# Your Complete Guide to Successful Care Transitions

PointClickCare®

Richter
LTPAC Performance Advisors
*Enhancing Outcomes*

As patients move from a hospital to a skilled nursing facility, it's crucial that providers understand care needs, quantify the financial impact, and achieve seamless communication with internal and external stakeholders to realize the best possible outcomes.

**This care transitions guide has everything you need to optimize your admission process and make sure every transfer is timely, accurate, and safe.**

# Gain Full Visibility Into Your Patients

## Tip

The right referral management tool gives you a complete scope of referrals whether you accept or deny them so you can communicate more efficiently with your hospital on the type of patients are best for your facility

### Understand Your Incoming Referrals

- Review the patients coming from the hospital to determine accept or deny status
  - ☐ Confirm your accept and denial trends
- Conduct a standardized pre-admission assessment
  - ☐ Demographics and basic medical history (e.g. allergies)
  - ☐ Previous hospice or palliative care
  - ☐ Family and support system – power of attorney or legal guardians
  - ☐ Language and communication ability – is an interpreter needed?
  - ☐ Review complete list of medications and pharmacy cost estimates
  - ☐ Medical equipment needs (e.g. wheelchair, CPAP, oxygen)
  - ☐ Physical assistance needs – review MDS
  - ☐ History of falls
  - ☐ Skin condition (e.g. pressure wounds, bruising)

## Tip

**Remove the burden of manual transcription.**

Connecting to an interoperability framework gives you access to complete medical history, including COVID vaccinations, lab results and diagnosis information of your referrals and incoming residents along with their clinical information, documents, and medications.

## Alert

It's common for patients to be taking 10-15 medications at a time on average, with multiple prescribers.

As a result, the risk of ADE has increased, making it necessary to have a reconciliation process to prevent additions, omission, and dosage errors.

- ☐ Cognitive functioning – ask questions about memory and decision-making abilities
- ☐ Emotional and psychiatric needs (mental illness, PTSD)
- ☐ Substance abuse
- ☐ Behavior concerns (aggression)
- ☐ Discharge plans – goal settings

### Validate Your Pre-Admission Information

- ☐ Reach out to the case manager, patient, and family members to ensure everyone understands discharge goals.
- ☐ Ensure the hospital understands the levels of care your facility can provide. Setting clear expectations can make you a more valuable trusted partner.
- ☐ Ensure hospital staff complete a nurse-to-nurse report as the patient is leaving the hospital and ensure the information included is as timely as possible.
- ☐ Confirm lab work that will be needed once patient has left the hospital and ensure you provide a complete medication list.
- ☐ Honoring patient's end-of-life wishes with Code Status Reconciliation (CSR).
- ☐ Document when last medication was given and determine when patient is due for next medication.

**1/3**

of rehospitalizations occur within the first 3 days of transition to SNF, and half of those are related to an adverse drug event (ADE).[1]

# Mitigate Financial Liability and Maintain a Healthy Referral Pipeline

Tip

Protect your revenue flow from coverage denials with an integrated insurance validation service that checks and monitors insurance coverage of current and potential residents to verify financial status

## Verify Insurance Coverage and Communicate Financial Obligations

- Make sure your teams quickly communicate diagnosis, treatment and medications to check insurance eligibility, prior to accepting a patient.
- Coverage determination should be completed before the patient is discharged from the hospital.
- Things to look for when running eligibility verification include:
  - ☐ Medicare as Secondary Payer (MSP)
  - ☐ Medicare Advantage
  - ☐ Home health episodes
  - ☐ Hospice elections
  - ☐ Any technical requirements for AND Part A (E.g. 3-day qualifying stay)
  - ☐ Prior benefit periods
  - ☐ Payer coverage (both covered, and non-covered/excluded services)

- Benefit Days Remaining
- Medicaid eligibility
- Medication coverage/cost
    - Ensure that the medications are covered for resident and fall within per diem for resident. This happens with the pharmacy and not the payer.

- Things such as special equipment, third-party services (feeding, therapy, etc.) and even a slight increase in multi-person effort can all be overlooked, but they have an impact on your bottom line.
- Stay on top of the changes brought on by new rules and insurance coverage so you can be confident you're meeting your profitability goals.

