# Improving Coding Practices for Alternative Level of Care (ALC) in Hospital Medicine Units

**Authors:** Zainab Muhammad, Banafsheh Manafian, Pamela Mathura, Tara St Clair, Julie Zhang, Jordan Herst, Yvonne Suranyi, and Narmin Kassam

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**Defining Opportunity**

**Background:**
The term alternative level of care (ALC) is used for a classification of patients who occupy a bed in a facility/hospital but who no longer require the intensity of resources/services provided in that care setting. ALC designation/coding is important as it facilitates measurement of the access gap from education to UAH operational leadership (Executive Directors, Directors, PCM, UM). Modifications 6 Jan 24, 2023 08.7%

**Problem Statement:**
The utilization rate of the ALC code ‘ALC-TBD’ among Medicine patients at the UAH is the highest, accounting for 92% (23 out of 25 in June 2022) across the entire hospital. Non-specific ALC coding may delay transition planning activities by the interdisciplinary care team, increase LOS which contributes to hospital and emergency department overcrowding, increase health system cost, and which diminishes both positive patient experience and outcome.

**Goal:**
Improve the coding practice for ALC among Medicine patients in the UAH by June 2023 to:

**Overarching Aim:** Reduce the average number of ALC days on medicine units and average length of stay (acute + ALC days)

**Change cycle aim #1:**
1. Improve ALC definition awareness and application in Connect Care (close a knowledge-to-practice gap)
2. Improve the specificity of ALC codes used and reduce ALC-TBD code utilization [identify the reasons why patients are in hospital]

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**Build Understanding**

**Process Assessment:**
To understand the process a tableau dashboard was developed to quantitatively determine ALC code utilization, a brief literature review was completed to provide background information. Process mapping and a cause-and-effect analysis were completed to identify current gaps and future interventions. Based on the identified interventions, a Plan-Do-Study-Act (PDSA) cycle was developed and implemented.

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**Plan-Do-Study-Act #1:**

**Plan:**

**Define Opportunity:**
- The term alternative level of care (ALC) is used for a classification of patients who occupy a bed in a facility/hospital but who no longer require the intensity of resources/services provided in that care setting. The ALC designation/coding is important as it facilitates measurement of the access gap from education to UAH operational leadership (Executive Directors, Directors, PCM, UM). Modifications 6 Jan 24, 2023 08.7%

**Act to Improve:**
- Quality improvement measures
  - Number of ALC days on Medicine units Average LOS
  - Number of ALC-TBD codes
  - Number of days the ALC code changed from ALC-TP to an ALC-specific code (i.e., Finance)
  - Number of specific ALC codes
  - Number of patients discharged as ALC-TBD
  - Change in knowledge and application of the ALC definition and appropriate Connect Care workflows within the healthcare team

**Process:**
- Rapid rounds length of time extended, Unit managers training and impact to workflow

**Balancing:**
- ALC data summary

**Quality Improvement Measures**

**Outcome:**
- Number of ALC days on Medicine units Average LOS

**Measure:**
- Number of ALC-TBD codes
- Number of days the ALC code changed from ALC-TBD to an ALC-specific code (i.e., Finance)
- Number of specific ALC codes
- Number of patients discharged as ALC-TBD
- Change in knowledge and application of the ALC definition and appropriate Connect Care workflows within the healthcare team

**Plan:**
- Developed a reflection of practice ‘audit and feedback’ summary document
- Nursing educational sessions and discussion with unit managers about ALC importance, coding practice expectations and workflows. Modifications made (as appropriate) to educational materials.

