

Hospitals

- Who they are and what they do

A hospital is an institution for health care providing patient treatment by specialized staff and equipment and are largely staffed by professional physicians, surgeons, and nurses.

Some patients go to a hospital just for diagnosis, treatment, or therapy and then leave ('outpatients') without staying overnight; while others are 'admitted' and stay overnight or for several weeks or months ('inpatients').

A general hospital is set up to deal with many kinds of disease and injury, and typically has an emergency room (ER) to deal with immediate and urgent health threats and is typically the major health care facility in its region, with large numbers of beds for intensive care and long-term care.

Hospitals vary widely in the services and departments they have such as trauma centers, surgery, urgent care, cardiology or coronary care unit, intensive care unit, neurology, cancer center, outpatient, behavioral health services, dermatology, psychiatric wards, rehabilitation services, and physical therapy.

- Potential motivators – reasons for making a referral
 - Fast evaluations completed by our nurse when they call to inquire about a placement—usually within 1 to 2 hours
 - Flexibility to accept discharges such as late Friday afternoon and weekends
 - 24 hour nursing oversight
 - Quick understanding of exactly what we can and cannot do. A Best Practice is to provide the Case Managers with a list of diagnoses and how we would work with each diagnosis
 - Immediate contact person at facility at all times
- Key staff to see
 - Discharge planner/case managers/social workers
 - Charge Nurses
 - Rehab Director
 - Chaplin
 - Specific Specialty Program Director

Skilled Nursing Facility / Rehab

- Who they are and what they do

A skilled nursing facility (SNF) is a place of residence for individuals who require extensive skilled nursing assistance with activities of daily living. Their patients include both elderly and younger adults who have physical and mental limitations. SNFs offer rehabilitation services such as physical, occupational, and speech therapy. Rehab facilities are often combined with a SNF, but sometimes they can be a separate facility which is focused on short-term recovery with therapy services.

Facts about Skilled Nursing Facilities (SNFs)

- Each state licenses its SNFs, making them subject to the State's laws and regulations
- May choose to participate in Medicare and/or Medicaid
- Medicare covers SNF services for 20 to 100 days for beneficiaries who require services following a hospitalization of at least three consecutive days
- Some patients go to a SNF for short-term therapy and leave after a few days or weeks
- Some patients stay in the SNF long-term for several weeks, months, or permanently

The process for discharge of a patient usually involves a care meeting where the social worker, director of nurses, and therapists meet with the patient and/or their family to discuss what the next steps will be for the patient. If returning home is not a safe option, the social worker may recommend an Assisted Living community.

- Potential motivators – reasons for making a referral
 - Relationship with other SNF provider to refer to if they are full or cannot accept patients due to limit of their services, acuity or physical plant
 - Continuing Education Units (CEUs) for their staff
- Key staff to see
 - Administrator
 - Admission Director(s)
 - Director of Nursing
 - Director of Rehab

Geriatricians

- Who they are and what they do

A geriatrician is a medical doctor with post-graduate training in Internal Medicine or Family Medicine and 1-2 years additional training on medical, social, and psychological issues concerning older adults. A geriatrician manages the multiple health concerns of older adults and functions as the “Primary Care” physician. This physician practices a holistic approach to frailty and quality of life to older adults.

Geriatrician Focus

- Specializes in senior citizen care focused on identifying differences between disease and aging effects
 - Functional ability, independence, and quality of life is of greater concern
 - Works frequently with caregivers and decision makers for senior adults
 - Understands and works with seniors to manage multiple medications to ensure that they work together in a positive way for the senior
 - Care for “Geriatric Giants” (or primary care concerns for seniors): immobility, instability, incontinence, impaired intellect or memory, impaired vision and hearing
- Potential motivators – reasons for making a referral
 - Relationship with a SNF provider who serves frail and elderly patients. They are looking for oversight for their patients who need help with monitoring blood pressure, medication management/ assistance, and ongoing communication with them regarding their patient’s condition
 - A forum to in-service the community and caregivers on senior health and wellness topics
 - Space for community screening and diagnostic services
 - Space for support groups
 - Immediate accommodations for patients in need
 - 24 hours nursing care
 - Availability of short and long-term stays while patient is recovering and receiving 3rd party services
 - Ability to contract with 3rd party providers of supportive therapies through their Medicare benefits
 - Key staff to see
 - Geriatrician Physician
 - Geriatrician Case Manager
 - Physician’s Assistant
 - Nurse
 - Office Manager
 - Family Practice Physician

