Increasing Skilled Nursing Facility Authorization Requests on Weekends

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July 21, 2023

Abstract

The goal of the evidence-based project was to increase skilled nursing facility (SNF) authorization requests on the weekends. Saturday and Sunday authorization requests were increased during the project period from 1.3% of the total authorizations to 7.2%. Discharges to skilled nursing facilities on weekends did not increase as expected. There was an increase in discharges on Mondays from 15.5% to 19.6% of total discharges to SNFs for Medicare Advantage patients. This increase in authorizations completed was accomplished by identifying patients who could potentially discharge if an authorization was obtained using a standard handoff tool. There was also an increased focus on the estimated date of discharge accuracy through discussion during interdisciplinary rounds. Further review is needed to identify additional barriers that prevent discharges to SNFs on weekends.

Keywords: skilled nursing facility authorization, weekend discharges, avoidable delays, barriers to discharge

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Section I. Introduction

Discharging medically stable patients promptly may reduce the cost of care, enhance quality, and limit complications (Rojas-Garcia et al., 2018). Due to capacity restraints within the acute setting, the flow of patients, specifically the discharge process, is of the utmost importance (Mangum et al, 2021). Length of stay is an ongoing focus for hospitals while maintaining patient satisfaction to improve throughput (Rohatgi et al., 2018). COVID-19 has been shown to increase patients' length of stay; thus, adding to the challenges faced by hospitals (O'Neil et al., 2022). There are many barriers to efficient throughput in the hospital setting including inefficient outflow practices (Åhlin et al., 2022). The topic of this project sought to address barriers to discharge specifically on weekends.

Background

The site for this project is a large acute hospital located in eastern North Carolina. The medical center has 974 licensed beds and services 29 North Carolina counties. The Case Management (CM) Department within the project site works closely with patients to develop appropriate and safe discharge plans. The CM leadership team identified throughput concerns and identified decreased discharges to skilled nursing facilities (SNFs) over the weekend and Monday as an area of opportunity. Medicare Advantage health plans require prior authorization for patients to admit to SNFs. One barrier to weekend and Monday discharges is insurance authorization requests for SNFs have not been done on weekends. The organization hopes to increase the number of authorization requests completed on Saturdays and Sundays.

Organizational Needs Statement

The organization feels its need is to increase the number of SNF authorization requests completed over the weekend. The goal would be to improve patient flow, specifically on

Mondays, and ultimately decrease the length of stay. A study completed by Diwan et al. (2020), found that longer length of stay was associated with lower patient satisfaction. Improved efficiency assists in the reduction of length of stay which "...results in decreased risk of infection and medication side effects, improvement in the quality of treatment, and increased hospital profit with more efficient bed management" (Baek et al., 2018, pg.1).

On average, Saturday and Sunday SNF authorization requests, make up less than 1% of the total requests for the organization. This increases authorization requests on Monday, which accounts for approximately 22% of the total requests for the organization. Monday authorization requests are the highest of all days except for Wednesday which is comparable to Monday requests. Additionally, upon the review of SNF discharges by day of the week for Medicare Advantage patients, a decrease in discharges occurs on Mondays. This is thought to be a result of authorization request weekend delays which push requests to Monday. With an average turnaround time for authorizations of 10 hours and a peak request time of two p.m., these discharges likely do not occur on Monday. The authorization requests by day, the average turnaround time, and peak request time were determined from data extraction from the health plan contracted post-acute utilization management partner organization. The Medicare Advantage discharges to SNFs by day data was extracted from discharge information from Epic, the electronic medical record (EMR). The project site compared weekend authorization requests to those done on weekdays and realized the opportunity for improvement in standardization for the weekends.

Standardization of the authorization initiation process addresses several of The American Case Management Association's (ACMA; 2020) identified scope of services. The scope of service entitled sequencing includes providing well-timed interventions that ensure a seamless

transition. By requesting authorizations on the weekends sequencing is accomplished. Secondly, Payor Interface occurs when authorizations are obtained for SNFs promptly. Lastly, Managing Utilization and Delays is specifically addressed through process improvement for identified avoidable delays.

The ACMA (2020) has also identified Standards of Practice and two of these are addressed through this project: Resource Management and Technology. By decreasing weekend delays, CM staff can assist in the timely discharge to SNFs. The timeliness of care transitions ultimately avoids unnecessary costs associated with an extended length of stay. Project participants were trained to utilize a secure portal for transmitting patient information thus meeting the standard of Technology.

Ensuring timely authorizations for post-acute care addresses the Triple Aim framework by the Institute for Healthcare Improvement (IHI; 2022). Efficient transitions to the next level of care ensure patients receive the care necessary for recovery. Patient experience can be affected positively by eliminating unnecessary delays. This project focuses on the Medicare Advantage patient population and reducing lags in care due to a break in processes caused by weekends. Ensuring skilled care is provided when medically ready enables patients to progress in their recuperation after acute hospitalization. This in turn can improve the health and outcomes of this population of patients. Lastly, reducing the cost of care through the elimination of interruptions in the process intersects with the Triple Aim framework.

Problem Statement

The identified problem was that there was a decrease in post-acute SNF authorization requests on weekends. Less than 1% of the total authorization requests occurred on weekends with an elevated percentage of authorization requests occurring on Mondays. Additionally,

discharges to SNFs for patients with a Medicare Advantage plan are lower on Monday in comparison to other weekdays.

Purpose Statement

This project aimed to increase SNF insurance authorization requests on Saturdays and Sundays by redesigning the authorization request process. This includes the identification of appropriate patients requiring prior authorization and modifying the weekend staff's scope of work.

Section II. Evidence

Literature Review

A literature search was conducted to assess strategies to increase SNF authorization requests on weekends. This search was completed using on Laupus Health Sciences Library using PubMed and Cumulative Index to Nursing and Allied Health Literature (CINAHL) databases. Boolean operators “AND/ OR” were used to combine terms within searches. The MESH terms used in the initial PubMed search included "Patient Discharge" AND "Communication" OR "Interdisciplinary Communication" AND "Hospitals,” AND “Delay.” With the inclusion of articles within a five-year timeframe, six results were found of which five were excluded due to not being related to the topic of interdisciplinary rounds and discharges. A second search in CINAHL using the terms “Multidisciplinary Care Team” AND “Communication” AND “Patient Discharge” OR “Discharge Planning” and including literature within the last five years was done. This search yielded 22 results with 20 being excluded due to not being relevant to the topic of multidisciplinary rounding processes. Lastly, a search was conducted within PubMed utilizing the terms “Patients” OR “Hospitals” AND “handoff” with the inclusion of five years as well as in the English language. One hundred and fifty-seven results were found with 155 being excluded due to not being relevant to handoffs. These five a process for improvement for increasing weekend SNF authorization requests (see Appendix A).

Current State of Knowledge

There is no literature to specifically address weekend authorization requests for SNFs. Additionally, there is little literature on addressing weekend discharge delays. The literature more broadly focused on reducing discharge delays, preventing miscommunication, and multidisciplinary collaboration. The literature found was not specifically for the population being

targeted by this project, Medicare Advantage members. Instead, it focused more generally on all hospital patients regardless of payer source.