**Do:**
- ALC 1A (Dec 2022 – March 2023): Scale and Spread to all other medicine units (n=12)
  - Jan 24, 2023 - Education to UAH operational leadership (Executive Directors, Directors, PCM, UM). Modifications made (as appropriate) to educational materials. 1:1 sessions held to promote education and training if needed and requested.
  - March 13, 2023 - Education to core HIM representatives and April 13, 2023, a ‘Show/Explain’ and Q&A session
  - March 23 and 30, 2023 - Education to family medicine clinical associates and attendings

**Study:**
- PDSA 1A (May June 2023): Share ALC data

**Act:**
- Per specialty share ALC data summary

**Collaboration and Communication Strategies:**
- Quality Improvement (QI) team members included an Executive Director, Program Managers, Unit Managers, a Medical Student, an Internal Medicine Resident, a Family Medicine Clinical Associate, Discharge Navigator, Data Analyst, Clinical Informatic Physician leader, an attending GM Physician and a QA Scientist.
- Local champions were determined per Medicine unit: Nursing (Unit Managers) and attending physicians
- Educational presentation - Provided the why: ALC is important; centralized key Connect Care workflows
- 1:1 peer mentoring from a Medicine Nurse Discharge Navigator to Unit Managers and physicians/residents
- Developed a Frequently asked ‘question and answer’ document
- Developed a reflection of practice ‘audit and feedback’ summary document

**Plan:**
- Developed a reflection of practice ‘audit and feedback’ summary document

**Measure:**
- Number of ALC-TBD codes
- Number of days the ALC code changed from ALC-TBD to an ALC-specific code (i.e., Finance)
- Number of specific ALC codes
- Number of patients discharged as ALC-TBD
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**Do:**
- Developed a reflection of practice ‘audit and feedback’ summary document

**Act:**
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**Manage Change**

**Why This QI Project Matters:**
To patients, Albertans & the health care system: Decreasing the length of hospital stay supports caring for more patients within the health system, reduces time spent in the hospital emergency department, and improves patient satisfaction and outcomes.

**Lessons Learned:**
- Reducing ALC hospital days is a multipronged challenge that requires more than one intervention component beyond coding. Deliberate, sequenced intervention components throughout the care continuum also need to be considered.
- Improved ALC-specific coding, which transparently identifies why the patient resides in the hospital, promotes a focused interdisciplinary transition planning conversation during on-unit rapid rounds.
- Developing an organizational culture focused on transition planning throughout the hospital care journey will take time.

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**Share Learning**

**References**


5. A primer on leading the improvement of systems. British Medical Journal, 312(7031), 619-622. [https://doi.org/10.1136/bmj.312.7031.619](https://doi.org/10.1136/bmj.312.7031.619)


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**Next Steps**

**PDGA #2:**
Develop an ALC post 4 to 7-day strategy, aimed at improving:
- Collaboration among the hospital medicine interdisciplinary healthcare providers.
- Development of a targeted intervention to key ALC code discharge barriers.
- Escalation of barriers to discharge promoting resolution by the appropriate leaders (i.e., PC, Exec Dir) in acute and community care.
- Align with a provincial QI initiative supported by the Medical Strategic Clinical Network.
- ACBI (Acute Care Bundle Improvement Initiative)

**Evaluation Plan**
Develop, conduct, and analyze nurse and physician perspectives and experience associated with this QI effort.

**Results**

<table>
<thead>
<tr>
<th>Measure</th>
<th>July-Sept 2021 (Baseline)</th>
<th>Oct- Dec 2022 (Intervention)</th>
<th>Jan - Mar 2023 (Progress)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Change in knowledge and application of the ALC definition and appropriate Connect Care workflows within the healthcare team</td>
<td>13.2%</td>
<td>18.1%</td>
<td>20.2%</td>
</tr>
</tbody>
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**Overall changes:**
- Average days that ALC-TBD changed to Z-code (specific) reduced by 50%
- Number of specific ALC codes, improved from a pre-range of 3-6, to post-range 7-9
- Number of patients discharged with ALC-TBD reduced by 60%
- Increase in physician awareness of the ALC order and usage (as indicated in the graph)

**Summary of Results**
- ALC-TBD code changed to Z-code (specific)-reduced by over 50%
- Number of specific ALC codes, improved from a pre-range of 3-6, to post-range 7-9
- Number of patients discharged with ALC-TBD reduced by 60%
- Increase in physician awareness of the ALC order and usage (as indicated in the graph)

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**Next Steps**

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