



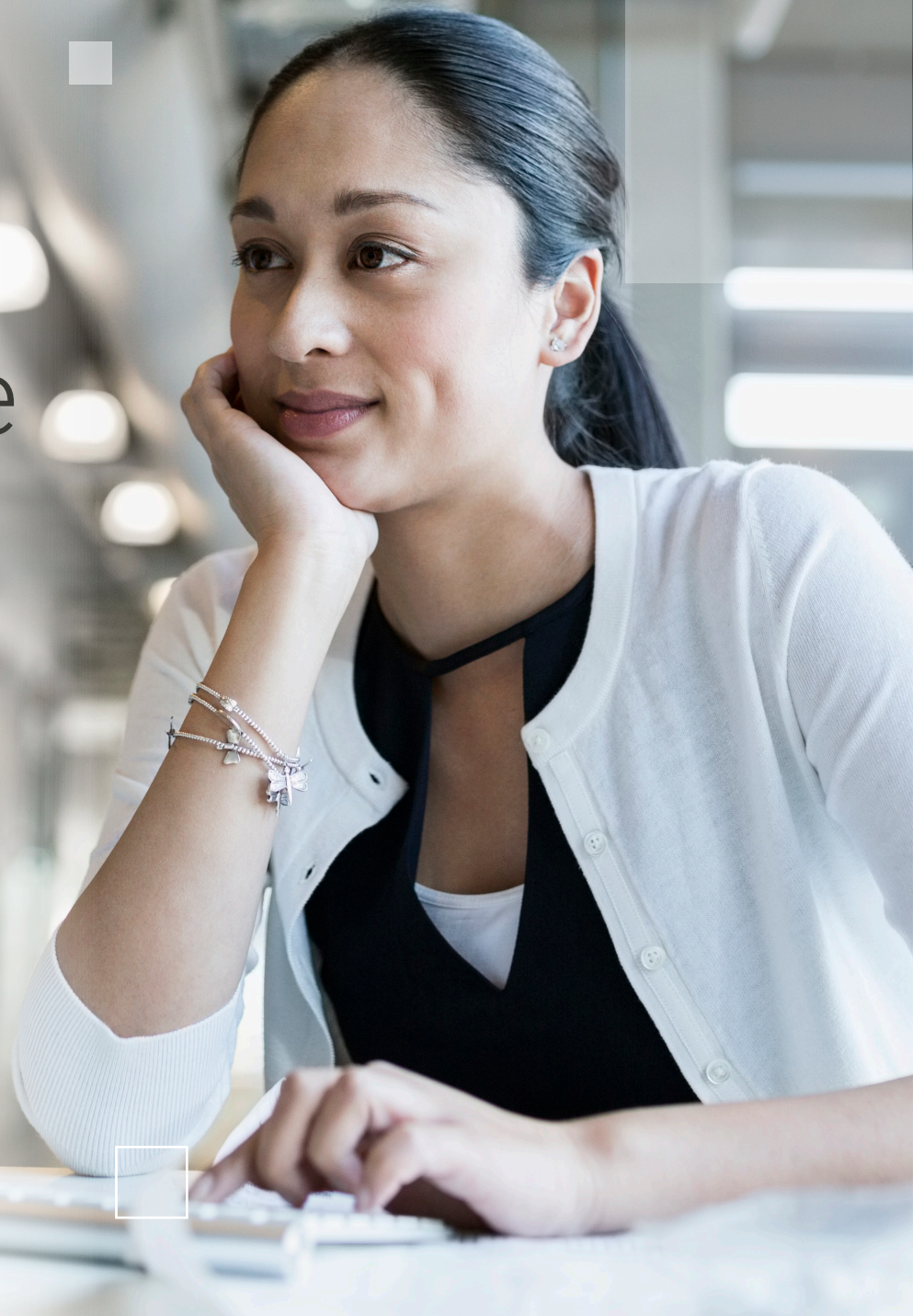
PDPM Playbook

Stage 4: Optimize

Optimizing is the process of making the best or most effective use of a situation, opportunity or resource. Not all gaps may be closed within your newly standardized processes and these gaps should come to the surface when you analyze that data collected. Optimizing is about making something the best it can be based on what you have learned from practice and data collection so far. This is the stage that allows you to manage, and make better, what you have set up to be measured.

