


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 


[uh-kyoo-i-tee]

[Spell](#) [Syllables](#)

Examples Word Origin

noun

- sharpness; acuteness; keenness:
acuity of vision; acuity of mind.

acute 


[uh-kyoot]

[Spell](#) [Syllables](#)

Synonyms Word Origin

adjective

- sharp or severe in effect; intense:
acute sorrow; an acute pain.
- extremely great or serious; crucial; critical:
an acute shortage of oil.
- (of disease) brief and severe (opposed to chronic).
- sharp or penetrating in intellect, insight, or perception:
an acute observer.
- extremely sensitive even to slight details or impressions:
acute eyesight.
- sharp at the end; ending in a point.
- Geometry.*
 - (of an angle) less than 90°.
 - (of a triangle) containing only acute angles.



Acuity by the Numbers

1 ÷ 1 = 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

Visit type	Actual Acuity	Benchmarked Acuity
Evaluation	1.0	1.0
Admission visit	2.5	4.0
Re-Visit	1.5	1.0
Personal Care visit	0.5	1.0
Wound Care visit	2.0	1.0
Recertification	2.0	2.0
Death visit	1.0	1.0
Discharge visit	1.0	1.0

Benchmark for Modeling

Visit type	Skilled Nursing	Counselor	MD
Evaluation	1.0	1.0	1.0
Admission visit	2.5	NA	NA
Re-Visit	1.5	1.0	1.0
Personal Care visit	0.5	NA	NA
Wound Care visit	2.0	NA	.5
Recertification	2.0	.5	2.0
Death visit	1.0	1.0	1.0
Discharge visit	1.0	1.0	1.0

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

Acuity of Visits				
Eval visit	1.48	1.5		
Admission	1.76	1.75		
Recert	0.95	0.98		
Discharge	0.93	0.94		
Re-visit	0.94	0.93		
SW initial assessment	1.33	1.4		
=SUM('Statistic modeling'!D38)*\$E\$24/F17*\$C\$24				
Visits by Discipline				
Skilled Nursing visits	1410	1327		
Medical Social Service visits	61	56		
Home Health Aide Visits	604	577	1 FTE = 2080	
Counselors	24	54	8 Visit/man hr	248
Volunteers	75	77		
Physician	112	99	Acuity by visit type	3.00
Total Visits (All payors)	2286	2190		1.00
				2.00
				1.50
Social Worker (MSW)				1.00
Case Management				5.43
Admissions - Nursing			1.4 per hour	3.40
Re-Visit nurses			1.4 per hour	8.97
Re-cert visit			1.4 per hour	0.30
Discharge visit			1.4 per hour	1.69
HHA Coordinator				0.30
Home Health Aide			visits per day	6.38
Support team				3.00
Subtotal FTE				36.96

Trend and identify opportunities

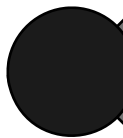
Benchmark Dashboard							
	January	February	March	April	May	June	YTD
							ACTUAL / AVERAGE
Acuity of Visits							
Eval visit	1.48	1.5	1.49	1.46	1.48	1.43	1.47
Admission	1.76	1.75	1.78	1.82	1.83	1.84	1.80
Recert	2.2	2.3	2.25	2.4	2.45	2.50	2.35
Discharge	0.93	0.94	0.93	0.95	0.97	0.96	0.95
Re-visit	0.94	0.93	0.90	0.92	0.91	0.94	0.92
SW initial assessment	1.33	1.4	1.40	1.32	1.28	1.25	1.33


