

eBook

Empowering Nursing Teams to Deliver Optimal Care

How the full Nursing Support package connects the nursing workflow and adds real-time visibility, helping teams deliver proactive, evidence-based care within the PointClickCare EHR

Get Started

PointClickCare



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Introduction

Nursing documentation is well known for creating significant burden for clinical staff. In skilled nursing facilities, disconnected workflows and documentation gaps only add to frustration, burnout, and poor resident outcomes. One survey of post-acute and long-term care providers found that although 84% of skilled nursing facilities use an electronic health record (EHR), 57% report interoperability as a primary barrier to sharing clinical information.^[1]

With critical staffing shortages and nursing documentation consuming hours of valuable patient care time, the imperative for better technology is driving innovation in the skilled nursing space. Crucially, there are key elements that are essential to an effective documentation tool.

Understanding these elements shines light on how facilities can:



Reduce Workforce
Burden



Improve Staff
Satisfaction



Facilitate Confident
Care Decisions



Improve Resident
Outcomes

This eBook offers a comprehensive guide to these elements, as well as a breakdown of how PointClickCare's Nursing Support transforms a team's clinical workflow across the entire care cycle.

84%

skilled nursing facilities use an electronic health record (EHR)

57%

report interoperability as a primary barrier to sharing clinical information

Connected Nursing Workflows Close the Gap Between Data and Action

In every skilled nursing facility, nurses document carefully throughout the day. Assessments are completed, vital signs are recorded, wounds are measured, and progress notes are written, each entered into the electronic health record as part of a continuous account of a resident's care. Yet the early signs of a resident's decline can still go unrecognized until a condition has advanced, not because the information was never captured, but because it was captured in places that do not speak to one another.

The effects of this disconnection are familiar to every nursing leader. Workforce shortages and manual documentation stretch clinical teams thin, while narrow margins leave little room for inefficiency. Avoidable readmissions carry both a clinical and a financial cost, with research indicating that between one in five and one in four residents discharged to skilled nursing facilities return to the hospital within 30 days, many of them potentially preventable.^[2]

The Nursing Support package is designed to close documentation gaps.



Built into the PointClickCare EHR, it connects the documentation nurses already complete so that information captured at any stage of care instantly becomes available everywhere it is clinically relevant. Each product in the package delivers value on its own, but the greater return comes as they work together, representing an opportunity for organizations that already rely on part of the package today.

22%

of SNF nurses say insufficient staffing is what makes their job hardest ^[3]

46.4%

of skilled nursing facilities operate at a negative margin ^[4]

\$15,000+

estimated cost of a single avoidable readmission ^[5]

One Workflow That Spans the Entire Nursing Cycle

The work of nursing follows a familiar cycle that every clinician recognizes: **assessing the resident, identifying nursing diagnoses, planning the response, implementing care, and evaluating the result.**

Rather than introducing separate tools to support each piece of that cycle, the Nursing Support package enhances each stage within it, so that information captured at one point strengthens every stage that follows.

The package brings together four clinical products within the PointClickCare EHR, each supporting care across the cycle.

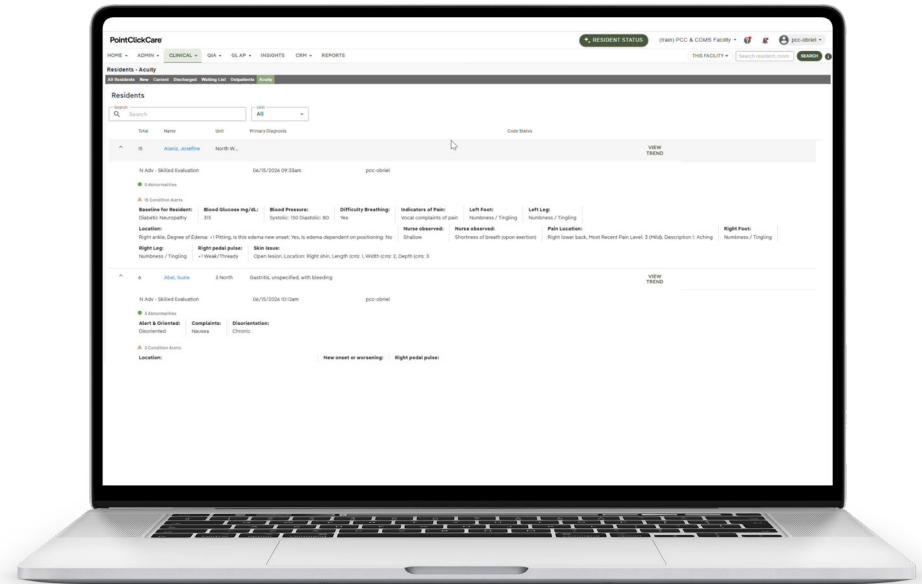
- **Nursing Advantage** delivers diagnosis-informed assessment and clinical decision support across the assess and diagnose stages, and it includes **Resident Status**, an AI capability that surfaces changes in condition and identifies residents at increased risk of rehospitalization to support the evaluate stage at the start of each shift.
- **Skin and Wound** provides fast, accurate wound documentation during the assessment, planning, implementation and re-evaluation stages.
- **Infection Prevention and Control** delivers real-time surveillance across the facility, supporting both the implement and evaluate stages.
- **eINTERACT** standardizes assessments and communication tools to identify changes in condition and reduce the need for rehospitalization.



