Quality Utilization Advisory Group
Length of Stay Sub-Team
May 18,1999 Meeting Notes

Welcome and Introduction

Marsha Boggess, Facilitator of the Quality Utilization Advisory Group called the meeting to order at 10:05 am. The group was asked to introduce themselves and provide some professional background information about themselves to assist the group with understanding each person's role in the group.

Members Attending

David Cogan, MD; Elizabeth Lawton, Cindy Tennant, Jamie Forsythe, Ann Stottlemyer, Doug Davis, Mary La Rosa Pritt, John Bianconi.

West Virginia Health Care Authority Staff Attending

Parker Haddix, Louie Paterno, Greg Morris, Sallie Hunt, Cathy Chadwell

Process Agreement

Marsha Boggess provided an overview of a process agreement, which included the following:

1. Start meetings on time.
2. Conduct meeting within established timeframe.
3. Refrain from side conversations.
4. Adopt a team approach.
   a. Look for common goals.
   b. Listen to ideas of others.
   c. Provide positive and constructive feedback to others.
   d. Share responsibilities for follow-up actions as needed.
5. Adopt a strategy of collaboration versus adversity.
6. Keep cynicism in check.
7. Be patient with the process.
8. Resist " Not invented here" and we've already done this" as immediate responses to ideas.
9. Use your experience and knowledge to the fullest: "You're not here by accident".
10. Make this effort fun for you and others.

All members consented to the process agreement terms.

Current Statistics Regarding Length of Stay in West Virginia

Two handouts were given to the group (see page 6) reflecting West Virginia and Comparative State Volume Indicators, Types and Numbers of Hospitals in West Virginia, West Virginia and Comparative States for Inpatient, Outpatient and Emergency Room Visits per 1,000 population, and West Virginia and Comparative States for Hospital Admission per 1,000 population.

What Questions Do We Propose To Answer?

Marsha Boggess guided the group in the process of identifying the following questions:

1. Who makes the decision regarding the Length of Stay?
2. What are the factors that influence the Length of Stay?
3. What is the payment source?
4. What are the are the true medical indications (type of problem and intensity)?
5. Does the threat of litigation influence the Length of Stay?
6. What are the government regulations that shape or impact the Length of Stay?
7. What are the West Virginia factors that might influence the variations in Length of Stay, i.e. geography?
8. Are there other states with lower Lengths of Stay or Best Practices that influence lower Lengths of Stay?
9. Are there best practices, which are formalized and become the standard of care:
   a.) Risk models
   b.) Not-at-models (where outcomes justify lower lengths of stay)
10. What is the appropriate Length of Stay?
11. Does competition impact Length of Stay?
12. What is the impact of the Balanced Budget Act on Length of Stay?
13. How do consumers influence Length of Stay?

What Issues Would Be of Greatest Interest And Have The Greatest Impact?

The group identified the following:

1. End of Life inpatient days (is there data out there).
2. Cardiovascular Issues.
3. Availability of discharge services.
4. Patient Education services and how it is related to a timely discharge.
5. Impact of lifestyle and culture on admissions and subsequent Length of Stay.
6. Disseminate information on best practices for a few select services.
7. Determine hospital use of best practices (consider by survey).

Scope of The Effort

Focus on end of life inpatient days and cardiovascular issues:

Approach should include review of:

- availability of discharge services
- education of the patient regarding their condition or health status
- determining best practices in use within WV as well as outside WV
- impact of lifestyle and culture on admissions and subsequent LOS
- need for dissemination of information regarding best practices

Approach

1. Get physicians and hospitals involved
   a. What are they doing in this area?
2. Condense questions we are trying to answer
3. What information is out there regarding EOL and CV including oncology, COPD
   - Determine what measurements are out there
   - Regional and West Virginia
   - Select states/regions with best outcomes
   - Build a nice knowledge base of acceptable indicators
4. Assimilate, compare, focus
   - Recommendations for improvement interventions (need measurement systems)
5. Package results and determine how to communicate and how to implement interventions
6. On-going effort to measure, compare and publish/take action per recommendations

More Specific Actions Needed In The Approach

Physician Involvement

1. 1. Face to face meetings with providers and associations to communicate goals and objectives
2. Ask what agencies/providers are already doing in measuring LOS
3. Find out what programs the associations have in place
4. Encourage participation by provider groups

Condensing The Questions

1. Define the problem and intensity
2. Factors that influence LOS

a. Payment type
b. Litigation
c. Government regulations/BBA
d. Geography/demographics
e. Competition
f. Hospital type
g. Medical indicators

3. Who should be making the decision
4. Best practices/appropriate LOS
5. Consumerism

Research

1. Designate research person
2. Focus on two targeted areas E.O.L. and C.V.
3. Literature search

- measurements
- WV specific research/measurement
- LOS criteria
- best practices

4. Review QUAG survey results

5. Solicit feedback

Assimilate, Compare and Focus

A. General identification of major areas of concern in WV
B. Look for specific topics by DRG (especially where WV has greatest variances)
C. Evaluate/validate/weight data
D. WV/Regional/US benchmarking (outcomes emphasis)
E. Recs (develop and stakeholders/experts)

Package, Communicate and On-Going Measurement

A. Get consensus on 4/5 codes

B. Package/roll out

C. Publish/measure/report out

Next Steps

1. Prepare and distribute work from today to LOS group 5/24/99 Marsha Boggess

2. LOS group provides feedback to HCA as appropriate Prior to Advisory Group Meeting Cathy Chadwell

3. Presentation to Advisory Group David Cogan

   1. List of e-mail addresses to members Cathy Chadwell

Positives/Benefits of Meeting

1. Discussion very good
2. Good participation
3. Facilitation
4. Comic relief
5. Went from general to specific very quickly
6. Good lunch
7. Collegial group
8. A lot of expertise at table
9. Organization of process
10. Stuck to process agreement
11. Facility is good
12. Timely
13. Good diversity in group
14. Good job of getting people here

Concerns/Room for Improvement

1. Group could have been more diverse
2. Coordination of schedule with Legislative sessions
3. Would like to hear more consumer input

Meeting Adjourned at 2:27 p.m.

West Virginia and Comparative State Volume Indicators

State	Average Daily Census	Occupancy	Average Length of Stay
West Virginia	73.79	52.69%	4.76
Kentucky	68.18	52.63%	4.26
Maryland	141.45	63.60%	4.23
Virginia	88.38	59.63%	4.34
Ohio	73.72	45.73%	4.07
Pennsylvania	79.93	60.32%	4.32

Source: HCA, 1998

Type of Hospitals

Type of Hospital	Number of
Medical-Surgical	58*
Rehabilitation	7
Psychiatric	6
Prison	5
Veterans	3
Eye and Ear	1
TOTAL	80

Source: HCA, 1998

*Note: Rural Hospitals N = 40 and Urban Hospitals N = 18

West Virginia and Comparative States for Inpatient, Outpatient & Emergency Room Visits Per 1,000

State	Inpatient Days	Outpatient Days	Emergency Visits
West Virginia	946.8	84.7	565.0

Kentucky	821.1	62.9	427.7
Maryland	618.4	60.7	313.4
Virginia	652.8	51.1	349.2
Ohio	694.0	69.1	426.6
Pennsylvania	957.0	73.0	389.4

Source: AHA, 1996

West Virginia and Comparative States for Hospital Admission Per 1,000

State	Hospital Admission Per 1,000
West Virginia	148.4
Kentucky	137.9
Maryland	114.0
Virginia	108.3
Ohio	123.2
Pennsylvania	145.5

Source: AHA, 1996