More literature was found regarding the effectiveness of communication strategies related to the progression of care for hospitalized patients. The discharge planning process is complex and is often delayed due to miscommunication (Patel et al., 2019). The literature focused on processes and interventions to improve communication across the care team as well as with patients and families. Multidisciplinary rounds that are structured have been found to improve communication and reduce discharge delays. Identifying patients for next-day discharges were found to improve efficiency and hospital flow. Entering and communicating estimated dates of discharge (EDOD) coupled with enhancing staffing and resources on weekends has also been found to reduce discharge delays associated with weekend processes (Rohatgi et al., 2018). Along with identifying EDODs, ensuring the accuracy of these predictions can be useful in the development of discharge interventions which lead to decreased length of stay (Henry et al., 2021).

Handoff is another process used for the exchange of information between health care professionals that were identified in the literature. A standard handoff can prevent errors and improve staff efficiency (Obaid et al., 2021). Structured handoffs aid in the accuracy and completeness of information shared regarding a patient's care. Implementing an electronic handoff is an effective tool for transferring information specifically on weekends (Nicoll et al., 2021).

Current Approaches to Solving Population Problem

Estimated Dates of Discharge. Identifying patients who could discharge the next day as a part of the script for standard multidisciplinary rounds contributes to patient flow (Patel et al.,

2019). Provided that effective resources are available on weekends, EDOD identification can also reduce discharge delays (Rohatgi et al., 2018). Henry et al. (2021) found that focusing on EDOD and updating it as care progressed improved the accuracy of the prediction. An accurate EDOD can be used to implement process improvement for discharge interventions. Observing variances between weekday and weekend processes at the project site was used to identify this approach.

Structured Handoff. Observation of current handoff processes at the project site revealed an unstructured approach to handoff. Literature indicates one approach to improving communication, especially on weekends, is a standardized handoff tool. Staff efficiency is one of the key benefits of a structured handoff between caregivers (Obaid et al., 2021). The limited weekend staff makes efficiency critical for the best utilization of time. Creating structured handoff tools also prevents variation in the information that is shared thus potentially reducing errors.

A structured handoff can reduce the time of reviewing notes and creates a comprehensive view of necessary information (Nicoll et al., 2021). Creating an electronic format of a standard handoff creates further efficiency and makes the information more readily available and accessible. The handover from the weekday to the weekend is an important transition and key information to streamline communication is necessary due to changes in staffing levels. Utilizing a standard handoff tool within the EMR enables information to be generated directly from the patient chart thus reducing inconsistencies and errors (Joyce et al., 2019). Developing a tool that is efficient for CM staff improves the likelihood of a successful implementation.

Evidence to Support the Intervention

Updating EDODs for patients is a common practice completed by Case Managers (CMs) during the week at the project site. For patients requiring SNF authorization that was not completed during the week, project site leadership indicates this EDOD was not set to a Saturday or Sunday. This was due to authorization requests not being done over the weekend. Utilizing the EDOD to identify patients who may potentially be ready to discharge to SNF would be appropriate to aid in processes related to authorization delays. Patients needing SNF authorization can easily be identified for SNF authorization requests by using the EDOD. The EDOD is utilized for preparation for an effective discharge by setting a target for the interdisciplinary team (Rohatgi et al., 2018). By entering the EDOD in the EMR, all members of the care team, including those initiating SNF authorizations, work towards a common goal to ensure alignment of the discharge plan.

Weekday CMs utilized the EMR for handoff information; however, there was no standard information utilized. If no discharge was planned for the weekend, there may have been no handoff information completed. Identifying patients needing SNF authorization on weekends was challenging due to referrals to discharge navigators not being completed if not done during the week. Due to the inability to do a verbal handoff between weekday and weekend CM staff, the approach of an electronic handoff is ideal. Implementing a standard, electronic handoff can aid to efficiently transfer pertinent information for the weekend continuum of care (Nicoll et al., 2021).

Evidence-Based Practice Framework

The project was executed by utilizing the Six-sigma Define-Measure-Analyze-Improve-Control (DMAIC) improvement cycle. Six-sigma aims to reduce variances and control processes by identifying the root cause of a problem (Tolga Taner et al., 2007). The first step of the

DMAIC process is defining the project. This is done by identifying the problem as well as the scope and goals of the project. Next is to measure current performance which is done by evaluating data and further clarifying the goal utilizing these measurements. The analyze step includes identifying the root causes and gaps in the current process. Following the analyzation is an improvement. This is done by testing possible solutions and solving for the root cause of a problem. Measuring the success of the improvements and prevention of problems is also a part of this step. Lastly, control is completed by solidifying the improvements and implementing ongoing monitoring of the solutions.

A process map is an outline of the current state (McCarty et al., 2005). A process map was utilized for identifying variances in processes for the continuum of care on weekdays and weekends (see Appendix B). Once these gaps were identified, the improvement step utilized interventions based on literature to improve the process. The success of the interventions was measured, and a plan was implemented to maintain the new process. A plan for ongoing review of metrics to continue to monitor for success was implemented.

Ethical Consideration & Protection of Human Subjects

There were no ethical considerations for this project. The identified intervention was equal for all within the target population of Medicare Advantage members identified for transition to a SNF. There was no potential harm to the target population.

Preparation for the formal approval process was done by completing the required Collaborative Institutional Training Initiative (CITI) modules. Contact was made with the Manager of Research Operations at the project site for guidance on approval. The form, "*Quality Improvement Project vs. Human Research Study Determination*" was completed and submitted to the Manager of Research Operations at the project site on October 10, 2022. The information

included a questionnaire regarding the content as well as a summary of the project. On October 11, 2022 the project was determined to be a quality improvement and no Institutional Review Board (IRB) application was needed (see Appendix C).

The form, "*IRB QI/Program Evaluation Self-Certification Tool Guidance*" was completed and submitted to the East Carolina University IRB. The form summarized the project and questions about human subjects and quality improvement. On November 28, 2022, the project was approved as a quality improvement project (see Appendix D).

Section III. Project Design

Project Site and Population

Description of the Setting

The project site was an acute hospital located in eastern North Carolina. The medical center has 974 licensed beds and serves 29 North Carolina counties. The CM Department within the project site works closely with patients to develop appropriate and safe discharge plans. The CM Department was made up of CM leadership, CMs, social workers, utilization management nurses, and support staff.

Description of the Population

The population identified for the project were patients in the hospital needing to be discharged to a SNF. The population was further narrowed to those patients with a Medicare Advantage plan. These patients were identified based on an EDOD of Saturday, Sunday, or Monday. Approximately 800 patients per year require SNF authorization.

A risk assessment was completed using the Strengths, Weaknesses, Opportunities, and Threats (SWOT) method (Moran et al., 2020). This tool evaluates threats and qualities to the project, both internal and external. The strengths identified were an engaged and experienced Case Management (CM) staff, well-established progression of care processes, and a strong and supportive leadership team. Potential weaknesses were decreased weekend CM staff and the potential for a reduced buy-in of pertinent staff. An opportunity identified was the potential to collaborate further with the interdisciplinary team on the identification of patients needing authorization. Threats to the project include delays in the necessary information to obtain authorizations such as timely therapy evaluations. Another threat may be the support of

executive leadership to support ongoing resources (staff) for the process to continue past the project timeline.

Project Team

The project team was formed and comprised of eight CM staff members and leaders who were directly involved in the supervision and direct involvement in the project. The project team included the project manager who worked with the project team to develop and implement the project. The project manager ensured communication throughout the process as well as provided education, developed project tools, and evaluated the effectiveness of the project. The Administrator of the CM Department served as the project site champion and assisted in providing resources for the project including shifting staffing resources. The Manager of the CM Department assisted the project manager with the development of the standardized handoff tool within the EMR. The Weekend CM Supervisor assisted the project manager with the development of the weekend workflow and reinforcement of the project. The three Discharge Navigators assisted in mapping out the workflow for SNF authorization requests. They also were instrumental in implementing the new process for SNF authorization requests on the weekends and collecting project data. The Supervisor of Financial Planning provided baseline data and post-project metrics for discharges by the day of the week.