Family Practice Physician

- Who they are and what they do

A family practice physician is a medical doctor who provides continuing and comprehensive healthcare for the individual and the family. Family practice is a specialty which integrates the biological, clinical, and behavioral sciences. The Physician is typically referred to as the “Primary Care Physician” (PCP).

Family Practice Focus

- Includes all ages, organ systems and every disease entity
- Coordinates and refers for specialist intervention
- Focuses on wellness and prevention for patients
- Complete routine checkups, health risk assessments, immunization and screening tests, and personalized counseling

A family practice physician will have 4 years of undergraduate work in pre-med, 4 years of medical school, 1 year spent in an internship, and 3 years of family medicine residency and are eligible for the board certification now required by most hospitals and health plans.

- Potential motivators – reasons for making a referral
 - Relationship with an SNF provider who serves frail and elderly patients. They are looking for oversight for their patients who need help with monitoring blood pressure, medication management / assistance, and ongoing communication with them regarding their patient’s condition
 - A forum to in-service the community and caregivers on health and wellness topics
 - Space for community screening and diagnostic services
 - Space for support groups
 - Immediate accommodations for patients in need
 - 24 hours nursing care
 - Availability of short and long-term stays while patient is recovering and receiving 3rd party services
 - Ability to contract with 3rd party providers of supportive therapies through their Medicare benefits
- Key staff to see
 - Family Practice Physician
 - Physician’s Assistant
 - Nurse
 - Office Manager

Home Health / Private Duty

- Who they are and what they do

Home Health Care provides skilled and supportive care in the patient's home by licensed healthcare professionals. Services could include medical or psychological assessment, wound care, medication teaching, pain management, disease education and management, physical therapy, speech therapy, occupational therapy. These services are covered by Medicare for a limited amount of days under a certification period. The patient must recertify in order for Medicare to continue to cover, otherwise the services will be private pay only.

Private Duty Companion companies help with other life assistance services including help with daily tasks such as meal preparation, medication reminders, laundry, light housekeeping, errands, shopping, transportation, and companionship. These services are generally private pay only and accept no forms of insurance.

Home Health Care and Private Duty companies aim to make it possible for people to remain at home rather than use residential, long-term, or institutional-based nursing care. However, when partnered with an Assisted Living, they can assist in keeping a resident "at home" in the ALF in order to age in place.

- Potential motivators – reasons for making a referral
 - Relationship with an SNF provider who welcomes Home Health and Private Duty companies to assist with the care of seniors in need
 - Space for community screening and diagnostic services
 - A forum to in-service the community and caregivers on health and wellness topics
 - Ability to co-host events to local community to get the word out
- Key staff to see
 - Director
 - Director of Nursing
 - Discharge Planner / Case Manager / Social Worker
 - Sales & Marketing Representative

Assisted Living Communities

- Who they are and what they do

An assisted living facility (ALF) provide supervision or assistance with activities of daily living (ADLs); coordination of services by outside health care providers; and monitoring of resident activities to help ensure their health, safety, and well-being. Assistance may include the administration or supervision of medication, personal care services provided by trained staff, and basic services such as meals, housekeeping, laundry, and transportation.

Assisted living as it exists today emerged in the 1980s as an eldercare option for those whom independent living (IL) was no longer appropriate. It is the step between IL and the 24-hour medical care provided by a skilled nursing facility. Assisted living is a philosophy of care and services promoting independence and dignity.

