



PARTNERSHIP FOR COMMUNITY HEALTH - CARE COORDINATION

MedStar Washington Hospital Center, Washington, DC

In recognition of the hospital's commitment to ensuring smooth and effective discharge dispositions for patients with medically and/or socially complex discharges.



Complex Discharge Planning Team

BACKGROUND

Part of the 10-hospital Medstar Health System, Medstar Washington Hospital Center is a 912-major teaching and research hospital and the largest private, not-for-profit hospital in the nation's capital. It is also among the 100 largest hospitals in the nation, a safety-net provider, and a major referral center for treating patients with the most complex conditions.

The complex discharge planner (CDP) role was created to assist unit discharge planners with patients who have medically and socially complex issues and present challenging discharge dispositions.

The work of the CDP focuses on

- Providing support and expertise to assist unit discharge planners with managing the hospital's most challenging discharge dispositions.
- Following all unidentified and undocumented patients to assist with placement.

APPROACH

Two nurses and two social workers were hired to serve as CDPs in February 2023. They were assigned to specific units and have supported the unit discharge planner with complex cases.

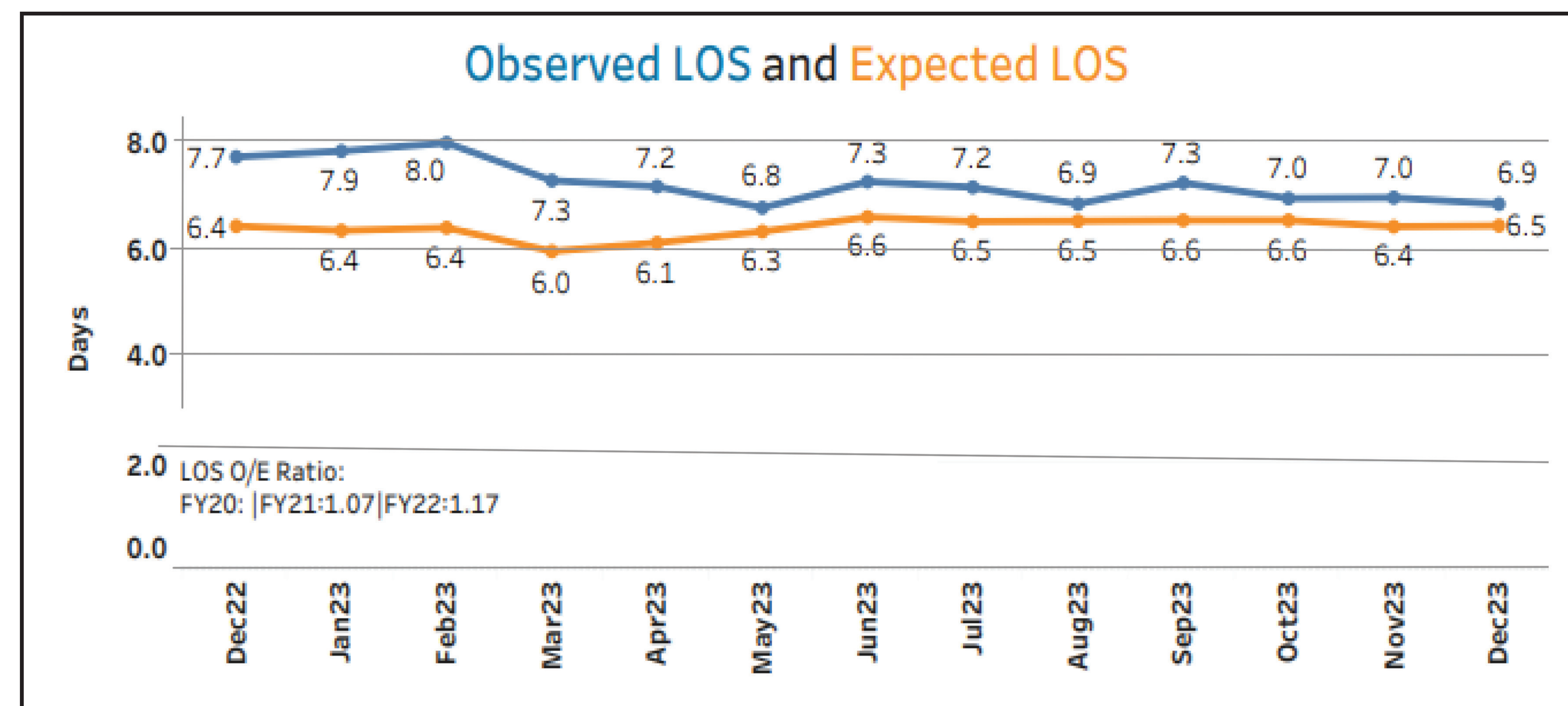
Methods of evaluation

- Weekly review of length of stay (LOS) of patients >20 days
- Weekly review of undocumented/unidentified patients
- Weekly LOS data shared by finance department
- LOS observed/expected vs. baseline was analyzed

RESULTS

Early identification of patients with complex needs (including patients whose care is managed under a guardianship, unidentified or undocumented patients, or those patients transitioning to long-term care) has resulted in LOS rates that are not higher than expected.

The hospital's LOS rate decreased from 8.06 days in January 2023 to 7.24 days in December 2023.



CONCLUSIONS

- Patients with challenging and complex medical and social issues are identified early in the admission process, at which time discussions are initiated with family, patient, and providers.
- Long-term care and guardianship applications are initiated early in the admission process.
- The team meets weekly with the District of Columbia's Department of Health Care Finance (DHCF) to discuss challenging social dispositions.
- The team collaborated with DC Office of Ombudsman to discuss challenging social dispositions, including re-establishing full Medicaid for formerly incarcerated individuals.
- The team also collaborated with its Population Health colleagues to connect patients with resources in the community.

NEXT STEPS

- Continue to collaborate with DC DHCF to serve the vulnerable population in the District, including LGBTQ individuals and those who are undocumented.
- Enhance the alliance and partnership with long-term care, skilled nursing, and long-term acute care facilities for smoother and faster transitions.
- Continue to establish partnerships with payers to provide timely authorizations.

ACKNOWLEDGEMENTS

The Medstar Washington Hospital Center Complex Discharge Planner Team wishes to acknowledge and thank:

- The many unnamed discharge planners and the discharge planning managers, whose dedication to patient safety and care has made the team successful.
- The DC Office of Ombudsman, specifically Ms. Maude Holt and Dr. Sheila Jones, as well as the Department of Health Care Finance for their continued support of the vulnerable population in the District of Columbia.
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