Project Goals and Outcome Measures

The primary goals of this project were developed based on the two segments of the implementation process which entailed education with CM staff and the utilization of a standard handoff tool. The goal of the educational component was to inform CM staff of the availability of available weekend staff and the inclusion of EDOD discussions during interdisciplinary rounds for possible weekend discharges. The goal of utilizing a standard handoff tool for patients

requiring SNF authorization was to identify patients that could potentially discharge on a weekend or Monday if a SNF authorization was obtained. The overall goal of this project was to increase the number of SNF authorizations requested on weekends; thus, increasing the number of discharges to SNF for the project population on weekends and Mondays.

The following were the expected outcomes of this project:

a) 75% of anticipated weekend SNF authorization needs were communicated using the standardized handoff tool
b) to improve the percentage of SNF authorization requests completed on Saturdays and Sundays to 8% of the total number of authorization requests for the project site per weekend day
c) to increase the discharges to SNF on Saturdays, Sundays, and Mondays by 10%

Description of the Methods and Measurement

To measure the outcomes of this project, the following were used: SNF Authorization Handoff Tool Data Collection Chart (see Appendix E); SNF Authorization Requests by day of the week report; and Medicare Advantage discharges to SNF by day of the week report.

Discussion of the Data Collection Process

The SNF Authorization Handoff Tool Data is a manual collection tool used by CM discharge navigators for identified weekend SNF authorization requests. Discharge navigators were asked to collect information including health plan, EDOD, if the handoff tool was utilized, and if the SNF authorization request was able to be completed. The purpose of utilizing a manual tool for this data is that there is no standard data available in the EHR to measure use of the standard handoff tool. It was important to know if the tool was being utilized and if it was effective in identifying patients needing SNF authorization.

The SNF Authorization Requests by day of the week report is generated from the health plan utilization management reporting. This data is automatically collected based on the date and time of the authorization request initiation by the project site via the electronic portal submission. The purpose of this report is to view the number of authorization requests completed by the project site by day of the week. It also determines the percentage of total SNF authorization requests by day of the week for a given time. This measurement is key in determining the effectiveness of identifying the appropriate EDOD and utilization of the handoff tool for the identification of patients needing SNF authorization.

The Medicare Advantage discharges to SNF by day of the week report is generated by the Supervisor of Financial Planning from the EHR. It is run from claims data, specifically patients with a discharge disposition code of SNF and with payer source of Medicare Advantage. The report generates the date of discharge which is used to find discharges by day of the week. The purpose of this report is to determine if weekend authorization requests resulted in an increase in discharges to SNF on Saturdays, Sundays, and Mondays.

Implementation Plan

The implementation plan for this project was two-fold. The first focused on the education of staff regarding the use of EDOD discussion during interdisciplinary rounds. Secondly, there was a focus on implementing a standard handoff tool for the identification of patients needing SNF authorization on weekends. The implementation included education regarding interdisciplinary rounds and EDOD as well as the new weekend process for all CM staff. Introduction of the project was done for all CM staff on November 17, 2022. Education was done on December 16, 2022, for all CM staff. A tip sheet was created (see Appendix F) and shared with CMs on the standard handoff tool to be used in the EHR. Secondly, specific

education was completed for the discharge navigators on how to prioritize and identify patients needing SNF authorization on the weekend. Additionally, a workflow was created for the discharge navigators to follow on the weekends. Discharge navigators were educated on the new process on December 16, 2022.

The second phase of implementation was the discussion of EDOD during interdisciplinary rounds specific to anticipated weekend discharge. It also included CMs utilizing the standard handoff tool in the EHR and discharge navigators being available on weekends. This availability of weekend staff and identification of needed SNF authorizations enabled the authorizations to be requested on weekends. Observation of the process by the project manager and SNF authorizations by day of the week data was reviewed every two weeks for progress. This phase began in January 2023 and ended in April 2023.

Timeline

The project implementation plan and development of tools were from August 2022 through November 2022. Education of the CM staff and discharge navigators took place via video in December 2022. The process of identifying appropriate weekend EDODs, use of the standard handoff tool, weekend authorization requests, and data collection spanned from January 2023 through March 2023 (see Appendix G).

Section IV. Results and Findings

Results

The primary goal of the project was to increase the number of SNF authorizations requested on weekends. Increasing weekend authorizations would increase the SNF discharges for Medicare Advantage members on weekends and Mondays. To accomplish the primary goal, patients who could potentially discharge if authorization was obtained on the weekend needed to be identified. Utilizing a standard handoff tool with a focus on EDOD accuracy assisted in identifying these patients. It was expected that 75% of anticipated weekend SNF authorization needs were communicated using the standardized handoff tool. Other expected outcomes were to improve the percentage of SNF authorization requests completed on Saturdays and Sundays to 8% of the total number of authorization requests for the project site per weekend day and to increase the discharges to SNF on Saturdays, Sundays, and Mondays by 10%.

Data was manually collected to determine the number of times the standardized handoff tool was utilized. For SNF authorizations requested on Saturdays and Sundays, 94.7% (n=18) of the authorization cases were manually collected to review for the handoff tool, leaving 5.3% missing. Of the requests collected, 78.9% (n=15) of the requests collected included a handoff tool and 15.7% (n=3) did not.

SNF authorization requests were reviewed by requests per day of the week. In the baseline data, authorization requests on Sunday made up 0.8% (n=6) of the total authorization requests. Monday was 23.4% (n=183), Tuesday 20.3% (n=159), Wednesday 21.0% (n=164), Thursday 18.5% (n=145), Friday 15.5% (n=121), and Saturday 0.5% (n=4). During the project period authorizations completed on Sunday increased to 2.2% (n=7) of the total authorizations,

Monday decreased to 18.6% (n=59), Tuesday 19.5% (n=62), Wednesday 21.1% (n=67), Thursday 18.2% (n=58), Friday 15.4% (n=49), and Saturday increased to 5% (n=16).

A review of the Medicare Advantage discharges to SNF by day of the week showed that Sunday discharges decreased from 3.3% (n=20) to 1.5% (n=5). Saturday discharges to SNF remained stable with a baseline of 3.9% (n=24) and 3.6% (n=12) of total discharges to SNF during the project period. There was an increase in discharges on Mondays from 15.5% (n=95) to 19.6% (n=65) during the project period. Tuesday discharges went from 21.4% (n=131) to 16.3% (n=54), Wednesday from 17.3% (n=106) to 16.9% (n=56), Thursday from 17.5% (n=107) to 20.2% (n=67), and Friday from 20.9% (n=128) to 21.8% (n=72).

Discussion of Major Findings

Anticipating and communicating when a patient will be medically stable and ready for the next level of care is important in preparing for discharge. CM staff discussed and documented the EDOD to identify cases needing SNF authorization to discharge. Cases identified as needing an authorization completed to transition to SNF were referred utilizing a standard handoff. This was done 78.9% (n=15) of the time for the data collected. This met the expected outcome of 75% of anticipated weekend SNF authorization needs being communicated using the standardized handoff tool. Due to these referrals being completed, the number of authorizations completed on weekends increased. Completed authorization requests on Saturdays and Sundays increased from 1.3% (n=10) of the total authorizations to 7.2% (n=23). This did not meet the anticipated outcome of 8% of the total number of authorization requests; however, was a 453.8% increase in weekend authorizations completed.

