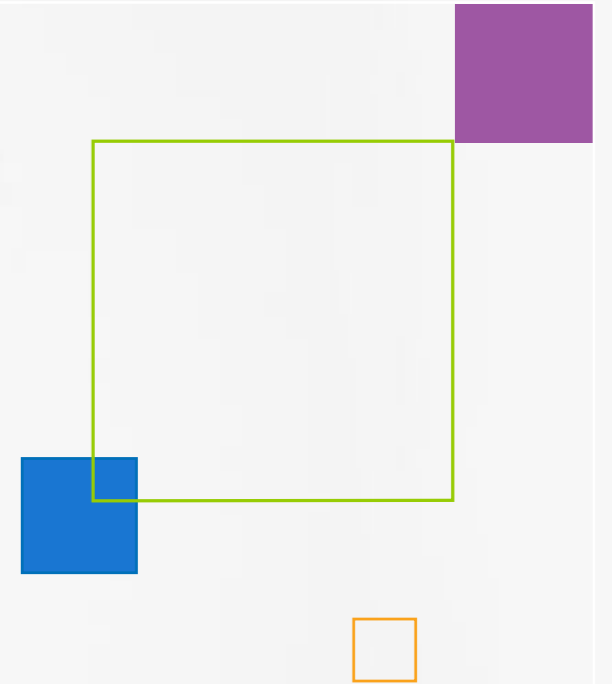
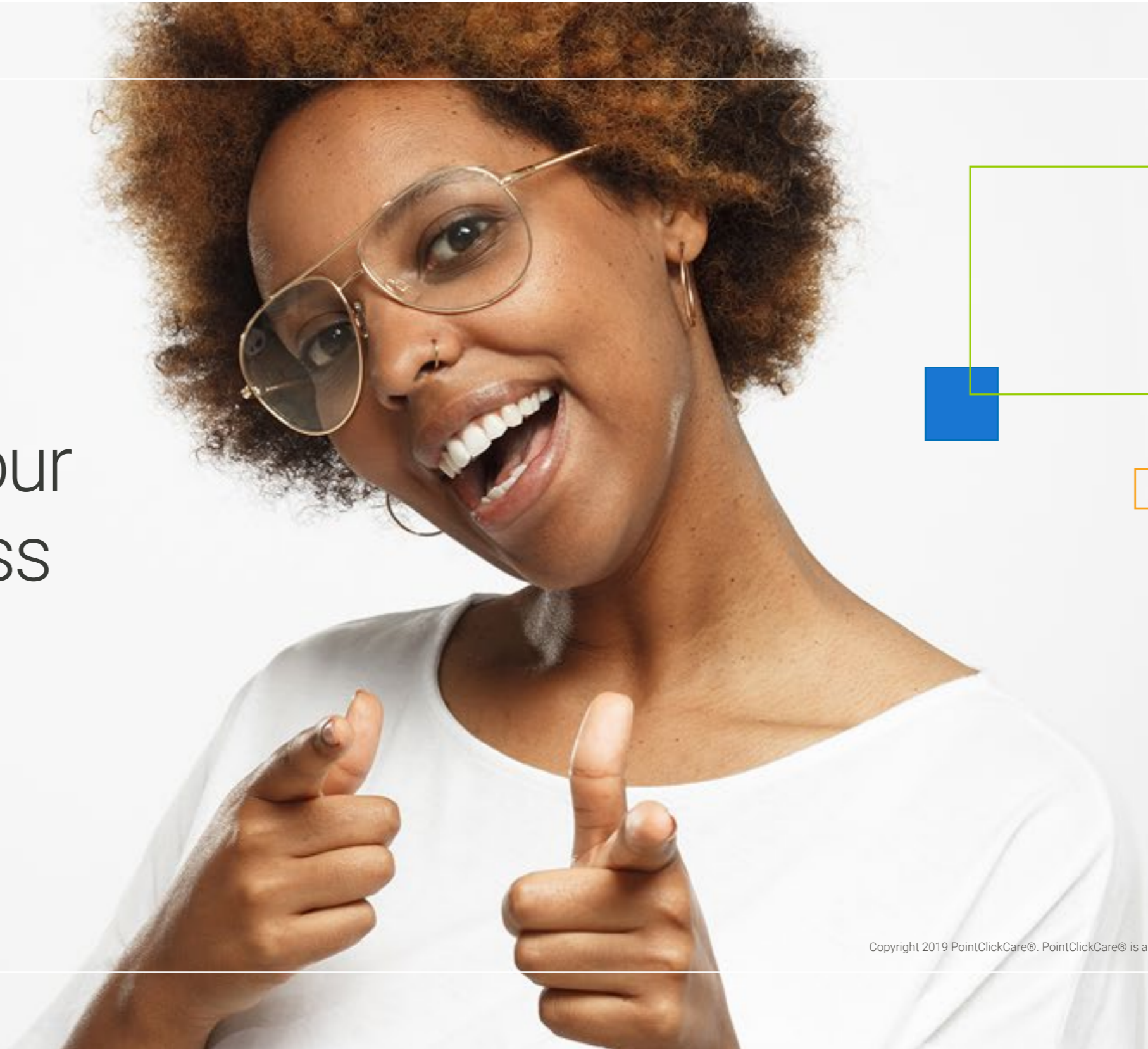


