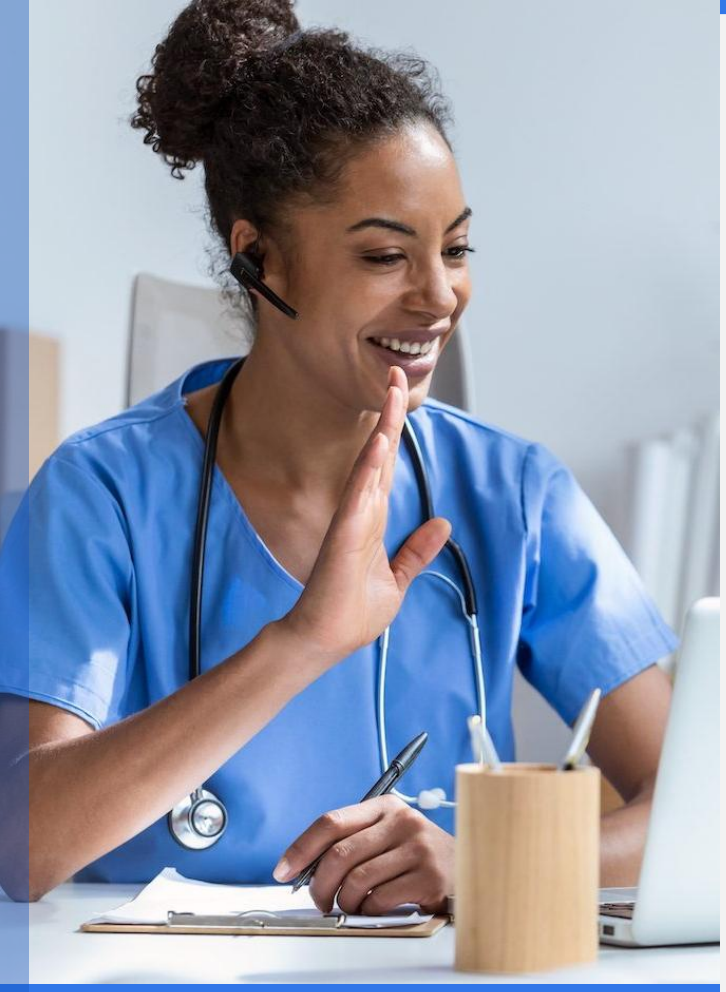

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BUSINESS

WHITE PAPER 2025

Altrix Group

Reimagining Healthcare Delivery with Virtual Nursing Support for Smarter, Safer Care

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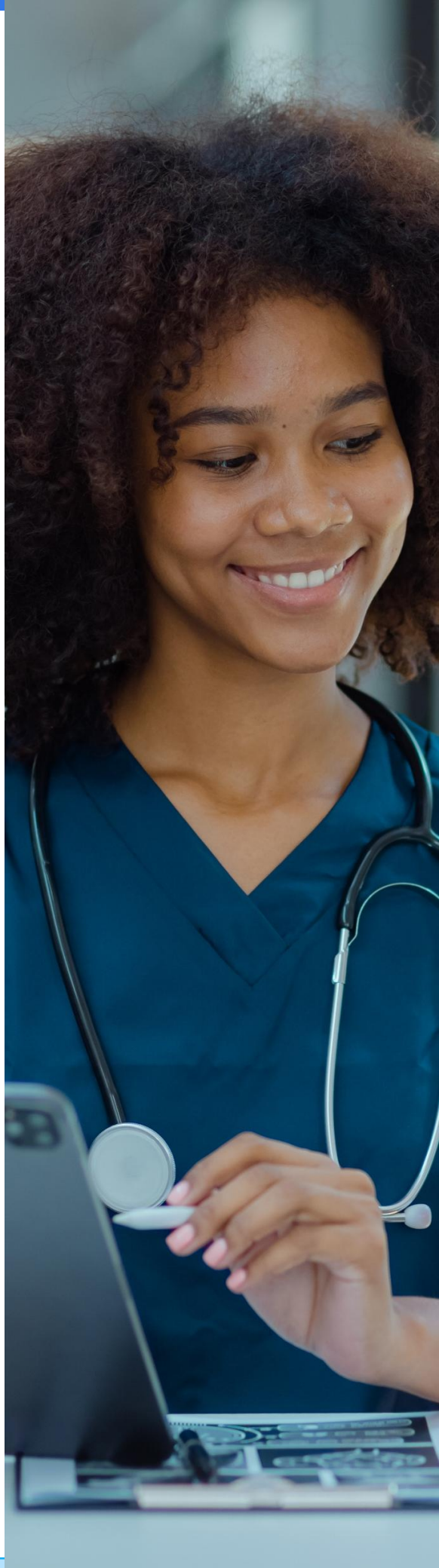

