

A Systems Analysis of Discharge to SNF from ZSFG Using A3 Thinking

Logan Bailey BS, Amy Ou MD

Background

- The complex transition from hospital to Skilled Nursing Facilities (SNF) involves multiple stakeholders and contains many potential barriers to timely and effective discharge.
- Nearly 10% of patients at ZSFG will be discharged to SNF. Despite a large percentage of patients transferring to SNF, this transitional process has not been evaluated in a comprehensive and systematic way with limited ability to implement targeted and measurable change.
- To address this, our study aimed to:
 - Characterize patients discharged from ZSFG to SNF.
 - Understand the current state of transition process to SNF.
 - Investigate and characterize barriers to timely and effective discharge to SNF.

Methods

- For this project we used a sequential mixed methods design grounded in an A3 quality improvement methodology.
- For the first aim, we obtained quantitative data (e.g. patient demographics, length of stay) from discharge reports at ZSFG from December 2022 to December 2023.
- For the second and third aim, we conducted eight semi-structured interviews with key stakeholders (Hospital and SNF staff and providers, patients) to gather qualitative information and developed a process map to aid in identification of key steps and potential barriers.

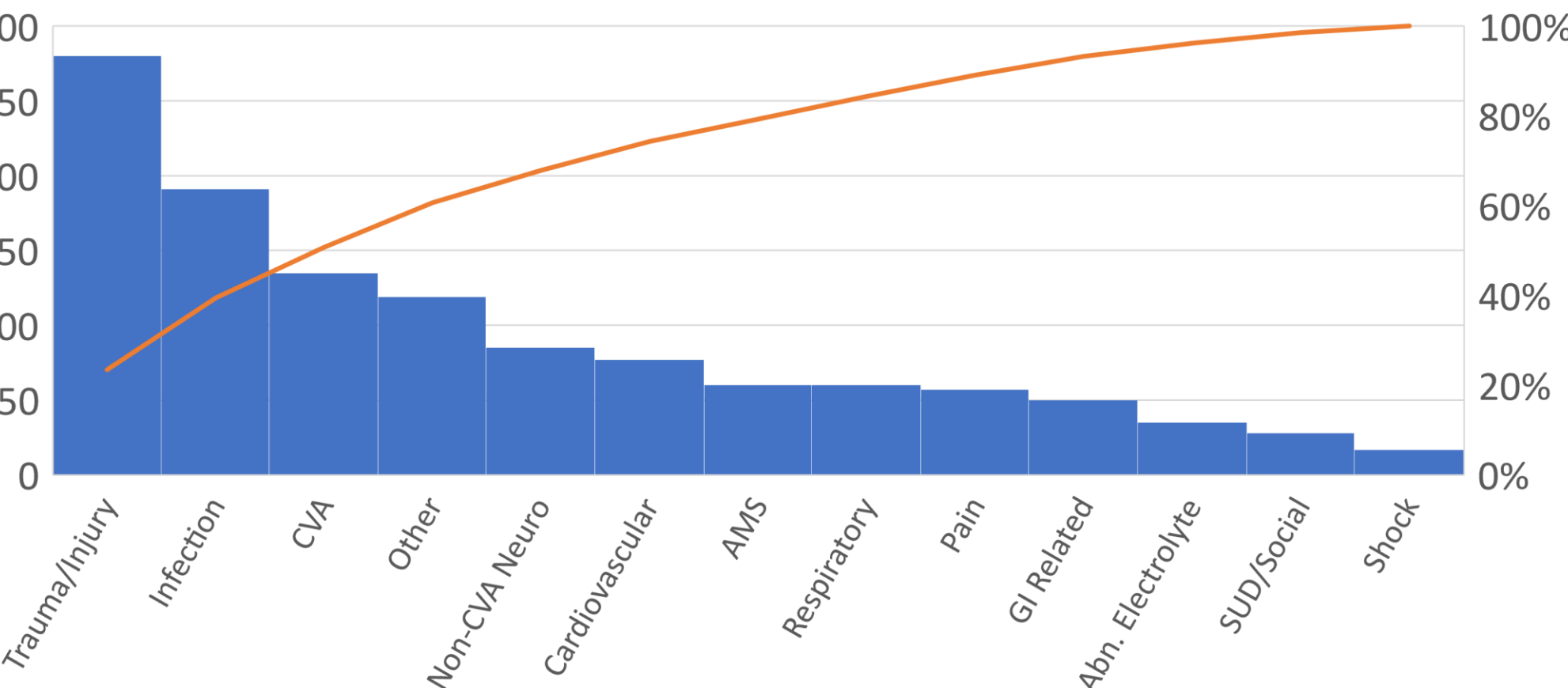
Results

- Patients going to SNF are mostly ≥65 years old with public forms of insurance. The most common reasons for admission were trauma, acute injury, and infections.
- ZSFG has a higher overall length of stay (LOS) than national average (6 vs 5.5 days), more prominent in discharge to SNF (12.2 vs 9.2 days). Increased LOS is further amplified among patients going to SNF with Medicaid for their insurance, as well as those identifying as Black or African American.
- The process of discharging patients to SNF involves several key stakeholders and many steps. (See Flow Chart).

