PDPM Playbook

Stage 2: Standardize

Now that you have developed a plan and understand what needs to be done, the next steps focus on standardizing processes and tools so your people can focus on providing better care and support to your residents. When you standardize administrative and operational workflows, content, and care approaches, you are ensuring a consistent level of care and predictable outcomes in this new reimbursement and value-based care world.

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Standardizing processes is integral to the success of the Patient Driven Payment Model (PDPM) in several ways:

Standards-based content ensures that staff are assessing and treating residents consistently, making predictive outcomes possible. It also ensures comprehensive data capture, treatment of symptoms, and identification and management of conditions, while making capturing the complete diagnosis list achievable.

Standardization makes gap identification and management much easier. If everyone is doing the same thing the same way then problems with process, tools, and people become visible.

Standardization makes identifying and tracking metrics with reliability and validity possible — good measurement requires a consistent process to evaluate, so you are consistently measuring the same thing.

Standardization means that shifts in process are easier to accomplish. If something isn't working it is easier to adjust a process consistently across the organization. If everyone is doing something different, shifting a process becomes impossible and outcomes cannot be compared across the organization.

Standardization levels the playing field for staff, they all provide and drive care the

same way, which means understanding competencies and ensuring that the knowledge of what care needs to be provided is built into the system for staff to use. When processes and tools are standardized, people problems can be identified, and training is provided in a timely manner.

Standardization will create better information and better insights to drive the best care possible for each resident in your care, not just those immediately affected by PDPM.

Standardization requires examining technology resources to ensure they are aligned with the shifts required to get through PDPM. To be successful, your technology needs to be more than just a system of record. Being able to capture care alone will not be enough. You need to adopt networks of intelligence including, systems which take data from all sources and turns them into actionable insights. Transformative care relies on standardized data capture of care provided becoming insights that enable your caregivers to provide better care and achieve better outcomes. Standardization is the framework that supports the network of intelligence.

In this stage, you may choose to pilot new workflows and processes on a smaller controlled population of clients before rolling out to the entire facility or across multiple facilities. This is an important consideration in implementation and training of standardized processes. Using a controlled approach allows you to establish any improvements that can be made before operationalizing the updates.

Standardize data collection processes

With the reduction of assessments down to one payment assessment, there is a more pressing need to ensure the complete and comprehensive picture of the residents is obtained before the end of the window on Day 8. You will need to be more thoughtful about evaluating potential admissions, ensuring that wholistic needs are reviewed to understand the impact this admission will have on case mix; when we focused on rehab as a primary driver for SNF admission, it was an easier decision to make. In the PDPM world, the clinical characteristics of the resident may drive different admission decisions than before.

Revise your pre-admission screening to document as much information as possible within the resident record.

- Look at content. Does it collect enough PDPM data points to make an appropriate admission decision?• Do you have the right tools to get the data?
- Is there technology to support this workflow so data can be easily collected and analyzed?

Implement interview tools to gain better insights from families and care givers.

- The record may not be enough to get the whole Non-Therapy Ancillary (NTA) picture, — can you connect with other sources of information?
- Electronic, telephone, and in-person interviews should all feed the same process and information.

Ensure that processes for selecting the most appropriate primary diagnosis are in place and that the interdisciplinary team (PT/OT/SLP/Nursing and Medicine) understand the process, to ensure alignment with required resources.

- Does your physician know what changes?
- Who will decide the primary diagnosis and how?
- Does this decision optimize reimbursement across the disciplines so that revenue targets are achievable?
- How will communication need to change to ensure interdisciplinary alignment?
- How will you ensure everyone involved has all the information required to make the best possible decisions for the business?

Establish criteria to measure success.

- What are you trying to measure?
- For how long?
- What will you do with the results?

Establish data collection points required to measure success.

- Where are the data points you need?
- How will you collect them?
- Who will need the data?

Assessements down to one payment.

You will need to be more thoughtful about evaluating potential admissions, ensuring that wholistic needs are reviewed.

The better the data that is entered, the more useful the insights will be.

Standardize evidence-based protocols and best practice workflows to support care delivery

There have been significant gains in the understanding of how evidence-based and standards-based assessment, intervention, and documentation improve the resident experience, outcomes, and satisfaction. Research and best practices in care delivery and patient safety are constantly changing and keeping up with those changes can be daunting. Technology should be able to support you here. The right system will take care of standards and evidence-based tools and content. Adopting standard-based content and care processes not only makes outcomes predictable, it also becomes easier to measure how staff are delivering against the standards. If staff are all caring for residents with consistent approaches, it is easier to identify competencies, performance issues, and skill gaps. Standardized processes provide the reliability and validity of the data being collected for analysis and improvements.

Implement evidence-based tools to capture the right information and address changing population needs.

