

**OUR PROGRAM BEGINS AT 12:30**



# THE CHECK-IN

*What is the biggest factor you consider when making admission decisions?*

- a. Financial Factors*
- b. Operational Factors (ie. staffing, rooms ready)*
- c. Clinical Factors*
- d. Psychosocial factors*



# WELCOME February 10, 2026



**THE CHECK-IN**



**TO ADMIT OR NOT TO  
ADMIT: WHAT IF WE DON'T  
AGREE?**



**ALL TEACH.  
ALL LEARN.**



# WELCOME



**AICOTA**  
HEALTH



# FEBRUARY 10, 2026

## TO ADMIT OR NOT TO ADMIT: WHAT IF WE DON'T AGREE?



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# To Admit or Not Admit: That is the Question

Goal of Session:

*To understand factors contributing to admissions and how to navigate disagreements*

- Admissions decisions are rarely straightforward and require smaller decisions along the way to make the final decision of Yes or No
  - Clinical and financial perspectives often pull in different directions.
  - Disagreements will occur- how to manage and prevent escalation



**We need to make money to keep the doors open - SO YES**

**We can't just accept anyone with a good payor source if we can't take care of them - SO NO**

# Admission Considerations

## FINANCIAL

- Maintaining Census
- Payor Source
- Length of Stay
- Ancillary Costs
- Survey Risk
- Quality Outcomes
- Discharge Plan

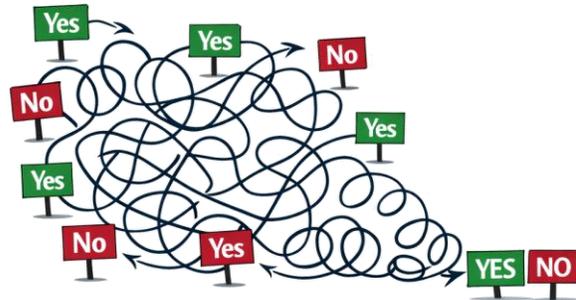
What People Think:

**Admission?**

**Yes** No

What It Actually Is:

**Admission?**

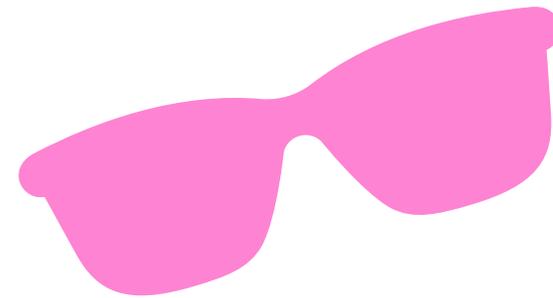


## CLINICAL

- Nursing needs and frequency (acuity)
- Behaviors
- Infection Risk- isolation requirements
- Complex co-morbidities
- Risk of rehospitalization
- Staffing levels
- Survey Risk
- Quality Outcomes
- Staff competencies/ education

# Common Disagreement Factors

- Differing Professional lenses: Clinical, Financial, Operational
- Urgency to maintain census vs. capacity to safely care for the residents
- Do we have the staffing and skills to take care of the residents? Training required?
- Will reimbursement cover costs?
- Who owns risk?
- Time pressure in decision making
- Lack of solid process outlining admission criteria



# How to navigate conflict



- Know the difference of healthy vs. un-healthy conflict
- Respectful communication
- Data driven decisions not emotional opinions
- Normalize disagreements- Be able to work through issues
- Create environment where everyone feels safe to voice their perspective
- Own decisions even if they're not yours - Facility decisions vs. Individual
- Shift focus from “*we can’t*” to “*how can we?*”- outline next steps



# Communication Strategies

- Know your audience
- Be transparent
- Listen to understand
- Ask Questions
- Focus on shared Goal: Organizational Success
- Be willing to compromise if needed
- Name the concern without assigning blame



# How we manage:

## Things we always agree on...

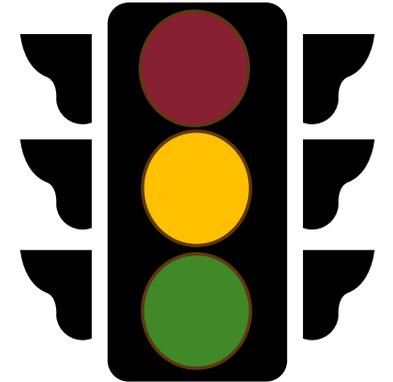
- Need to maintain census
- Need to get reimbursed for services provided
- Having staff to take care of residents
- Prevention vs. reaction model
- Understand roles of all IDT members
- Openly discuss barriers
- Figure out Benefit vs. Risk
- RESPECTFUL COMMUNICATION

## Discussion Items

- Acuity
- Resources
- Risk assessment

## Tips and Tricks

- Referral log have both clinical and Financial
- **Use the “Stoplight” approach**
- Involve others if needed
- Talk about it in QAPI



# CASE SCENARIO: John

Name: John

Age: 79

Referral Source: Acute Care Hospital

*Has CHF and COPD. Requires oxygen 2-4L NC. Sometimes uses BIPAP at nights. Diabetic with sliding scale insulin coverage. Stage 4 kidney failure (not on dialysis) Mild cognitive impairment with intermittent confusion. Has been in the hospital with exacerbation 2X in last 6 months. Current diagnosis: Cellulitis of Left Lower Extremity. Will require IV antibiotics X7 days. Daily weights; fluid restriction. Can usually transfer with one assist but sometimes requires 2 assist. Able to make needs known but frequently refuses services offered or refuses meals. Facility capacity is 60 beds with an occupancy of 88%. Budget based on a census of 94%. Resident has an appropriate payor source for their stay. Lives alone in the community with limited family support. Staffing challenges on PM and NOC shift.*

- **What do you want to know to make a decision?**
- **What considerations are needed with current information?**
- **How would you communicate your decision to admit or not?**



# ALL TEACH. ALL LEARN.



- What themes emerged in your small group?
- What questions do you have for the group?
- What lessons do you have to share on this topic?



# NEXT SESSION

*Visit us online:*

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# FEBRUARY 24, 2026

## WHAT MAKES FOR AN EFFECTIVE AND SUSTAINABLE FALL PREVENTION PROGRAM?

FEATURING



**SIOBHAN MCMAHON**  
UNIVERSITY OF MINNESOTA