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Executive Summary

Healthcare organizations across the U.S. are facing mounting challenges at key transition points in the patient journey, particularly at admission, discharge, and follow-up. Disjointed workflows, staffing shortages, and a lack of structured post-discharge communication contribute to preventable readmissions, poor documentation compliance, and decreased patient satisfaction. This white paper explores the critical care gaps hospitals face, the operational and clinical risks associated with inaction, and how Altrix Group's virtual solutions help bridge these gaps through EMR-integrated nursing and post-discharge follow-up support.

"The single biggest problem in communication is the illusion that it has taken place."

– George Bernard Shaw

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The Transition Problem

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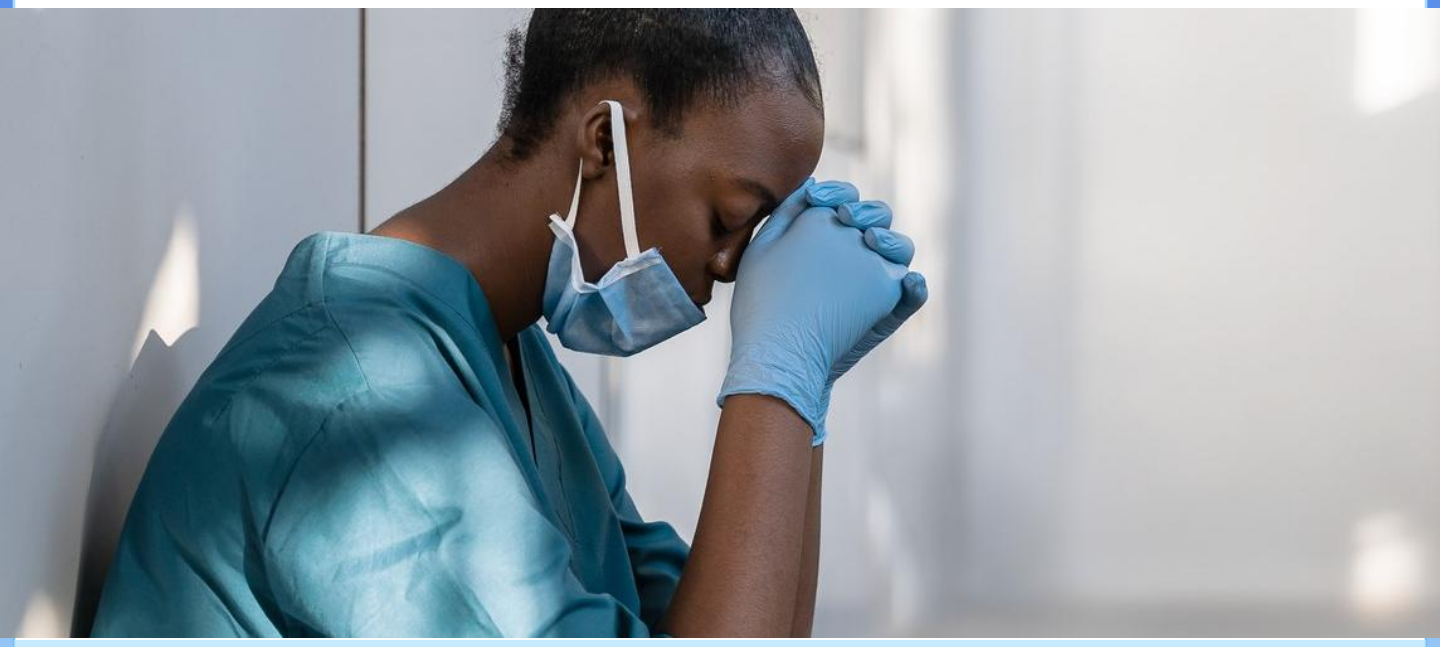
Transitions of care are one of the most vulnerable moments in a patient's health journey. According to the Agency for Healthcare Research and Quality (AHRQ), nearly one in five Medicare patients discharged from hospitals are readmitted within 30 days. The primary causes include communication breakdowns, missed follow-up, and poor coordination during discharge planning.

