3 Ways Skilled Nursing Is Standardizing to Improve Care

Streamlining the SNF for a **PDPM World**

PointClickCare® Skilled Nursing News

While the Patient-Driven Payment Model has reigned supreme in the skilled nursing world over the last year and beyond, the new Medicare reimbursement system is just one facet of an overarching move toward patient-focused care: From value-based purchasing rules to the rise of Medicare Advantage, payers are increasingly pushing providers to ensure that their care leads to positive, measurable outcomes for their residents and patients.

That may seem like a daunting task for operators: After all, how can any given building prepare for every possible patient with every possible set of health issues, especially as the acuity of the average nursing home resident rises? But thanks to technology, operators are increasingly turning to standardized processes designed to streamline frontline caregivers' decision-making — and, in turn, give them more time to focus on care.

This white paper will explore the ways that forward-thinking SNFs have developed and executed on standardized care processes, and how those initiatives can improve the resident, family, and employee experience.

Standardizing Operations: Aligning Assessments with Outcomes

No two individual patients are alike, but under PDPM and other new payment models, the way that facilities structure their operations needs to be uniform — because both resident outcomes and a company's financial viability will rely on it.

With PDPM, the initial resident assessment will be vital, with the primary diagnosis informing the reimbursements that the operator receives for the care provided. Under the old model, therapy minutes drove payments; now, Medicare will reward operators for accurately assessing and caring for each resident's specific needs.

Even missing one or two conditions could lead to a serious reimbursement loss — which many operators can't afford amid high staffing costs and razor-thin margins — while also resulting in sub-optimal care for a building's residents. That's why providers such the Avamere Family of Companies, which operates a range of senior housing and care facilities in the Pacific Northwest, have changed their workflows and invested in tools that allow them to standardize care across settings.

"It may be that chest pain, or COPD, is more of a primary diagnosis that's going to affect them clinically in their recovery," she says.

