

Investing in Nurses

Solving Common Pain Points to
Better Arm Frontline Caregivers



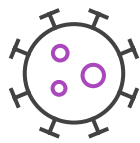
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**Our frontline nurses have one main job:
to improve the life of each resident by
delivering the highest-quality care possible.**

But the current reality is that they are dealing with so much more than that. The challenges that skilled nursing facilities (SNFs) have faced for years have not only endured, but have been magnified since the COVID-19 pandemic started its spread in March 2020. The time that it takes nurses to overcome these obstacles is precious time diverted from providing high-quality, hands-on care to residents.

This white paper is a follow up on our recent white paper **'Empowering Your Frontline Employees to Turn Data Into Decisions'**. It will dive deeper into the daily challenges of frontline nurses and what needs to be done to better arm them with the information and data they need to perform at their best.

After all, nurses are the heart, eyes and soul of our nursing facilities.



The Impact of COVID-19 on Skilled Nursing Facilities

Attracting and retaining caregivers is the number one problem that nursing facilities face.

During the first week of the coronavirus outbreak, the CDC warned that skilled nursing facilities in the U.S. were at the highest risk of being infected by COVID-19.

Why? Because the disease was clearly going to exacerbate longstanding issues that they were already contending with.

First and foremost, SNFs were – and are – dealing with significant staffing challenges. Attracting and retaining caregivers is the number one problem that nursing facilities face. These longstanding problems with staffing shortages have been made much worse by the uncertainty about which nurses will come to work and which will need to stay home on any given day due to illness, the need to quarantine or some other unpredictable reason.

Nurses are playing multiple roles during staff shortages, but they still need to act quickly and monitor subtle medical changes in residents, which is difficult given multiple comorbidities and more difficult under pandemic times.

Tasks that used to require only one nurse – such as administering meals – can now require up to five

Another factor at play is that prior to the COVID-19 outbreak, it was common for nurses to work at two facilities at once. But since the outbreak and due to safety precautions, nurses are only able to work at one facility, further disrupting staffing allocations. These dynamics undoubtedly impact the quality and even distribution of care.

One solution to this issue is to hire temporary unskilled workers to support nurse aides, but using staff who have no familiarity with or background on the residents that they are caring for comes with its own set of challenges. Without quick and easy access to data from the previous day, week or month, there will be an unavoidable gap in care.

Finally, the ability to monitor residents is more complex during COVID. Nurses are having to manage different sections of the facility (residents who are quarantining vs. those who are not) at one time. Tasks that used to require only one nurse – such as administering a meal – can now require up to five. Nurses are participating in meal delivery along with CNAs because residents are eating in their rooms as opposed to eating together in a dining room.

More basic tasks like assessing a patient now takes more time since nurses need to gear up in appropriate PPE, sanitize equipment including mobile devices and laptops between patients, or require one nurse to complete their tasks while another stands outside the room to enter data. With restricted entry to minimize covid risk to patients, physicians and other care team members from the community must find alternative means to monitor patients.





Standardizing Resident Assessments

Staffing shortages and bandwidth issues inevitably impact resident assessments, as each nurse within a facility will have a different and complex skillset.

For too long, resident assessments and evaluations have been done manually as a 'check the box' activity. In order to fill out the required forms, nurses are left asking a prescribed list of questions – only some of which might be pertinent. This process must evolve to not only be more personalized for each resident, but also to empower nurses to gather all the important information that they need to deliver the very best care.

If one staff member conducts the assessment and a different staff member needs to interpret it the next day, having

'yes' or 'no' responses to a list of basic – or potentially irrelevant – questions isn't very helpful. Rather, each nurse on the staff should be equipped with easy and quick access to full documentation on every resident they are asked to care for.

Incomplete data – that is then buried in disparate systems – leads to a breakdown of communication among the nursing staff and results in scenarios where each nurse who takes over from the last needs to start from scratch due to imperfect and out-of-date information. This makes it extremely difficult for the nurse to provide the best possible care to each individual resident.

Data isn't only critical for management, but for successful care transitions – especially during the COVID-19 outbreak. "More transitions means

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Data helped us use transitions sparingly and only when appropriate.

Skelly Wingard

Regional Director of Care Coordination and Placement, Kaiser Permanente

higher risk, including risks to paramedics, nurses and other care providers patients interact with during transit,” says Skelly Wingard, Regional Director of Care Coordination and Placement at Kaiser Permanente. “Data helped us use transitions sparingly and only when appropriate.”

A more consistent process that is deeply focused on each individual resident will allow nurses to more easily transition care. With a system that collects data on progress towards outcomes and automatically feeds information to care plans and tools, nurses can have all the context they need at their fingertips. Technology that alerts the care team and shows relevant resident data can be used to seamlessly guide each staff member.

Using standardized templates and care guides will empower SNFs to produce higher quality and more detailed assessments of each resident. This approach combined with the right technology will ensure that each nurse captures a comprehensive picture of each resident in the shortest amount of time possible. This not only saves caregivers time for more hands-on care, but arms them with the information they need to do their jobs at the highest quality level possible.





