

Increasing Access to General Inpatient (GIP) Hospice Services at Duke University Hospital

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Background & Aim

At Duke University Hospital (DUH) patients have historically received hospice benefits only if they are discharged to home or wherever the patients call home or to a stand-alone hospice facility. We sought to improve the process for patients who were too unstable to discharge for admission to an inpatient hospice unit access hospice services.

Interventions

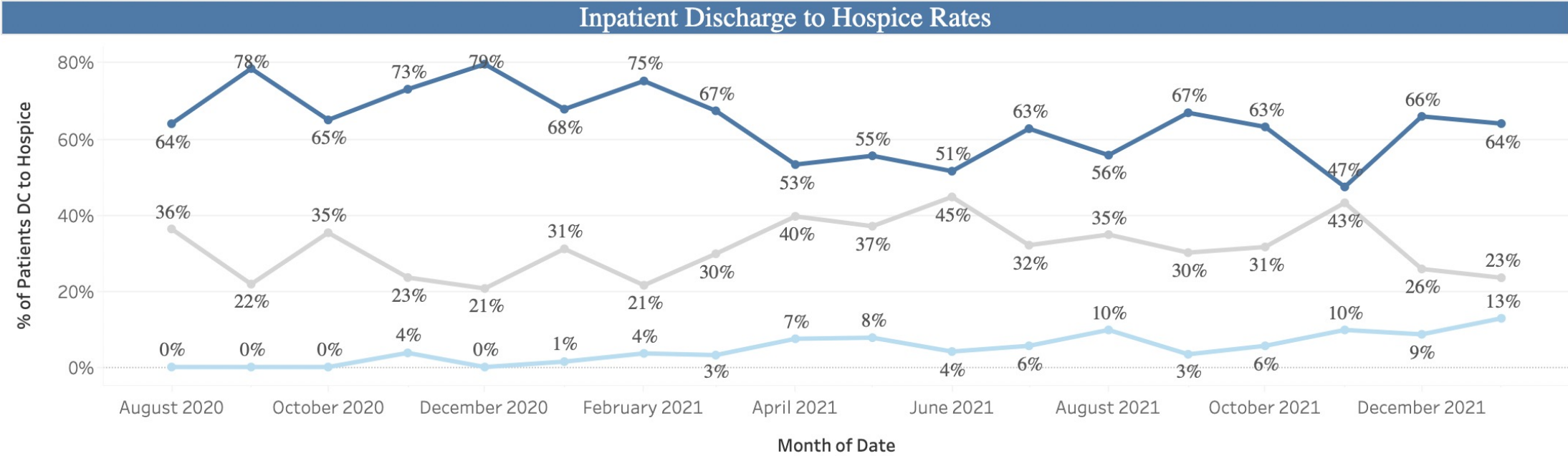
In January 2021, a multidisciplinary team formed a team to improve access to hospice services.

1. The group identified barriers within the electronic medical record (EMR)
2. Optimized the pathway for the transition
3. Created access to real-time education within the EMR
4. Standardized the communication between hospice and hospital providers.
5. Updated order sets commonly utilized in the care of patients at the end of life

Results

- From January to December 2020, there were 4 total patients who transitioned from inpatient (IP) to GIP (General Inpatient Hospice).
- From January 2021 to December 2021, 808 patients were discharged from an inpatient admission with hospice services. This includes 488 patients (60.7%) discharged with home hospice, 272 patients discharged (33.5%) with hospice to a skilled nursing facility or inpatient hospice unit, and 48 patients (5.8%) utilized the IP to GIP pathway.
- The IP to GIP pathway has had a 1200% increase in 2021 compared to calendar year 2020.

Results



Reflection & Next Steps

- Continuously reviewing cases allow us to celebrate successes and identify areas to improve
- Future goals include further incorporation of service lines such as ICU, neurology, oncology to complete the GIP process
- Creating a collaborative team with Hospital Medicine and Palliative Care teams to help care for patients at the end of life