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HEALTHCARE MANAGEMENT ADVISORS

Four Keys to Ensuring High Quality Care by Your Post-Acute Care Strategic Partners

Mark Dubow, MSPH, MBA, Director, Veralon

It is increasingly important for hospitals and health systems to be proactive in enhancing and ensuring the quality of care in those post-acute care (PAC) facilities to which they refer patients. This influence is critical to preventing prolonged recovery periods with their associated increase in the cost of care. Hospitals also want to assure that PAC facilities follow care protocols so that clinical resources (testing, procedures, medications, staff time) are used at appropriate levels. Lastly, originating hospitals want to minimize the need for PAC patients to be readmitted to an acute care hospital, in order to avoid associated Medicare penalties.

If your post-acute care network is formed, as most are, by creating strategic relationships with selected providers, the reality is that you do not have direct control over the clinical care delivered. How can you assure that the care provided by the members of your PAC network will be of high quality in that situation? Here are four keys to achieving that objective:

1. **Available capacity at the right level for each patient.**

   The first key is assuring that patients can receive an appropriate level of care to meet their clinical and personal needs at the time they need it, with a well-handled transition. Having formal relationships with post-acute care (PAC) providers of many kinds (SNF, home health, inpatient rehabilitation, hospice, long term acute care hospital) increases the likelihood that you will have both the capacity and infrastructure available to handle transitions promptly and thoughtfully.

   Your PAC network, whether based on affiliations, contracts, or ownership, should have adequate capacity at each level of post-acute care, at geographic locations appropriate to your patient population. The higher the occupancy rate of PAC facilities in a given area, the more important formal relationships will be. You should also be aware of the specialized capabilities of each provider. Which facilities, for example, can handle stroke, ventilator-dependent or dementia patients? By effectively aligning the PAC

placement with the needs of the patient, you reduce the chance that patients will be readmitted to the hospital, or placed in facilities that are unnecessarily expensive.

It is important, and legitimate, to effectively guide patients and their caregivers in choosing PAC providers. Discharge planners, case managers, and clinical staff typically feel legally bound to offer a comprehensive list of providers and let patients and families make the selection. A better approach is "soft steering"—sharing a list of providers who can provide the services the patient requires, with members of the preferred provider network at the top; discussing provider characteristics associated with better care (e.g., well-coordinated transitions, quality track record, ongoing clinical training); indicating that the providers at the top have been vetted and have those characteristics, providing hard data to back it up, and then giving the patient/family the ultimate choice.

2. **Technology infrastructure to support communication of critical data.**
The second key to assuring quality of care in post-acute care networks is making sure that there is an IT infrastructure that can provide for smooth transfer of patient clinical information between acute and post-acute providers. Without this, handoffs are often incomplete and patients can suffer medication and treatment errors.

   Ideally, your hospital and the PAC provider should utilize the same electronic medical record (EMR) system thereby enabling efficient bi-directional data transfer. Where different EMR systems exist, it's best to utilize a local health information exchange (HIE) to transfer patient data.

3. **Clinical protocols to support quality operations.**
Hospitals and health systems can assist in supporting care quality within PACs through extending the patient treatment clinical protocols they have developed to the PAC entity. Beyond that step, attention should be given to developing procedures to minimize falls, infections, and errors in dispensing medication. Additionally, PAC network staff and hospital clinicians should collaborate on developing guidelines specific to managing patient readmissions.

   Your hospital or system should require regular (usually monthly) reporting on clinical quality metrics by the PAC entities to the hospital, and you should reserve the right to require corrective action where necessary.

4. **Appropriate clinical leadership ties.**
Your hospital or system should provide consultation, clinical leadership, staffing support, and clinical training for PAC facilities. Many PAC facilities will welcome on-site or video consultations with hospital clinical staff, and are likely to be interested in access to evidence-based protocols. You might propose a candidate for medical director

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who is a gerontologist familiar with state requirements for PAC facilities or services, or offer access to relevant physician and nurse specialists (e.g. stroke, cardiovascular, orthopedic, respiratory care, rehabilitation), who could provide rotating support to the PAC on a part-time basis and/or telehealth support. Additionally, clinicians in relevant specialties could offer skills training for the PAC staff.

With the appropriate attention to each of these four keys, you can strengthen the quality of care in your preferred provider PAC network.

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