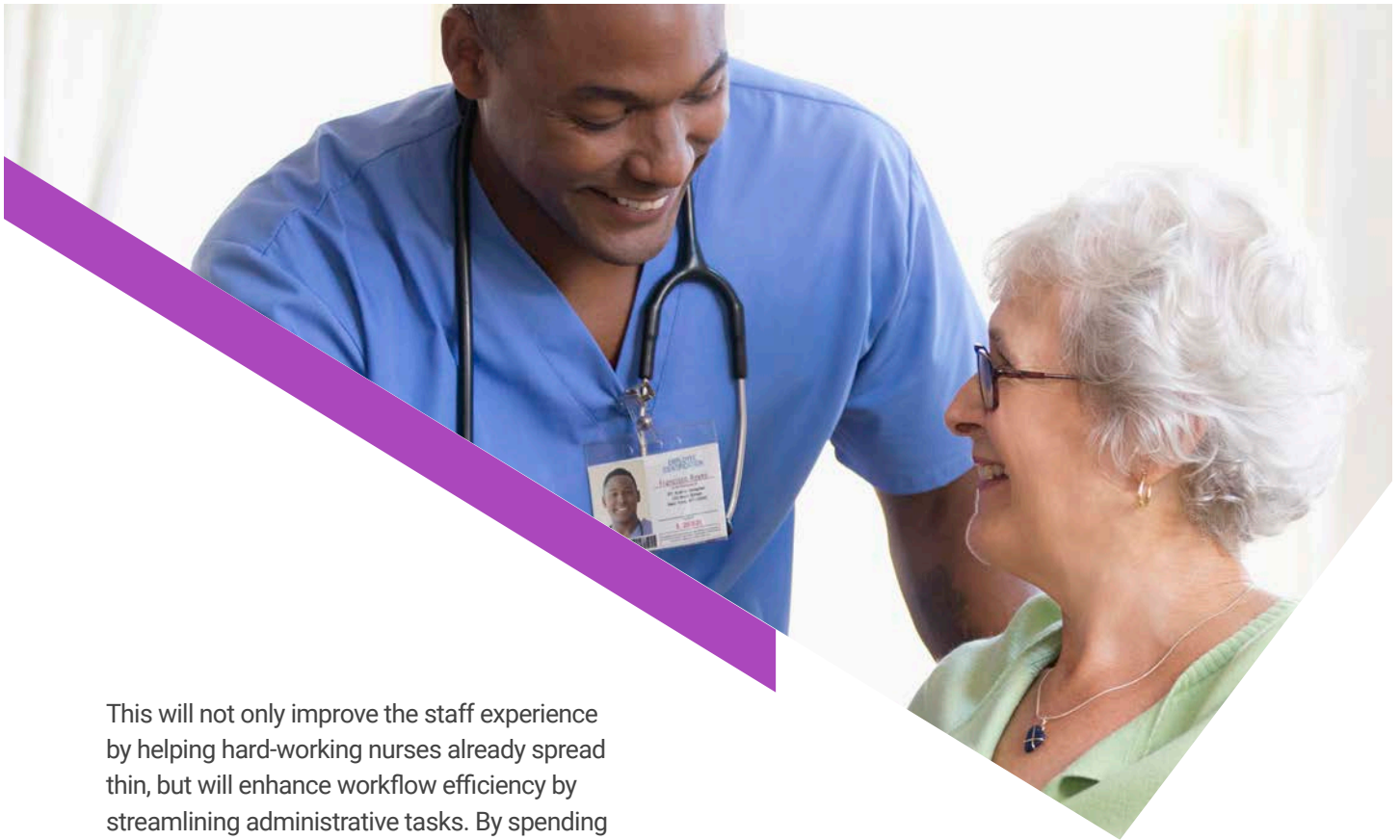
Efficient Care and Use of Resources

Of course, efficiency of care and smart use of resources is always important, but during a pandemic like COVID-19, it is crucial.

Staff shortages coupled with such variance in assessments and data collection leads to inherent inefficiencies in the work nurses do on a day-to-day basis. This current gap of information exchange impedes the quality of care that nurses can offer.

To combat this, SNFs need a standardized process that gives nurses the visibility necessary to take over care and hit the ground running whenever and however it is needed. The number one priority of a facility's director of nursing (DON) is that each caregiver is empowered to provide the best possible care to residents, as each one has a unique set of diagnoses and conditions that require a specific set of actions to deliver optimal care. With all resident information and background stored in a single system and used in a standardized process, every nurse will have the same information and follow the same routines.





This will not only improve the staff experience by helping hard-working nurses already spread thin, but will enhance workflow efficiency by streamlining administrative tasks. By spending less time on admin, frontline caregivers have the flexibility they need to spend more quality time with their residents.

“COVID made us think about the importance of the patient experience, and ensuring team members at the skilled nursing facilities have as much time as possible to spend with patients to care for them,” says Lori Baker, Director of Ambulatory Care Management and Senior Services/Post Acute Care at TriHealth. “Both hospitals and skilled nursing facilities can get overwhelmed with volume, rapidly and repeatedly cycling patients from hospital to nursing facilities. It’s important to minimize the amount of time spent on manually entering patient data to enable team members to spend time with patients. Preparation and electronic data exchange allows us to better collaborate without post-acute providers and ensure a more seamless transition.”

Improved efficiency and a better use of resources allows nurses to provide the complex, hands-on, people-focused work that no system can replace.



COVID made us think about the importance of the patient experience, and ensuring team members at the skilled nursing facilities have as much time as possible to spend with patients to care for them. It’s about giving the right patients the right care in the right place.

Lori Baker

Director of Ambulatory Care Management and Senior Services/Post Acute Care | TriHealth



What really matters at the end of the day?

That we empower our frontline heroes. SNFs can achieve this by providing nurses with the right data at the right time along with the confidence that it is complete, accurate and up-to-date.

Learn How

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