The Balancing Act of Hospice Operations for Administrators
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Disclosures
Beverly Paukstis has no real or perceived conflicts of interest that relate to this presentation.

Objectives
1. Describe an organizational inventory
2. Review how to prioritize operational duties
3. Discuss organizational and administrative behaviors dictated by regulatory mandates
How Does it All Come Together?

Educated Administrator + Fully Functional Organization = Success

• What IS an educated administrator?

• What IS a fully functional organization?

Organizational Inventory
• What is your organization’s commitment to growth and development
  • Staff
  • Census
  • Best practices
  • Compliance with Conditions of Participation (CoP’s) and state regulations

Do you know? Do you fit?
What is your organization’s mission statement?
- Concise or broad
- Values
- Purpose
- Target consumer and regions
Do you fit?

What is your organization’s management of financial and human capital?
(AKA the budget and human resources)
Does it fit you?

Similarities and Differences
Administrators
Leaders
Managers
All have features that are like and also not alike
But...
Today’s administrator must combine management with leadership to achieve success

Now learn some knowledge-based needs of an effective administrator
Knowledge of State Regulations and Conditions of Participation (CoP’s)

- Current, comprehensive, communicated
- CMS Fiscal Intermediary (FI) now called MAC which stands for: Medicare Administrative Contractor
- Your state’s department of health regulations
- NHPCO/regulatory
- HPNA/advocacy
- CAPC

Knowledge of Growth and Development of Census

- Community outreach
  - Bereavement care
  - Advance directive teaching
  - Facility education and services
  - Volunteer recruitment
  - Local publications

Be aware of the Office of the Inspector General (OIG) and “marketing” for end-of-life care.

Census Development (Continued)

- Hospital presence and quickness of response to their calls
- Intake processes
  - Only promise what you are certain you can deliver

  tell them what you are going to tell them
  then tell them
  and then tell them what you just told them
Knowledge of Financial Management

BUDGET mantra: no margin, no mission
Plan, review, execute, monitor
Communication check-in's
Not for-profits with restricted funds
For-profits with foundations
Accountability for revenue and expenses
Balance sheet, profit and loss statements
Per Patient Per Day (PPPD) weekly, monthly, YTD
Sarbanes/Oxley and audits

Knowledge of Growth and Development of Staff

“Management is a little bit like holding a dove in your hand. If you squeeze too tight, you kill it. If you open your hand too much, you let it go.”

Lasorda

Growth & Development Knowledge

• Orientation: general and specific
• Ongoing education and training
• Competency development
• Intermittent “check in” plan
• Wages and benefits
• Career ladders
• Celebrations and rituals
• Immediate praise or counseling
• Consistent approach
Management of a hospice/palliative care organization: the intense daily commitment to honesty, transparency, accountability, fiscal responsibility, quality improvement, staff safety, patient/family comfort, clear and timely communication, governing board happiness, growth of census, CoP's, ...

“I have a 9 to 5 job.
9 AM Monday to 5 PM Sunday.”
Robbins

And now for the application of the principles...

Develop your own list of dailies
Suggestions

Monday through Friday

Walk the Four Corners

“You can see a lot by just observing.”
Y. Berra

Management of the Day

You can either delegate or do these but they need to be done daily. Every Morning:
1. Overnight on-call report
2. Yesterday’s admission
3. Today’s
   a) Pending admissions for homecare and General Inpatient (GIP)
   b) Possible crisis/continuous care needs
   c) Respite in a facility
   d) Staffing issues for the day
   e) Census
Daily (continued)

f) Additional agonies and ecstasies (celebrate the latter)
g) Potentials for “drama”
h) Whatever you believe is critical

4. Your own voice mail and email
   a) Determine frequency of check-in
   b) Communicate your check-in policy

5. Your direct reports

6. Today’s plans for outreach

Weekly

• Check for overtime use
• Check for compliance
  • CoP’s and admissions
  • Live discharges
  • Physician orders
  • Signed conflict of interest (COI’s)
  • Face-to-face schedule
  • Check-in’s: Quality assurance and performance improvement (QAPI), your own boss, others?

“Oh...the guy in 2004? Whose eye enucleated spontaneously at 3 AM? Well, that was an easy problem to fix. It was the dog barking in the lot all night that had everyone up...That was the REAL problem.”

New RN night med-surg manager (2001)

So...

From time-to-time take stock of barking dogs
### Monthly
Do these yourself or delegate

Schedule regular meetings

1. CFO
2. Finance
3. H.R.

### Monthly (continued)

- Run reports of (and communicate to staff)
  - Admission and referrals
  - Diagnosis and ages
  - Length of stay (LOS) and % who died within 7 days of admission
  - Live discharges and reasons
  - LOS
  - Top and low referral sources
  - Causes for celebration and praise
  - QAPI concerns

### Monthly (continued)

- One 2 One's with direct reports
- Your organization's monthly/quarterly meetings
- Check-in with self
  - Stress management
  - "Fit test"
“It often happens that I wake up during the night and begin to think about a problem and decide that I must tell the Pope. Then I wake up completely and remember that I AM the Pope.”

Pope John XXIII

Administrative Self Care

- Understand personal limits
- Cultivate contacts for conversations
- Avoid “dumping” on direct reports
- Nurture a healthy sense of humor
- Develop some sort of mindful practice

References