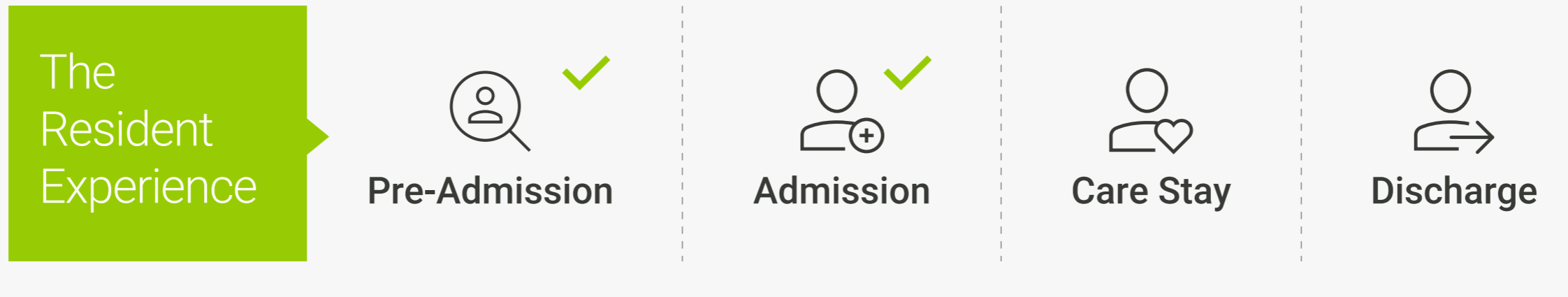


Resident Experience

How to Master Your Admission Process in 6 Steps



From referral to discharge, residents entering your facility become part of a post-acute experience dedicated to ensuring their safety and wellness throughout their entire length of stay.



This eBook focuses on the first two parts of the resident experience, Pre-Admission and Admission.

You'll learn how to:

- Capture critical pre-admission information to support a healthy case-mix.
- Understand how to mitigate financial liability with a standardized admission process.
- Effectively manage and understand care requirements prior to admission.
- Develop a strategic referral partnership with your hospitals that supports your admission and revenue targets.

Let's walk through how technology can play a vital role in developing the admission process and empowering your team to make the best decisions for everyone.

▼ Click on each square to explore.





How to Ensure You Get the Right Resident

Finding and selecting the right residents for your facility is more critical than ever as the Skilled Nursing industry is facing an ever-expanding list of challenges. Across the United States, occupancy rates continue to decline¹, operating margins are shrinking, and referral networks continue to narrow².