Baseline data also showed an increase in SNF authorization requests on Mondays which in turn pushed SNF discharges into Tuesdays. During the project period, authorization requests

were reduced on Mondays from 23.4% (n=183) of total authorization requests to 18.6% (n=59). In the baseline data, discharges to SNF for Medicare Advantage members significantly decreased on weekends. Monday had the lowest percentage of total SNF discharges during the weekdays. During the project period, the percentage of weekend discharges decreased minimally from 7.2% (n=44) of total discharges to 5.1% (n=17). Monday discharges to SNF for Medicare Advantage members increased from 15.5% (n=95) to 19.6% (n=65). Although an increase to the discharges to SNF on Saturdays, Sundays, and Mondays was expected to be 10%, the actual increase equated to an 8.8% increase.

Section V. Interpretation and Implications

Costs and Resource Management

The project manager spent time on the research, development, collaboration, implementation, management, and revisions of the project. This time included collaborating with the project team as well as observation of CM processes. There was also time spent creating educational materials, handouts, and developing the standard handoff tool. Lastly, there was additional time spent collecting and analyzing data for the results of the project.

CM staff shifted their schedules to cover the weekend during the project. There were no additional full-time equivalent (FTE) employees added; however, there was the cost of weekend shift differential. Employees working weekends adjusted their weekday schedules thus leaving less weekday coverage during the project period. There was no cost to initiate SNF authorizations on the weekend and no cost to utilize the electronic portal for authorization requests. There was no cost to utilize the handoff tool or build it in the EMR.

If SNF authorizations were to continue a permanent staffing solution would need to be addressed. This would require a weekend FTE employee. This would also include a weekend shift differential. Money and resources could be saved by training existing staff or hiring a part-time employee for the weekend during peak hours. Another possibility would be to share a staff resource with the hospital system which would share the cost of this employee.

The project cost to the project site will be minimal, only costing weekend shift differential for weekend staff. The larger expense will arise post-implementation with the cost of staff to initiate weekend authorization requests. The financial benefit of the project is in reducing avoidable delays and thus potentially reducing the length of stay. Other added benefits that

cannot be directly attributed and measured include patient satisfaction and a reduction in complications.

Implications of the Findings

There was found to be an increase in SNF authorizations completed on Saturdays and Sundays during the project period. There was also a decrease in authorization requests on Mondays indicating that more of these authorizations were done over the weekend. Even with this increase in weekend authorizations, there was no impact on weekend SNF discharges for Medicare Advantage patients. There was, however, an increase in Monday discharges to SNF for Medicare Advantage patients. Having authorizations completed over the weekend allows medically stable patients to transition to the next level of care with less avoidable delays.

There are other barriers to weekend SNF authorizations that should be further explored. In speaking with CM staff, some of those barriers include transportation, SNFs ability to accept patients on weekends, and weekend care delays within the organization. Another significant barrier to weekend discharges to SNF is the change in culture. Continued education of CM staff, hospital staff, providers, and SNFs would be an ongoing effort to change the mindset of not discharging to SNFs on weekends.

Implications for Patients

The project had implications for patients by decreasing avoidable delays for patients safely transitioning to a lower level of care. Discharging medically stable patients in a timely manner may increase the quality of care and reduce complications (Rojas-Garcia et al., 2018). Removing any barriers to discharge, including the time for a SNF authorization, will allow patients to discharge to the next appropriate level of care. The results of the project indicate that further work needs to be completed to continue to eliminate or reduce discharge barriers.

Implications for Nursing Practice

The project has many implications for nursing practice, specifically in Nursing Case Management. Anticipating the needs of patients and analyzing an EDOD is critically important in preventing avoidable delays and transitioning patients to the next level of care. Interdisciplinary communication within rounds and through the EMR allows the health care team to accurately predict and update the EDOD. This date is used to drive the necessary steps to discharge including obtaining necessary prior-authorizations. The project demonstrated and educated on the importance of the EDOD and communicating through a standard handoff tool to obtain SNF authorizations.

The project also highlighted the need for pre-planning discharges specifically for weekends. Additional barriers to discharge were identified specifically transportation to SNFs and the capability of SNFs to accept patients on weekends. These barriers were harder to overcome if not anticipated and planned prior to the weekend. An increase in SNF authorizations completed on weekends was accomplished, however this did not produce additional weekend SNF discharges. There was an impact on Monday SNF discharges which increased from the baseline which could shift to more weekend discharges with additional work on this topic. Future work will need to be done to identify additional barriers to discharge to increase weekend discharges to SNFs.

Impact for Healthcare System(s)

The project period showed an increase in Monday SNF discharges for Medicare Advantage patients. Discharging patients timely after a weekend plays an important role in patient flow. Having everything needed for discharge on Monday allows for patients to be discharged earlier in turn making more available inpatient beds. Reducing avoidable delays such

as SNF authorizations over weekends allows for more efficient patient flow and affects the overall length of stay. Medicare plans (including Medicare Advantage) pay by Diagnosis Related Groups (DRGs), making it imperative for hospitals to provide quality care efficiently. Processes to discharge patients in a timely manner and when medically stable improves the length of stay and, in turn, hospital finances. There are other possible impacts from the project that are less directly related. Other possible impacts for healthcare systems could include patient satisfaction and a reduction in complications.

Sustainability

For the project to be sustainable, there will need to be staff available to request SNF authorizations on the weekends. The cost to the project site will be an additional FTE employee. To maximize the benefit of the cost, there will need to be continued education of the CM staff regarding planning for weekend discharges in advance. It would also benefit the project site to address additional identified barriers to weekend discharges including transportation and SNF availability to accept patients on the weekends. There may also be additional barriers that prevent authorizations from being completed such as necessary clinical information. Ancillary hospital services may have weekend barriers that prevent the availability of this information thus preventing authorization from being completed.

Dissemination Plan

The project results were shared with the College of Nursing faculty, students, and guests on July 11, 2023. The dissemination included a poster presentation as well as questions and answers. The poster presentation was also shared with the project site on July 12, 2023 and health plan contracted post-acute utilization management partner organization on July 5, 2023. The project was submitted to The ScholarShip within the ECU library for publication.

Section VI. Conclusion

Limitations and Facilitators

The main limitation affected the number of authorizations needing to be obtained for SNF. One of the health plans requiring prior authorizations implemented an authorization waiver due to a rise in COVID-19. The waiver allowed hospitals to discharge patients to a SNF without authorization. This reduced the number of needed authorizations by an unknown amount. The waiver was in effect for one month of the project period. Although the waiver was of benefit to the project site to reduce delays in discharge, it did not allow for a full picture of authorizations typically required.

A limited project period was also a limitation to the project. As the project took place in the winter, there was not enough time to identify possible seasonal variability in the project site's census. The project would benefit from additional time to allow for ebbs and flows that can occur within an acute hospital. The volume of cases needing authorization may fluctuate and extending the time of the project period would allow for a better understanding of this seasonality.

The other limiting factor in this project is that avoidable delay data was not collected. If this type of data were routinely collected, comparing baseline and project period would have been valuable. It would have shown if there was a true decrease in avoidable delays, specifically related to authorization time. Secondly, other avoidable delays could have been identified for further improvements. Additional known barriers to weekend discharges include weekend transportation to SNFs, SNF unable to accept patients on weekends, lack of ancillary availability on weekends for needed care, and lack of pre-planning for discharge to SNF. Understanding the

quantity of occurrence of additional avoidable delays would help identify priorities of endeavors to improve patient flow.

