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## industry news.

### ☒ Pet Therapy

Many articles and websites have discussed the magic cat because of his unique ability to “smell death”. The cat resides at Steere House Nursing and Rehabilitation Center in Providence and has a propensity to cuddle with dying patients. According to a nurse at the home, “the 2-year-old cat would jump onto a patient’s bed and purr.” Each time, the patient would die within hours. He hasn’t missed one, says Nurse Mary Miranda. “It just became uncanny.” To read more about this unique cat, go to: [http://www.projo.com/opinion/contributors/content/CT\\_dosa5\\_08-05-07\\_KB6I3IU.1942cb0.html](http://www.projo.com/opinion/contributors/content/CT_dosa5_08-05-07_KB6I3IU.1942cb0.html).

### ☒ The Medicare Beneficiary of the 21<sup>st</sup> Century

The Medicare beneficiary is changing, and these changes are affecting how geriatric care providers practice. From the physical layout of the practice, to marketing, to management from an administrative and clinical aspect, all is about to change. The Medicare Payment Advisory Commission (MedPAC; [www.MedPAC.gov](http://www.MedPAC.gov)) recently assessed for Congress the changing demographics of the Medicare beneficiary by identifying eight major changes. To read this article, to go: <http://www.annalsoflongtermcare.com/article/7603>.

## shop talk.

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Admission Coordinators are often faced with a full range of emotions when completing the admissions process. We have all been there, a family enters your office and you can tell from their body language that this will not be a smooth meeting. **Wait**, before you go on the defense consider their position. More than likely, the hospitalization was unexpected, the patient may or may not have been cooperative with placement and this is a strain financially and emotionally on the responsible party. This is their first meeting with your organization, so make it count. There are several things you can do to form an amicable relationship. Taking these small steps on the front end can help the family feel at ease which will ultimately reduce grievance reports and increase happy customers.

### Things To Do:

*Offer verbal empathy:* You could say something like “I know this is not where you want to be at the moment and you may feel a little frustrated with all of the processes. But, I am here to make this transition easier for you and your loved one.”

*Offer a tour:* If the family has not seen the facility, offer a quick tour and introduce them to the nurse manager that will be responsible for their loved one.

*Competence:* Prior to the family arriving, make sure that you have the following: bed and physician assignment, verification of benefits and all of the necessary paperwork. It helps if the paperwork has been filled out for the family so that you can explain each document and ask them to sign verses having to complete the demographic information while they sit and wait.

These three small ideas will go over big and turn an unhappy family into a walking ad for your organization.

## fun facts

### Did you know that:

- The total facility count is estimated to grow to roughly 15,325 in FY2008, with hospital-based facilities growing to 16% of the market.
- The average freestanding SNF is operating short-staffed (< 1 FTE/Bed).
- There are over 1.7 million skilled nursing home beds in the U. S.
- Wall Street views the Home Health Care market as a 42 billion industry [as of 2003].
- The number of hospices is expected to continue to grow due to the increasing aging population.
- The states of Connecticut and New Hampshire do not provide the Medicare Hospice benefit.
- Roughly 25% of the caseloads in SNFs and LTACs are related to hospice care.