Compounding these challenges are changes to payment models³, pressure from payers to reduce length of stay, and the increasing risk – and associated costs – of readmission.

¹ <https://www.nic.org/blog/nic-skilled-nursing-data-report-key-takeaways-from-the-first-quarter-2018/>

² <https://skillednursingnews.com/2018/08/skilled-nursing-stuck-awkward-middle-old-new-paymentmodels/>

³ <https://skillednursingnews.com/2018/06/new-skilled-nursing-payment-model-raises-medicareadvantage-questions/>

PRE-ADMISSION

The pre-admission function of the Skilled Nursing process can overcome these challenges, with technology having the potential to make the biggest impact.


Fundamentally, the biggest challenge is finding the right residents for your facility, but there are two major factors in that search:

- 1 Can your facility provide the right level of collaborative care?
- 2 Does the patient have sufficient financial coverage for the level of care you will provide?

Meeting these two criteria is not only essential for your facility, but also for the incoming resident.

If they require a higher level of care than you expected, the resident will likely bounce back to the hospital, putting them at personal risk and your facility at financial risk.

If the resident doesn't have the financial coverage you expected, your facility will suffer financially.



How can we get the process right every time?

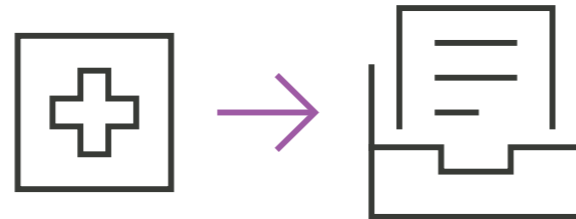
By following a consistent, repeatable process that gives your admissions team exactly what they need.



PRE-
ADMISSION

PRE-ADMISSION

STEP 1



Hospitals will send standard discharge documents — such as facesheets and H&Ps — but that might not paint a complete picture. MRIs, scans, blood work, pre-existing conditions, and original diagnoses all help you make a more informed decision, but could also be overlooked or accidentally forgotten when preparing a patient for discharge. Having this information in advance will also help reduce the likelihood of a readmission.

PRE-ADMISSION

STEP 1

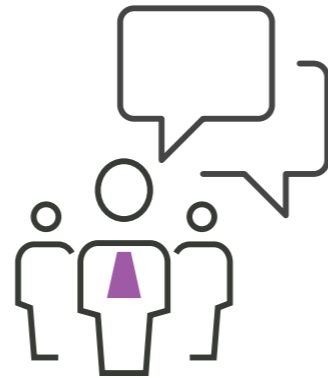


Once you have the documents and information you need, you should conduct your own pre-admission clinical screening by speaking with the social worker and the potential patient to determine firsthand if he or she is the right fit for your facility.

To make this a consistent and repeatable process, leverage a standard pre-admission screening tool to capture the information that isn't a part of the standard hospital discharge documentation package, and embed it into your patient's electronic health record so the entire care team has visibility.

PRE- ADMISSION

STEP 1

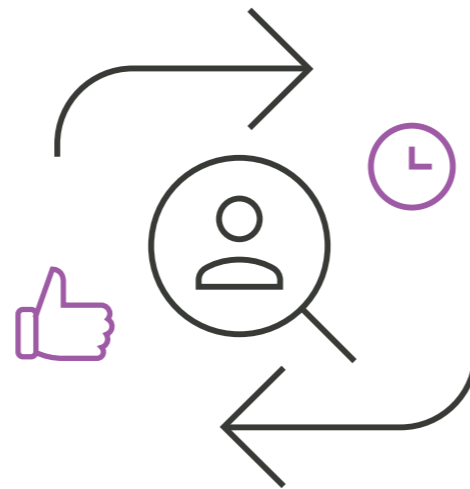


If after these steps, the patient's pre-admission clinical screening still isn't **'cut and dry'**, staff will need to include other stakeholders from your facility to help decide.