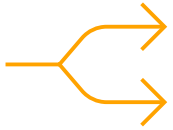
Optimization should bring teams together to get the wrinkles out of the standardized processes and ensure all your ducks are beak-to-tail as we approach the implementation date for PDPM.

PointClickCare®



Review your Change Management Plan

You developed a plan in Stage One. You standardized processes in Stage Two. You analyzed data in Stage Three. Now, let's refine that plan with insights gained from that data.



Re-examine and reinforce the plan you developed in Stage One using the data and insights collected in Stage Three.

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- Will the plan be as effective as you previously thought?
- What needs to change?
- Are you on track to achieve milestones?

Review identified gaps to figure out how to close them.

- What is the gap?
- What caused the gap (root cause analysis)?
- What are the implications of the gap (risks)?

Review all payors to make sure that disruption hasn't occurred with those processes

Keep an eye out for payors making changes in concert with PDPM – some payors may adopt this model, some may change to other models such as levels of care.

- Don't lose sight of the forest for the trees.
- Report any changes to vendors to make sure you will be able to submit claims to all payors.

Implement Quality Assurance (QA) and Performance Improvement (PI) Programs to close identified gaps

QAPI is mentioned 212 times in the final rule for the Requirements of Participation.

Anytime you update any process or redefine a work-flow – use a QAPI framework and you can solve two problems at once – making sure you have active QAPI programs for survey and you build efficiencies while improving processes. QAPI should be the foundation for any changes to any process within your home – especially around regulatory change.



Close the gap

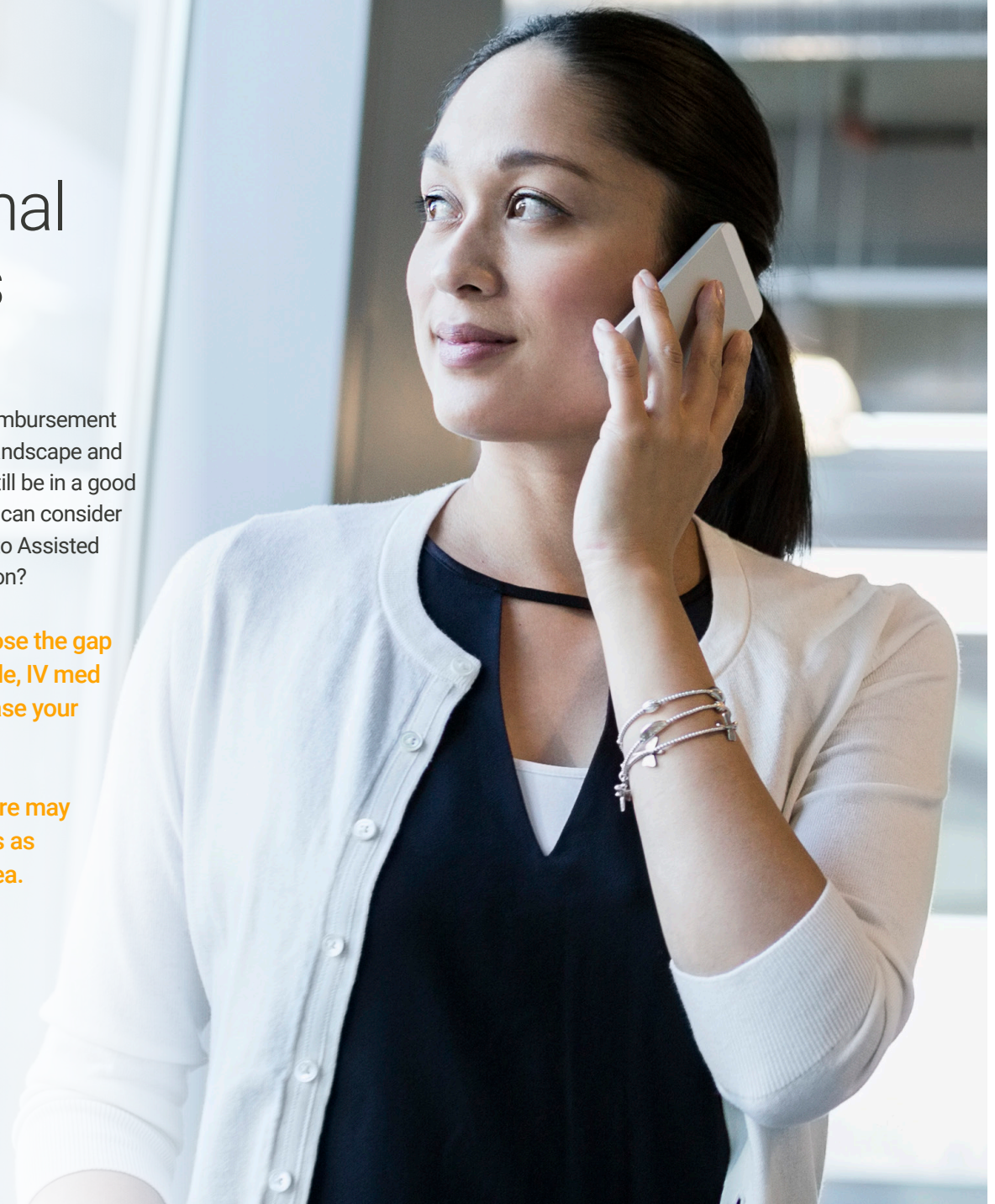
- More training?
- Process changes?
- Different tools?
- Different technology?