Hospitals often rely on overburdened clinical teams to manage documentation, patient education, care coordination, and follow-up. This results in inconsistencies, delays, and avoidable risks.



Operational Risks and Financial Pressure

CMS and commercial payers are tying reimbursements to readmissions, length of stay, and HCAHPS scores. Hospitals are financially incentivized to close care gaps, but doing so is difficult without strategic support.

Risks of poor care transitions include:

- **Readmissions within 30 days**
- **Missed follow-up or medication errors**
- **Poor documentation and billing errors**
- **Negative patient experience scores**

The financial impact of each unplanned readmission can be upwards of $15,000. At the same time, nurse burnout and turnover are at record highs, further compounding operational inefficiencies.

How Altrix Group Closes the Gap

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01 Virtual Admission & Discharge Nursing

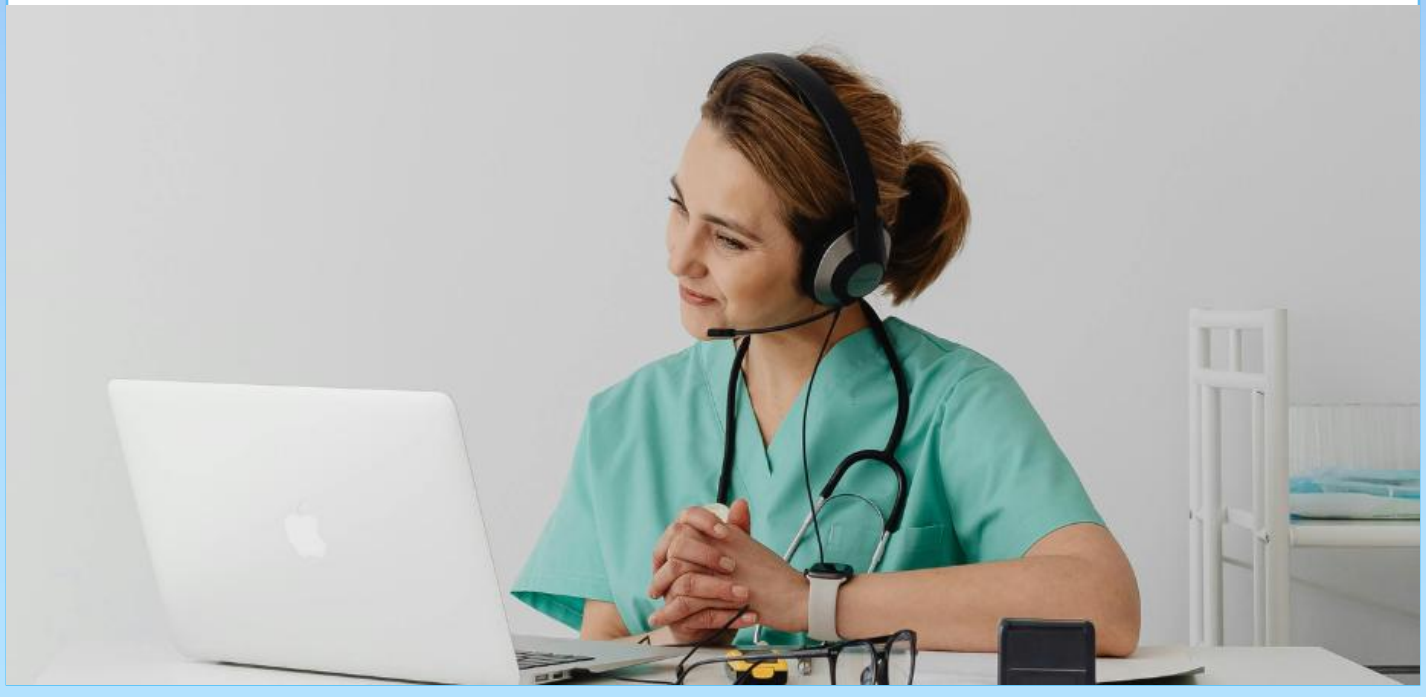
Licensed virtual nursing professionals integrate directly into your EMR to support admission and discharge documentation, medication reconciliation, and discharge planning. By relieving bedside staff of documentation burdens, patient flow improves, length of stay decreases, and nurses can focus on safe, high-quality, hands-on care.

