



Optimizing Resources:

Strategies for Cost Reduction in Long-Term Care



Agenda

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- Industry context
 - The challenge of rising costs
 - The opportunity for improvement
 - The cost of inaction
 - Cutting the right costs
- Practical playbook
 - 5 key areas for cost savings
- Implementation
 - Timeline for 30, 60, 90 days



Industry Context

The Challenge: Costs are rising faster than resources



Higher Acuity

Seniors are entering buildings older and sicker, putting greater strain on staff and increasing risk of hospitalization



Staffing Shortages

Clinical demands and turnover rates continue to rise, pushing buildings to the limits of their capacities



Tight Margins

Heavy reliance on government reimbursement and tight financial margins—many operators can't absorb more cost

The Opportunity: Most cost-drivers are controllable

Cost reduction doesn't mean cutting care

Reduce biggest costs...



Avoidable hospitalizations



Inefficient staffing



Reactive care processes

...Without increasing risk



Track quality alongside cost



Standardize care processes



Proactively address issues

Small workflow changes → large downstream savings

The Cost: Inaction and incorrect actions

Doing nothing is expensive, but cutting out the wrong costs is even more expensive

AVOIDABLE EVENTS	Small, manageable issues quickly become costly, unnecessary hospitalizations when early action is avoided
REACTIVE RESPONSES	Late intervention creates more disruption, requires more staff support, and drives higher total cost
INCONSISTENT CARE	Without clear operational processes, staff spend more time responding to events, duplicating work, and correcting issues
CUTTING WRONG RESOURCES	Reducing oversight, staffing stability, or services ultimately leads to more costly errors and escalations

Where costs are won or lost

Focusing on the levers you can control





A Practical Playbook

Stabilize staffing through consistency

Instability creates downstream inefficiency and turnover (not just hourly cost)

REDUCE AGENCY RELIANCE

Ensure consistent core staffing to avoid expensive, last-minute coverage

Long-term savings:

- Lowers hourly labor costs
- Improves care continuity, decreasing downstream clinical issues

CONSISTENT CARE

Keep caregivers working with the same residents whenever possible to improve familiarity and effectiveness

Long-term savings:

- Decreased medical errors
- Earlier clinical intervention

SIMPLIFY WORKFLOWS

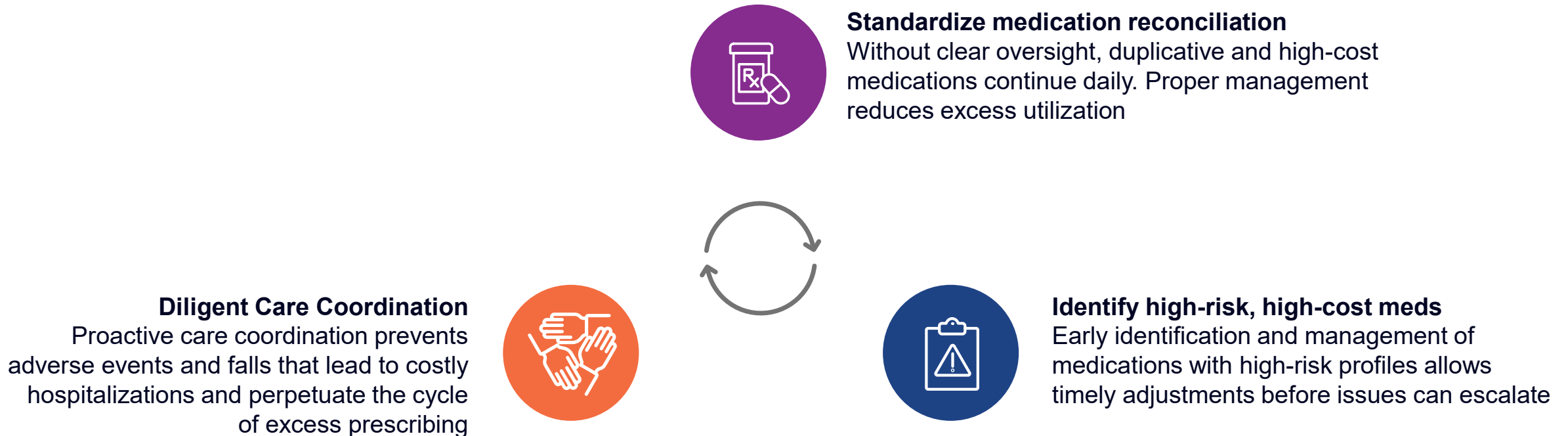
Standardize operational protocols and streamline documentation processes to reduce rework and ensure continuity

