How to Implement an Acuity Rating System in Your Hospice Agency

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Objectives

- Define Patient Acuity by the Numbers
- Calculate patient acuity and case scenario
- Operational opportunities where knowing patient acuity can be used
- How Acuity can improve your operations
- How acuity improves your budgeting and business model development
Acuity by the Numbers

\[ 1 \div \cdot 1 = \text{Acuity} \]
Two to do the Math

1. What visit types do we do as an agency
2. How much time by visit type

Calculate by Visit Type

Visit time $\div 60$
Visit Types

- Evaluation
- Admission visit
- Re-Visit
- Personal Care Visit
- Wound Care visit
- Recertification
- Death visit
- Discharge visit

Benchmark for Modeling

<table>
<thead>
<tr>
<th>Visit type</th>
<th>Actual Acuity</th>
<th>Benchmarked Acuity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Evaluation</td>
<td>1.0</td>
<td>1.0</td>
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<tr>
<td>Admission visit</td>
<td>2.5</td>
<td>4.0</td>
</tr>
<tr>
<td>Re-Visit</td>
<td>1.5</td>
<td>1.0</td>
</tr>
<tr>
<td>Personal Care visit</td>
<td>0.5</td>
<td>1.0</td>
</tr>
<tr>
<td>Wound Care visit</td>
<td>2.0</td>
<td>1.0</td>
</tr>
<tr>
<td>Recertification</td>
<td>2.0</td>
<td>2.0</td>
</tr>
<tr>
<td>Death visit</td>
<td>1.0</td>
<td>1.0</td>
</tr>
<tr>
<td>Discharge visit</td>
<td>1.0</td>
<td>1.0</td>
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</table>
Benchmark for Modeling

<table>
<thead>
<tr>
<th>Visit type</th>
<th>Skilled Nursing</th>
<th>Counselor</th>
<th>MD</th>
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<tbody>
<tr>
<td>Evaluation</td>
<td>1.0</td>
<td>1.0</td>
<td>1.0</td>
</tr>
<tr>
<td>Admission visit</td>
<td>2.5</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Re-Visit</td>
<td>1.5</td>
<td>1.0</td>
<td>1.0</td>
</tr>
<tr>
<td>Personal Care visit</td>
<td>0.5</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Wound Care visit</td>
<td>2.0</td>
<td>NA</td>
<td>.5</td>
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<tr>
<td>Recertification</td>
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<tr>
<td>Death visit</td>
<td>1.0</td>
<td>1.0</td>
<td>1.0</td>
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<tr>
<td>Discharge visit</td>
<td>1.0</td>
<td>1.0</td>
<td>1.0</td>
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</tbody>
</table>

Case Scenario

- Caring Hospice has had a problem evaluating and planning for staff time
- They plan for 1 RN for every 15 patients, but it isn’t working
- They have a lot of unhappy patients in the evening hours
- What are the steps to plan a better model?
Case study discussion

- Evaluation of actual average time per type of visit
- Evaluation of patient times of day for types of visit
- Begin to use the plan of care to schedule staff based on average visit length based on acuity
- What else could you do?

Operational Opportunities

- Intake
- Staffing
- Patient Care
- Quality Initiatives
- Finance
Improve Operations

- Preparedness
- Staffing needs
  - Hiring
  - Admission timeliness
  - Flexible or changed staff scheduling
- Contracts

Budget to Business Model

- Build and Link your budget model
- Trend and identify opportunities
- Enhance your Business model
Build and Link Budget Model

Trend and identify opportunities

Benchmark Dashboard

<table>
<thead>
<tr>
<th>Acuity of Visits</th>
<th>January</th>
<th>February</th>
<th>March</th>
<th>April</th>
<th>May</th>
<th>June</th>
<th>YTD</th>
<th>ACTUAL/AVERAGE</th>
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<tr>
<td>Eval visit</td>
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<td>1.49</td>
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<td>Admission</td>
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<tr>
<td>Recert</td>
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<td>2.4</td>
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<tr>
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<tr>
<td>Re-visit</td>
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<td>0.94</td>
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<td>1.28</td>
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<td>1.33</td>
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</tr>
</tbody>
</table>
Business Dashboard

Summary

- Patient acuity is as simple as calculating the visit math
- Knowing the acuity can help with operational processes
- Using acuity can improve your budgeting
Questions

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