**Competence in Post-Acute Care**

Post-acute care organizational culture is a professional discipline in its own right, requiring experience and responsibility in the executive position. Healthcare organizations will merge to form a dominant paradigm of coordinated healthcare services. As a result, marketplace executive leadership is critical to clinical system performance. Nursing care should be consistent with the potential state of care, and an integrated paradigm for healthcare services in which the hospital is not central to the delivery method and the medical care framework is the focal point (Giles et al., 2017)

For successful post-acute care in the healthcare system, there is a need to advance more on some strategies to ensure success. Rendering home as the primary discharge location is one strategy to implement; collaboration with Post-Acute-Care services is needed to manage the duration of stay in inpatient recovery settings and care homes. Decrease readmissions, keep an eye out for deception, duplication, and harassment; this way, there will be a reduction in illegal goods and help increase efficiency and health care provisions, and lastly, create efficient Post-acute-care service providers. This way, there will be effective healthcare reach out in all areas (Hill, 2018)

Planning towards post-surgical recovery to household will help to minimize expenditure while also making it more straightforward for patients to return home. Support project patients around save money and make them safer by lowering the risk of falls and institutional illnesses. Reducing the duration of stay to what is clinically acceptable for specific patients necessitates a study of inpatient unit periods at the same time. Case managers must work with discharge preparation teams to make the patient's return home as smooth as possible. Cut back on readmissions. The substantial activity in re-hospitalization reduction should be reconsidered by minimizing readmission; this will allow increased productivity and profitability in the provision of services (Dainty et al., 2018)

**References**

Dainty, K. N., Golden, B. R., Hannam, R., Webster, F., Browne, G., Mittmann, N., ... &

Zwarenstein, M. (2018). A realist evaluation of value-based care delivery in home

care: the influence of actors, autonomy and accountability. Social Science &

Medicine, 206, 100-109.

Giles, G. M., Edwards, D. F., Morrison, M. T., Baum, C., & Wolf, T. J. (2017). Screening for

functional cognition in postacute care and the Improving Medicare Post-Acute Care

Transformation (IMPACT) Act of 2014. American Journal of Occupational

Therapy, 71(5), 7105090010p1-7105090010p6.

Hill, T. E. (2018). A Geriatrician’s Guide to Accountable Care Implementation: Thickets and

Pathways. Primary Care for Older Adults, 35-90.