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Process Improvements Ensure Recuperative Care Program Maximizes Reach

By Kelly Bruno
Chief Operating Officer
National Health Foundation

In 2008, news reports of alleged dumping of homeless patients to Skid Row after being released from acute-care facilities peppered the airwaves and stirred public outcry. New laws made it illegal to discharge a patient to the area. Faced with the options of keeping patients longer than medically necessary or attempting to place them in increasingly limited facilities, hospitals began to grapple with concerns over how to best discharge homeless patients who are not sick enough to remain in the hospital, but are too sick for a shelter.

In response to the hospital's concerns, the Los Angeles-based nonprofit, National Health Foundation (NHF) was commissioned by the HASC recuperative care steering committee to conduct a needs assessment and a pilot program was later launched. Armed with experience gained from this pilot, NHF addressed the problem of post-acute care for the homeless by developing two self-sustaining sites in Los Angeles and Orange counties.

NHF released a recent report[1] highlighting the achievements and lessons learned from the first two years of the recuperative care program. The report was also written to assist both homeless advocates and service providers to better understand the development and operation of a recuperative care program. Since the inception of both sites:

- Over 1,000 homeless patients have been admitted to the program from private hospitals in Los Angeles and Orange counties
- 67% were discharged to some form of housing option
- Only 10% of admitted patients were readmitted to the hospital
- Hospital savings are so far estimated at over $9 million

What contributes to the success of the recuperative care program?

1. Create a customer-first culture.

Unlike government-funded programs with specific deliverables based on internal needs and expectations, the privately funded, fee-for-service program's success is tied to customer service and satisfaction. NHF's customer-first approach ensures program guidelines are enforced and the financing remains in balance.

2. Give hospitals an admission decision within four business hours.

Reducing the intake form from 12 pages to one containing only the essential information required to make an acceptance decision, and making the form available online, streamlines the process and allows hospitals to receive a decision about the client within four business hours of the referral. The result is a larger percentage of patients being admitted on the same day of referral.

3. Continue outreach to hospitals.

Ongoing awareness of the program is accomplished through an NHF brochure outlining admission criteria and program details; the use of on-site presentations about the program to eliminate the need for in-demand personnel to leave the hospital; and a bimonthly e-newsletter that includes current

bed availability, program policy and procedure updates.

4. Establish service levels at intake.

A new intake process removes the patient management duties from the provider to NHF who uses the single intake sheet to establish patients' needs for medical oversight for a specified number of days. This gives the hospital control of the length of stay (LOS) and enhances the hospital's confidence in the process.

5. Report patient outcomes to the hospital.

Creating clear communication allows a hospital to abreast stay of a patient's progress while at the recuperative care site. Hospitals receive check-in phone calls and progress reports from NHF during the patient's stay. Upon the patient's discharge from the site, hospitals receive an outcome summary, outlining the discharge plan and the details of the patient's final discharge destination.

6. Have a process in place to adjust the expected length of stay.

Hospitals include an estimated LOS on the intake form. The estimate is reviewed by the provider, who determines if it is adequate or a longer LOS is necessary. NHF serves as the intermediary until an LOS is agreed on before the patient is admitted into the recuperative care site. Should the need for additional days arise, the hospital is provided with progress notes and an extended LOS request. Because hospitals determine the amount of medical oversight requested for each of their patients, and subsequently do not feel that the patients are staying longer than medically necessary, no participating hospital has disputed any patient LOS for which they were billed.

7. Assure accurate data.

NHF assumes all responsibility for the data collection and analysis, including collecting patients' demographics, LOS, admitting diagnosis and discharge destination. In addition, NHF's database also generates the monthly invoices for each hospital.

8. Educate the patient.

NHF encourages patient education by providing forms that explain the program, the admissions and recovery process, and that provide pictures of the site/rooms social workers can share with patients to increase successful discharge to recuperative care.

9. Think out of the box when considering an appropriate site.

NHF's programs use motels with commercial zoning, avoiding most "not in my backyard" issues. Motels are often readily available and move-in ready, so a new program can be established and operational in as little as 90 days.

Find out more about the Recuperative Care Center online at www.nationalhealthfoundation.org, or contact Kelly Bruno, COO, National Health Foundation, kbruno@nhfca.org, (213) 538-0708.

About National Health Foundation

For more than 40 years, National Health Foundation (NHF), a nonprofit organization affiliated with HASC, has remained dedicated to its mission: to improve and enhance the health care of the underserved by developing and supporting innovative programs that can become independently viable; provide systemic solutions to gaps in health care access and delivery; and have the potential to be replicated nationally. Learn more at www.nationalhealthfoundation.org.

[1] Recuperative Care: 2012 Summary Report, National Health Foundation

Kelly Bruno is an experienced social service & health care executive, with over 15 years of service in the nonprofit industry. Recently promoted to COO for the National Health Foundation (NHF), Ms. Bruno has designed, developed and implemented programs that focus on health care system delivery change and insuring the uninsured. Ms. Bruno is trained in both gerontology and early childhood education, has her Master's degree in Social Work from California State Long Beach as well as a California Nursing Home Administrators license.

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