There were several facilitators for the project. Having willing and able project team members available to assist was important. Team members willingly collected data, ran data from the EMR, and assisted in the development of the handoff tool in the EMR. Also, education for the implementation of the project was able to be recorded. This allowed the distribution of education to be done easily and repeatable. Changes in process require ongoing reminders and education. A facilitator to this project was multiple staff reminders and reinforcement of the new process. This was done through e-mails to CM staff, physicians, and local SNF partners. Reinforcement was also done in person through speaking with CM staff, providing flyers, and attending interdisciplinary rounds.

Recommendations for Others

In reviewing the project results and implications, there are several recommendations for others. To increase authorizations on the weekends and discharges to SNF, increasing the focus on handoff is critical. Delivering concise and pertinent information increases outcomes (Clark, 2023). Providing a handoff communicates to weekend CM staff which patients will require an authorization to transition to a SNF. It also includes important details about the patient to complete the authorization. Providing this information is necessary due to the increased caseloads of weekend CM staff and having less direct knowledge of each patient's discharge plan and needs.

In considering making the project permanent and sustainable, an organization must consider its hospital size, CM model, and its available staffing resources. At the project site, there was availability of staff to temporarily cover the project but was not sustainable.

Consideration should be given to adding non licensed professionals to assist with weekend authorization requests. Delegating tasks increases the availability of CM staff for better patient care (Cesta, 2017). Depending on a hospital's size, adding a non-licensed professional may be a resource that is shared across a health system to decrease the cost to one hospital. If the volume of authorization requests on a weekend are found to be minimal, it may also be possible to train existing weekend staff to request the SNF authorization.

Recommendations Further Study

One recommendation for further study is to track and analyze additional barriers that prohibit weekend SNF discharges. Some of these barriers may be transportation for discharge, SNF staffing availability to accept patients on weekends, or unavailable ancillary services on weekends. The purpose of tracking and trending avoidable delays is to quantify these delays to dollars to prioritize further process improvement (Ferguson, 2022). Discharge delays often have multiple reasons in addition to the need for prior authorization. To fully impact patient flow, all avoidable delays must be considered and addressed based on impact.

Further study should also be done on how pre-planning and other types of prior authorizations affect weekend discharges. Often health plans require authorization for other discharge needs that could potentially affect discharges on weekends. Some of these may include durable medical equipment, home health planning, and other levels of care such as inpatient rehabilitation or long-term acute care. Addressing how discussion of discharge needs during interdisciplinary rounds along with EDOD is important to consider with patient flow. There may also be additional needs that could be addressed by the non-licensed professional to support the additional cost of a weekend resource.

Final Thoughts

The project set out to increase completed SNF authorizations on weekends and increase weekend and Monday SNF discharges in an acute hospital setting. The goal of increasing SNF authorizations on weekends was to reduce avoidable delays and ultimately improve patient flow. Increasing weekend SNF authorizations were addressed by educating CM staff on accurately documented EDOD as well as discussion during interdisciplinary rounds. Identifying patients needing an authorization for SNF was communicated utilizing a standardized handoff tool within the EMR. The handoff tool communicated to the designated weekend staff that an authorization was needed. It also included pertinent patient information needed for the authorization.

Using the handoff tool and making staff available, successfully increased the number of authorizations completed on Saturdays and Sundays. Although the authorizations completed increased, it did not meet the intended target increase. Weekend SNF discharges for Medicare Advantage patients did not increase during the project period. There was, however, an increase in discharges on Mondays during the project period. Overall, there were findings consistent with the intended outcomes. The findings were an increase in SNF discharges on Mondays and an increase in SNF authorization requests completed on Saturdays and Sundays.

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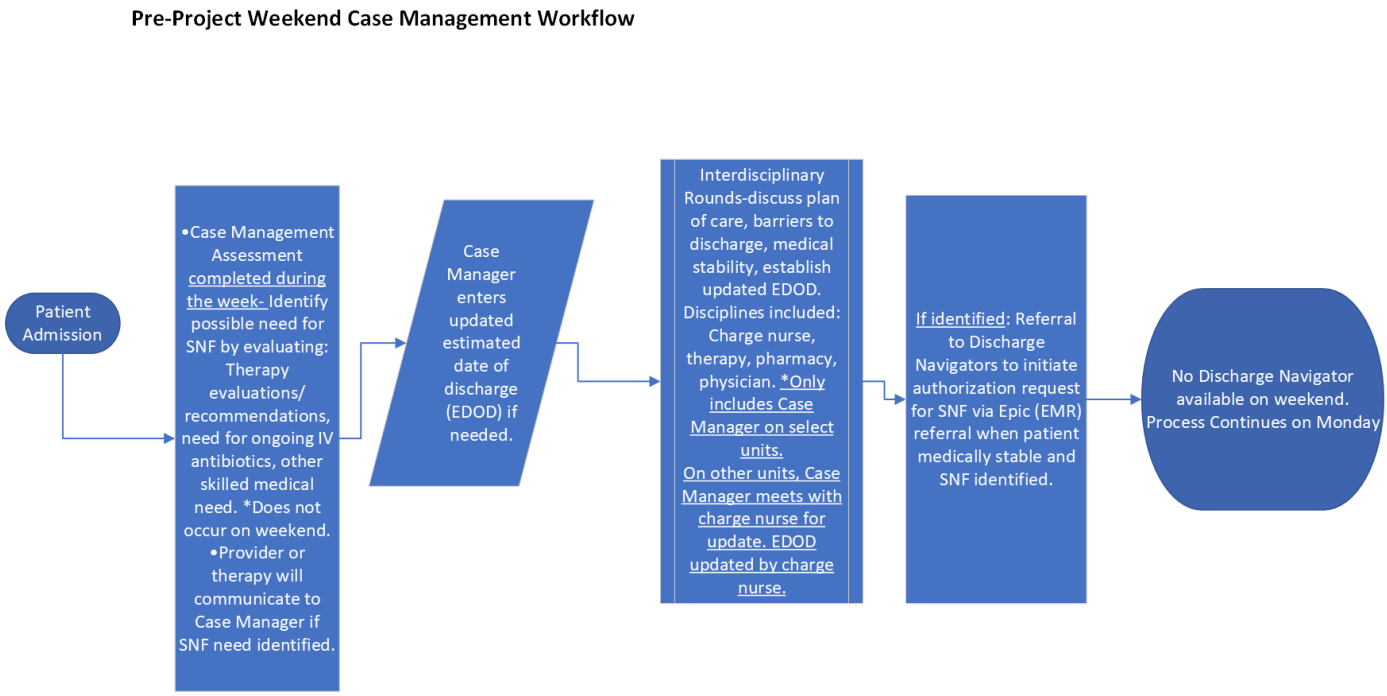
Appendix A

