

# FLOW = ACCESS

Applying flow strategies to maximize patient & resident access to appropriate care.

Currently, the P4P (for, “Pay for Performance”) target that is causing us the greatest challenge is Long Length of Stay (or, “LLOS”) – a metric based on the length of a patient’s stay, and our ability to transition a patient to the correct level of care within 30 days of their stay with us.

The number of patients that stay greater than 30 days has increased consistently over the past year, in spite of all of the great discharge planning work that everyone has been doing and invested in. This reality has a significant impact across many areas of the work we do, and the areas we pride ourselves in:

- **Patient Care:** In our consistent effort to provide the best care, we are often times providing our patients with a higher level of care than they really need. Data tell us that ~60% of the LLOS patients are classified as acute. This is often based on the practice of categorizing someone as “acute” as they continue to make functional gains or because they need long-term symptom management or follow-up. These patients should technically be classified as “Alternate Level of Care” (AKA: ALC) as we plan for supports closer to home to help them fully recover.
- **Flow:** An acute unit is not the best place to re-establish baseline functional levels or manage chronic or long term issues. There are many community resources available to support these clients in a more natural setting.
- **Finances:** Our current LLOS performance sees us losing all potential financial incentives.

If you are having trouble finding an appropriate location/service for our patients, please call Claudia Friess or Complex Care Navigator Karen Custodio any time.