Catch Changes in Condition Earlier

Assessment is where proactive care begins, and it is also where documentation tends to vary most from one nurse to the next. An experienced nurse caring for a resident with congestive heart failure will record respiratory effort, oxygen saturation, edema, weight trends, appetite, and activity tolerance almost by instinct, while a nurse newer to skilled nursing, through no shortcoming of their own, may capture fewer of these indicators. That variation is precisely where the early signs of decline can go unrecorded. For less experienced nursing staff, research shows that 40% of recent nursing graduates fail to recognize a patient's urgent problem.^[6]

Nursing Advantage addresses this by adapting each assessment to the resident's conditions, presenting comprehensive cardiac indicators for a resident with heart failure, detailed respiratory indicators for chronic obstructive pulmonary disease, and glucose management for diabetes. Guided in this way, the newest member of the team is led through the same thorough evaluation as the most experienced, and meaningful changes are surfaced early. Completed findings then carry forward automatically to the rest of the nursing care cycle.



Diagnosis-informed prompts ensure nothing important is missed



Standardized data capture reduces variability



Built-in guidance supports early identification of risk



Less guesswork, more confidence

Results in practice

Lifespace Communities, a network of 17 not-for-profit Continuing Care Retirement Communities across seven states, standardized its clinical documentation on **Nursing Advantage**, and Luther Manor reported near-universal assessment completion after adopting the same structured approach.



Nursing Advantage has helped reduce our readmission rates due to our better assessment skills, allowing us to take higher acuity patients and make our referral partners happy.

Shane Craycraft,
Director of Clinical Services
Health Care Management Group



Our quality measures and rehospitalization rates while utilizing Nursing Advantage, as well as our best practices, have shown a significant improvement, both with positive resident outcomes and experiences.

Angela Marino Ortiz,
Regional Director of Health and Clinical Services
Lifespace Communities

15%

increase in Five-Star Quality ratings,
Lifespace Communities ^[7]

26%

decrease in hospitalization rates,
Lifespace Communities ^[7]