## Alert

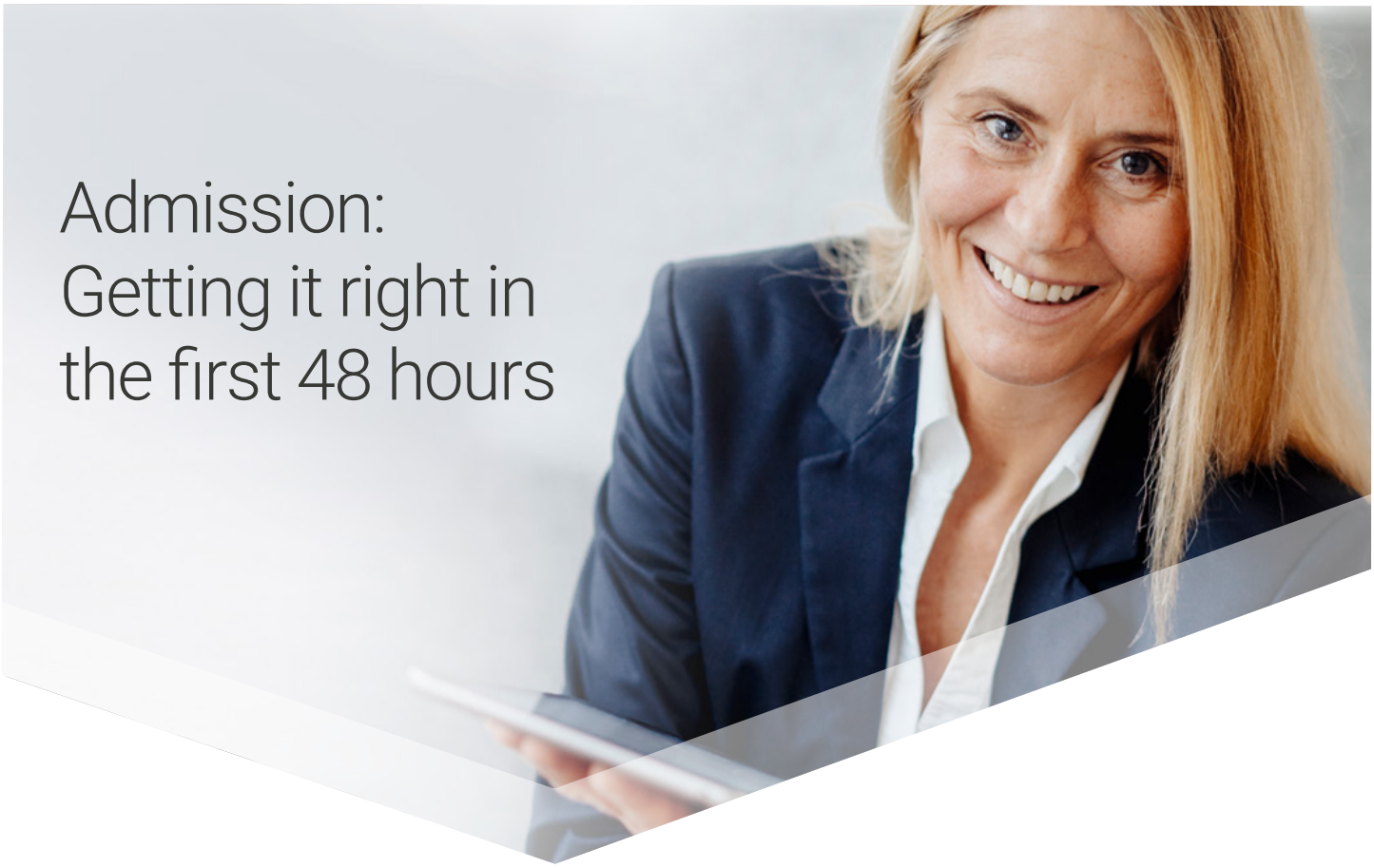
Failure to do this in advance could leave you at risk of not being reimbursed for the care you deliver, or leave the facility at risk for out of pocket expenses.

The estimated cost of managing denials is

**$25*** per claim

*According to the Healthcare Billing & Management Association

# Admission: Getting it right in the first 48 hours



Studies show a strong correlation between increased mortality rates and readmission within

**30**
**days**

of admission to a SNF.

