

Knowing Referral Sources

A quick reference



WE LOVE WHAT WE DO



Every day, the perception of BAYADA is shaped by referral sources, the people who we want to talk up our brand and customized solutions to their patients and colleagues. Our referral sources include **discharge planners, office managers, case managers, and others in assisted living facilities, skilled nursing facilities, ACOs, hospitals, health systems, physician groups, PPOs, and rehab centers.**

Do they understand our unique value? Do they know we go beyond health care's traditional Triple Aim, adding a focus on clinician experience to deliver unmatched quality care? That's how we earn top-of-mind consideration among many provider options.

Corporate-Level Mindset

Perception/feeling:

- May know BAYADA by its good reputation
- May be aware that we staff some cases at their institution

Concerns:

- Pressure to reduce costs, boost patient satisfaction scores, and improve outcomes
- Improving their STAR ratings
- Managing a high-acuity population
- Maintaining their reimbursement rates; avoiding readmission penalties

Patient-Level Mindset

Perception/feeling:

- Overwhelmed by complex, fast-moving caseload; appreciates simplifying solutions
- May only know BAYADA by its good reputation or have met with representatives
- May have colleagues who have recommended BAYADA

Concerns:

- Worried about patient safety after discharge
- If provider can staff the case and continue to provide the needed level of care
- Preventing unnecessary readmissions
- Referring to a provider that has a lengthy/complicated process.
- Maintaining communication with provider to follow the patient's progress

Motivations

Corporate level:

- To reduce readmissions at 30/60/90 days post-discharge, mitigate risk with their institution, and retain their good standing
- Manage a complex, fast-moving caseload; help reduce stress for staff

Patient level:

- To make clear aftercare plans that patients/families will follow.
- Focused on reducing readmissions in the next 30/60/90 days and beyond
- Need a high-quality provider who can simplify and speed up paperwork and processes
- To feel fulfilled knowing a great team effort is improving outcome

Our Messaging Goals

Short term:

- Show our referral sources how BAYADA:
 - Makes their job easier, coordinating care
 - Understands their position and it's demands
 - Has the right clinicians for patients discharged today
 - Is the best option out there

Long term:

- Become their go-to for home health care
- Win a BAYADA advocate among coworkers, patients, and partners

Key Messages

- BAYADA places great emphasis on matching clinicians to patients—not only in specialty or certification, but in personality and interests, introversion/extroversion, and level of motivation. The right match helps us ensure a better experience, which means likelier positive outcomes, which in turn means happier clients.
- We take on the legwork for you, making discharges quicker and easier. We handle authorizations, durable medical equipment, transition assistance, and discharge summaries so you don't have to.
- Our key advantage is our people. We all love what we do, so it's natural for us to give a level of care that keeps your patients safe at home, preventing needless readmissions.
- BAYADA manages co-morbidities at a higher level. Our clinical teams have disease-specific training, understand the impact of multiple diagnoses, and empower your patients to better self-manage, reducing acute care episodes.
- We can replicate accurate acute care settings in the home, to bring your patients home sooner and provide the kind of complex care that most other agencies are unequipped to do.
- What looks like one RN in the home is the front person for a cross-disciplinary clinical team available 24/7, supporting clinician or patient needs as they arise in real time.
- We provide the right care at the right time: skilled visits, companion care, hab tech, meds management and delivery, pediatrics, behavioral health, hospice, and more, so your patients always have access to the best care as their needs change and evolve.
- We tailor how we work around how you work, with weekend admissions and after-hours access.

Working with Referral Sources

Senior Living Director:

We operate as an extension of your staff, working seamlessly to support them in a variety of facets—from assisting in decision-making to clinical coordination.

Physician Referrals:

We provide regular updates on your patients' progress so we can partner in their care.

Discharge Planner for Assistive Care:

While our home health aides provide non-medical services, each client's care is overseen by a nurse clinical manager who develops a plan of care, oversees the team, and makes supervisory visits.

Discharge Planner for Assistive Care:

We can customize cost-saving solutions, such as combining skilled and assistive care so some clients can go directly home to recover instead of inpatient rehab.

Pediatric Hospital Discharge Planner / Pediatrician (Skilled Nursing Unit):

When a child is ready to move from pediatric to adult care, BAYADA's Transition Readiness Assessment and Collaboration (TRAC) program helps ensure a seamless transition, allowing clients to keep the same clinicians and level of care, to enable now-maturing clients to spread their wings.

All Referral Sources (Home Health):

With our disease-specific care, such as for COPD—we train home health aides to observe and report any changes to the clinical manager, as part of a multidisciplinary team. We can often start care within 24-48 hours.



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