Each state licenses its ALFs, making them subject to the state's laws and regulations. ALFs can range in size from a small residential house for three residents up to large facilities providing services to hundreds of residents. Assisted living falls somewhere between an independent living community and a skilled nursing facility in terms of the level of care provided. Continuing Care Retirement Communities (CCRCs) combine independent living, assisted living, and skilled nursing care in one facility or campus.

- Potential motivators – reasons for making a referral
 - Relationship with SNF provider who understands their admission process
 - Knowledge of SNF provider to refer to if they cannot accept due to limits of their services, care options, or physical plant
 - Positive and mutually respectful relationship with their competitors
- Key staff to see
 - Executive Director / Manager
 - Sales & Marketing Representative
 - Director of Nursing
 - Activities Director

Adult Daycare Facilities

- Who they are and what they do

Adult Daycare Facilities

An adult daycare center is a non-residential facility specializing in providing activities for elderly or disabled individuals. Some specialize in the care of people with Alzheimer's and related dementias.

Adult Daycare Center Basics

- Most centers operate 10 - 12 hours per day, Monday through Friday
- Often provide meals, social activities, recreational outings, and general supervision
- Some centers maintain a nurse on-site with a small room devoted to clients where they can have vital signs checked by a medical assistant or nurse
- Transportation, personal care, and counseling for caregivers may be available
- Some centers do not have their own location and will use space in religious centers, senior centers, councils on aging, or schools to host their program

Participation in adult day care often delays admission to assisted living and nursing homes, as participants are able to remain at home with family members longer due to the added support. For participants who would otherwise stay at home alone, the social stimulation and recreational activities often improve, maintain, or delay decline of physical and cognitive function. For caregivers, adult day care centers provide respite care, enabling caregivers to work or to have a break from their caregiving responsibilities.

- Potential motivators – reasons for making a referral
 - An SNF provider who can act as a resource to the center to educate on senior related topics of interest
 - An SNF provider focused on acting as a senior advocate in finding placement in a safe and homelike environment when they can no longer stay at the center
 - Fundraising opportunities to expand their services
 - Outreach opportunities to seniors
- Key staff to see
 - Director
 - Director of Nursing / Care Giving

Independent Living / Senior Living Communities

- Who they are and what they do

Independent Living communities and Senior Apartment complexes are residential units for seniors ages 55 and older. The apartments are equipped with full kitchens and are often connected to recreational facilities such as activity centers, swimming pools, golf courses, stores, restaurants, and sometimes medical clinics. There are no medical services provided directly from the independent living or apartment complex. On occasion, the complexes may be able to connect seniors with some in-home services by partnering with an outside provider.

- Potential motivators – reasons for making a referral
 - Relationship with quality SNF provider to refer current resident in need of SNF services
 - Relationship with SNF provider to refer to if they cannot accept due to limits of their services, care options, or physical plant
 - Sponsored educational talks and support groups for their tenants to learn more about senior issues
- Key staff to see
 - Director / Manager
 - Sales & Marketing Director
 - Activities Director

11 Simple Questions to build trust, improve results and increase Time in the Outreach Zone

1. Tell me about your background and what got you into this business? (Schooling, degree, work history, why here?)
2. Tell me about your place of business? (clients, patients, specialties, new development programs, etc.)
3. Describe your role here? (favorite part of your job)
4. Describe some of the challenges you face in your current position? What would you love someone to help you with?
5. How do we make a good referral to you or your place of business?
6. Have we ever made a referral to you? Tell me about the experience?
7. What's important to you in a relationship with us? What would motivate you to make a referral?
8. What's important to you when making a SNF referral and do you have any concerns or objections about making a referral?
9. What are your preferences to ease and expedite the referral?
10. How important is it to you to get an update of how the patient is doing after the referral?
11. How do you recharge and relax outside of work? Hobbies, interests, pastimes?