHC
  • Existing habits
  • Perceptions of the limitations on their role as an information intermediary
  • Structure and set up of NHC itself
Implications

• Policy goal: helping people choose high quality facilities and ones that are right for their needs

• DP teams play an important role, but seem currently limited in working toward these goals

• What can be done?
  • Reevaluate accuracy and validity of NHC measures
  • Better communications about accuracy and validity
  • Improve NHC to meet information needs
  • NHC needs to be more user-friendly
  • Connect internal databases to NHC
  • Policy clarification on patient choice
  • More PR for NHC
Thank you!

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