Long-term savings:

- Fewer clinical errors and escalations
- Less overtime, rework, and burnout

Tighten medication oversight and care coordination

Small daily medication costs add up quickly



Normalize early care interventions

Most high-cost events can be prevented with early interception and consistent plans of action



Establish clear protocols

Standardized guidelines ensure staff identify issues earlier and act consistently—preventing delays that lead to higher-acuity events

Assign clear ownership

Defined responsibilities and escalation protocols ensure faster intervention and reduce the risk of complications

Strengthen support window

Stronger around-the-clock care support during nights, weekends, and transitions reduces default transfers and reactive care

Improve discharge efficiency

Delays in discharge are often operational, driving excess cost and blocked admissions



Start discharge planning earlier

Coordinate an action plan upon admission to anticipate potential barriers before they extend length of stay



Eliminate discharge handoff failures

Clearly define who is responsible for resolving issues around family coordination, placement, etc.



Conduct weekly discharge readiness reviews

Regularly assess residents approaching discharge and proactively address risks

Eliminate documentation waste

Time spent on administrative tasks drives hidden costs



1

Standardize documentation expectations

Reduces confusion and time spent figuring out how to document actions

2

Reduce duplication and rework

Cuts down time spent re-entering, correcting, and fixing documentation errors

3

Implement quick, daily QA checks

Catch and fix issues in real-time, preventing larger issues and compliance issues down the line



Going Forward

Implementation Plan: 30, 60, 90 Days

Start small, measure performance, scale success

30 Days

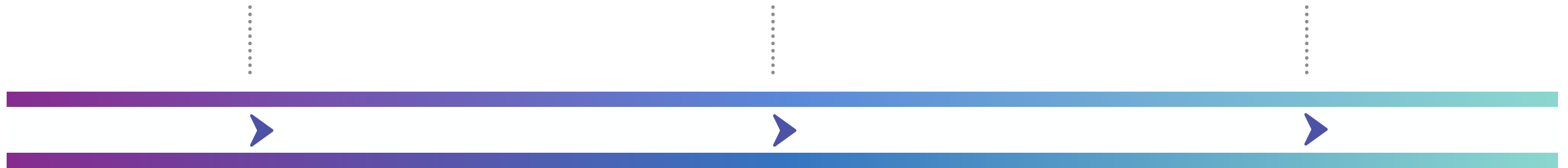
- Pick 2 steps to start
- Assign owners
- Define baseline metrics

60 Days

- Measure and monitor performance metrics
- Expand to additional steps

90 Days

- Standardize and sustain processes
- Perform monthly reviews



30 days: lay the groundwork

Establish a strong foundation for sustainable cost-savings

1-2 TARGET AREAS

- Labor efficiency
- Pharmacy spend
- Avoidable utilization
- Length of stay
- Administrative burden

ASSIGN OWNERS

Establish clear process owners for each of the target areas to ensure accountability

DEFINE SUCCESS METRICS

Determine performance metrics to track outcomes over time versus baseline

60 days: performance measurement

Prove savings while boosting quality metrics



90 days: standardize and sustain

Make cost savings scalable—not one-time improvements

SOLIDIFY WORKFLOWS	Turn effective practices across different target areas into clear, documented, and repeatable protocols across all teams and shifts
TRAIN AND EDUCATE	Ensure all staff understand and can effectively implement new processes to maintain performance wins
PERFORMANCE REVIEWS	Track quality metrics and ensure accountable team performance through consistent review meetings
ITERATE	Reinforce positive behaviors and evolve processes to changes over time

Key Takeaways

Focus on the biggest cost drivers and fix the root causes

Target Area	Challenge	Solution
Labor Efficiency	Instability	Stabilize staffing & simplify workflows
Pharmacy Spend	Leakage	Strengthen oversight & coordination
Avoidable Utilization	Delays & transfers	Early intervention
Length of Stay	Late discharges	Improve care transitions
Administrative Burden	Rework	Streamline documentation



Q&A

Thank You!