A change in care setting from acute to post-acute is one of the most vulnerable times in the patient journey. As you admit residents with higher acuity and complex care needs, it's essential that they, and their family or caregiver, know you're focused on their healing and quality of life.

## Remember, you don't get a second chance to make a good first impression

- Have a staff member ready to greet the patient as soon as they arrive
- Inform staff members that a new admission has arrived
- Have a staff member help the patient get settled in their room, orient them to the call light, phone and TV, and introduce them to the roommate if there is one. Let them know when someone will be back to assess them.

Tip

**Go Paperless!**

Automating routine documentation lets you create, personalize, and update admission documentation, and sign off on assessments and service plans with a click of a button. Having a centralized location for these documents also allows residents, families, and other parties to electronically sign documents quickly, reducing your risk of incomplete documents.

## Establish a Routine Documentation Process

- Confirm that the assigned nurse has consent to treat the patient
- Sign paperwork upon arrival from hospital
  - ☐ Validate consent to treat
  - ☐ Admission Agreement
  - ☐ Financial Agreement
  - ☐ Rates and Reimbursement Information
  - ☐ Billing Information
  - ☐ Bed Hold Policies
  - ☐ Authorization for Medical Treatment
  - ☐ Authorization/Consent for Therapies
  - ☐ Authorization for Drug Purchasing/Pharmacy Services
  - ☐ Advance Directives
  - ☐ Visitation Policy/Restricted Visitors Policy
  - ☐ Facility & Resident Guides

## Tip

An integrated medication management system gives your staff an instant view of medication pass information and real time communication with pharmacy for census and medications. Reducing the risk transcriptions errors, omissions, wrong drug selection, as well as meeting all ePrescribing requirements.

## Alert

Not having an integration with your pharmacy increases your risk of adverse drug events (ADE) as a result discrepancies medications dispensed and administered.

### Medication & Prescription Orders

- Capture orders for the pharmacy soon after the patient arrives. If your SNF does not have an emergency supply of medications, you risk your patient being frustrated and in pain.
  - This is especially important for pain medication, antibiotics and psychotropics.
- Ensure meds are entered as soon as possible before pharmacy cutoff hours, or meds have to come from retail or another pharmacy provider.
- Review the full treatment plan
  - Review MAR (medication administration record) and TAR (treatment administration record).

### Establish Infection Prevention & Drug Resistance Protocols if Needed

- Establish whether or not the patient has tested positive for COVID-19 as well as when their last test was.
- In addition, determine if the patient has any multi-drug resistant organisms that would require isolation and/or special care.

### Perform a Medical Assessment

- Fully understand each new resident's health picture from day one, starting with a head-to-toe assessment
- Review medical record and complete a baseline care plan. With a baseline in place, you'll have an easier time screening referrals.

Having an effective care transition process helps to thoroughly identify your patients' needs, desired outcomes and payer sources. Getting it right from the start means shorter stays, no emergency visits, no readmissions, no penalties and no damage to your reputation.

With the ability to create, maintain and access all the information about a single resident in a single location, you can be confident that you'll achieve your goals on admission day.

**If you have any questions or want to learn how PointClickCare technology can streamline your transition process, connect with us**

Streamline Transitions Today

PointClickCare®

Care confidently.™

PointClickCare Technologies Inc., helps long-term and post-acute care (LTPAC) providers gain the confidence they need to navigate the new realities of value-based healthcare.

For more information on PointClickCare's software solutions, please visit **www.pointclickcare.com**

---

Richter

LTPAC Performance Advisors

*Enhancing Outcomes*

Led by a CPA and staffed with over 80 experienced professionals, Richter is the trusted industry leader in long-term post-acute care (LTPAC) clinical consulting, healthcare accounting, EHR implementation, and outsourced revenue cycle management. Our expertise spans healthcare operations, clinical protocols, regulation and compliance, accounting, technology, and financial and revenue cycle management. Through our blog, webinars, newsletters, industry updates and speaking engagements, we challenge our clients to grow in the industry, while providing customized solutions at every point of the care continuum to help them Enhance Outcomes in all the ways that matter.

For more information visit our website www.richterhc.com