

Wendoly O. Langlois, JD & Dianne Yacovone, JD (co-authors); Wanda Carlson, RN, MSN, ACM; Kevin Donnelly-Boylan, MD; Brenda English, MSW, LICSW; Neha R. Gaur; Noah Tananbaum, Paralegal; James M. Moses, MD, MPH (mentor)

BACKGROUND

1. A guardianship is a legal process that takes place when a patient cannot make informed healthcare decisions and there is no Health Care Proxy. A court appoints a person to serve as guardian.
2. Before this project, the **burden was on a patient's family to navigate the court system** when a guardianship was necessary. For individuals without family members or friends able to pursue and serve as guardian, hospital counsel would handle the case and look for a person to serve as guardian. This was difficult because Massachusetts has **no public guardian program**.
3. **Boston Medical Center** is a private, not-for-profit, academic medical center in Boston, Massachusetts. The primary teaching affiliate for **Boston University School of Medicine, BMC** is the largest safety net hospital and busiest **trauma and emergency services** center in New England. **Before beginning this project the average length of stay** for a BMC patient needing a guardian was **120 days** and the **median was 98 days**. The hospital's average length of stay is 5 days. At any given time, BMC has **10-15 inpatients pursuing guardianship**.
4. BMC began this project **to improve the overall length of stay for patients who need a guardian**, to avoid delays in care while awaiting appointment of a guardian, reduce costs related to discharge delays, and create an efficient guardianship process.

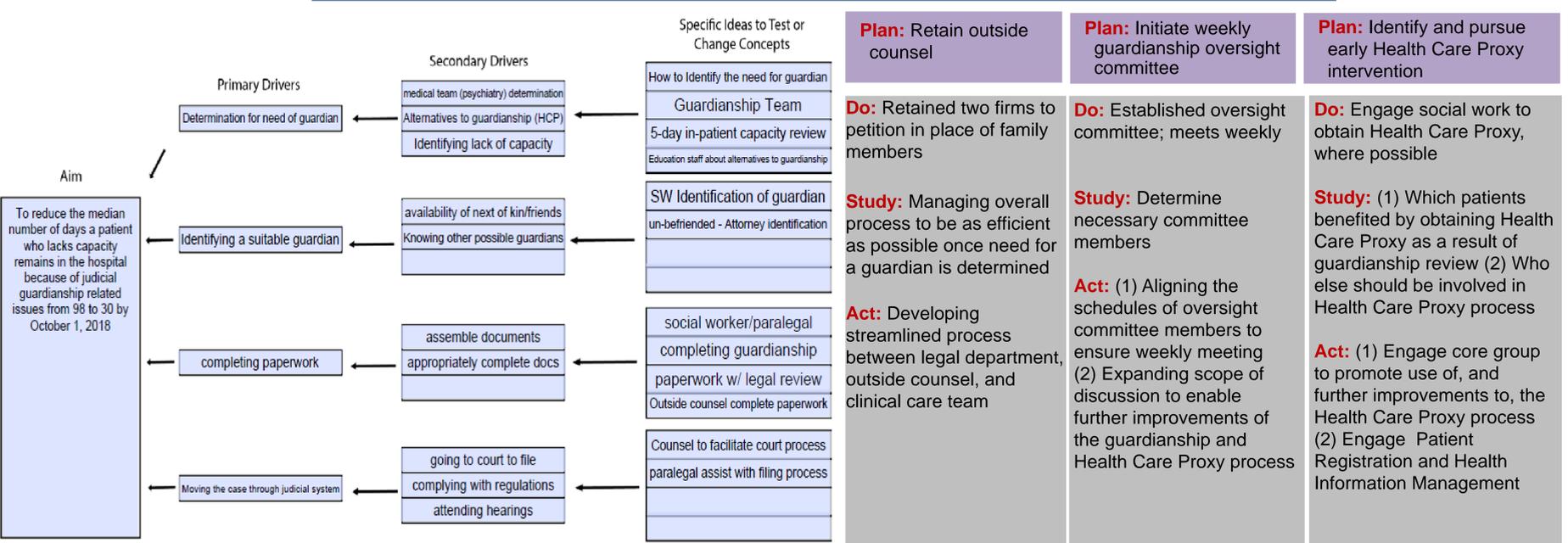
AIM

To reduce the median number of days a patient who lacks capacity remains in the hospital because of judicial guardianship related issues from 98 to 30, by October 1, 2018.