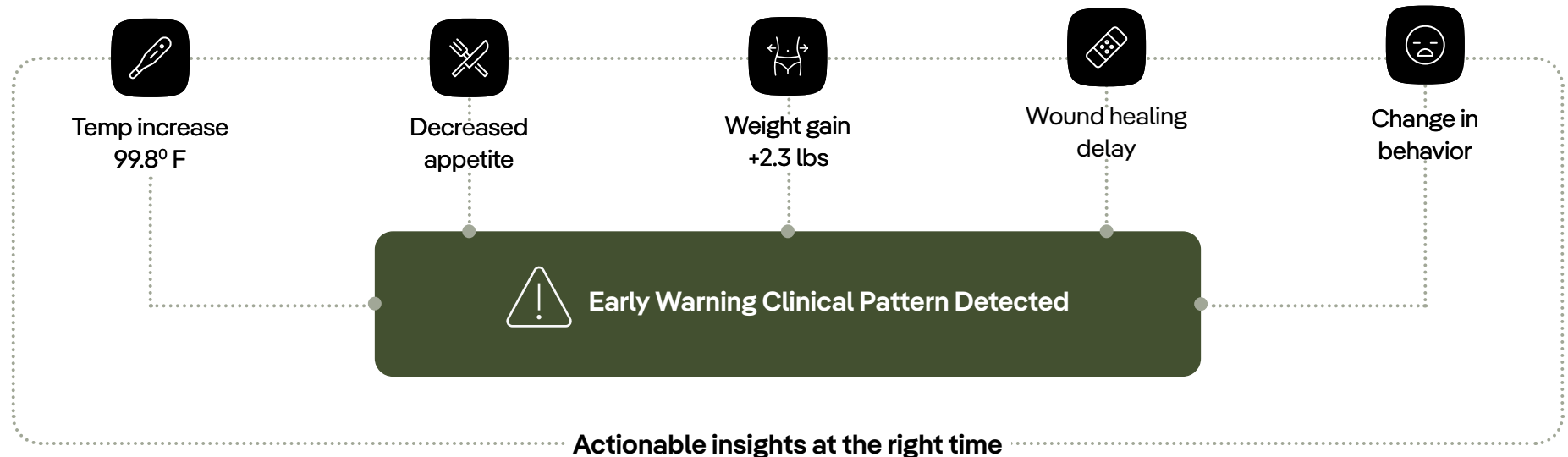
98%

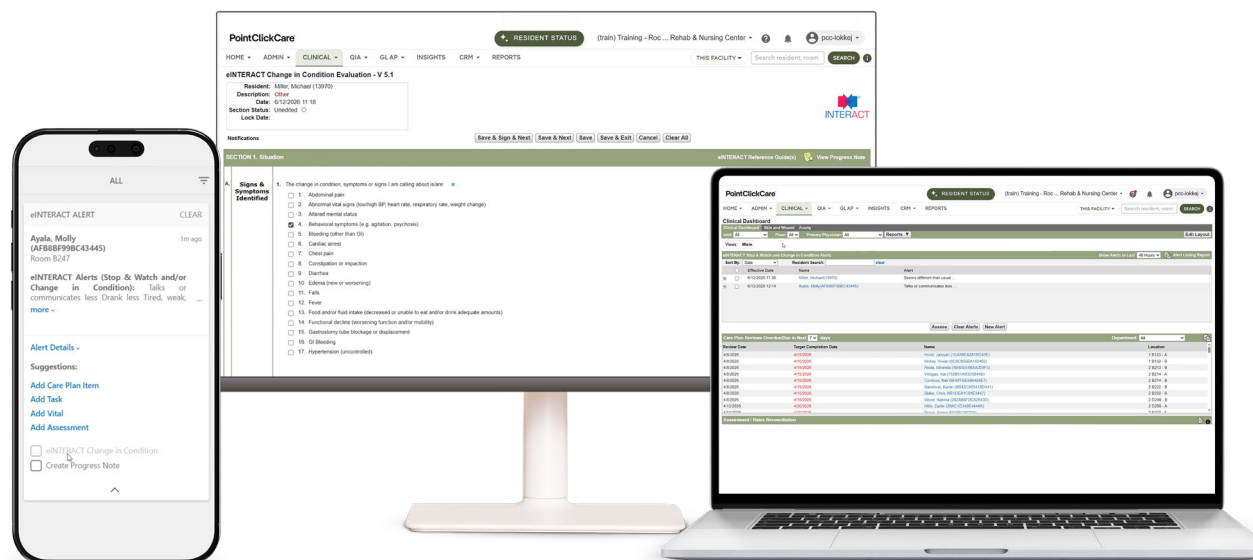
resident assessment completion
rate, Luther Manor ^[7]

Turn Scattered Signals Into One Clear Picture

Some of the most important signals in skilled nursing are easy to overlook precisely because each one seems minor on its own. Consider a resident recovering from a hip fracture who has been progressing well. Over the course of several days, appetite declines slightly at each assessment, a sacral pressure injury appears to be healing more slowly than expected, and a low-grade temperature is recorded. Reviewed in isolation, any one of these observations is easy to note and set aside.

Seen together, they form a pattern, and a connected record is what allows the team to see them together. The temperature documented during an assessment also appears on the Infection Prevention and Control dashboard, so that three separate notes resolve into a single clinical picture. When the nurse reaches the physician through **eINTERACT**, the communication arrives with the assessment trend, wound status, infection data, and current medications already assembled, allowing the conversation to begin with the decision rather than the search for information, and making earlier intervention possible.





Results in practice

Infection Prevention and Control identifies suspected cases as soon as a nurse opens them, places a precaution badge on the resident's chart, and monitors for the emerging trends that can signal an outbreak before it spreads.



Getting those precautions real-time is the key to reducing spread of infection.

Lisa Keppley, RN, NHA,

Clinical Systems Administrator | Luthercare

Give Every Nurse Confident, Consistent Judgment

Recognizing what a set of findings means is a distinct skill, and it is the one that depends most heavily on clinical experience.

Nursing Advantage narrows that dependence by guiding each nurse through a complete clinical picture, using disease-specific evaluation triggers, flags that distinguish expected from unexpected findings. It also offers structured frameworks for documenting a change in condition and indicators that identify residents at elevated risk.