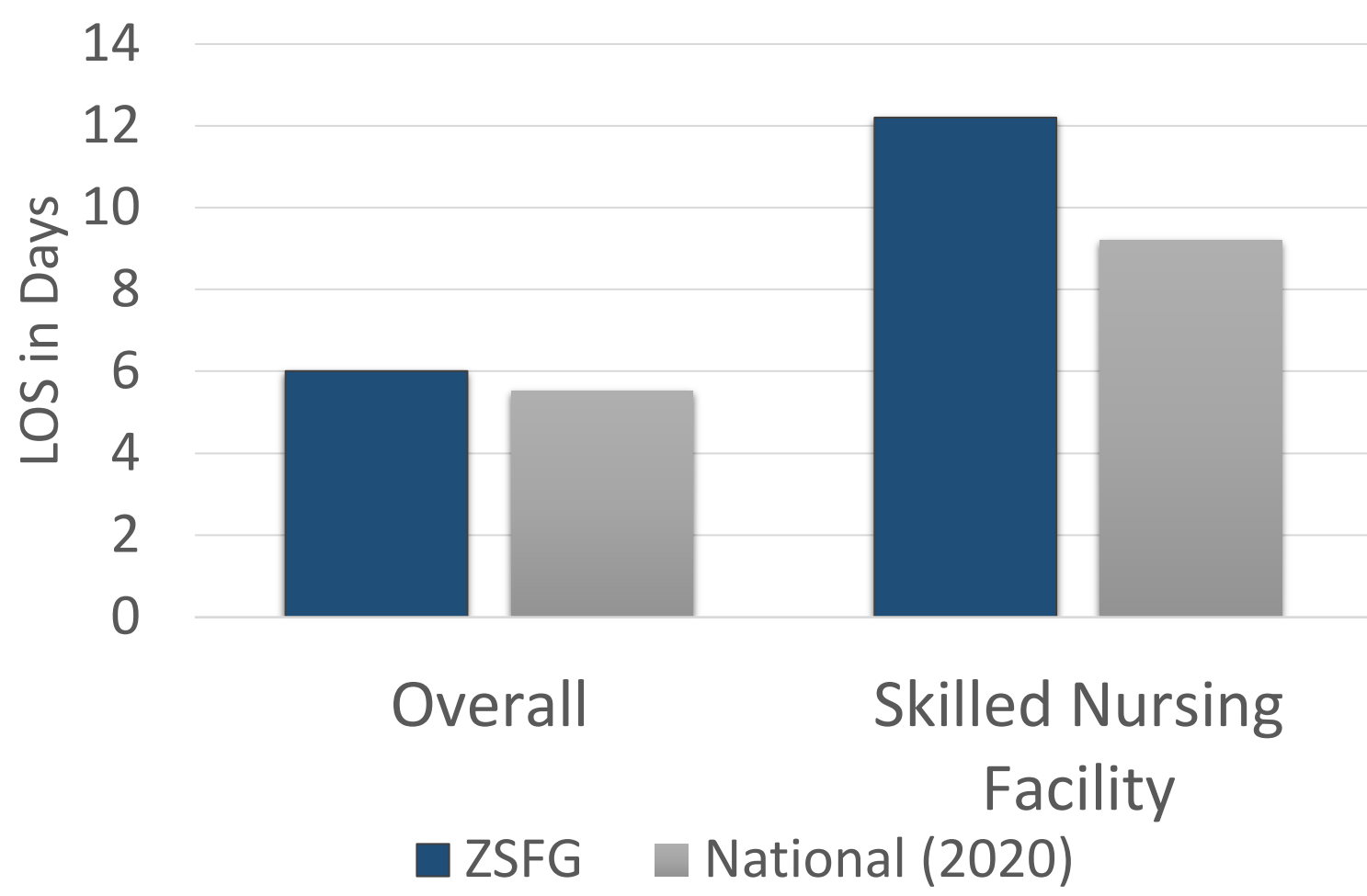
Patient Characteristics and Discharge Trends