Literature Review

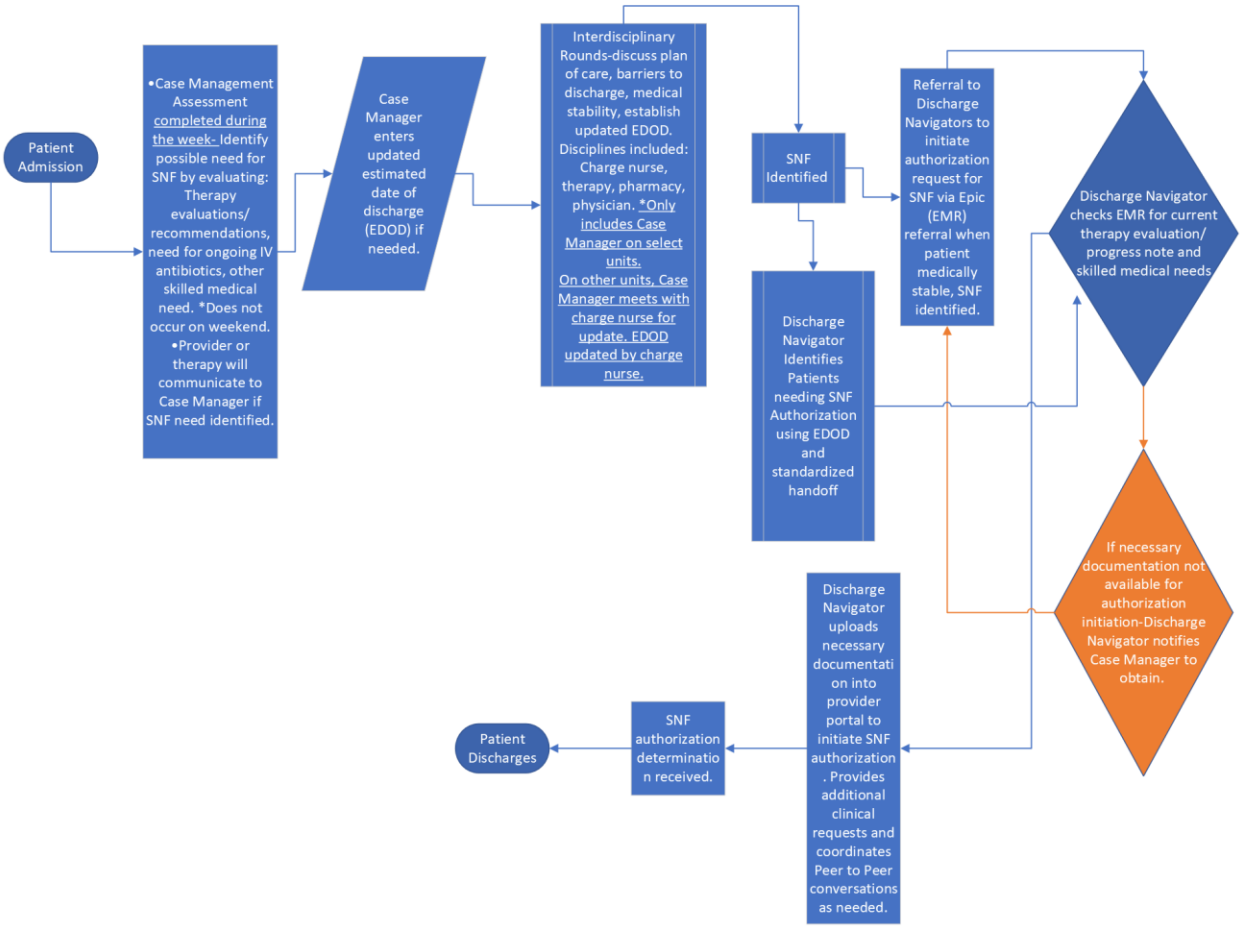
Authors	Year Pub	Article Title	Theory	Journal	Purpose and take home message	Design/Analysis /Level of Evidence	IV DV or Themes concepts and categories	Instr. Used	Sample Size	Sample method	Subject Charac.	Comments/critique of the article/methods GAPS
Patel, H., Yirdaw, E., Yu, A., Slater, L., Perica, K., Pierce, R. G., Amaro, C., & Jones, C. D.	2019	Improving Early Discharge Using a Team-Based Structure for Discharge Multidisciplinary Rounds.	Model of Continuous Improvement	*Professional Case Management, 24(2)*	To implement multidisciplinary dischage planning rounds to improve communication and reduce length of stay for acute medical patients.	Level V; Quality Improvement	**IV:** Two general medicine teams-pilot groups**; DV:** Two general medicine teams-control group	N/A	1,584 patients discharged	Monitored metrics: time of DC orders, LOS, and 30 day readmissions	Mean age: 50.8; White-49.9%, African American-27.2%, Hispanic-16.1%, and other-6.8%	Limitations: The project was done at one hospital limiting gneralization of the findings. The authors found it necessary for continuous training to sustain the multidisciplinary rounds. Usefulness: The authors found that the intervention improved efficiency and hospital flow by enhancing communication. Synthesis: Standardized multidisciplinary rounds including identifying patients for next day discharges was found to improve efficiency and hospital flow.
Rohatgi N, Kane M, Winget M, Haji-Sheikhi F, Ahuja N.	2018	Factors Associated With Delayed Discharge on General Medicine Service at an Academic Medical Center.	Quality Improvement.	*Journal for Healthcare Quality: Promoting Excellence in Healthcare.*	To evaluate the effect of identifying and communicating estimated date of discharge (EDOD) on discharge delays.	Level II: Observational Study/Quality Improvement	General Medicine service. Included patients admitted to unit during timeframe of study. Excluded if discharged within 24 hours, EDOD not identified within 36 hours of admission, or nurse unnavailable to interview.	Interview of patients and bedside nurse.	221 patients discharged	Interviewed included patients and bedside nurses (221).	No difference by demographics (age, sex, preferred language, marital status, or living alone) between patients who had an on-time or delayed discharge	Limitations: Limitations of the study included location was a single medical center on one service with a small sample size. Also, the authors identified that patients without an EDOD identified were excluded from the study which could have caused bias. Usefulness: The authors found communication of the EDOD useful in reducing discharge delays. Also, more discharge delays were found on weekends with an identified need of more resources on weekends. Synthesis: Entering and communicating EDOD and enhancing staffing/resources on weekends was found to reduce discharge dleays.
Henry, O. P., Li, G., Freundlich, R. E., Sandberg, W. S., & Wanderer, J. P.	2021	Understanding the accuracy of clinician provided estimated discharge dates.	N/A	*Journal of Medical Systems, 46(1)*	To evaluate the accuracy of estimated discharge date entrie for use in designing discharge interventions.	Level IV: Retrospective observational cohort study.	Inclusion of adult patients admitted to hospital. Exclusion of patients less than 18 years old or not admitted to the hospital.	Data extraction from Perioperative Data Warehouse.	304,802 entries	Data extraction from one acute hospital.	Mean age of 55.7 years, 47% female, 34.1% surgical cases	Limitations: The authors identifed limitations of a single hospital and no control group. Usefulness: Identifying an estimated discharge date has been linked to reduced length of stay and can be used for further discharge interventions. Synthesis:Accuracy of estimated discharge dates are a useful tool in the development of discharge interventions which can lead to decreased length of stay and reduce delays.
Obaid, L. M., Al Baker, A., Husain, J. A., Cabania, G., & Roque, S.	2021	Using lean management approach in improving clinical team leader handover process: Nursing services.	Lean Methodology and Plan, Do Study, Act (PDSA)	*BMJ Open Quality, 10(3)*	To improve the efficiency and standardized handover process.	Level V; Quality Improvement	Inclusion of four units for pilot.	Observation of time for handover.	312	Observed 312 handover reports.	N/A	Limitations: The authors identified that they were unable to create an electronic handover tool. Also, the project had a short time period so data was limited. Usefulness: The authors identifed that structured handovers increase efficiency for staff. Synthesis:A standard handoff will prevent errors and improve staff efficiency.
Nicoll, R., White, M., Loureiro Harrison, L., Cordiner, R. L., Daniel, M., Choo-Kang, B., & Boyle, J. G.	2021	Improving the quality of weekend medical handover on non-receiving medical hospital wards.	Plan–Do–Study–Act (PDSA)	*BMJ Open Quality, 10(4)*	To develop an electronic weekend handover tool that was standardized.	Level V; Quality Improvement	Inclusion of pilot units with a mix of general medicine and specialty patients.Expansion of units after initial PDSA cycles.	SBAR (Situation, Background, Assessment and Recommendation)	118 handovers	Measurement of all handovers conducted on selected pilot units.	N/A	Limitations: The authors identified that elements of the handover were not required and those elements of the handover did not convey the intent. Usefulness: A standard handoff process for weekends was created with improvement noted in the completion of the handoff. Synthesis: Implementing a standard, electronic handoff can be used for transfering pertinent information for weekend continuum of care.

