

**PETITION FOR A SPECIAL NEEDS ADJUSTMENT FOR  
SIX GENERAL INPATIENT BEDS FOR GUILFORD COUNTY**

**Petitioner:**

Hospice of the Piedmont, Inc.  
1801 Westchester Drive  
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DHSR - Received  
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**Requested Change:**

Hospice of the Piedmont requests an adjusted need determination for six hospice general inpatient beds (GIP) in Guilford County.

**Reasons Supporting Requested Change:**

**The proposed 2011 SMFP shows a deficit of 13 hospice inpatient beds for Guilford County.** Although the need is clearly indicated by the standard methodology, there is no allocation as a result of the continued relatively low occupancy rate of one of the facilities in Guilford County. The standard methodology requires an average 85% occupancy rate for existing facilities in order to generate a need determination.

There are two hospice inpatient facilities operating in Guilford County: *Beacon Place*, located in northeast Guilford County and operated by Hospice and Palliative Care of Greensboro and *Hospice Home at High Point* (HHHP), located in southwest Guilford County and operated by Hospice of the Piedmont. Beacon Place opened in 1996 and Hospice Home opened in 2006. Since its opening, *Hospice Home at High Point* has consistently reported a higher general inpatient bed (GIP) occupancy rate than Beacon Place. Within 2 years of opening, Hospice Home at High Point had achieved 85% occupancy and by 2010 is at 100% GIP occupancy. Despite Hospice Home at High Point's 3 year history of exceeding the threshold, the 85% mark has not been reached for the county (see charts below). Thus while a demonstrable need exists in the *Proposed 2011 SMFP*, no allocation has been made to serve this unmet need. As a result numerous terminally ill patients at the very end of their lives have had to be turned away or held in the hospital where they subsequently died. Adding six additional GIP beds in Guilford County would allow Hospice of the Piedmont to apply for the certificate of need and potentially serve 200+ additional actively dying patients per year.

**Hospice of the Piedmont has sufficient volume to support the added beds.**

Hospice of the Piedmont's average growth rate (2 year trailing) is much higher than the statewide and Guilford County average, but our average length of stay is much less than the statewide and county average. Application of only Hospice of the Piedmont's data to the standard methodology, however, clearly indicates a need for the additional beds.

SMFP Hospice Inpatient Bed Need Projection									
Hospice of the Piedmont data									
	Total admissions 2009	Total days of care 2009	ALOS	2 yr trailing avg. growth rate*	Total 2013 admission	2013 days of care	2013 inpatient days @ 6%	Projected # of beds	Existing beds
Hospice of the Piedmont	650	35,084	54	17.6	1462	78948	4736	13	6

Hospice Home at High Point focuses on very end of life care patients with life expectancy of days to six weeks and continues its growth pattern with an occupancy rate for the six months ending March 31, 2010 at 103% with beds frequently turning over in the same day. Sixty-six percent of the patients admitted to Hospice Home at High Point were new to hospice with most admitted directly from one of our six contracted hospitals. Many of these patients were transferred directly from an intensive care unit. Of the 640 new referrals for the 30-month period ending March 31, 2010, 15% died prior to a bed being available and 8% went to other facilities. In this time period there was an average of three patients on the waiting list each day and the average waiting time for a bed was six days.

Hospice home care patients transferring to the facility represent the other source of admissions (34%). An informal survey at morning triage meetings for the first part of this year indicated an average of four patients per day requesting transfer to Hospice Home.

Finally, additional inpatient beds would respond to a need for more available respite beds. Respite care is a level of care offered as a benefit to families under hospice Medicare and Medicaid. This level of care must be provided in licensed inpatient beds according to those regulations. Due to the volume of acute care needs, Hospice of the Piedmont has not been able to offer respite care in our facility in the last 18 months. Only two of our contracted hospitals will accept respite patients. Contracted nursing homes are not able to meet the staffing requirement of 24 hour on site Registered Nurses in order to offer respite. With available beds in short supply, families often wait several days before arrangements can be made. Additional beds at Hospice Home at High Point would enable us to provide more timely access to respite care.

