National **Quality Improvement Conference**

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Reducing Healthcare Utilization and Improving Quality of Death of Nursing Home Residents in the Last Year of Life

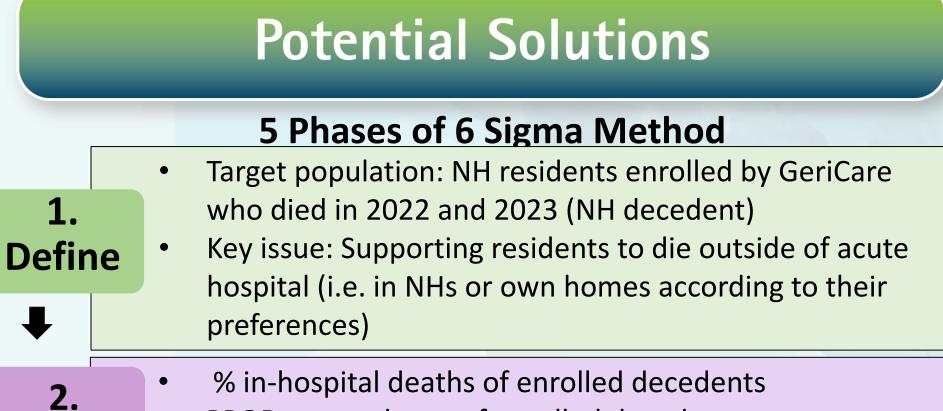
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Problem Statement

- GeriCare supports Nursing Homes (NHs) in ${\color{black}\bullet}$ collaborative geriatric and palliative care for their residents.
- NH residents at their end-of-life (EOL) ${\color{black}\bullet}$ would benefit from being cared for and dying in the NH compared to an acute care hospital.



PPOD concordance of enrolled decedents

Despite the support from GeriCare, 59% of ${\color{black}\bullet}$ NH decedents, who were enrolled to GeriCare, died in the hospital in 2022.

Project Aim

Primary aim: To decrease % of in-hospital deaths of NH residents enrolled in GeriCare **from 59% to 49%** over 6 months.

<u>Co-indicator</u>: To monitor % preferred place of death (PPOD) concordance, as a supporting indicator that residents' preferences to die outside of the hospital are honoured.

Lessons Learnt

Measu	 PPOD concordance of enrolled decedents Hospital admission and length of stay per decedent
↓ 3. Analys	 Root causes: 1) Lack of structure in identifying residents nearing their EOL, 2) Insufficient capacity to discuss EOL preferences & advance care plans (ACPs)
4. Improv	 Created an EOL screening tool & implemented it across all partner NHs Trained more ACP facilitators to enable more ACP discussions for enrolled residents
5. Contro	 Provide training to NH staff on the use of EOL screening tool & facilitate ACP discussions Leverage on data to measure and evaluate progress and changes Build relationships to fortify close collaborations with the NHs Engage NH ground staff and nursing management to ensure stakeholder alignment

Outcomes & Impacts

Table 1. Percentage Place of Death (POD)

CY2022 102 59% CY2023 112 50% (up to Sep(22)) (100)		No. of decedents	% POD (Hospital)
	CY2022	102	59%
$(up to sep 25) \qquad \qquad$	CY2023 (up to Sep'23)	112	50% (↓9%)

Table 2. Percentage ACP completion & PPOD concordance



Quality improvement initiatives help to uncover root causes that lead to enhancement of patient care.



Commitment from the stakeholders is required for implementation and long-term sustainability.



Feedback from stakeholders is highly essential to drive improvements and implement solutions.

	No. of decedents	% ACP completion	% PPOD (NH) concordance
CY2022	102	57%	57%
CY2023 (up to Sep'23)	112	76% (↑19%)	76% (个19%)

Table 3. Impact on hospital admissions, length of stay (LOS) and healthcare utilization cost per decedent

	Admission	LOS	Healthcare utilization
	(mean)	(median)	cost*/ decedent
CY2022	1.85	9	\$17,350.44
CY2023	1.65	7	\$12,070.10
(up to Sep'23)	(↓11%)	(↓2)	(↓\$5,280.34)

*Norm cost used for acute utilization: \$1,042.60 (Average cost per inpatient bed day for B2 ward)

From Jan to Sep 2023, there was a reduction in hospital admissions & a shorter LOS, which resulted in a cost savings of \$5,280.34 per decedent.