- Care content should be standards-based.
- Assessments should drive further investigation/diagnosis capture.
- Promote staff competency through standards-based care content.
- Technology should support you with this requirement.

Strengthen care planning and supportive documentation capture to emphasize good clinical practice and reduce survey and audit risks.

- Understand changes with presumption of care.
- Ensure content reflects clinical needs approaches.

Ensure that staff have the right information, at the right time, to provide care to a more clinically complex resident.

- Do you need a technology change to make information more accessible?

Establish criteria to measure success.

- What are you trying to measure?
- For how long will you be measuring for results and changes?
- What will you do with the results?

Establish data collection points required to measure success.

- Where are the data points you need?
- How will you collect them?
- Who will need the data?

You need a system
that can transform
standardized data
into useful, actionable
insights. You need a
network of intelligence.

Review your technical capabilities.

Your technology needs to support not only a smooth transition to PDPM — with all the right MDS bells and whistles — it should also provide you with all the other tools you need to be successful through PDPM for all operational and administrative efforts. PDPM starts on October 1, 2019 but it doesn't end there. You will need to continually evaluate the impact of PDPM and improve processes to make the eventual retirement of RUGs III and IV another milestone that is easily achieved. Your technology needs improved care content, the ability to scale changes across the facility or organization, and to support your data intelligence needs. This means that your technology needs to be more than just a system of record. You must be able to analyze your data to provide better insights that drive continuous process improvement efforts across your organization, in order to deliver better outcomes with reduced administrative overhead. You need a system that can transform standardized data into useful, actionable insights. Your technology needs to be a network of intelligence.

Evaluate your technology for analytical capabilities.

- Understand what data can be analyzed and from what sources.
- Understand the outputs for reports — consider formats, pdfs vs. spreadsheet data.
- Are there additional products or services that will provide what you need?
- What analysis is provided – is it static or dynamic? How can report parameters be leveraged so that the data is consistently compiled for specific purposes and review?

Identify the sources of actionable insights (information, alerts and notifications, raw data) your technology provides, to whom and when.

- Are there standard reports that give you useful insights? Where are they and who can access them?
- Ensure the right people can see the right modules reports and notifications/dashboards – standardize access by position or function.

For new technologies – understand what the implementation timelines are in order to be up and running for October 1.

- Understand workback schedules.
- Consider discovery, configuration, and training.

Establish criteria to measure successful implementation of technology.

- What are you trying to measure?
- Is the technology improving results or affecting processes?
- What is the adoption to mastery timeline look like? How will that affect measures? There is always a learning curve from adoption to full integration of new tech into workflows.
- For how long will you be measuring for results and changes?
- What will you do with the results?

Establish data collection points required to measure success.

- Where are the data points you need?
- How will you collect them?
- Who will need the data?

Train staff on new processes.

You may not be changing processes across the home just yet, you might be testing them on a pilot area or group — make sure you understand what will be changed now and later and who needs what training and when to achieve your milestones. Staff must understand PDPM and why processes are changing — they will also require training for these new and changed processes. Educate staff to the value this change will bring as well as the changes themselves. Staff should understand the what and the why of PDPM.

Implement standardized workflows and care content for pilot.

- Consistency makes scale possible.
- Standardization makes assessment of competencies possible.

Train staff affected by immediate process changes on PDPM and those new processes (pilot group).

- Engage managers and team leads in the process to gain their buy-in and engender support for change.

- Educate staff to the value this change will bring as well as the changes themselves. Staff should understand that what and the why of PDPM.
- Set up a training schedule. Understand what can be done in advance (new tools) and what needs to be just in time (MDS Changes), building in competency reviews and demonstrations where necessary.

Provide education for upskilling for anyone who may need it (this can be done for all, not just pilot groups).

- May need to seek outside bodies for skill-specific training (i.e. IV, central lines, dialysis)

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Establish data collection points required to measure success.

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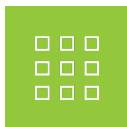
Staff must understand PDPM and why processes are changing – they will also require training for these new and changed processes.

This program should include training on skills, documentation requirements, presumption of care changes, new technology or content, and any other items identified in your plan.

Educate staff to the value this change will bring. Staff should understand the what and the why of PDPM.

Conclusion

Solidifying standardized processes that drive change and quality improvement is the foundation of your PDPM journey. Combining the power of standards-based assessments with advanced resident-care insights is critical to your success in this new value-based payment model.

Customer Relationship Manager (CRM)

Pre-admission assessment data can help you select the right resident for your care provisioning levels, and helps plan your staffing needs for more medically complex residents.

COMS Interactive

Leveraging extensive best practice knowledge and standardized data can help bring consistency to your care delivery and identify areas of reimbursement you might have otherwise missed.

STANDARDIZE YOUR PROCESSES NOW

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