METHODS

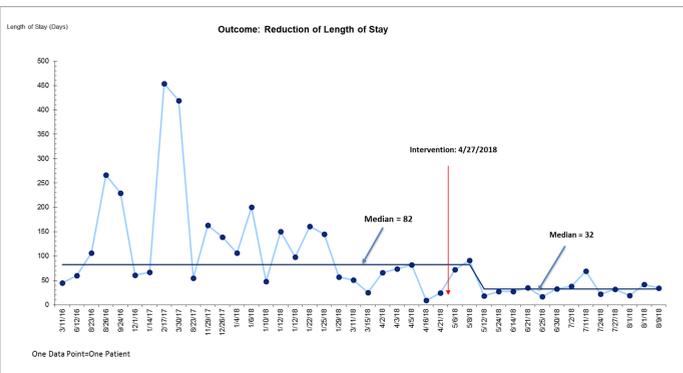
- We formed a multi-disciplinary group consisting of core departmental stakeholders from legal affairs, business strategy, social work, case management, psychiatry and the hospitalist service.
- This core group worked with executive leadership to identify, plan and execute interventions to streamline the guardianship and conservatorship processes. The group followed the Institute for Health Care Improvement's Model for Improvement using the Plan, Do Study, Act (PDSA) model.

SOLUTIONS



RESULTS

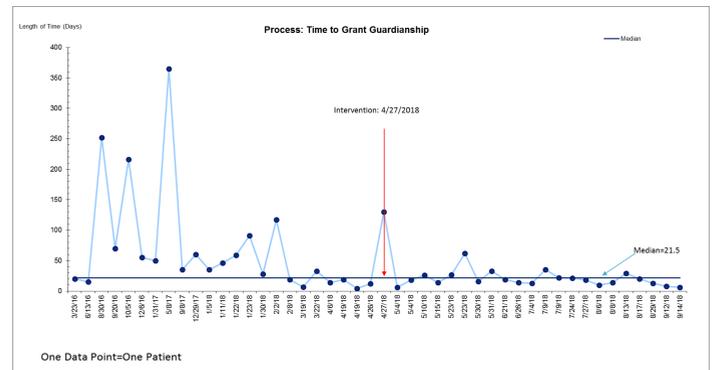
Outcome Measure: Reduced Median Length of Stay



After Intervention, the median time it took for each segment of the guardianship process:

- When patient was admitted and need for guardian was identified = 8 days
- When need for guardian was identified and referral to outside counsel = 1 day
- When outside counsel received referral and guardian was appointed = 14 days
- When guardian was appointed and patient was discharged = 4.5 days

Process Measure: Trend Shows Fewer Days Between Case Identification and Guardian Appointment



Balancing Measure: Reduced Workload for Social Workers Involved in Guardianships

Balancing Metric: Workload
 Audience: Social Workers
 Change in guardianship workload
 ~ 75% of full-time adult inpatient Social Workers responded to the survey
 11 out of 13 social workers reported a decrease in guardianship workload

-30%
Workload reduction

“There has been major stress and time lifted off of the family. Also, the guardianship process has moved exponentially faster and therefore fewer internal meetings reviewing alternative discharge planning options (even if there were no alternatives).”
 - BMC Social Worker

Financial Analysis

Key Assumptions:

- Number of patients who arrive at BMC needing a guardianship will remain the same over 5 years
- New patients will occupy about 80% of beds made available because of the guardianship project
- BMC cost of one inpatient bed on a medical-surgical floor = \$795 per day
- Cost savings from reducing length of stay from 98 days (pre-intervention median) to 30 days (project aim) = \$54,060 per patient

Margin Opportunity	May - Sep FY18	Full Year	3 years	5 years
Volume				
Patient Volume/month	4.6	5	5	5
Patient Volume/year	23	60	180	300
Days				
Pre Intervention median length of stay	98	98	98	98
Post Intervention median length of stay	32	30	30	30
Length of stay savings (days)	66	68	68	68
Total days saved	1,518	4,080	12,240	20,400
Average medical-surgical occupancy	80%	80%	80%	80%
Adjusted days saved	1,214	3,264	9,792	16,320
Contribution Margin (CM)				
Average medical-surgical length of stay	5.63	5.63	5.63	5.63
Incremental inpatient cases	216	580	1,739	2,898
Average CM per Inpt Case (non emergent)	\$ 4,622	\$ 4,622	\$ 4,622	\$ 4,622
Outside legal costs	\$ (1,361)	\$ (1,361)	\$ (1,361)	\$ (1,361)
Adjusted contribution margin per case	3,261	3,261	3,261	3,261
Incremental Contribution Margin	\$ 703,224	\$ 1,890,088	\$ 5,670,263	\$ 9,450,439

CONCLUSIONS

- What worked well and why
 - Engaging outside counsel immediately created a more efficient process
 - Internal support for the overall project
- What barriers were encountered
 - Competing priorities of the core group members
 - Implementing necessary changes to workflow
 - Developing relationships with, and expectations of, outside counsel
 - Managing court delays
 - Timely identification and resolution of insurance coverage issues that delay patient discharge
- Why barriers may have arisen
 - Data not available and difficulties in data analysis
 - Apprehensive stakeholders
 - Resource constraints

KEY FINDINGS / RECOMMENDATION

- **Using outside counsel and establishing a guardianship oversight group** to regularly review the status of patients admitted longer than the hospital's average length of stay were key to the project's success.
- Those two interventions will (1) **reduce unnecessary prolonged hospital stays** caused by delays in the guardianship process, (2) **reduce the costs** related to these prolonged stays, and (3) **increase the availability of hospital beds** for patients in need of acute health care services.