Hospice of the Piedmont plans to apply for additional inpatient beds as soon as a certificate of need is issued so that we can continue to offer appropriate hospice and palliative care resources and levels of care in our area.

**Quality, Access and Value**

The requested adjustment is consistent with the three basic principles governing the development of the 2011 SMFP: *safety and quality; access; value*. The following sections will address how these principles apply to this proposed needs adjustment, as well as respond to a need already identified in the plan.

**ACCESS**

Despite growth in the number of hospices serving Guilford county residents, hospice penetration (as a percentage of total deaths served by hospice) continues to be slightly lower than the statewide average. Guilford County is the third largest county in the state but in the 2010 licensure report is ranked 40<sup>th</sup> by percent of deaths served. All other metropolitan areas in North Carolina report much higher market share (Mecklenburg--39.24%; New Hanover-46.15%; Buncombe-40.95%; Wake-37.56%; Forsyth-37.26%; Guilford-33.33%). Additional hospice beds would allow more people to be served by hospice.

The last five SMFPs have identified a need for additional beds in Guilford County based on the standard methodology. While Greensboro’s inpatient facility has been in operation for ten years longer than Hospice Home at High Point, their inpatient occupancy rate has only exceeded 85% once in this last 10 years. This triggered the CON that allowed us to open our facility in High Point. By our third year of operation, Hospice Home at High Point’s occupancy rate was over the 85% and continues to remain strong but due to Beacon Place’s lower utilization rate a need has not been triggered.

**SMFP HOSPICE INPATIENT NEED PROJECTIONS**

Guilford County Hospice Inpatient Facilities	2007 SMFP occupancy rate	2008 SMFP occupancy rate	2009 SMFP occupancy rate*	2010 SMFP occupancy rate	2011 draft SMFP	2012
Hospice Home at High Point (6 beds)			69.13%	89.8%	96.2%	103% (projected)
Beacon Place at Greensboro (8 beds)	64.5%	46.2%	60.1%	74.08%	64.7%	Not available
Total Guilford County occupancy rate	64.5%	45.7%	63.97%	80.82%	78.24%	
Adjusted projected need per SMFP	12 beds	17 beds	18 beds	16 beds	13 beds	Not available

\*data is for Oct. 2006 to Sept. 2007

Practice patterns and resources within the greater community, as well as, an individual hospice facility's mission, focus, and staffing create variations in utilization throughout the state and sometimes within a county. While both Guilford County hospices have successfully provided hospice care for 25+ years and worked collaboratively on many projects with each other and other area hospices, there are obvious pattern differences which reflect variations in community needs and expectations.

Once a patient is admitted to Hospice of the Piedmont, the majority of symptom management needs are handled in the home or at our Hospice Home with only 9% of our total inpatient days provided in our contracted acute care hospitals in 2009. Forty-six percent of Hospice at Greensboro's inpatient days were provided in other facilities (2009 licensure data).

Hospice of the Piedmont has a much shorter average length of stay which reflects the acuity level of the patients being referred:

	Avg. length of stay		
	2007	2008	2009
Hospice-Piedmont	66 days	62 days	59 days
Hospice-Greensboro	99 days	100 days	104 days

Beacon Place has higher utilization of its residential beds than its inpatient beds. Licensed inpatient beds are more versatile and can be used for patients at the inpatient, respite and residential levels of care, so we can assume that some of Beacon Place's residential days were in licensed inpatient beds. With our inpatient beds fully utilized for inpatient care needs, Hospice Home has more limited options in the patients we can admit:

	Inpatient occupancy rate			Residential bed occupancy rate			% of deaths at general inpatient level		
	2007	2008	2009	2007	2008	2009	2007	2008	2009
Hospice Home at High Point	69.2%	89.8%	96.2%	40%	92%	81%	85%	67%	69%
Beacon Place	60.1%	74.1%	64.71%	125%	108%	113%	100%	100%	100%

Healthcare is driven by local conditions. Access to hospice inpatient services should *not* be limited due to different utilization patterns within the county.

