BridgeCare
MEDICINE

PHYSICIAN SERVICES FOR POST-ACUTE CARE

FACILITY READINESS CHECK

Is your physician coverage model actually operational?

A practical check for skilled nursing and acute rehabilitation leaders.

A full schedule can still hide unclear ownership, slow escalation, and weak follow-through.

1 Coverage ownership

Can the team name one accountable owner for each part of the week?

Admissions
Who reviews new admissions, medication changes, and immediate clinical priorities?

Routine rounding
What is the expected rhythm, and how are unresolved issues carried forward?

After-hours
Who answers, what response time is expected, and what is the fallback?

Cross-coverage
How are open problems and hospital returns handed to the next physician?

LEADERSHIP CHECK

If the answer changes by shift or depends on one person's memory, ownership is not yet operational.

2 Escalation and response

A useful pathway answers four questions before a resident becomes unstable.

Trigger
Which changes in condition should prompt a call or urgent assessment?

Information
What vital signs, trends, medications, and recent events should travel with the call?

Response
Who is contacted, by which channel, and within what expected time?

Fallback
What happens if the first clinician is unavailable or the resident worsens?

LEADERSHIP CHECK

The goal is not to block appropriate transfers. It is to reduce delay, confusion, and handoff failure.

3 Hospital-return and QAPI loop

A return from the hospital should create follow-through, not another disconnected handoff.

Reconcile the return

Review new diagnoses, medication changes, pending tests, and follow-up needs.

Assign ownership

Give every unresolved item a named owner and due date.

Review the pattern

Identify recurring transfers, communication failures, or avoidable delays.

Close the QAPI loop

Turn the pattern into one measurable action, then verify completion.

LEADERSHIP CHECK

A meeting is not the endpoint. Assigned action and verified follow-through are the endpoint.

THE DECISION RULE

If one answer is unclear, that is the coverage gap.

BridgeCare Medicine helps skilled nursing and acute rehabilitation teams across South Jersey and greater Philadelphia organize medical-director leadership, attending coverage, escalation pathways, hospital-return follow-through, and QAPI ownership.

Start with 15 minutes.

Scan to request a facility coverage conversation.

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