Inappropriate Boarding: Cost and Quality Issues of Incapacitated Patients Requiring Guardianship

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Inappropriate Boarding: Cost and Quality Issues of Incapacitated Patients Requiring Guardianship

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Introduction
- Hospitalized patients who are deemed mentally incapacitated during their stay cannot be discharged without involvement of a legal guardian.
- If no one will take responsibility for the patient, a guardian must be legally appointed.
- In general, resolution of guardianship legal issues requires a minimum 20-day waiting period in Pennsylvania. Guardianship processes vary by county and generally involve county government.
- Patients who obtain a guardian by traditional legal means are unnecessarily boarded in the hospital, which is costly to hospitals and payors, and exposes patients to risks of adverse events and complications.

To address this issue, Lehigh County, Pennsylvania, developed an expedited temporary guardianship process.

Study Objectives
- To describe the population requiring the legally-appointed temporary guardians.
- To evaluate the expedited temporary guardianship process (“expedited process”) relative to the traditional guardianship process (“traditional process”) with regard to patient length of stay (LOS), costs, and adverse events experience.

Methods
- Design: Retrospective cohort study by chart review.
- Sample and Setting: Patients who were treated in a multi-hospital network in Northeast Pennsylvania between 1999 and 2011, and who required a guardian were identified (n=92).
- Analysis:
  - Frequencies of demographic and other patient characteristics, as well as adverse events, were tallied.
  - Mann-Whitney non-parametric tests and log-linear regression analyses were used to compare various LOS and cost measures between the groups.

Population Description: General
- The predominant Major Diagnostic Categories (MDC) were nervous system and mental health disorders, which included substance abuse/addiction.

Population Description: Payor
- Medicare was the primary payer for all patients, with almost 1/4 of these patients Dual Eligible for Medicaid.

Outcomes Analysis: Length of Stay
- All patients requiring court-appointed guardianship had LOS of 10 or more days.
- 85% stayed more than a month and 19% stayed more than 3 months.
- Several measures of LOS were analyzed, because the expedited process only affects the portion of a patient’s LOS that occurs after the need for a guardian is determined.
- The data show a shorter LOS for expedited process patients for all LOS measures.
- Overall LOS, days between completion of treatment and discharge date, and days between assignment of guardian and discharge date were not significantly different between groups.
- When controlling for combinations of case severity, age, and time the guardianship program had been in place, logged overall LOS does not differ significantly between groups (no models were significant).
- Days between completion of treatment and discharge date were significantly different between groups (p=0.004); however, when controlling for time the expedited program was in place, the difference in LOS between the groups is insignificant.
- Traditional process cases tended to be early in the study period and expedited process cases late in the study period; however, LOS of guardianship patients was determined on discharge date and did not change due to process improvement.
- The data show a shorter LOS for expedited process patients for all LOS measures.
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Outcomes Analysis: Costs
- No differences in total hospital costs were found between the two groups.
- The data show a shorter LOS for expedited process patients for all LOS measures.

Outcomes Analysis: Adverse Events
- In general, comparable complication rates were observed between groups.

Conclusions
- Patients requiring court-appointed guardians are typically elderly and thus Medicare insured. They often have nervous system and mental health disorders, and come from home.
- There is no “typical” patient, thus increasing the need for expedited processes to resolve the matter once detected.
- A major limitation is the small sample size.
- Due to sample size and the idiosyncrasies of the cases, there were no statistically significant differences between the groups with regard to LOS, adverse events, and costs.
- From the raw data, and to those involved with guardianship in our Network, it is clear that the expedited process is positively affecting patients and the Network.

Implications for Policy, Delivery & Practice
- With the aging population and decreasing family and social ties, the need for court-appointed guardians is likely to increase.
- In addition to the judicial approach taken by Lehigh County, an alternative is to use a local Area Agency on Aging to intervene on a temporary basis as was done in a neighboring county.
- The raw data and the analysis on the issues surrounding guardianship appointment processes could bring together healthcare and legal professionals committed to sharing knowledge to address this problem.

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