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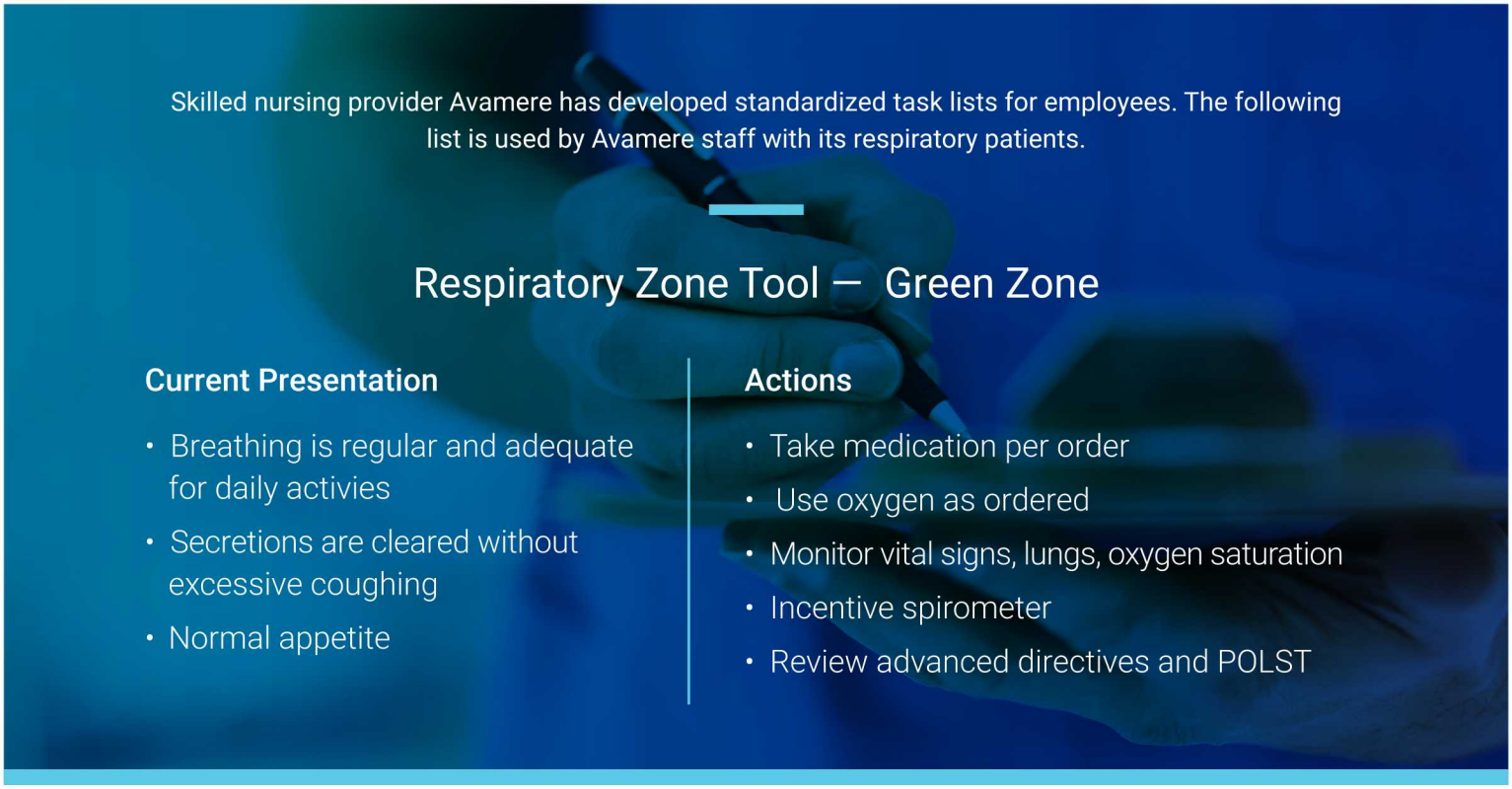
Avamere also developed a standardized task list for its employees, Love says, with an eye on making sure that every worker knows his or her role. In the pre-PDPM days, therapists took the lead on clinical and reimbursement paperwork, but because payments will now flow from a variety of sources — from therapy to nursing to non-therapy ancillaries — employees as diverse as nutritional staff and therapists will need to collaborate.



Skilled nursing provider Avamere has developed standardized task lists for employees. The following list is used by Avamere staff with its respiratory patients.

Respiratory Zone Tool — Green Zone

Current Presentation

- Breathing is regular and adequate for daily activies
- Secretions are cleared without excessive coughing
- Normal appetite

Actions

- Take medication per order
- Use oxygen as ordered
- Monitor vital signs, lungs, oxygen saturation
- Incentive spirometer
- Review advanced directives and POLST

Standardizing Care Delivery: Pathways to Better Results

Once a facility has standardized its operations around resident assessments, leaders can move on to standardizing care delivery — a strategy that doesn't mean providing one-size-fits-all care, but rather allowing technology to do the heavy lifting.

For some organizations, it can be as simple as making sure everyone across the continuum is on the same page. Avamere operates skilled nursing, senior living, and home health platforms, making the seamless sharing of EHR data vital to monitoring residents as they move through the different settings.

"It's important that, across the continuum, everyone understands the same processes, and when we have an organization where we have different types of business lines, we are able to float the chart between the business lines," Love says.

The new Nursing Advantage solution developed in conjunction with the PointClickCare Clinical Outcomes Management Team, meanwhile, generates evidence-based care pathways based on the resident's initial assessment. This idea of a pathway — or a concrete set of steps that clinicians and other staffers can follow for the treatment of specific conditions — has gained traction as a key strategy for thriving under PDPM: Armed with the correct diagnosis and the right plan for maximizing both resident care and reimbursements, care pathways provide a clear path forward into the new system.

At Avamere, that pathway to care has a color coding: red, yellow, and green, depending on the severity of the issue, with a corresponding action to take. If a resident has shortness of breath, for instance, a nurse can find the specific pathway to resolving the issue, from increasing oxygen to contacting a physician to increasing routine medical reviews.

