

Best Practices to Avoid Skilled Nursing Facility (SNF) Rehospitalizations: A Tool for Operationalization

This document is intended to be utilized as a tool to operationalize evidence-based best practices to prevent 30-day rehospitalizations. Review each action item, assign a team member to assume responsibility and identify gaps that need to be addressed.

Benefits of utilizing this document:

- Decrease 30-day rehospitalization rate.
- Improve outcomes.
- Improve staff accountability.
- Improve communication between SNF and referring hospitals.

Position Responsible	Develop and Maintain Relationships With Collaborating Hospitals	Process In Place Yes / No
	Develop and maintain connections/relationships to ensure successful transitions of care.	
	Communicate admission processes and expectations between the referring hospitals and receiving SNF.	
	Communicate the SNF capabilities list with referring hospitals and update the list as changes occur.	
	Agree on the utilization of a common transfer communication method, e.g., Situation-Background-Assessment-Recommendation (SBAR) to confirm mutual understanding.	
	Revise the standardized transfer criteria and transfer process as needed.	

Position Responsible	Ensure SNF Staff Are Capable of Caring for the Potential Transfer	Process In Place Yes / No
	Review the transferring resident's current clinical, functional, and cognitive status and anticipated complications.	
	Identify SNF and staff capabilities to ensure referrals are appropriate prior to acceptance.	
	Visit potential residents and caregivers at the hospital whenever possible.	
	Identify and discuss concerns regarding the resident's clinical and/or cognitive status.	

Position Responsible	Rehospitalization Occurs During the First 30 Days Post SNF Admission	Process In Place Yes / No
	Schedule a debrief with team members to identify why the readmission occurred and if it could have been avoided. <ul style="list-style-type: none"> Readmissions Diagnostic Worksheet, Institute for Healthcare Improvement (IHI) (Note: Requires login.) 	
	Identify root causes of rehospitalizations and process changes to prevent further rehospitalizations.	
	Schedule a debrief if appropriate between the SNF and the referring hospitals to identify opportunities for improvement.	

Additional Information and Resources

- [How-to Guide: Improving Transitions from the Hospital to Skilled Nursing Facilities to Reduce Avoidable Rehospitalizations](#), IHI (Note: Requires IHI login, free)