Because these findings connect directly to the resident's care plan, the plan moves with the resident's condition rather than describing a moment that has already passed, and every member of the interdisciplinary team works from the same current understanding.



Objective Data

- Assessments
- Vitals
- Labels
- Wounds
- Medications



Clinical Decision Support

- Evidence-based guidance
- Expected vs not expected
- Risk indicators
- Best practice alerts



Consistent Action

- Care plans
- Interventions
- Team communication
- Follow-up

Document Once, Coordinate Across the Team

Implementation is where the cost of disconnected systems becomes most tangible. A wound is measured in one place, described again to provide context within an assessment, noted a third time as a potential source of infection, and recounted once more when the physician is briefed. Across a full shift and every resident on a unit, those repetitions accumulate into hours, and research indicates that care staff spend up to a third of their working time on documentation.^[8]

Within a connected workflow, that same wound is documented once in **Skin and Wound** and moves to wherever it is clinically needed: into the **assessment record**, into **Infection Prevention and Control** as a potential infection source, into **eINTERACT** for physician communication, and into Resident Status for risk calculation.

The information reaches each destination without re-entry, and the entire team remains coordinated around a single, current record.

What Nurses Document	Where It Automatically Appears
Assessment in Nursing Advantage	Care plans, Skin and Wound, IPC, eINTERACT, Resident Status
Wound in Skin and Wound	Nursing Advantage, IPC, eINTERACT, Resident Status
Temperature elevation	IPC surveillance dashboard
Infection case in IPC	Resident chart badge; notifications to dietary, therapy, environmental services
Escalation in eINTERACT	Auto-populates with assessment, wound, and infection data

Results in practice

Oakridge Gardens accelerated its wound documentation while maintaining full compliance, and Avamere Family of Companies connected its clinical workflows to coordinate care across facilities, while **eINTERACT** ensures that hospital partners receive complete, structured information at the moment of transfer.



eINTERACT is one form with all the information we need. Using this tool has helped us provide better information to our care partners and everything is easily accessible, which makes resident transitions much more seamless for us.

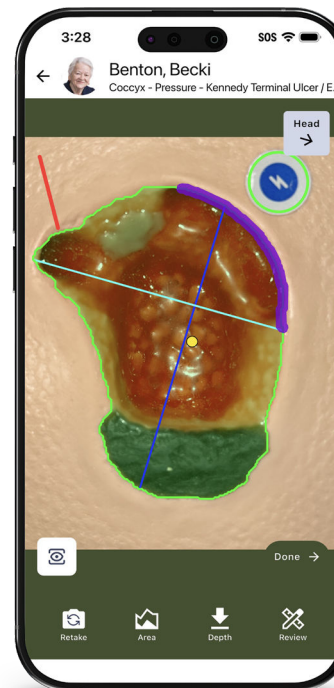
Tracie Lautenschlager,

EHR Specialist

Atrium Health and Senior Living of the Mid-West

Entered Once

Use everywhere it matters



✓ Care plan

✓ Infection Prevention

✓ eINTERACT

✓ Resident Status

25 min

to document four wounds,
Oakridge Gardens^[7]

100%

compliance with 7-Day Wound Assessment
Windows, Oakridge Gardens^[7]

55%

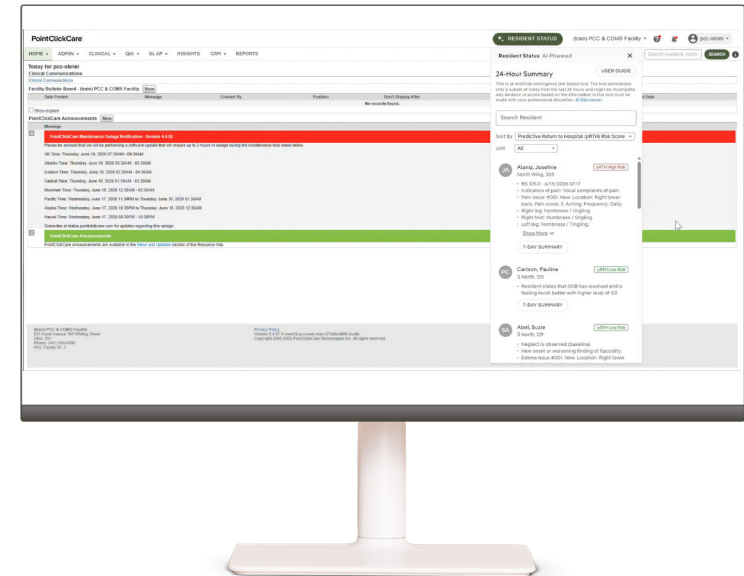
reduction in long-stay rehospitalizations,
Avamere Family of Companies^[7]

Know Who Needs Attention First, Every Shift

At the start of each shift, nurses must accurately determine which residents need attention first based on the information that is available.