Have your **DON** review the documentation to help determine if this patient is right for you. The key to these types of discussions is to be as transparent and collaborative as possible, allowing for a quick and confident decision.

PRE-ADMISSION

STEP 1



The importance of a thorough pre-admission clinical screening cannot be overstated. Studies show a strong correlation between increased mortality rates and re-hospitalization within 30 days of admission to a Skilled Nursing Facility⁴. Of course, doing this will take time and could cost you a referral, but not doing it could end up costing so much more.

Again, having a consistent, repeatable process will make clinical screening faster and more reliable.

⁴ https://www.eurekalert.org/pub_releases/2016-01/uoca-crs011516.php

PRE-ADMISSION

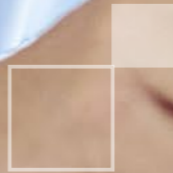
STEP 1



Now that you're in the position to accept a new resident, making the hospital discharge documentation digital and pre-admission clinical screening information available to your facility staff can be relatively easy.

Ensuring the resident records are started will help make the transition of care, and the admission process, efficient, smooth, and a lot less stressful for everyone.

you can find, attract, and retain your ideal residents.

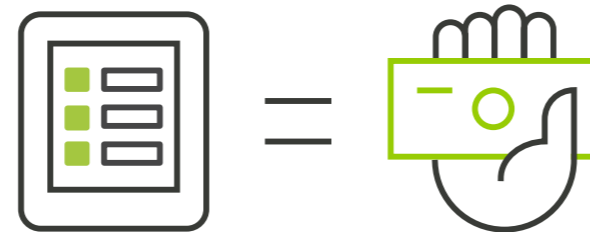


PRE-
ADMISSION



PRE-ADMISSION

STEP 2

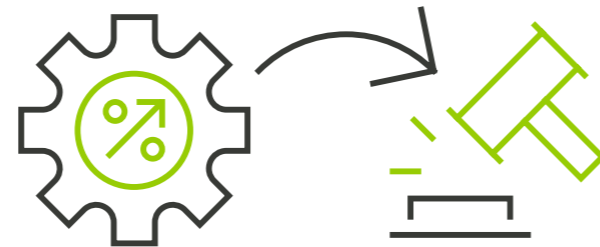


As you've already completed your pre-admission clinical screening, now it's time to ensure the clinical complexity of the resident is captured in the record to achieve your revenue targets. This sounds very business-focused, but if you haven't considered the consumption of supplies needed, the patient's insurance might not cover your expenses.

Things such as special equipment, third-party services (feeding, therapy, etc.) and even a slight increase in multi-person effort can all be overlooked but can and do have an impact on your bottom line.

PRE- ADMISSION

STEP 2

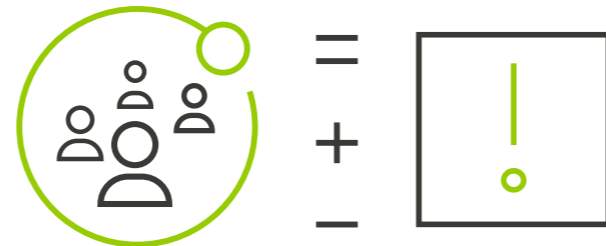


You can also create standard processes that identify desired outcomes, payer sources, contract terms, payment pre- and re-authorization, and more. Doing so will improve your ability to bill timely and, ultimately, improve your profitability.

Standardizing and digitizing processes can also help with maintaining compliance and ensuring your facility is meeting requirements.

PRE-ADMISSION

STEP 2



Outside of verifying the complexity of care, ensuring you have the right patient mix is just as important before sending an offer or accepting a new resident. If you accept a resident who is not an “ideal payer,” you will need to watch your payer mix and know how many of those residents you can accept while remaining profitable.

Failing to understand the implications of taking too many new residents who are not “ideal payers” can have more than financial implications for your facility. It can also result in improper or incomplete care for the resident which, in turn, can lead to an avoidable readmission.

