Obtaining Durable Medical Equipment for the Non-Funded Patient in the Acute Care Setting

CONTROL ID: 2341547
POSTER NUMBER: 1021

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Purpose: Patients in the acute care setting who lack a payor source are commonly referred to as unfunded patients. Length of stay for these patients has been found to be longer when compared to funded patients. Common barriers to discharge for unfunded patients include limited community discharge options, lack of social support, and an inability to purchase needed medical equipment. Therefore, a need was identified by the therapy team of a large, urban acute care hospital to assist unfunded patients with obtaining durable medical equipment to achieve a timely and safe discharge home. Hospital overcrowding caused by a shortage of beds leads to negative impacts on patient care, higher healthcare costs, increased length of stay, and increased mortality and morbidity. Thus, the goal of this quality improvement initiative was to provide durable medical equipment to eligible unfunded patients in order to decrease LOS, decrease total cost of care, and facilitate timely availability of beds for incoming patients.

Description: Donated funds were utilized to stock durable medical equipment including ambulatory aids, wheelchairs, and bathroom equipment. A system was established to determine a patient’s inability to obtain equipment through personal funds or resources. Patients were asked to return equipment upon termination of need. Data was collected for one year to determine volume of equipment provided and to perform a cost-benefit analysis.

Summary of Use: 55 pieces of durable medical equipment at a total cost of $3,198 were issued to 42 unfunded patients from March 2014 to March of 2015. Inter-rater reliability to estimate reduced LOS was established by 10 therapists involved in the program reviewing 5 patient charts and predicting the length of stay for those patients. Percent agreement was then determined. On average for each unfunded patient, 4.46 days of acute care stay were avoided due to provision of durable medical equipment. This equates to an estimated savings of $1,115 per patient for that admission. A total of 183 days of acute care stay was avoided among all patients over one year. This equates to an estimated $45,750 saved by the institution.

Importance to Members: One of the biggest challenges in the acute care setting for not-for-profit hospitals is timely and safe discharge for the unfunded patient. With an emphasis on decreasing length of stay in all acute care facilities, therapists and social workers often struggle to obtain durable medical equipment for patients who are unable to afford or access this equipment independently. Therefore, institutions must recognize the cost benefit of stocking a charity
equipment closet in order to facilitate timely discharge for this patient population.