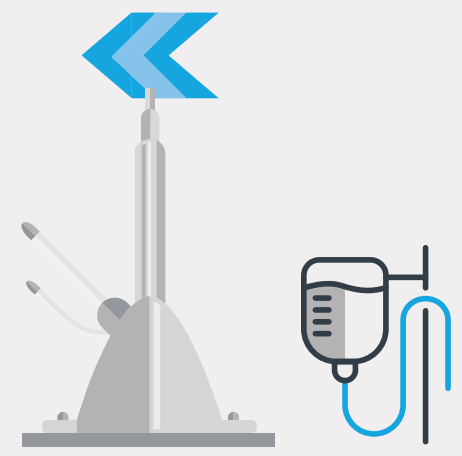


Make sure **patients** stay **ON TRACK**:

Five challenges delaying patient transitions and how to overcome them

Chaotic transitions from the acute to post-acute settings unnecessarily increase hospital length of stay, prolong vacancies in post-acute settings, and hurt the patient experience.

As we transition toward value based care, providers have an even greater impetus to reduce inefficiencies. Below, we've compiled strategies to help both acute and post-acute providers to reduce delays in care transitions.



COMPLEX PATIENT PLACEMENT

For hospitals

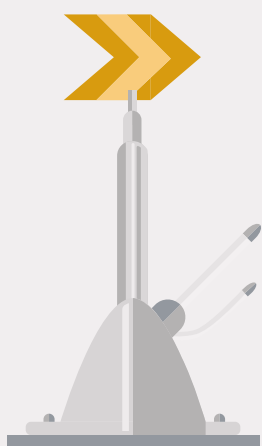
Identify complex patients early:

Standardize clinical guidelines to identify complex patients early in their stay. This will give care coordination staff plenty of time to plan for discharge.

For PACs

Elevate care capabilities

Work with acute care providers to identify complex patients. Then develop care capabilities to help patients who may be difficult to place in PACs.



INSURANCE PREAUTHORIZATION

For hospitals

Send timely referrals to PACs:

Send referrals to post-acute providers as early as possible in a patient's acute stay. This gives the PAC team ample time to complete requests for preauthorization.

For PACs

Incorporate payer perspectives:

Understand each payer's preauthorization criteria and plan accordingly. Confirm that payers are receiving the right information to increase the likelihood of acceptance.



CLINICAL COMPLICATION ARISING AT DISCHARGE

For hospitals

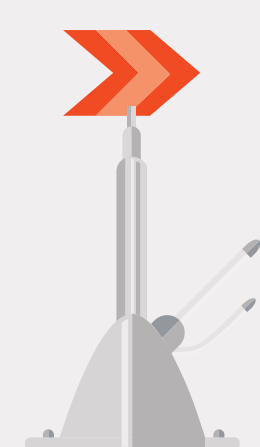
Implement care team huddles:

Hold regular meetings with a patient's care team to discuss potential complications. This keeps the care team informed and enables them to proactively address discharge concerns.

For PACs

Educate acute providers:

Teach acute care providers about PAC capabilities. This will encourage hospitals to send patients who are ready for discharge, even if they have some complications.



LACK OF TRANSPORTATION

For hospitals

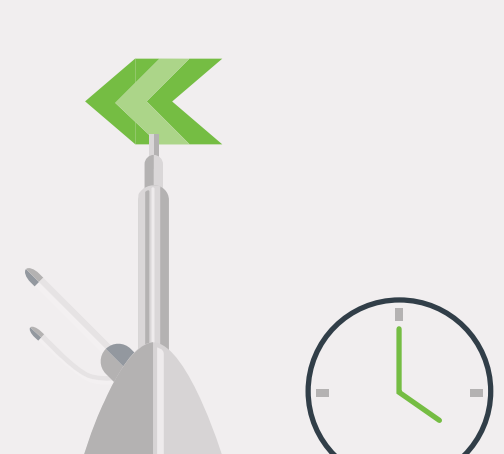
Invest in transportation:

Consider investing in ambulances or paying for alternative forms of transportation, such as wheelchair taxis or rideshare services.

For PACs

Evaluate transportation needs:

Like hospitals, consider which options—buying ambulances or partnering with rideshare companies—will best fix transportation challenges.



MISALIGNED DISCHARGE AND INTAKE TIMES

For hospitals

Incorporate PAC perspectives:

Check with PACs to ensure that discharge and intake times coincide. Hold discharge staff accountable to those times whenever possible.

For PACs

Meet acute provider needs:

Determine peak intake times and plan intake nurse, physician, and PT/OT staffing to effectively meet these needs.