**VALUE**

Other alternatives to the special needs adjustment are less effective and more costly. If a homecare hospice patient requires inpatient services but no bed is available, they must be admitted to an acute care hospital. In addition, patients identified in the hospital as appropriate for end of life care in a hospice

environment cannot be transferred to the appropriate care setting if no bed is available and they must wait in the more costly setting until a bed opens.

Studies of hospice care in the clinical literature are increasingly recognizing hospice as a more cost effective and more appropriate setting than an inpatient hospital for end of life care. In 2007, the average charge per hospital day was \$4,057 according to the Agency for Healthcare Research and Quality. In that same period, Hospice of the Piedmont's charge was \$615 per day for general inpatient level care. Another indicator of cost savings is a recent Duke University study showing that hospice can save Medicare an average of \$2,309 per patient compared with conventional care at end of life. The Duke study concludes that the hospice model is that rare case when something that improves quality of life also appears to reduce costs.

If Hospice of the Piedmont is awarded the Certificate of Need, we have determined that the six beds could be added to our existing facility to maximize economies of scale, utilize existing kitchen, bathing and laundry areas and reduce construction costs.

### **QUALITY**

Approval of this petition will enhance the quality of end of life care services provided to residents of Guilford County. Hospice of the Piedmont has provided quality end of life services in the Triad since 1981. If this petition is approved more patients and families will have access to an evidence based practice focused solely on holistic care designed specifically to address the needs of patients at the very end of life and to support their families. Patients will not be utilizing hospital and nursing home providers where training and focus are on restorative and acute care, not care and support at end of life. Pain and symptoms will be managed and families will receive supportive care and immediate access to bereavement services.

Hospice of the Piedmont has two full time medical directors and a nurse practitioner certified in hospice and palliative medicine to direct the medical component of care. The team also includes registered nurses, nursing assistants, chaplains, medical social workers, counselors for adults and children and volunteers.

We have an active quality management program and participate in quality benchmarking at the state and national level. We believe that quality health care is the direct result of staff competencies and training and are committed to the continuing education and specialty certification of our staff. We are accredited by the Accreditation Commission for Homecare.

Satisfaction surveys consistently show that 100% of patients' families would recommend Hospice of the Piedmont's care to other friends and families.

**There are no feasible alternatives.** Hospice of the Piedmont considered several alternatives including: 1) maintain status quo; 2) refer patients to other programs; 3) this petition.

The status quo is not acceptable because Guilford County hospice access will continue to be less than the statewide market penetration rate and access to hospice inpatient services will be denied or delayed to patients and their providers who are reaching out for our services at this vulnerable time. In addition, caregivers and families will not have immediate access to respite services.

While referring patients to other facilities in Greensboro or surrounding counties is sometimes an option, we find that families often choose to wait for a bed in High Point. The existing or soon to be operational facilities are at least 21 miles away with an estimated 35 minute minimum drive time (Mapquest). Elderly family members and those that rely on bus transportation are concerned about the distance and unfamiliar territory. Due to their very fragile condition most of Hospice Home at High Point's patients arrive by ambulance, so getting them to their hospice location quickly is critical to their comfort and safety

While there are more beds coming on line in surrounding counties in the next year, we believe the need for those beds has already been demonstrated using specific county statistics. The need for more beds in Guilford County has been demonstrated as well. Hospice programs are dedicated to first serving the needs of their own local populations and Hospice Home at High Point fills a niche in our area of Guilford County. .

This petition is the only alternative that will allow Hospice of the Piedmont to meet current and future demands for high quality hospice and palliative care inpatient services in a cost effective manner.

**In conclusion, Hospice of the Piedmont respectfully requests an adjusted need determination for Guilford County to release six of the beds identified in the 2011 plan but not yet allocated.**