Are you going to get paid for the care you’re delivering?

to ensure your residents have coverage for their care needs.

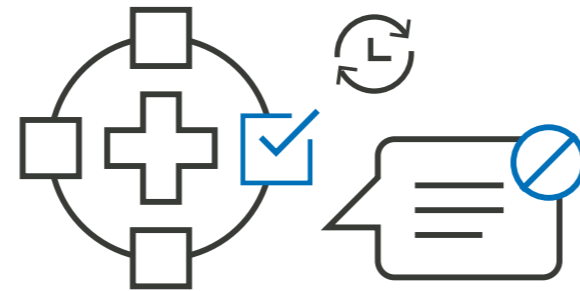


PRE-
ADMISSION



PRE-ADMISSION

STEP 3



Referral partners need to place patients as quickly as possible so they reach out to multiple facilities within their network for the same patient. For facilities within that network, the sooner a decision is made — either acceptance or denial — the sooner the referral partner can find a place for its patient. Providing clear reasons for denying a patient also helps your referral partners better understand the type of patients your facility can care for, and will help make the entire referral process more efficient and trusting in the future.

PRE- ADMISSION

STEP 3



Another communication channel to consider is the physician network. Physicians can and will make discharge determinations without consulting your care team. This can create confusion and frustration for residents, their families, and your staff. Keep communications open and make yourself and your team available to answer questions, perform assessments, or meet with families and physicians to help provide consistency and confidence in the capabilities of your facility.

This will also help ensure your facility is at the top of the referral list. It will go a long way toward keeping patients in your facility instead of being passed over for a competitor.

**you can turn your practitioners
into a valuable referral partner.**

PRE- ADMISSION

THE BOTTOM LINE

Coupled with implementing a standardized set of processes – including a pre-admission screening process that identifies patient needs, desired outcomes and payer sources, resident contract terms, payment pre-authorization and re-authorization – effective pre-admissions processes help facilities successfully improve your ability to bill timely and profitability. Additionally, understanding the payer mix allows your staff to have clarity on the financial liability.

Hospitals and post-acute care facilities need to focus on patient selection and on processes for transitioning care from the hospital to the post-acute care facility. This process starts prior to a resident even being referred to the facility. That's why the partnership between a facility and hospital – developed through communication and trust, which leads to referrals – is so important. Managing and understanding care requirements prior to admission ensures resources are ready.



Admission Day - What Are You Missing?

As you're well aware, the day of admission to a Skilled Nursing Facility (SNF) is a life-changing event for every resident, whether they will have a short stay or the facility will become a permanent home.

It is equally challenging for SNFs, as you must ensure that all communication from the hospital is clearly gathered and understood, and that the new residents are receiving their skilled services (medication management, rehabilitation, etc.) in a safe and timely manner. Plus, you have to complete all the required documentation, obtain signatures, and authorization to ensure your services will be reimbursed timely.



What Could Possibly Go Wrong?

It's vital that you consider every opportunity where information might be overlooked or errors made. By incorporating fully integrated technology into the mix, you can streamline your own admission-day process, improve communications, and reduce risk for your facility.



ADMISSION
DAY

ADMISSION DAY

STEP 4



What if your care team could instead create, personalize, and update admission documentation with a click of a button?

With an efficient technology tool that quickly and easily creates and executes new resident documents, your staff could focus on the quality of care and service they're delivering rather than administration.

An integrated document manager that captures and auto-populates new resident information directly from the resident's EHR would ensure accuracy. It would also track documents from a resident's chart and store them with the resident's profile for easy access. A good document manager handles remote access and signatures as well, in the event that responsible parties are not present. It can even assign documents to specific facilities, states, or lines of business.

You've just eliminated a major risk factor and increased your staff's efficiency.

STOP CHASING SIGNATURES.

