**Recommendation regarding the Letter at Transfer Time:**

Recommend that you print from the EMR system at the time of transfer or make nice copies. I assume you want to use a regular 8 ½ x 10 paper with WORD or the likes. If that is the case, consider the following:

1. Good quality paper – large print
2. Hospital logo at the top – preferably in color
3. Title – something like: RETURN TO (name of hospital) for POST ACUTE CARE NEEDS
4. Content must be simple and get to the point. The intent is to get them to know they can come back for skilled care (may also be used for OP as below if you so choose) and not to teach them everything about swing bed so how about something like the following – use just for SB if you prefer – but why miss an opportunity???
5. All on 1 page

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Dear \_\_\_\_\_\_\_\_\_\_\_\_

In order to ensure that your needs are met, your physician has determined that you require a transfer to another acute care hospital. The transfer has been arranged and the receiving hospital staff is waiting your arrival.

We are sorry for the inconvenience this may cause for you, your family and friends. To better meet your post-acute care needs, [HOSPITAL NAME] has the following services allowing you to return close to home when no longer meeting acute care criteria

* Skilled Care using hospital-based acute care beds (name of your SB program) sometimes required for patients who no longer meet acute criteria but still have daily remaining medical treatment and observation needs or physical rehabilitation needs for a short-term inpatient stay based on payor approval. Please refer to the attached brochure.
* Outpatient therapy for patients whose rehabilitation needs can be met on an outpatient basis two to three times per week.
* Home Health Services [explain what you have]
* OP Lab, Routine X-Ray, CT Scan – [add others] for which (name of hospital) will make sure that the physician who ordered such test will receive timely reports

We encourage you and your family to discuss your wishes to return to (name of hospital) for your post-acute services with the physician and case manager/discharge planner of the hospital you are being transferred to as soon as possible. You or they will contact us as follows to discuss your needs:

* Contact (name of hospital) case management department by calling XXX-XXXX for inpatient skilled care who will determine skilled admission criteria and days available
* For outpatient services, obtain a prescription slip for therapy, Lab test(s) or X-Ray and ?????? (write in what you want them to do)

Please feel free to contact (name of hospital) Case Management Department at anytime with questions or concerns regarding inpatient and outpatient services.