AXXESS

METRICS THAT MATTER IN
HOSPICE CARE

Improve Your Hospice by Monitoring These Key Metrics

OPERATIONAL METRICS

Operational Metrics

Monitoring key performance metrics is critical in the delivery of high-quality hospice care. Metrics help organizational leadership keep a pulse on the effectiveness of operational processes, patient care delivery and finances, so changes can be implemented when the efficacy of certain practices falls below standards. This guidebook provides best practices for analyzing the most critical metrics in hospice care to maintain the operational, clinical and financial health of your hospice organization.

▶ **Referrals, Admissions and Conversion Rate**

Monitoring referral volume is crucial, as referrals are the first step in generating revenue. Hospices should track the number of incoming referrals to assess sales and marketing effectiveness, as well as the referral conversion rate and average time from referral to admission. In the highly competitive world of hospice care, any delay in admitting a new referral creates opportunity for another hospice to admit the patient. Your hospice software should provide reporting that displays your organization's referrals, admissions and referral conversion rate. If your organization's referral conversion rate falls below 80-85%, evaluate your referral to admission processes to ensure staff are admitting as many eligible patients as possible.

▶ **Non-Admits by Reason**

When a referral is not admitted for hospice care, it's important for hospices to understand why. Your organization's hospice software should provide a report that displays non-admitted patients and their reasons for non-admission. Tracking reasons for non-admission enables hospices to identify and remedy preventable barriers to care, resulting in more admissions and a higher patient census.

▶ **Top Referral Partners**

Hospices should keep track of their top referral partners to maintain a good standing in the industry and dominate the market share. Referral partners are critical to sustaining a sizable patient census, so hospices should nurture their existing partnerships and continue building new relationships to maintain a steady flow of incoming referrals. Hospices should also monitor referral trends. If a referral partner consistently refers patients who are eligible for hospice care and admitted for service, hospices should strengthen their relationship with that partner to increase future referrals and admissions.

▶ **Average Length of Stay**

Many factors impact a patient's length of stay on hospice, from diagnosis to geographical location. Monitoring your organization's average length of stay (ALOS) is important, as a high ALOS could mean your organization is at risk for exceeding the hospice cap, while a low ALOS could overburden staff with excess churn of discharges and admissions.

💡 **TIP**

Benchmark your organization against competitors. The average length of stay for hospice organizations nationwide in 2019 was 92.6 days with a median of 18 days.

▶ **Live Discharges**

Monitoring discharges by type is important for survey compliance and the overall health of your business. Live discharges can put a strain on hospice organizations, as additional nursing hours are required to complete the discharge process and possibly readmit the patient, and revenue loss occurs when the census lowers. Some live discharges are unavoidable, but often they occur due to preventable circumstances, such as uncontrolled symptoms or caregiver burnout. It is the hospice's responsibility to prevent incidents that could result in an unnecessary live discharge, keeping the number of live discharges (that are not due to eligibility) as low as possible.

Early and late live discharges are part of the hospice care index scoring, and a higher percentage of live discharges than your peers might show cause for concern with quality of care or program integrity.

Early Live Discharge Measurement:

Number of live discharges occurring in the first seven days of a reporting period

Total number of live discharges in a reporting period

Scoring: One point if the hospice scores below the 90th percentile nationwide
Current Average: 7.5% of all live discharges occur during the first seven days of hospice care

Late Live Discharge Measurement:

Number of live discharges occurring on or after 180 days in a reporting period

Total number of live discharges in a reporting period

Scoring: One point if the hospice scores below the 90th percentile nationwide
Current Average: 37.4% of all live discharges occur on or after 180 days

To optimize performance on each of these metrics, evaluate your organization's current performance, identify areas that require improvement and create an action plan, integrating the best practices provided above. After implementing your improvement plan, continue monitoring these metrics to gauge ongoing progress.

Remember, every hospice has unique needs and improvement goals. Being proactive by monitoring metrics with the highest risk stratification assignment is key.

For additional information on hospice metrics that matter, or to learn more about hospice technology solutions designed for your success, connect with Axxess.

About the Authors

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