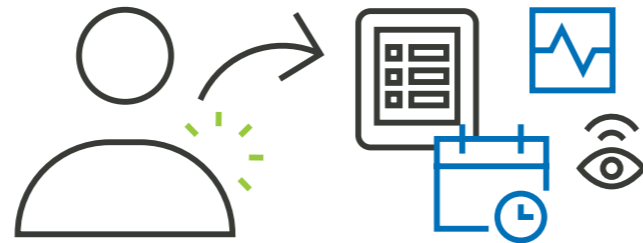
to remove the administrative burden of admission paperwork.



ADMISSION
DAY

ADMISSION DAY

STEP 5



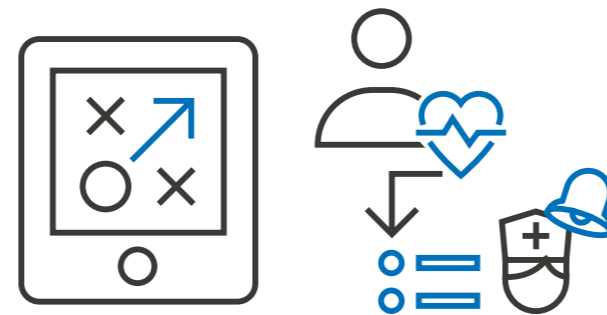
The right clinical support system would schedule all assessments for a new resident immediately.

To help you gain a more accurate picture of each new resident, the system uses a standardized care library to intelligently determine a clinical baseline with previously collected data, which auto-populates the collection assessment or tool.

Your care staff would have more insight into the hospital orders, the resident's comorbidities, and issues that might pop up, which might have been missed in a typical assessment.

ADMISSION DAY

STEP 5



To assist in creating the resident's care plan, the system should also offer disease-specific, evidence-based care pathways from which to choose. Offering these would enable your care team to create a tailored care plan for each new resident, knowing that it is both based on standards and personalized.

Ideally, the plan would also automatically trigger tasks for your nursing staff. They would know from admission day the sickest and highest-risk residents.

Imagine how this system could improve the confidence level of your nursing staff, and help to stimulate their critical thinking by giving them more time to be proactive.

With PDPM around the corner,

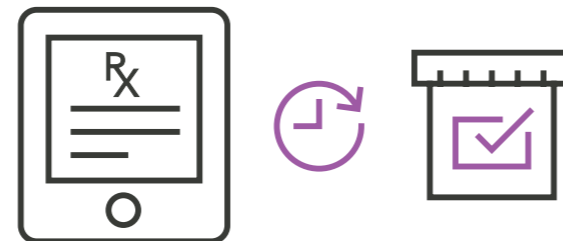
you can feel confident taking on more clinically complex patients.

ADMISSION
DAY



ADMISSION DAY

STEP 6



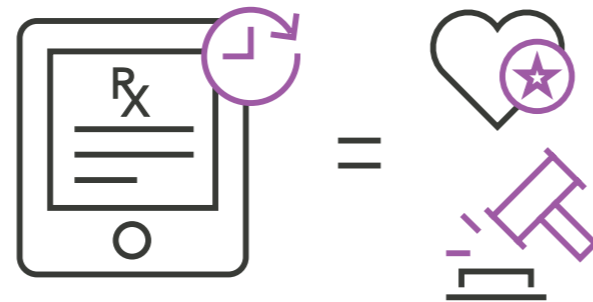
Missing a single dose of an important medicine could negatively affect the new resident's stay before she or he has been in your facility for 24 hours.

Even when the resident's admission occurs close to pharmacy closing hours, an integrated medication management system could make transferring medical orders to the pharmacy quick and easy. This way, no resident ends up without pain medication, insulin or any other medicine necessary to maintain or improve their condition on their first day under your care. Going forward, that same system would minimize the risk of adverse drug events due to electronic integration with the pharmacy.

Your clinical staff would have instant access to medication pass statuses, automated medication reconciliation, and a reduced risk of transcription errors.