Business Dashboard

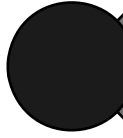
Benchmark Dashboard							
	Jan	Feb	March	April	May	June	YTD ACTUAL / AVERAGE
FTE	69.85	69.60	75.62	76.02	77.03	78.20	74.1
Abuse ADC							
Routine	58.4	60.3	62.3	65.0	64.3	66.8	62.6
Respite	1.0	1.0	1.0	1.0	1.0	1.0	1.0
Inpatient	6.6	6.7	8.7	8.8	8.9	9.9	8.3
Continous Care	-	-	-	1.2	1.2	1.3	0.0
	66.0	68.0	72.0	74.0	76.0	79.0	72.5
Patient Days							
Routine	1,830	1,689	1,950	1,800	2,012	2,004	133,547 86.3%
Respite	31	28	31	30	38	30	181 0 1.4%
Inpatient	206	187	271	264	275	298	14,993 11.4%
Continous Care	0	0	0	36	38	38	111 0 0.9%
Total Patient Days	2,067	1,904	2,252	2,330	2,360	2,370	132,831 100.0%
Room & Board Patient days							
	217	196	217	230	217	230	1,267
Number of referrals							
	255	245	258	333	335	250	1,716
Admission Payer Mix							
							0
Medicare	157	144	166	150	168	158	
Medicaid	3	4	7	4	1	2	
Commercial	31	39	32	21	36	39	
Self Pay	0	0	0	0	0	0	
Charity	1	2	0	2	1	0	
Total Admissions	192	189	206	178	187	196	63.2%
Conversion ratio	68%	89%	82%	59%	56%	72%	
Admission Payer Mix							
Medicare	75.7%	74.8%	75.2%	76.0%	80.0%	78.0%	76.6%
Medicaid	0.9%	0.4%	0.9%	0.5%	0.0%	0.4%	0.9%
Commercial/self-pay/Charity/Other	23.7%	24.8%	24.3%	23.5%	17.0%	21.6%	22.5%
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Benchmark Dashboard							
	Jan	Feb	March	April	May	June	YTD ACTUAL / AVERAGE
Average Reimbursement							
Medicare Avg Reim/day	\$ 254.38	\$ 253.89	\$ 254.67	\$ 235.09	\$ 255.10	\$ 235.00	
Medicaid Avg Reim/day	\$ 189.00	\$ 189.90	\$ 186.00	\$ 187.00	\$ 189.00	\$ 190.00	
Commercial Avg Reim/day	\$ 145.00	\$ 153.00	\$ 146.24	\$ 153.34	\$ 153.35	\$ 146.46	
Per patient Day Cost							
SALARIES & WAGES REG & ADMIN	\$ 125.11	\$ 124.89	\$ 127.89	\$ 133.32	\$ 126.44	\$ 126.51	
DRUGS/BIOLOGICAL	\$ 12.25	\$ 11.88	\$ 12.55	\$ 12.66	\$ 12.58	\$ 12.66	
HOME HEALTH AIDES	\$ 8.88	\$ 11.97	\$ 12.15	\$ 12.28	\$ 12.18	\$ 12.15	
NURSING HOME R&B COST	\$ 145.00	\$ 155.00	\$ 146.24	\$ 151.34	\$ 153.35	\$ 146.46	
CONTRACT HOSPITALS	\$ 790.00	\$ 790.00	\$ 790.00	\$ 790.00	\$ 790.00	\$ 790.00	
DIETAL SUPPLIES	\$ 9.89	\$ 8.80	\$ 9.77	\$ 10.34	\$ 10.35	\$ 10.46	
DME	\$ 5.30	\$ 5.27	\$ 5.30	\$ 5.40	\$ 5.30	\$ 5.51	
TRANSPORTATION	\$ 2.31	\$ 2.28	\$ 2.40	\$ 2.38	\$ 2.37	\$ 2.42	
AUXILIARY CHARGES	\$ 3.31	\$ 3.11	\$ 3.11	\$ 3.29	\$ 3.30	\$ 3.33	
Activity of Mails							
Eval visit	1.48	1.5	1.48	1.46	1.48	1.43	1.47
Admission	1.76	1.78	1.78	1.82	1.83	1.84	1.80
Reim	2.2	2.31	2.21	2.4	2.45	2.51	2.34
Discharge	0.99	0.94	0.99	0.95	0.97	0.96	0.98
Revisit	0.94	0.98	0.90	0.92	0.91	0.94	0.92
SW/initial assessment	1.33	1.4	1.40	1.32	1.38	1.25	1.31
Visits by Discipline							
Skilled Nursing visits	1410	1327	1307	1311	1354	1308	6457
Medical Social Service visits	46	56	54	59	37	48	296
Home Health Aide Visits	624	577	730	645	668	822	4023
Counselors	36	54	60	27	30	38	270
Volunteers	76	77	82	96	97	101	529
Physician	112	99	124	102	127	130	694
Total Visits (All payors)	2386	2190	2066	2259	2281	2060	14242

Summary

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

Questions

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