Examine Additional Revenue Options

Consider shifting business models to enhance reimbursement options. Moving forward, as PDPM changes the landscape and reimbursement rate adjustments occur, will you still be in a good place? Are there alternate sources of revenue you can consider such as Geriatric clinics, Skilled service provision to Assisted Livings in the area, Medicare services specialization?

Look to specialized services provisions to close the gap between occupancy and revenue. For example, IV med unit, dialysis, and behavioral units may increase your facility's revenue.

Know your network and your neighbors – there may be opportunities to improve Medicare census as consolidations and closures occur in your area.



Determine Your Resource Needs

Examine your staff and facility's resource needs.

- Does your existing staff need to be trained or retrained?
- Does your facility have proper staff to support any new services you may be offering?
- Update your facility assessment with what you have learned and how that will change your population and resource needs moving forward. The facility assessment tool is required on survey entry and should be updated at least annually, and any time changes occur in your resident population or staff and physical resources.
- What do you need to operationalize these changes across your facility or organization?



Conclusion

After analyzing the data behind the changes you've made to see what's working and what's not, you can now focus on QAPI programs to drive more revenue and greater outcomes. Easier said than done? Not if you have the right tools at your disposal. PointClickCare can help you deploy standardized, consistent, compliant assessments to get you started on the road to greater efficiency and increased revenue.



Customer Relationship Manager (CRM)

Perform pre-admission assessments to ensure your resident-mix is right for your organization, both clinically and financially.



COMS Care Insight

Easily identify gaps in documentation and determine when an Interim Payment Assessment (IPA) may be needed.



Practitioner Engagement

Empower care-team coordination by connecting physicians to resident records in real-time. Ensure diagnosis information and condition documentation is accurate and complete.



Eligibility Verification

Protect your bottom line by verifying insurance coverage before residents arrive, and continue to keep tabs on coverage during their care stay.

LET'S START OPTIMIZING!

PointClickCare®