Patient Characteristics	DCs to SNF N=1,194	All ZSFG DCs N=14,000	National DCs (2020)
Age			
18-44	8.4%	35.4%	24.5%
45-64	27.1%	32.0%	23.8%
65-84	45.2%	23.4%	29.6%
85+	19.3%	6.0%	7.7%
Sex			
Female	40.5%	43.2%	55.2%
Male	59.5%	56.7%	44.8%
Race/Ethnicity			
Non-Hispanic White	33.5%	22.8%	61.4%
Black	19.3%	19.5%	15.3%
Asian/PI	23.4%	16.5%	3.0%
Hispanic	21.2%	30.9%	12.6%
Primary Payer			
Medicare	59.6%	29.8%	39.7%
Medicaid	27.3%	59.8%	23.1%
Other	13.1%	10.4%	37.2%

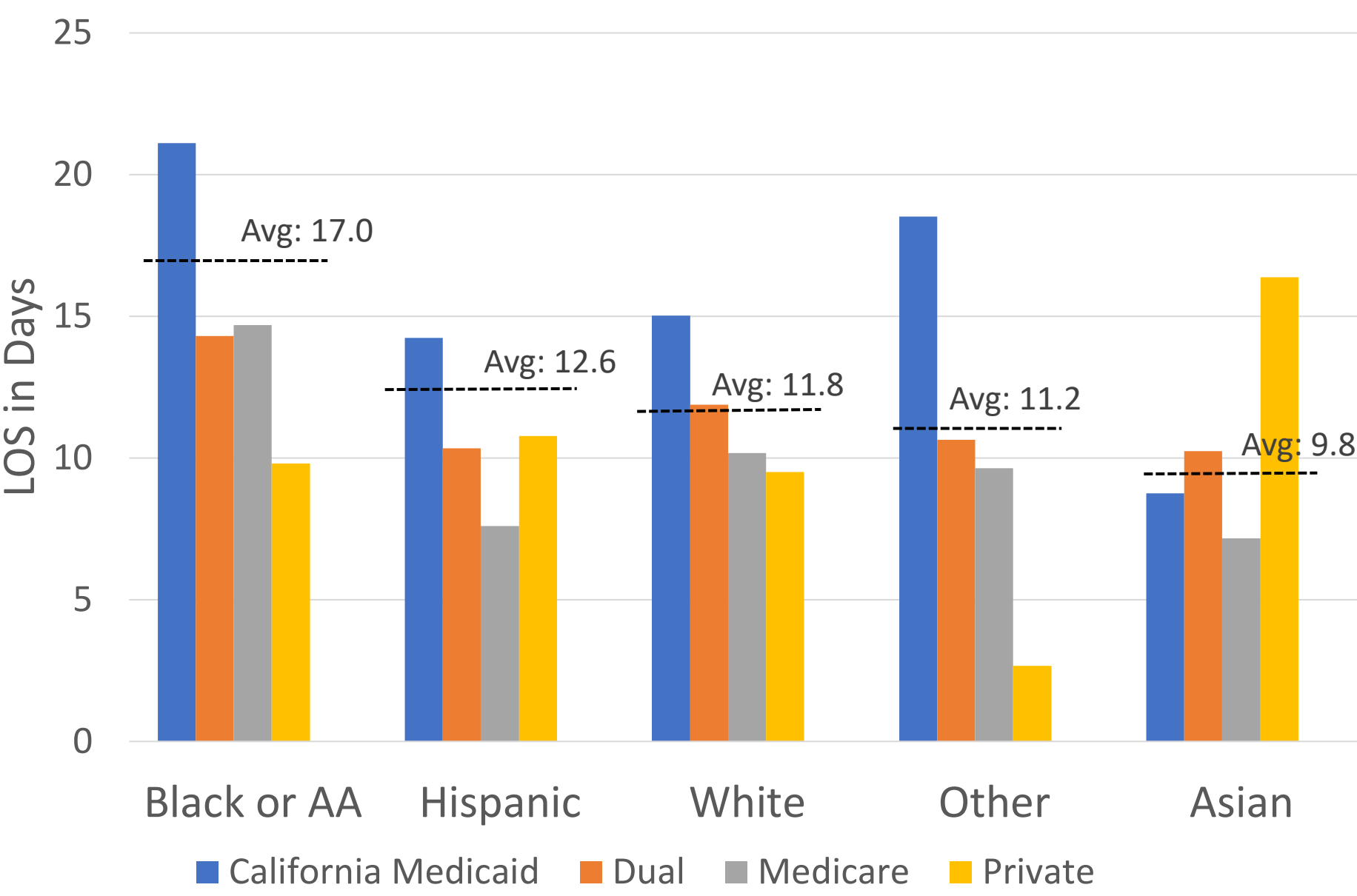
Common Admitting Diagnosis Categories Among Patients Discharged to SNF



