

### **Anonymous comments made by facilities surveyed:**

1. "I believe one hospital (hospital name removed) in our area fills their affiliated skilled facility first. I am almost always told when they refer to me that (facility name removed) or (facility name removed) were the patient's first choice. Often when I take a referral from them, the hospital will send the patient to one of these facilities at the last minute even though the referral was already made to and accepted by us. When I follow up for patient arrival, I am told the patient is going to one of the other facilities aforementioned. (facility name removed) is the hospital's affiliated facility and (facility name removed) appears to be the 2nd preferred.

2. "some hospitals have admission staff from area facilities in their hospitals daily which afford them immediate access to who is ready for discharge and also allows them to give first knowledge of whether they can accept this patient or not before any discussion ensues with patient regarding other opportunities!"

3. "Our Social Worker/Admission Coordinator has established strong, professional relationships with the Hospital Discharge Planners. We're successful filling empty beds within a matter of days. The facility is highly regarded with a stellar reputation for providing quality care."

4. "With the new EPIC software, we are finding that medical information on referrals/admits to be difficult to pull together, often missing crucial pieces of data. As an example, since the change to EPIC, we are missing social security numbers, orders are difficult to read. Overall, admissions from most area hospitals keep coming later and later in the day impacting the SNF's ability to ascertain meds, therapy minutes, etc.... This does not seem to be fair to the patients, who often arrive at a SNF in the evening, when they are over tired, undermedicated, hungry etc..."

5. "Question #9 is difficult to answer. Yes, I'd be willing, No, it isn't a burden."

6. "there is a great need to offer patients a wide variety of choices, not just funnel them into the hospital owned SNF/NF/AL"

7. "The majority of our local physicians will only take patients who are already established with them prior to hospitalization. We have one who will accept new patients. This is a tremendous challenge for us. The type of patient sent to us is often extremely challenging; when they come from out of our area they do not want to stay away from family and friends, they want to be in their home area. They are often behavioral challenges and sometimes without appropriate information and once they arrive we have no resources and hospital will not consider a readmission."