### **PointClickCare®**

**Case Study** 

How Improving Post-Acute Transitions and Care Collaboration Reduced Readmissions



The hospital system achieved a 5% reduction in their rate of 30-day rehospitalizations from post-acute settings



After implementing
PointClickCare's PAC Network
Management solution we have
seen a 5% overall reduction in
our 30-day return to hospital
from SNF settings and
increased communication
and collaboration with our
post-acute partners, resulting
in improved transitions of care
for our patients.

Health System Assistant Director

Post-Acute Network

#### Large Integrated and Academic Health System

Known as an academic medical center with a reputation for leading-edge research, this hospital system serves millions of patients annually across several hospitals, and discharges many of them to over 300 regional skilled nursing facilities (SNFs). Faced with fragmented data across the continuum of patient care, the system recognized that improving insight into post-acute transitions would improve patient outcomes, and proactively sought a solution that would boost their collaboration with SNFs.

# The Challenge: Lack of Timely Patient and Performance Data From Post-Acute Partners

The challenges post-acute transitions and limited data collaboration posed to the hospital system were multi-faceted. First, it was difficult to discern which of the regional SNFs were returning the best outcomes. Key metrics such as readmission rates were not available in real-time. Instead, there was as much as nine months of data lag. That same data gap also clouded visibility into the results of new interventions to avoid readmissions and improve patient outcomes.

Additionally, due to lack of data interoperability between care settings, they were relying on manual workflows to obtain patient status and regular updates, as well as manage care being delivered. This was inefficient for both hospital and SNF staff and was a barrier to scaling the management of additional patients.

To solve for these combined challenges, the hospital system wanted to leverage its current electronic medical record (EMR) technology in combination with a technology platform to decrease the burden on staff and improve insights into patient care delivery. It began evaluating multiple data solutions, considering how each one might impact post-acute transitions, collaboration, and patient outcomes.

## The Solution: Real-Time Insights to Enable Collaborative Care Coordination

PointClickCare's PAC Network Management solution met all the health system's needs for comprehensive management of post-acute patients and seamless transitions of care.

With real-time patient data exchange and visibility into metrics such as length of stay, readmission risks, and individual episodes of care, the health system could design care interventions that improve those patient outcomes. The solution also provides a line of sight into the trajectory of each patient's care, from admission to the SNF through discharge into the community, supporting the health system in enabling proactive monitoring.

PAC Network Management also provides actionable data on SNF performance with in-depth performance scorecards to improve collaboration with network SNFs to contribute to building a high-quality post-acute network, supporting the health system's regular network performance evaluations.

Finally, a key deciding factor in the choice of PointClickCare's solution was the ability to electronically upload all patient clinical information directly to the SNF at admission, rather than relying on paper forms.

#### **Clinical Outcomes**

### Along with reduced readmissions, the health system:

- Has increased visibility into patient status and can proactively intervene with preventative measures, which can reduce unwanted outcomes.
- Has more information to perform root-cause analyses of readmission factors, and enact improvement tactics with SNF partners.
- Benefits from reduced workloads for care teams across their network.
- Is now better equipped to support the best practice innovation of the Bundled Payments for Care Improvement Advanced (BPCIA) goals.

"It really has helped to improve collaboration and partnership, but also transparency. Relationships are all about transparency, and this platform has given us that with the performance scorecards for our skilled nursing facilities."

Health System Assistant Director

#### About PointClickCare

PointClickCare is a leading healthcare technology platform enabling meaningful collaboration and access to real-time insights at every stage of the patient healthcare journey. More than 27,000 long-term and post-acute care providers, over 3,100 hospitals and health systems, 2,200 ambulatory clinics, every major U.S. health plan across the U.S, and over 70 state and Government agencies use PointClickCare, enabling care collaboration and value-based care delivery for millions across North America.

North America's Most Comprehensive Care Collaboration Network

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