



THEY SAVE YOUR LIFE, WE GIVE IT BACK

How a subacute hospital
improved bed management in five steps

1



Patient Flow Accountability to Medical Affairs:

The accountability for occupancy and patient flow was transferred to Medical Affairs, leveraging inherent trust with physicians to shift the culture towards more collaborative and solution focused processes. This was a critical move that ensured physicians aligned more closely with occupancy goals and Ministry requirements.

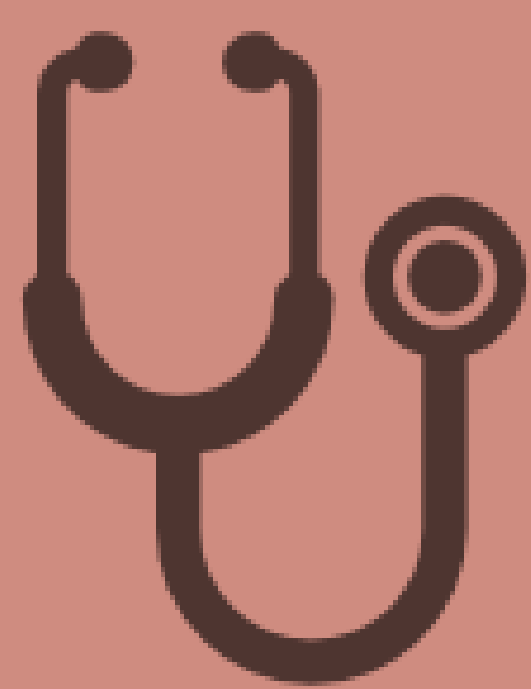
2



3-Tier Model:

A 3-tier model for patient assessment was created. High occupancy triggers full assessments, moderate occupancy requires direct physician communication between acute and subacute hospitals, and low occupancy leads to automatic admission without assessment, making high occupancy an incentive for physicians.

3



Blanket Repatriation Agreement:

A “blanket repatriation agreement” was created between acute and subacute care hospitals to reduce physician hesitancy to admit. This agreement reassured admitting doctors that patients could be transferred back to acute care if deemed inappropriate, encouraging more flexible admission criteria and increasing access to specialty beds.

4



Embedded Nurse Assessors:

Nursing assessors were placed in high-referring acute care units to identify suitable subacute care candidates early. This integration reduced time spent on inappropriate referrals, and streamlined assessments by familiarizing assessors with patients before referral. It proved effective in areas lacking bullet rounds.

5



SW and SSW Restructured:

Social Workers and Social Services Workers were restructured into pairs consisting of one master’s-trained social worker and one college-trained social services worker. This improved team cohesion, optimized discharge processes, and maintained or reduced length of stay. The different mix of salary levels also allowed for an increase in staff with no extra money.

Providence Care



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