Appendix B

Current and Future State Process Maps



Re-Designed Weekend Case Management Workflow



Appendix C

Quality Improvement Approval

Center for Research and Grants

Quality Improvement Project vs. Human Research Study Determination Form

This worksheet is a guide to help the submitter to determine if a project or study is a quality improvement (QI) project or research study, is involving human subjects or their individually identifiable information, and if IRB approval as defined by the Health and Human Services (HHS) or Food and Drug Administration (FDA) is required. (For more guidance about whether the activity meets the definition of Human Subjects Research see the IRB FAQs or the Human Subject Research Decision Chart)

Please use Microsoft Word to complete this form providing answers below. For signatures, please hand sign or convert into a PDF file and electronically sign. Once completed and signed please email the form to the [redacted] Center for Research and Grants ([redacted] at [redacted]. A CRG team member will contact you with the results of their review and may request additional information to assist with their determination. The determination will be made in conjunction with the UMCIRB office.

Project Title: Increasing Skilled Nursing Facility Authorization Requests on Weekends		
Funding Source: N/A		
Project Leader Name: Rachel Brinkley	☐ Ed.D. ☐ J.D. ☐ M.D. ☐ Ph.D. ☐ Pharm.D. ☒ R.N. ☐ Other(specify):	
Job Title: ECU DNP Student	**Phone:** [redacted]	**Email:** [redacted]
	Primary Contact (If different from Project Leader):	
	Phone:	**Email:**

Key Personnel/ Project Team members:

Name and Degree:	**Department:** (Affiliation if other than ECU Health)	**Email:**
[redacted]	Case Management	[redacted]
[redacted]	Case Management	[redacted]
[redacted]	Case Management	[redacted]

QI/QA Assessment Checklist:

Consideration	Question	Yes	No
PURPOSE	Is the PRIMARY purpose of the project/study to: • IMPROVE care right now for the next patient? OR • IMPROVE operations outcomes, efficiency, cost, patient/staff satisfaction, etc.?	☒	☐
RATIONALE 1	The project/study falls under well-accepted care practices/guidelines or is there sufficient evidence for this mode or approach to support implementing this activity or to create practice change, based on: • literature • consensus statements, or consensus among clinician team	☒	☐
RATIONALE 2	The project/study would be carried out even if there was no possibility of publication in a journal or presentation at an academic meeting. (**Please note that answering "Yes" to this statement does not preclude publication of a quality activity.)	☒	☐
METHODS 1	Are the proposed methods flexible and customizable, and do they incorporate rapid evaluation, feedback and incremental changes?	☒	☐
METHODS 2	Are patients/subjects randomized into different intervention groups in order to enhance confidence in differences that might be obscured by nonrandom selection? (Control group, Randomization, Fixed protocol Methods)	☐	☒
METHODS 3	Will there be delayed or ineffective feedback of data from monitoring the implementation of changes? (For example to avoid biasing the interpretation of data)	☐	☒
METHODS 4	Is the Protocol fixed with fixed goal, methodology, population, and time period?	☐	☒
RISK	The project/study involves no more than minimal risk procedures meaning the probability and magnitude of harm or discomfort anticipated are not greater in and of themselves than those ordinarily encountered in daily life or during the performance of routine physical or psychological examinations or tests.	☒	☐
PARTICIPANTS	Will the project/study only involve patients/subjects who are ordinarily seen, cared for, or work in the setting where the activity will take place?	☒	☐
FUNDING	Is the project/study funded by any of the following? • An outside organization with an interest in the results • A manufacturer with an interest in the outcome of the project relevant toits products • A non-profit foundation that typically funds research, or by internalresearch accounts	☐	☒

If all of the check marks are inside the shaded gray boxes, then the project/study is very likely QI and not human subject research. Projects that are not human subject research do not need review by the IRB.

In order to assess whether your project meets the definition of human subject research requiring IRB review or may qualify as a quality improvement/assurance activity, please provide the following information:

1. Project or Study Summary:

Please provide a **summary of the purpose and procedures** as well address all of the following:

a) The projects primary purpose.
This project is aimed to increase skilled nursing facility (SNF) insurance authorization requests on Saturdays and Sundays by redesigning the authorization request process. This includes the identification of appropriate patients requiring prior authorization and modifying the weekend staff's scope of work.

b) The project design.
The project will be executed by utilizing the Six-Sigma Define-Measure-Analyze-Improve-Control (DMAIC) improvement cycle.

c) Any interaction or intervention with humans.
The only interaction with humans will be to educate Case Management staff on process change/intervention to increase SNF authorization requests on weekends. There will be no patient interaction or intervention.

d) A description of the methods that will be used and if they are standard or untested.
Interventions to be completed:

1. Adjust staffing to have Discharge Navigator available on weekend
2. Educate weekday CMs to enter EDOD for weekend if could possibly dc if auth were obtained and on Friday enter referral to Discharge Navigator with what is pending
    a. Ask the question during IDR: Can patient discharge this weekend or Monday to SNF if auth is obtained?
3. Adjust Discharge Navigator list view to include payor, anticipated dc disposition, and EDOD.
4. Educate Discharge Navigator to sort patient list to review records that may need auth on weekend (review those with MA, SNF as dc disposition, and with EDOD of Saturday, Sunday, or Monday).
5. Create Dot Phrase for handoff/referral to Discharge Navigator to include:
    a. Anticipated DC Disposition: SNF
    b. Identified SNF name: (options: blank-type in name, pending bed offer)
    c. Required Clinical Information (multi-select):
        i. Therapy: Eval or therapy progress note within last 48 hours
        ii. Therapy: Eval or current therapy progress note pending
        iii. IV Antibiotic plan of care
        iv. IV Antibiotic plan of care pending
        v. Wound notes
        vi. Tracheostomy notes
        vii. PEG tube notes
        viii. Other:

Methods are standard.

e) Specify where the data will come from and your methods for obtaining this data -please specify who/where (i.e. CRC will provide you with the data, or someone from a specific department will provide you with the data, or you will pull it yourself).
-[redacted] will provide data for discharges of Medicare Advantage patients by day of the week.
-I will pull authorization requests by day of the week from [redacted] database.
-Discharge Navigators at [redacted] will collect manual data for number of handoffs completed.

f) Specify what data will be used and any dates associated with when that data was originally collected (i.e Patient Name, Diagnosis, Age, Sex). *If applicable, please attach your data collection sheet.*

-Number of patients with handoff tool utilized and EDOD entered (see attached data collection sheet)

g) Where will the data (paper and electronic) for your project be stored? Please specify how it will be secured to protect privacy and maintain confidentiality. For paper data, please provide physical location such as building name and room number and that it will be kept behind double lock and key. For electronic data, please provide the file path and folder name network drive where data will be stored and specify that it is secure/encrypted/password protected. If using other storage location, please provide specific details.
Data will be stored on [redacted] secure/password protected computer. No patient identifiers/PHI included in data.

h) Please specify how long data will be stored after the study is complete? (Keep in mind that data collected/generated during the course of the project that includes protected health information (PHI) should have identifiers removed at the earliest opportunity.)
No data will contain PHI. Data will be not be stored after project.

i) Please specify how the collected data will be used (internal/external reports, publishing, posters, etc.) and list name(s) of person responsible for de-identification of data before dissemination.
Data will be used in internal and external reports, a poster presentation, and possible publishing of project report. No PHI data will be stored.

