

An Explicit Live Discharge Protocol (LDP) to Support Patients, Caregivers, and Hospice Clinicians

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Background

Live Discharge

- 1.72 million people received hospice services in 2022 and 1 in 5 patients were discharged alive
- Patient-initiated live discharge: revocation or transfer
- Hospice-initiated live discharge: no longer terminally ill, moved out of service area, discharge for cause

Resulting Patient/Caregiver Impact

- Loss of palliative focus of care, and comprehensive supportive services 24/7 for patient and caregiver
- Loss of equipment, supplies, and medications
- Caregivers not prepared for transition, their grief process is complex, and many experienced the live discharge as incongruent to enrollment

Lack of Live Discharge Protocol

- No required/standardized live discharge plan from hospice
 - Results in disruption of care continuity for both patients and caregivers
 - Clinicians experience professional abandonment

Study Aims

- To develop an explicit live discharge protocol (LDP) for patients experiencing a discharge **because they are no longer eligible for hospice due to increase in life expectancy**, with an aim to:
 - Minimize discontinuity of care
 - Support both patient and caregiver
 - Support hospice clinicians

Methods

- Development informed by a thorough review of the literature and the following five activities:

Advisory Committee

- Hospice and palliative care researchers, former clinicians, hospice caregiver
- Identified key themes for needed assessment components
- Determined recruitment procedures with hospice agencies
- Outlined implementation process



Live Discharge Protocol (LDP) Development



Advisory Committee

- Identified key themes for needed assessment components



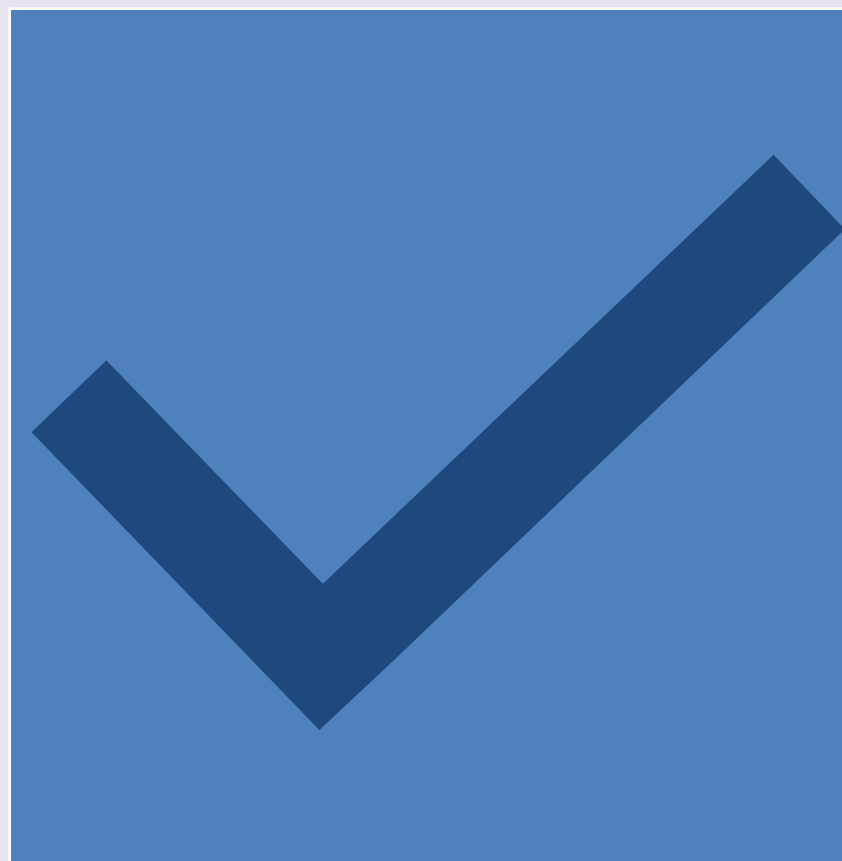
Focus Groups

- Identified key domains of the LDP
- Highlighted the preparation needed for a live discharge from hospice



LDP Developed

- 1. Pre-discharge data
- 2. Discharge Assessment
- 3. Determine need for follow-up phone call
- 4. Post-discharge assessment



LDP Review

- For clarity of language, instruction and flow
- Provided suggestions to improve each step
- Noted challenges to implementation



LDP Evaluation

- Tested for usability
- Data collected each discharge (n=30)
- Fidelity for implementation

Live Discharge Protocol (LDP)

STEP 1.

Pre-discharge Data

- Determine eligibility
- Collect information prior to discharge
- Communicate with team members

STEP 2.

Discharge Assessment

- Psychosocial & financial needs
- Community referrals
- Meaning of discharge
- Document plan

STEP 3.

Determine Need For Follow-up Phone Call

- Assessment of need for call:
Are they alive?
Have they re-enrolled?

STEP 4.

Post-discharge Assessment

- Follow up phone call 30 days post-discharge:
Changes in patient's health
Caregiver well-being
Re-enrollment potential

Focus Groups (n=14) Hospice Social Workers

- 4 focus groups across 4 states via Zoom
- Average length 70 minutes
- Participants were asked to review the LDP components and provide feedback
- Template analysis



RESULTS

- Benefits and challenges of a structured discharge protocol
- Specific LDP roles across team members
- Education and clear boundaries needed for both patients/caregivers and professionals

LDP Review (N=20) Hospice Nurses & Social Workers

- Qualtrics survey
- Reviewed each step of the LDP and provided feedback on usability and identified potential challenges to implementation
- Template analysis



RESULTS

- No reported concerns about wording of LDP
- Highlighted general challenges (step 1) and noted role of patient/family reaction (steps 2 & 4)
- Questioned how they would integrate follow-up phone call into current practice (steps 3 & 4)

LDP Evaluation

- Tested for usability in 4 hospice agencies with hospice social workers and nurses (n=30 discharges)
- Clinician completed a discharge using the LDP and engaged in qualitative interview
- Thematic analysis



PRELIMINARY RESULTS

- Tailor assessment: facility vs. home patients
- Follow-up phone call viewed as positive
- Highlights attention to coordination and roles

Discussion

- A discharge process supports both the patient/caregiver as well as hospice professionals
- Follow-up phone call is an investment for re-enrollment potential
- Reimbursement for discharge practice is necessary
- Plan for larger RCT with evaluation of post-discharge outcomes

Acknowledgements

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