ADMISSION DAY

STEP 6



Have you simplified medication ordering and administration?

Starting on day one, a fully integrated medication and treatment administration system would also ensure that the right resident is receiving the right medication, in the right dose, using the right route, at the right time. Thanks to stored resident pictures and an embedded ordering and distribution process, your resident care would be enhanced and the possibility of human error reduced.

As a bonus, your facility's compliance could improve and your care staff have more time for residents.

Getting it right from the start –

to ensure you have a comprehensive medication list before admission.

ADMISSION DAY

THE BOTTOM LINE

You can get it right on Admission Day, leading to a shorter stay for the new resident resulting from top-line care and coordination.

No emergency visits, no readmissions, no penalties, no damage to your reputation. Or, something can be missed, and the resident's stay can be compromised from the very beginning. Think about what you need to do to achieve the first option.

You know you want your facility to be the preferred referral partner of hospitals, as well as the preferred provider of every resident who comes through your door. You want to improve care delivery, save your staff more time, mitigate your risks, and enhance your financial outcomes. By being able to create, maintain, and access all the information about a new resident in a single location, you can attain your goals on admission day and every day after that.

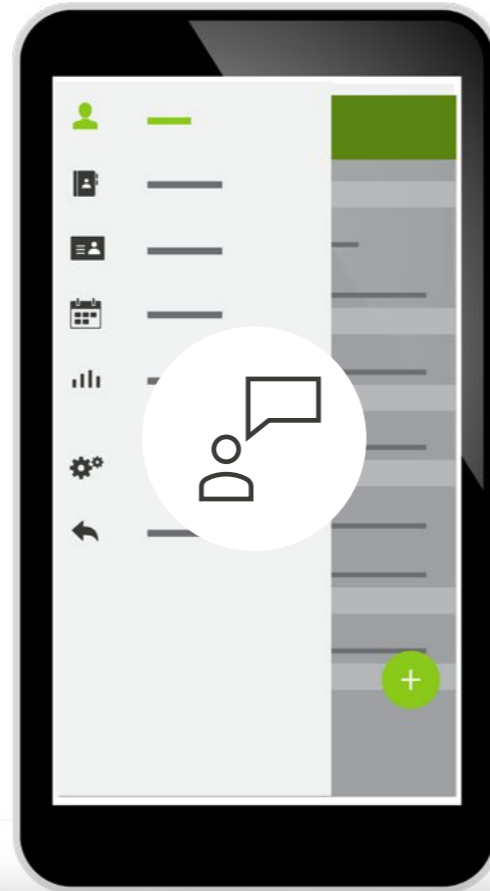


THE CONCLUSION

The admission process is just one piece of the entire resident experience. Once you've mastered this process, and obtain your ideal census mix, you'll need to shift your focus to ensuring the safety and wellness of your residents throughout the entire length of stay.

if you'd like to continue learning how to achieve quality outcomes in the next part of the resident experience.

Maintain a
Healthy Referral
Pipeline



Customer Relationship Management (CRM)

Capture the right data up-front to proactively market to your partners and ideal residents.

A 2017 study by the National Institute on Aging found patients are willing to travel further for better-quality care¹.

Achieving optimal occupancy starts with capturing and auto-populating resident data directly within PointClickCare. Having a unified view into every aspect of a potential resident allows SNFs to sell the quality of their amenities and services, ensuring patients are making an informed decision without defaulting to location.

To learn more about CRM, [click here](#) to get in touch with us.

¹ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5583521/#R10>

Protect Your
Revenue Flow
from Coverage
Denials



Eligibility Verification

Instantly retrieve important resident insurance data including eligibility, benefits, and co-pays prior to a resident's admission and throughout their stay.

Based on data from the Healthcare Billing & Management Association, the estimated cost of managing denials is \$25 per claim.

By understanding the level of care needed by a resident before they enter your facility, providers can identify their ideal payor mix ensuring they're maximizing their revenue potential.