Please use this space above or **attach a** separate **summary and/or any other additional documentation describing your project.**

2. **If the Primary purpose of your project is for QI, have you obtained approval from the [redacted] operational leader within your department or health system:**

☐ **No [STOP. Please contact the appropriate operational leader for approval before proceeding.]**

☒ **Yes** [Please specify here whom and obtain their signature in the signature section below]

[redacted] **Operational Mgr/Leader Name:** [redacted]
Services/Utilization Review Services

[redacted]
ECUH Operational Mgr/Leader Signature 10/10/22 **Date**

Please note:

- By submitting your proposed project/study for QI determination you are certifying that if the project/study is established to qualify as QI project, you and your Department would be comfortable with the following statement in any publications regarding this project: "This project was reviewed and determined to qualify as quality improvement by the [redacted] for Research and Grants."
- If you are submitting a Poster to Media Services, you will also need to submit this Quality Determination Form or IRB Approval to Media Services for printing.
- If the [redacted] CRG determines the activity is not human subject research, then any presentation, publication, etc. should not refer to the activity as "human subject research," "exempt research," or "expedited research."

Attestation of Understanding

My signature below indicates that I fully understand that HIPAA Privacy standards as they apply to Quality Projects involving Protected Health Information and patient medical records as outlined below.

Under HIPAA's minimum necessary provisions, [redacted] must make reasonable efforts to limit PHI to the minimum necessary to accomplish the purpose of the use, disclosure or request.

Under HIPAA, a Covered Entity (i.e. [redacted] can disclose PHI to another CE (i.e. BSOM) for the following subset of health care operations activities of the recipient CE without needing patient consent:

- Conducting quality assessment and improvement activities
- Developing clinical guidelines
- Conducting patient safety activities as defined in applicable regulations
- Conducting population-based activities relating to improving health or reducing health care cost

Identified [redacted] healthcare data utilized in this project should not be shared outside of the CE without a fully executed data use/sharing agreement. [redacted] leadership reserves the opportunity to review all articles for dissemination/ publication for which [redacted] healthcare data has been utilized.

[redacted]

Project Leader Signature

10/10/22

Date

----------for ECU Health CRG Use Only----------

NHSR vs. HSR Determination:

☒ **Not Human Subject Research**: The [redacted] CRG has determined that based on the description of the project/study, approval by the IRB is not necessary. Any changes or modifications to this project may be discussed with the [redacted] CRG at that time to ensure those changes do not elevate the project to human research that would need IRB approval.

☐ **Human Subject Research:** This project/study requires review by the IRB prior to initiation. An application in the electronic IRB submission system should be submitted.

Approval Signatures:

ECUH CRG Reviewer: [redacted] Date: 10/10/22

UMCIRB Office Staff Reviewer: [redacted] Date: 10/11/22

Appendix D

ECU IRB Approval

Based on your responses, the project appears to constitute QI and/or Program Evaluation and IRB review is not required because, in accordance with federal regulations, your project does not constitute research as defined under 45 CFR 46.102(d). If the project results are disseminated, they should be characterized as QI and/or Program Evaluation findings. Finally, if the project changes in any way that might affect the intent or design, please complete this self-certification again to ensure that IRB review is still not required. Click the button below to view a printable version of this form to save with your files, as it serves as documentation that IRB review is not required for this project. 11/28/2022

Appendix E

SNF Authorization Handoff Tool Data Collection Chart

	A	B	C	D	E	F	G	H	I	J	K	L
1	Date	MR#	Payer	Auth Managed by naviHealth	EDOD Entered	Day of the Week of EDOD	Hand-Off Tool Utilized (Y/N)	Handoff Location	Referral to DC Navigator (Y/N)	Auth Request Completed (Y/N)	If Auth Request Not Completed, Reason for not completing	
2												
3												
4												
5												
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11												
12												
13												

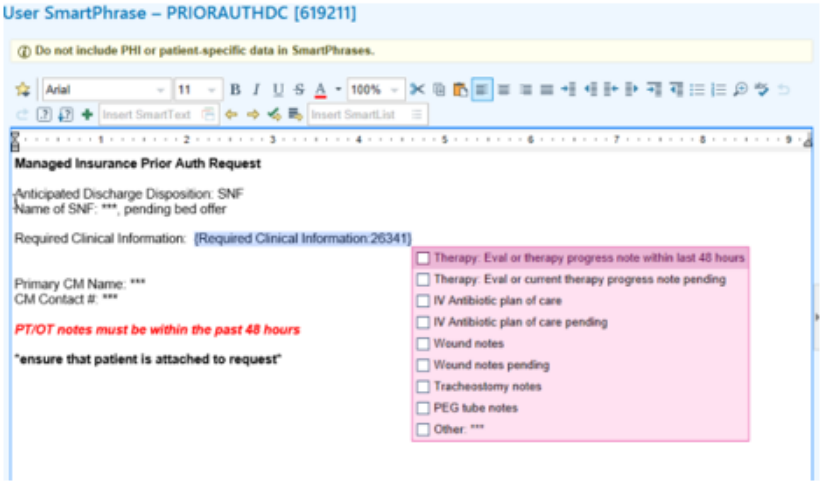
Appendix F

Standard Handoff Tip Sheet

[redacted]Tip Sheet: Managed Insurance Prior Auth Request 11/22/22

[redacted]TIP Sheet for Managed Insurance Prior Auth:

- EDOD will be discussed and entered during Progression of Care Rounds (POCR).
- Weekend and Monday EDOD will be discussed and entered during Progression of Care Rounds (POCR) on Friday.
  - On Thursday and/or Friday ask the question during IDR: **Can patient discharge this weekend or Monday to SNF if auth is obtained?**
  - Request necessary evaluations necessary for authorization (Therapy evaluation, updated therapy notes, ID consult notes, etc.)
  - If possible to discharge on weekend or Monday, enter appropriate EDOD based on medical stability (Saturday, Sunday, or Monday)
  - Contact SNF to pre-plan weekend discharge for Saturday or Sunday
  - Enter Dot Phrase .**PriorAuthDC** into CM Sticky Note used for handoff information
- Discharge Navigators need standard information for authorization requests
  - Identified SNF (if available)
  - Therapy evaluation and/or updated therapy progress note within 48 hours
  - Skilled medical needs (if applicable)
    - IV antibiotic plan of care
    - Wound plan of care
    - Plan of care of other medical needs such as trach or PEG tube
- Identify skilled need(s) and enter Smart Phrase .**PRIORAUTHDC** into Discharge Navigator referral



Appendix G

Project Timeline