The One Path *workbook*

The workbook estimates what your center loses in a year at four places on the patient's path. We call those places cracks. Filling it in takes about an hour, with reports you already have.

The patient's path and the cracks

At each crack, you count one kind of miss.

First call // Admission // Day 3 // Discharge // Step-down care

The first call

A qualified caller lost because no one called back within an hour.

The first 72 hours

An unplanned exit within 72 hours of admission.

The mid-stay authorization

A day of care delivered without a current authorization, and written off.

The step-down

A recommended step-down that did not start, for reasons other than the patient's choice.

Reports you need

Collections and patient days	Twelve months, by level of care. Use collections, not charges, and the same 12 months for both.
Call log or CRM	Qualified callers, and how many were not called back within an hour.
Admission and discharge log	Unplanned exits within 72 hours, step-downs recommended, and step-downs started.
Write-off or denial report	Days of care delivered without a current authorization and written off.

How to *fill it in*

1 Enter your center's numbers

On the "Your center" tab, fill in the yellow cells. The other cells calculate.

- Use collections, not charges. Charges make every figure too high.
- Use the same 12 months on every line.
- For variable cost, count only what rises with each patient day: food, medication, and supplies. Leave out salaries and rent.

2 Count the misses

On the "Cracks" tab, enter how many times each miss happened in those 12 months. Mark each count as counted or estimated.

- Enter counts only. Never put a patient name or record in the workbook.
- If the same lost day appears in two reports, enter it once, at the first crack where it was lost.

3 Read the total

The workbook multiplies each count by what one miss costs you and adds them up. Then it checks whether you had enough empty beds for the callers you lost. If you didn't, part of the first-call figure is demand you had no room for.

4 Count it every week

Name two owners for each handoff: the leader who sends and the leader who receives. On the "Weekly count" tab, enter the same misses every week for 13 weeks. Send the count to both owners on the same day each week.

How the workbook *values one miss*

Crack	Value of one miss
The first call	The share of qualified callers who admit, times what you keep from an average stay.
The first 72 hours	The added days a patient stays once past the first 72 hours, times what you keep from a day.
The mid-stay authorization	A full day's rate. You had already delivered the care and paid its cost.
The step-down	An average PHP stay, times what you keep from a PHP day.

"What you keep" is net revenue less the variable cost of the care.

What the total *means*

It is what was lost, not what you can recover

The total is what the four cracks cost in a year. Beds, staff, and clinical judgment limit how much you can recover. In our example Blueprint, the four cracks cost $2.73 million, and the base case counts on recovering about a fifth of it.

It is never a reason to change care

Clinical need sets the length of stay. Nothing here is a reason to keep a patient longer than they need or to admit someone who is not a fit.

The example center, one year	Misses	Value of one miss	At stake
The first call	345	$3,309	$1,141,466
The first 72 hours	69	$7,250	$500,280
The mid-stay authorization	486	$745	$362,070
The step-down	164	$4,455	$730,620
Total			**$2,734,436**

These figures are from our example Blueprint, where names, details, and figures are changed for privacy. The grey example column in the workbook shows the same numbers.

The Growth Assessment *and Execution Blueprint*

The workbook estimates what four common cracks cost, from a few numbers. In a Blueprint, we reconcile every figure to your books, find the cracks specific to your center, test how much of each loss you can recover, and build the 36-month financial model and the plan for the first 90 days, with a named owner for each step.

Six weeks

From kickoff to your written plan.

$30,000

One flat fee. We never take a percentage.

Money-back guarantee

If your week-six model doesn't show at least $150,000 a year in realistic EBITDA improvement, using assumptions you approve, we refund your $30,000.

The guarantee applies when you share the agreed information on time and join the working sessions.

Apply for a 25-minute fit call at ardenclark.com.

The workbook is a simplified estimate, not a forecast and not advice. The guarantee covers the improvement shown in your week-six model, not the profit you earn later. We never run your center, take a percentage, use patient-level data, or give clinical advice.