To learn more about Eligibility Verification, [click here](#) to get in touch with us.

Designed
by Practitioners,
for Practitioners.



Practitioner Engagement

Make it easy for your physicians to access and manage patient information anytime, anywhere.

Practitioners and physicians can use their mobile devices to view charts, co-sign orders, e-prescribe and have secure, HIPAA-compliant conversations about residents in their care.

By having remote, real-time access to relevant clinical information, practitioners are able to make better, more informed patient-care decisions, enabling them to be a valuable partner in your referral network.

To learn more about Practitioner Engagement, [click here](#) to get in touch with us.

Remove the
Administrative
Burden



Document Manager

Streamline admission with a paperless workflow.

Start off on the right foot during those first critical hours by automating routine documentation with pre-populating electronic forms within PointClickCare. Having a central location for these documents allows residents, family members, and other parties to electronically sign documents quickly, putting your facility less at risk of incomplete documents.

To learn more about Document Manager, [click here](#) to get in touch with us.

Power
Evidence-based
Nursing
Processes



Care Content by COMS Interactive

Utilize the most comprehensive information to deliver consistent, repeatable care.

With over 20 years of research, COMS provides you with disease-specific care pathways proven to reduce hospital re-admissions by 25%¹ and improve MDS quality scores by 16%².

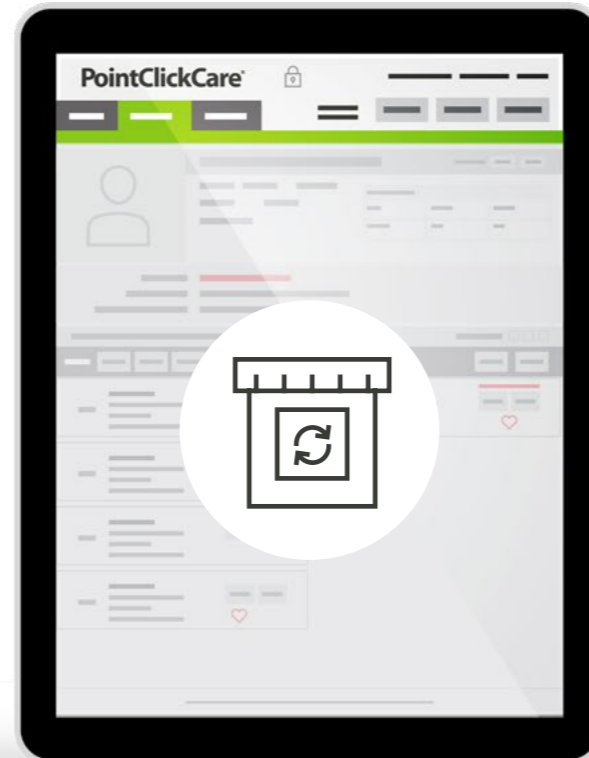
By having a replicable, standardized process that evolves with the resident's care needs, your staff can provide the best quality of care, without missing any health concerns.

To learn more about COMS Interactive, [click here](#) to get in touch with us.

¹ CMS data: <https://data.medicare.gov/Nursing-Home-Compare/State-Averages/xcdc-v8bm>

² COMS Interactive: Administration of Aging Grant #90-AM-2748 | Demonstration Project – Managing Readmission to the Hospital in Residents with Stroke – 2003-04.

Mitigating Risk with Proper Medication Management



eMAR & Integrated Medication Management

Reducing med-error risk with a seamless, real-time exchange of medication and pharmacy information.

As you admit more clinically-complex residents with co-morbidities, it's common for them to be taking up to nine medications at a time, with multiple prescribers. As a result, the risk of Adverse Drug Events (ADEs) has increased, making it necessary to have an integrated medication management system to minimize the complexities of the entire drug ordering and distribution process, before they enter your facility.

To learn more about Medication Management Solutions, [click here](#) to get in touch with us.