Resident Status supports that judgment directly while eliminating the manual workflow of reviewing disconnected documentation.

Part of Nursing Advantage and powered by AI models working in the background, it draws on the documentation the team has already captured to surface changes. By identifying the residents whose condition is trending in the wrong direction and those at heightened risk of returning to the hospital, Resident Status informs the nurse's clinical judgment rather than substituting for it.



For an organization already using the four Nursing Support products, enabling Resident Status is the step that turns connected documentation into a view the team can act on at the start of every shift. It works in three complementary ways, refreshed twice each day so that the picture remains current:



Predictive risk scoring

weighs clinical and demographic data to group residents by their likelihood of hospitalization.



Clinical summaries

distill the chart into a concise overview, with a clear path back to the full record whenever a nurse needs the detail behind it.



Risk-based dashboards

organize residents by risk level and surface the changes that have occurred within a defined period, whether the last 24 hours, 72 hours, or week.

This comprehensive overview that combines assessment findings, wound progression, and infection indicators recognizes patterns that no single source contains.

For nurses, that translates into time returned to care: in a beta survey, more than a quarter of nurses reported saving 15 to 30 minutes each day, and a further group reported saving 30 to 60 minutes.^[7]



26%

of beta users saved 15 to 30 minutes per day ^[7]

14%

of beta users saved 30 to 60 minutes per day ^[7]

AI You Can Trust for Decision Support

A risk indicator earns its place in clinical work only when the team can trust how it was produced, and two qualities give **Resident Status** that standing. **The first is the depth of data behind it.** Resident Status draws on one of the largest long-term and post-acute datasets in North America, assembled from a broad network of senior care providers, which gives its predictions more context than a standalone tool.^[9]

The second is the way it is built and governed. Because Resident Status operates within the EHR rather than beside it, it inherits the data, the workflow, and keeps the nurse as the decision-maker by design. And because each product in the package strengthens the next, that confidence extends across the workflow rather than being established separately for every tool.



Built on Deep Clinical Data

Trained on one of the industry's largest post-acute datasets.



Embedded in Your Workflow

Insights appear in real time within the PointClickCare EHR you already use.



You're Always in Control

AI surfaces insights while you make the final decision.

Measurable Results When the Tools Work Together

Gurwin Jewish Nursing and Rehabilitation Center offers a clear illustration of what connection makes possible in a demanding setting.

A 460-bed facility caring for high-acuity residents, Gurwin nurses had been spending more than an hour each morning assembling clinical information by hand in preparation for report.

After adopting the connected workflow, with a single dashboard surfacing meaningful changes and prioritizing high-risk residents, the facility saw measurable improvement across both efficiency and compliance.^[10]



PointClickCare is data-driven and operational. The moment I saw the Nursing Support dashboard, I knew it was going to change things. It cut my morning prep by more than 80%, gave us real-time visibility into care plans, and helped us achieve our first survey with zero care plan citations. Everything is right there. It makes your life so much easier and allows you to lead proactively instead of reactively.

Lynette Rutherford,

Chief Nursing Officer

Gurwin Jewish Nursing and Rehabilitation Center

83%

reduction in morning
preparation time ^[10]

0

care plan violations on first survey
after implementation ^[10]

25-40 min

saved daily on wound
documentation ^[10]

Empower Your Team to Work at the Top of Their License

Nurses entered their profession to care for people, not to enter the same information repeatedly or to search for patterns across disconnected screens. **The Nursing Support package does not change the work of nursing; it returns more of the day to doing it.**

The most direct way to evaluate what that could mean for your organization is to see the connected workflow in practice, from a first assessment through a shift that begins with priorities already clear.



Connected
Workflows



AI-Powered
Insights



Time
Savings



Better Care
Outcomes

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PointClickCare is a leading health tech company with one simple mission: to help providers deliver exceptional care. With the largest long-term and post-acute care dataset, we power AI-driven healthcare to deliver intelligent transitions, insightful interventions, and improved financial performance. Enhanced by our Marketplace of 400+ integrated partners and trusted by over 30,000 provider organizations and every major U.S. health plan, we're redefining healthcare, so it doesn't just survive — it thrives.

See the full Nursing Support package in a guided demo.

[Request a Demo >](#)

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