"While data collection and analysis can help operators develop benchmarks to track their progress, it's not enough to just know whether a certain resident's outcome is above or below the average — providers need to use those benchmarks to drive continuous care improvement, primarily by establishing strict standards and following those pathways," Brian Buys, senior director of clinical product management at PointClickCare, says.

"In a value-based environment, we don't play that game anymore," Buys says. "It's not good enough to be as good as everyone else. We need to be better."

PDPM Acronyms

The Patient-Driven Payment Model (PDPM) comes with a host of new paperwork and coding requirements. Here are a few of the acronyms you might see when working to standardize workflows for the new system.

ICD-10: Originally the domain of hospitals, these diagnosis codes will be vital for ensuring that nursing homes receive the right reimbursement for the care they provide. There are more than 70,000 of these codes for clinicians to choose from — about 23,000 of which don't actually correspond with a nursing home reimbursement.

Section GG: This section of the Minimum Data Set (MDS) measures a resident's functional abilities as a numerical score. This figure illustrates how much — or how relatively little — assistance a resident requires to perform basic tasks, and will affect multiple PDPM reimbursement categories.

BIMS: Like Section GG, the Brief Interview for Mental Status (BIMS) will play a key role in eventual reimbursements, as it determines each resident's level of cognitive function.

Standardizing the Resident Experience: Removing Care Roadblocks

While ensuring proper reimbursements is important — after all, a property can't operate without being paid for its services — resident care remains paramount, and any standardization effort should have the resident experience in mind.

At face value, the two ideas may seem in competition: How can standardizing processes actually lead to better care? But by taking advantage of care pathways, technology, and other streamlining processes, Buys argues that operators are making it easier to place the patient front and center.

"A lot of people hear the word standardization, and they assume it means depersonalizing care," Buys says. "In fact, it's quite the opposite. When we use technology to drive standard work, we're letting technology handle the tedious work of gathering and summarizing disparate information and letting caregivers deliver great care."

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Much of the ineffecient time spent searching for, summarizing and documenting information can now go directly toward resident care. Instead of spending time determining the proper actions to take, a nurse can spend time answering family members' questions. Instead of being buried in paperwork, a director of nursing can look at predictive analytics to see which patients might need more attention — and which diagnoses may need more attention from frontline caregivers. Instead of searching for the primary diagnosis on incomplete documentation submitted by a hospital, a therapist can provide targeted care tailored precisely to her patient's exact medical needs.

"We know that we are the workflow engine for this particular market — and in particular the nurse," Bill Stuart, president and CEO of COMS Interactive, a PointClickCare company, says. "And rather than workflow just being dictated by regulation, we're actually looking at: What tools can we put in place to help the nurse deliver better patient care?"

Teamwork

In the past, with therapy driving reimbursements, therapists took center stage in nursing homes — both as a source of revenue and the ones responsible for filing the appropriate paperwork. But therapy is now just one of several areas that affect both patient care and Medicare payments, making collaboration across the spectrum vital.

As providers standardize their processes, they must remember to foster collaboration among leaders in the five primary payment components of PDPM:

- Physical therapy
- Occupational therapy
- Speech language pathology
- Non-therapy ancillaries (HIV treatment, organ transplants, liver disease, and others)
- Nursing

Standardization is Essential: Molding to New Models

Too often, according to Stuart, operators tend to look at hospitals and payers as their ultimate customers, since they're the entities that dictate payments and other quality benchmarks.

But by developing standardized care plans and focusing on the most efficient path to quality outcomes, operators can ultimately focus on the real customer, the resident, and the real goal: improving the resident's quality of life. Machine learning, proactive alerting, and predictive analytics are all possible with standardization and technology, but it all starts with a focus on the resident.

"The first phase of that is really instilling this standard work piece as a means to improve patient care, and then secondly, to drive value from a data perspective," Stuart says.

To find out how your organization can take that next step toward improving patient care, contact PCC and COMS today.

Contact PointClickCare to learn more about how our solutions will not only get you ready for PDPM, but will help you through the longer term transformation to better quality care.

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