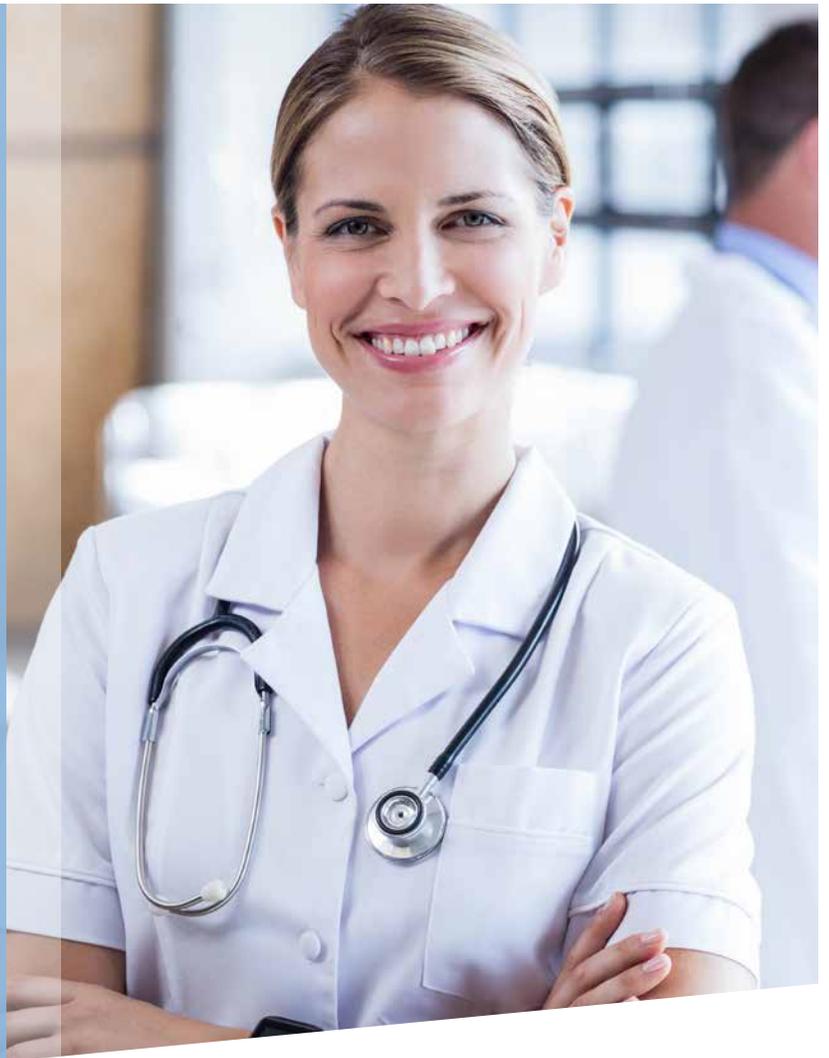


It's Time to

Pull in Partners



Leah Klusch, RN, BSN, FACHCA,
*Founder and Director of
The Alliance Training Center*

Get ready for the October implementation date of the **Patient Driven Payment Model (PDPM)** with our informative series of articles authored by Leah Klusch, RN, BSN, FACHCA, founder and director of The Alliance Training Center. We'll prepare you for the new reimbursement model

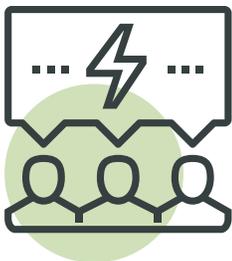
with detailed insights in a step-by-step guide to PDPM success. You'll learn about everything from building staff competencies and improving your coding practices to the value of partners and how to enhance efficiencies. The series will conclude with a checklist to help you gauge your readiness.

Getting Ready for PDPM Success | by **PharMerica**

Under the new Patient Driven Payment Model, you've likely learned that the initial admission assessment carries heightened importance. And that when inputting diagnosis data and codes, gaps in MDS data can mean a loss of payment. While facilities can build competency among staff members to ensure accuracy and completeness, you don't have to go it alone. Facilitating partnerships with referring hospitals is critical to success under the PDPM. Here's why.



1 HOSPITALS CAN ARM YOU WITH INFORMATION EARLY. Clinical documentation from hospitals that refer patients to your facility can be instrumental in admission decisions. While hospitals may not have always made this information available in the past, have an open dialogue with them about the value of getting records to review early and work to strengthen your relationships with these providers so they'll comply. That way, you'll have as much time as possible for a more in-depth review that can help you make an informed decision about whether to take a case based on your internal standards and guidelines for admission.



2 PARTNERS SPEAK THE SAME LANGUAGE. When it comes to diagnosis coding in the MDS, the terminology entered needs to exactly match what's in the medical record. Through productive relationships with referring hospitals, your facility can stress the need for a common language to streamline the data collection and documentation process. You can also set expectations for completeness since certain clinical conditions may not always be captured and reported. Access to a hospital's records in the correct form and format will give you the opportunity to fully understand a resident's status, thereby speeding and simplifying the completion of the initial assessment.



3 TRANSITION DATA CAN DECREASE READMISSIONS. Reimbursement isn't the only hit to bottom lines; readmissions also impact nursing facilities and hospitals too. With a shared interest in decreasing hospitalizations, hospitals and facilities should work to ensure an open and optimum communications process between all involved to improve the quality of transition information. For example, if a resident needs a lot of assistance with functional skills, it should be documented so they don't try to go to the bathroom and fall. The better your relationships with hospitals, the more detailed and complete the information you'll receive so you can improve the care delivered – and lower readmission rates.

COMING NEXT:
*Enhancing
Efficiencies*

Like many complex endeavors, working collaboratively with partners helps lighten your load and increases your chance for success.