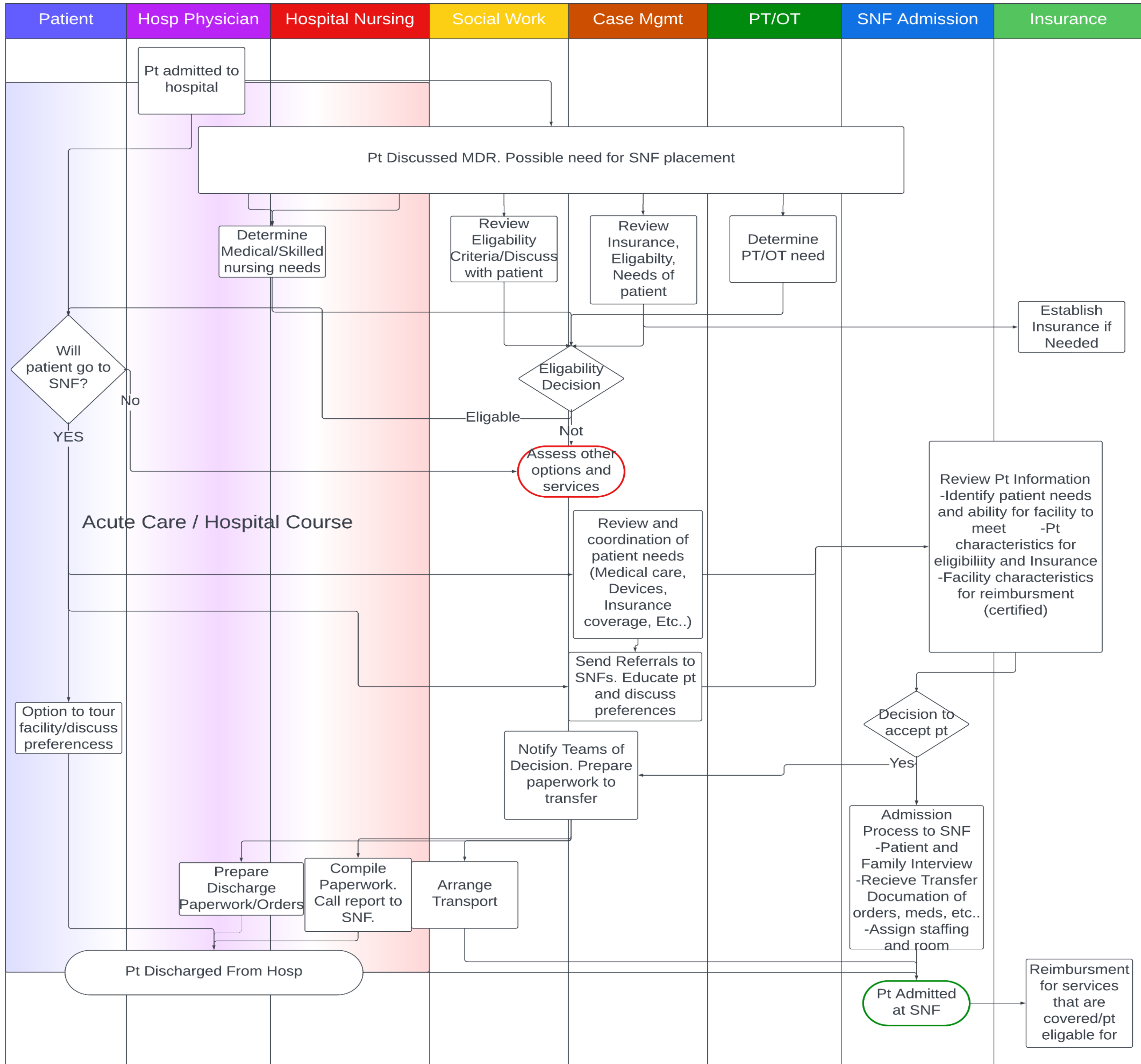
ZSFG vs National Length of Hospital Stay by Discharge Destination



