Alexander Bain was a clever fellow. He invented the electric clock and the first electric printing telegraph. He also invented the fax machine, the device that many long-term care providers rely on for patient referral and admissions communications. That was in 1843.

That’s right; the technology at the core of the referral and admissions process for many continuing care providers is more than 150 years old.

Needless to say, a lot has changed since then. Providers can benefit from these changes by looking at their patient intake processes and considering ways to use the Internet and other technological advances to automate and accelerate admissions and referral management.

ASSESS ADMISSIONS PROCESS

The first step for providers who are considering improved tools for patient intake is to assess current processes. Here are some good questions to start with:

- How many referrals are received per day or per month?
- How many sources (hospitals, physicians, liaisons, other long-term care providers) send referrals?
- How many pages of documents are associated with each referral?
- How are patient review and approval tasks assigned and tracked?
- How are referral and intake activities collected and reported?

Many providers do not realize what vast mountains of paper they manage. Results from a 2007 survey of about 400 skilled nursing facilities and home health agencies indicate the average provider receives four referrals per day, each with 22 pages of related documents. That’s 1,460 referrals and 32,120 pages of documents per year—an eight-foot stack of paper for the average provider to process, review, and manage.

In a study conducted by a Canadian health policy organization, nursing facility admissions processes were found to involve 160 steps, including 69 handling steps, 36 forms to
complete, four family trips to the facility that involved 53 steps and five staff members, and nine forms.

**AREAS TO AUTOMATE**

Clearly, providers have many opportunities to streamline the admissions process. For example, there are typically four to five steps between an initial inquiry and a response to the referral source, after which insurance must be verified before a final decision to admit is made.

Once a provider has identified the steps in its admissions process, it can evaluate ways to apply messaging, management, and workflow technologies that can improve admissions in the following areas: fax and document management, communications, referral tracking and approval, and reporting.

**FAX AND DOCUMENT MANAGEMENT**

“Any solution that doesn’t address the fax challenges will typically fall short,” says Felicia Wilson, a licensed nursing facility administrator and director of the human services program at Shorter College in Rome, Georgia. “Experience has shown that providers must take steps to minimize receipt and management of faxed paper documents to make referral management more efficient.”

Providers also may not realize how frequently fax errors occur that could delay or block inbound referrals. Typically, about eight percent of outbound faxes do not reach their intended destination on the first try.

One option for providers is to convert faxed documents into an electronic format. Fax servers can provide this capability at a reasonable cost.

Providers may also benefit from software that helps organize and manage those electronic documents, which helps facilitate a smooth transition away from paper-filing processes.

It is important to note that providers should not let discussions about waiting for universal healthcare data standards for electronic medical records sidetrack attempts to automate. Just storing and managing documents in a common electronic document format, such as the ubiquitous PDF, is a huge incremental improvement over paper filing.

**COMMUNICATION IS IMPORTANT**

Both internal and external communications are critical to a responsive, efficient admissions team. In the May 2008 *Provider* cover story, Donna Shaw, administrator of Woodbine Rehabilitation Health Care in Alexandria, Virginia, summed up the critical need for responsive communications with referral sources: “Relationships with social workers and discharge planners at the hospitals are key,” she said. “In an effort to move patients out quickly, hospitals are now expediting their placing process, which, in many cases, means a patient is referred to the facility that has the first available bed.”
That urgency means providers cannot afford to miss calls or play phone tag with referral sources. Messaging and alerting systems can help providers know immediately when a referral comes in and send automated e-mails or faxes back to the referral source to update the status.

There are also emerging technologies to instantly confirm patient information, such as insurance verification—a step that typically requires multiple phone calls and can delay an admissions decision.

Some hospitals have adopted e-referral solutions that facilitate faster exchange of referral communications. These e-referrals still represent a small percentage of inbound referrals, however—about 6%—according to the 2007 admissions survey. About 80% of new referral inquiries still arrive by fax or phone.

Providers should adopt tools and processes to effectively manage all inbound referrals, from all sources or methods, and communicate instantly with those referral sources.

**REFERRAL TRACKING AND APPROVAL**

Referral tracking and approval often remains a decidedly low-tech operation. A hospital or other source faxes in a referral request. The intake coordinator receives the fax, captures it in a handwritten log book or spreadsheet, makes copies of the paper documents, and distributes them to the appropriate clinical and management staff for review, with sticky notes affixed providing further instructions.

While this process may ultimately work, it is slow and inefficient. It also does not provide any mechanism for viewing the status of multiple active referral cases.

Some providers have adopted workflow automation software that can enable the admissions team to do several things:

- Notify staff when a new referral arrives
- Set review tasks for multiple staff members
- Capture and share notes related to the referrals
- Provide a quick update of referral status

“In an area where every second counts, workflow automation can make the difference between winning or losing a qualified patient referral,” says Wilson.

**ANALYZING REFERRAL ACTIVITY**

Admissions staff often must report referral activity to management weekly or even daily. Much like the typical referral review process, this effort usually involves manually capturing information from multiple sources and compiling it into a written report or spreadsheet.

These manual processes make it extremely difficult to analyze referral activity, capacities, and win-loss data and create a particular challenge for multi-location providers that seek to view and analyze referral activity across all locations. They struggle to identify and deliver the services that are most in demand, prioritize and measure marketing programs, and keep admissions at peak levels.
One of the greatest advantages of automating admissions and referral processes is the enhanced ability to see and analyze referral activity. If a provider adopts a system that helps manage referral documents and workflows, by nature, that system will be capturing information that can help the provider make more informed decisions related to the admissions process.

There are several things a provider can expect to get a better view of with an automated system, including wins and losses; referral sources, types, and methods; reasons for decline; referral status and performance across locations; and acceptance rates.

Any provider considering solutions for automating admissions should evaluate up front what data it wants to report.

**HOURS SAVED**

One six-location skilled nursing provider implemented a Web automation solution for centralized admissions and has seen the potential for tremendous gains in responsiveness and efficiency. An analysis that examined the time the provider spent on daily referral management processes revealed that the provider will save an estimated 1,175 hours, or 29.5 work weeks per year, by expediting referral review and communications processes.

This helps the provider meet goals to improve responsiveness to referral sources and maintain a competitive advantage in its marketplace.

The good news for providers seeking similar results is that many of the associated technologies are fairly simple, such as fax servers, e-mail messaging and alerting tools, and electronic document formats.

Providers may also benefit from Web-based subscription solutions. Accessing a program through a Web portal that is utilized as a monthly or annual subscription can eliminate up-front investments, such as software and hardware, as well as the need to install upgrades.

Providers simply need to assess their current admission processes and identify and apply the right mix to make admissions faster, smarter, and more effective.