02 Post-Discharge Care Solutions

Within 72 hours of discharge, trained care coordinators reach out to patients using customizable scripts and escalation pathways. These structured calls identify risks early, reinforce discharge instructions, and connect patients back to clinical teams when needed. The approach strengthens continuity of care, reduces readmissions, and improves patient satisfaction.

03 Call Navigator Technology

At the core of our post-discharge solutions is Call Navigator, Altrix Group's proprietary technology designed to support structured outreach, workflow consistency, and escalation management. This HIPAA-compliant, web-based technology automates call scheduling, guides discharge care specialists through protocol-based conversations, and flags at-risk patients in real time. Each interaction is documented instantly, generating actionable insights without requiring EMR integration. Call Navigator helps healthcare teams track follow-up activity, monitor compliance, improve patient communication, and strengthen continuity of care after discharge.



Use Case Snapshot

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Regional Health System

A 220-bed regional hospital partnered with **Altrix Group** to pilot virtual nursing in its med-surg units, aiming to address rising documentation burdens, nurse burnout, and delayed discharges. By embedding Altrix's licensed virtual nurses directly into their EMR workflows, the hospital was able to streamline admissions and discharges, improve documentation quality, and relieve bedside staff of administrative strain. The results were immediate, measurable, and highly impactful

3.25 **hours were saved** each day in nurse documentation per unit, creating valuable time for direct patient care.

100% **compliance was achieved** in discharge summaries, eliminating costly documentation gaps.

25% **fewer delayed discharges** were recorded, significantly improving patient flow and throughput.

28% **higher nurse satisfaction** was reported, reflecting reduced burnout and a more sustainable workload.

Building on this success, the hospital expanded the program to include structured post-discharge follow-up for patients discharged with cardiac conditions, a group at particularly high risk for readmissions. Leveraging Altrix's trained care coordinators and Call Navigator technology, the health system implemented proactive outreach within 72 hours of discharge. This extension not only enhanced patient engagement but also created a reliable safety net for identifying complications early.

87% **of patients were successfully contacted** within 72 hours of discharge, ensuring early intervention and better adherence to care plans

14% **of calls required escalation** to clinical staff, allowing timely response to prevent complications

11% **higher patient satisfaction scores were reported** within just 60 days, proving the value of structured post-discharge communication

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Conclusion & Next Steps

Care transitions remain one of the most vulnerable and under-resourced stages in healthcare, often leading to preventable readmissions, documentation gaps, and staff burnout. Altrix Group offers a scalable, cost-effective solution through virtual nursing and structured follow-up, helping hospitals improve outcomes, strengthen satisfaction, and reduce operational strain. Now is the time to act—partner with Altrix to transform transitions into opportunities for measurable improvement.

Next Steps

CMS and commercial payers are tying reimbursements to readmissions, length of stay, and HCAHPS scores. Hospitals are financially incentivized to close care gaps, but doing so is difficult without strategic support.

Book a Consultation Connect with our team to explore how Altrix can fit into your workflows.

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Let's Connect

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"The future of healthcare isn't about replacing the human touch, it's about extending it through innovation, connection, and compassion."

— **Tia Walker**, The Inspired Caregiver

Business Whitepaper 2025

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