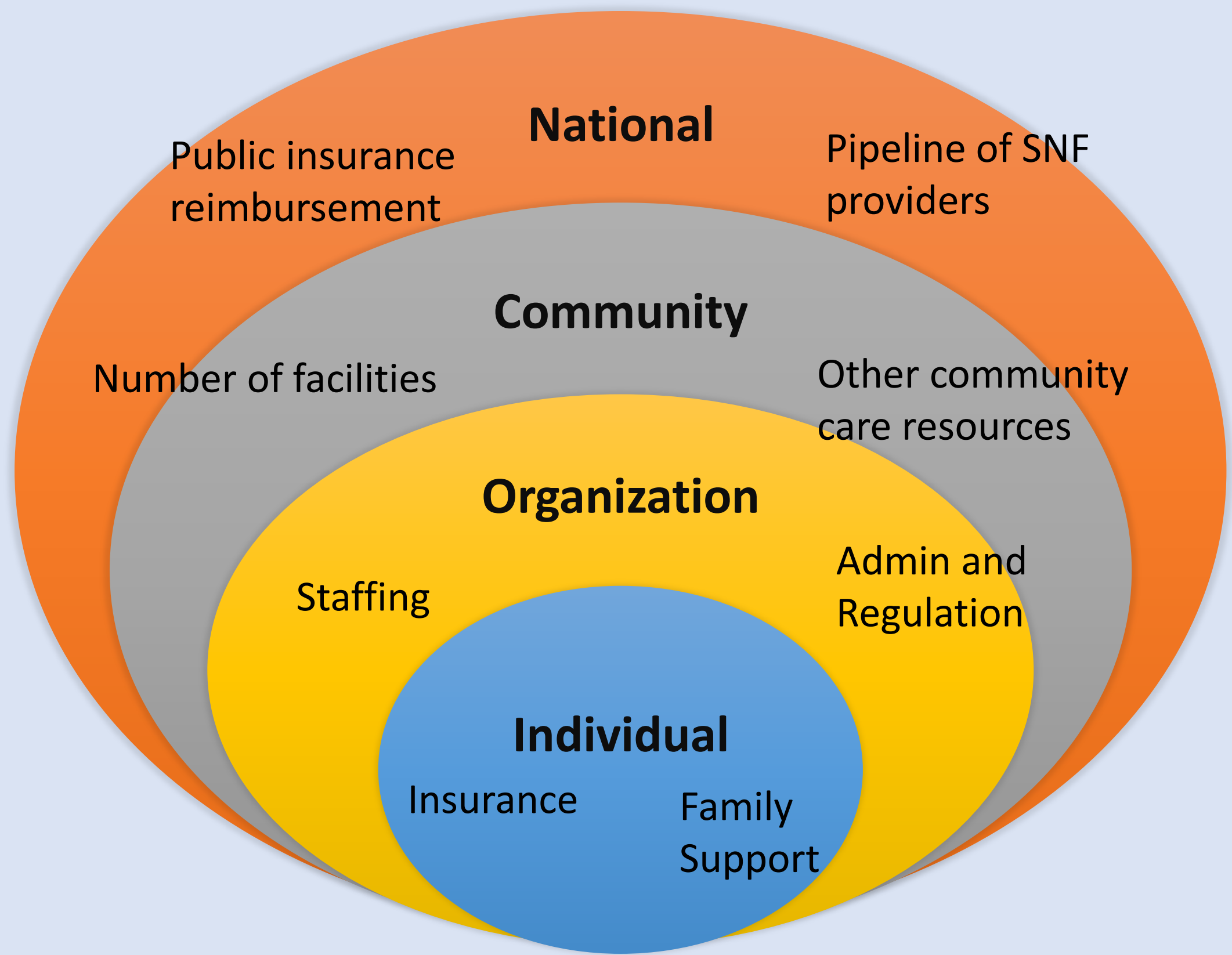
Average Length of Stay Prior to SNF DC By Race and Payer Type



Key Steps Involved in Discharge to SNF



Gap Analysis Performed Based on Quantitative and Qualitative Data



Proposed Countermeasures From Gap Analysis

- Work with medical training institutions to increase exposure and training of SNF providers - Advocate for policy changes for public forms of insurance to have greater SNF coverage.	Higher
- Advocate for increased/better community resources to care for patients outside of the hospital setting - Incentivize healthcare workers to work in SNF settings	Potential Impact
- Develop an EMR integrated checklist for patient abilities and skilled care needs that is viewable/edited by all specialties - Provider education on resources that are available to provide care for patients outside of hospital setting - Provider training on appropriate admission criteria and resource on community-based care - Develop educational materials and sessions for patients and families	Lower

Discussion

- Using A3 thinking, we characterized patients that were discharged to SNF from ZSFG and identified populations with higher LOS prior to discharge.
- Many potential barriers to timely discharge were identified and characterized, ranging a wide spectrum of stakeholders and structural levels. Development of a process map aided in clearly identifying barriers and ownership of steps to target countermeasures.
- Next steps will be to further evaluate for potential drivers of discrepancies and collaborate with stakeholders to carryout countermeasures.