Helion Bulletin
Issue 5

Collaborating for Success: Post-Acute Care Placement During COVID-19

Successful and timely care transitions are critical to hospital operations — especially transitions to post-acute care (PAC). Discharging people, without delay, to appropriate PAC providers improves patient outcomes, reduces readmission rates, and helps maintain hospital-wide patient flow (or throughput).

Navigating post-acute patient placement for complex patients is always a challenge. Diagnosis, age, and long-term prognosis often determine whether a PAC provider can and will accept the patient referral. But the arrival of COVID-19 created unique complications that threatened patient placement and hospital operations everywhere.

At the height of the pandemic, PAC providers had new reasons to deny referrals including:

- **Decreased space:** Facilities reached capacity as new guidelines and COVID-19 patients decreased the number of beds available.
- **Limited resources:** Initially, disruptions in the supply chain strained access to personal protective equipment (PPE), complicating the ability to provide care.
- **Staffing challenges:** Care teams were often needed to quarantine after COVID exposure.
- **Undesirable diagnosis:** Providers were unable or unwilling to take or treat COVID-positive patients.

As patient intake increased and PAC provider availability decreased, hospitals had to quickly adapt and find creative ways to approach post-acute placement for complex patients. Penn State Health Milton S. Hershey Medical Center (Hershey Medical Center), a Penn State Health hospital located in Hershey, PA, was able to do just that by collaborating with Helion.

Hershey Medical Center's path to successful patient placement
The case management team at Hershey Medical Center had an advantage when the pandemic began. They were already working in tandem with Helion on complex patient placement.

For two years, the case management team had already been holding a weekly huddle call with Helion. They talked through the status and transitions of complex Highmark Blue Shield member cases, reviewing each patient's clinical needs, family dynamics, psychosocial situation, and home setting.

"We had a process in place, prior to COVID, that served as a building block once COVID hit," says Monica Cascarino, MHA, BSN, RN, CCM, vice president of care transitions at Hershey Medical Center. "The relationship we already built and the process we had in

place easily transitioned during the COVID crisis. Helion helped us quickly operationalize and transition patients in and out of the hospital safely."

A strategy for transitions in care during COVID-19
Hershey Medical Center and Helion approached complex patient placement from every angle. They worked together to keep transitions to PAC appropriate, successful, and timely whenever possible. Their strategic plan included:

Recognizing complex patient placement before discharge
Hershey Medical Center continued weekly huddle calls with Helion during the pandemic. The calls ensured that everyone had important information and played a key role in addressing patient placement concerns before they became critical.

"Those meetings provided some earlier notification that a patient would soon be needing placement," says Kim Suda, manager of Network Performance. "Through these discussions, we understood what that patient would need and could proactively put feelers out to PAC providers before the patient was ready to be discharged."

Identifying barriers to care transitions
For some complex patients, certain factors make a patient more difficult to place. For example, the patient may have a complicated care plan or be taking expensive medication. While not every barrier is flexible, Helion and Hershey Medical Center collaborated to pinpoint instances where small changes during a hospital stay could assist in patient placement.

"Sometimes providers cannot take a complex patient unless something changes," Suda says. "We asked ourselves, 'What can the hospital do to bring that patient's needs to a level that is more attractive to PAC providers and allows a transition of care?' and 'What does the patient need in order to qualify for home health?'"

Gaining the trust of patients and families
Transitions in care tend to be more successful when the patient and family are involved. Highmark Blue Shield provides dedicated care managers to help patients and families navigate care transitions. But in a moment of crisis, Cascarino says patients may not respond to care managers or realize the resources available to them. In those instances, a team approach may work best.

"We worked as an intermediary and explained to families that we are [collaborating] with Highmark Blue Shield to transition patients through the continuum of care," Cascarino says. "We explained that Highmark Blue Shield will be reaching out to them and can help. Our involvement helped to build trust in the [relationship] for the patient."

Using technology to determine PAC capabilities and availability

The collaboration with Helion provided Hershey Medical Center with access to an extensive provider database. The information proved invaluable during the COVID pandemic.

"Helion tracked which providers have capacity issues from a COVID outbreak and who can take COVID-positive patients. This information saved time and effort as we searched for appropriate providers," Suda says. "We also have a database that keeps updated clinical capabilities for providers and sends regular updates on the providers in the region."

Leveraging PAC provider relationships

For the most complex patient placement, the case management team at Hershey Medical Center relied on the strong relationships Helion has with providers. "As a hospital, we don't have the capacity to be able to call each PAC provider," Cascarino says. "Helion has that built-in relationship with their providers. They can make contact and find out what's going on. It was very beneficial in our most challenging placement cases."

According to Suda, many providers stepped up to accommodate complex patients, even those who were referrals they wouldn't typically take. "Sometimes we knew a provider could handle it, and they just needed some encouragement," she says. "Other times we got creative and looked outside the geographical area for a provider who could manage that person. We served as a mediator for the provider and hospital to set up these arrangements."

An evolving payer-provider relationship

Cascarino is proud of the partnership with Helion and all they accomplished together during the pandemic. Looking ahead, she's excited about new endeavors.

"Our relationship with Helion is evolving," Cascarino says. "We're collaborating on many aspects to look at how to optimize population health outside of the hospital so that our shared patients maintain a level of health and improve their ability to stay healthy within the community."

To learn more about how Helion helps with post-acute patient placement, contact Kim Suda, manager of Network Performance, at Kim.Suda@hmhcs.com.