21st CENTURY LEADERSHIP
HOW TODAY’S LEADERS ARE CHANGING & USING TECHNOLOGY TO MANAGE THE GREAT CHALLENGES OR RED SHIFTS OF OUR TIME.

Presented by
Pathway Health Services
Providing pathways to excellence in health care

ePath
About Speaker.

Dan Billings is the Director of Health Information Technology for Pathway Health Services. He directs a large, nationwide team of consultants that assist with the configuration, training, data entry, and optimization of EHR. (Electronic Health Record)

Dan has had a long career in health care. He has served as a Directing of Nursing in Long Term Care. He worked as a State Surveyor to all provider types. Dan has worked as a nurse in long term care, home care, and acute care. Dan has been a consultant on regulatory, clinical, EHR, and health care technology. He has taught in 40 states in hundreds of facilities across the country. He has consulted for the Mayo Clinic and countless facilities and corporate groups. He is currently working with CMS on a EHR education project for surveyors. He has spoken on EHR & Health Care Technology around the country.

(218) 349-4272 -Cell   (651) 407-8699 -Corporate Office
daniel.billings@pathwayhealth.com
RED SHIFTS AND LONG TERM-POST ACUTE CARE

RED SHIFT: CULTURE CHANGE

DRAMATIC CHANGES IN PHYSICAL ENVIRONMENT
- FROM “INSTITUTION LIKE” to “HOME LIKE” TO “RESORT LIKE”
- Plush current interior design with carpet, tile, wall coverings, furniture.
- Large media and kitchenette equipped private rooms with private bathrooms.
- Multiple Activity/Recreation Rooms: Spas, Theatres, Libraries, Games Rooms, Ice Cream Parlors, Gift Shops, Computer Rooms etc.
- Professional well equipped gyms, therapy area.

DEDICATED and DECENTRALIZED STAFF
- Small “Neighborhood Units” or even smaller “Household Units”
- Permanent staff that work as a team to care for residents in the Neighborhood or House Hold.
- Decentralized leadership/direct care giver empowerment. Direct care givers doing self scheduling, involved directly in Care Planning, Performance Improvement.

FLEXIBLE SHEDULES
- Rising at will
- Dine at will, restaurant like service and well stocked self vending areas.
- Flexible, resident driven medication pass
- Resident driven bathing schedules
- Varied activities available 24 hours, 7 days a week.
DEFINING CULTURE CHANGE

‘Culture change’ is the common name given to the national movement for the transformation of older adult services, based on person-directed values and practices where the voices of elders and those working with them are considered and respected. Core person-directed values are choice, dignity, respect, self-determination and purposeful living.

Culture change transformation supports the creation of both long and short-term living environments as well as community-based settings where both older adults and their caregivers are able to express choice and practice self-determination in meaningful ways at every level of daily life.

Culture change transformation may require changes in organization practices, physical environments, relationships at all levels and workforce models – leading to better outcomes for consumers and direct care workers without inflicting detrimental costs on providers.”

Pioneer Network http://www.pioneernetwork.org/CultureChange/Whatis/
RED SHIFTS AND LONG TERM-POST ACUTE CARE

RED SHIFT: SHIFT TO QUALITY

- **ACOs (ACCOUNTABLE CARE ORGANIZATIONS) AND OTHER CONSOLIDATIONS, MERGERS OF PROVIDERS.**
  - Across the country providers are using new structures created by the ACA (Affordable Care Act) to organize themselves into groups. Using new payment methods, EHR, and shared governance, to coordinate care between settings.

- **REHOSPITALIZATION**
  - Beginning October 1\(^{st}\), 2012, acute care will lose portion of Medicare payment for patients rehospitalized within 30 days with CHF, Pneumonia, or MI. (with some exceptions, esp. MI)
  - Will lead to dramatic shift of higher acuity residents to SNFs. Acute CHF, Acute Pneumonia, complex cardiac needs.
ACO FACTS

3 FOLD GOAL of ACOs

1. Better Care For Local Populations (geographic or disease specific groups)
2. Better Care For Individuals
3. Reduced Costs While Delivering Better Care

INCREASED COORDINATION OF CARE

- Goal To Eliminate Unnecessary Care.
  - Duplication of care, tests, medications etc.
  - Care does not match individuals goals
  - Traveling, shared care plan.
  - Accountable Case Managers
Need comprehensive Rehospitalization Prevention Program and EHR system to demonstrate to hospitals, physician groups, and CMS, that your facility is capable of preventing rehospitalization, able to integrate/coordinate via EHR with others in group. EHR will also generate rehospitalization statistics that will be required.

Savings from generated by ACOs are to be divided amongst different providers. Some members may be more serving of shared savings than others. Issues of fairness will be common. Need to be willing to participate in a shared governance situation. Will be delicate balance of giving up some control to group while still advocating for interests of your staff, residents, building. Likely groups will tend to be dominated by a hospital and/or physician group.

Higher Acuity Residents in SNFs. Will require new technology and new level of nursing skills, more traditionally associated with hospitals.

Will need nursing skills, staff training, policies/procedures, and EHR technology to recognize changes in resident condition early and intervene quickly to prevent rehospitalization.

Will need Physicians and/or Mid-levels (NP, PA) on staff and onsite or available via telemedicine to manage care at hour by hour basis for higher acuity residents.
21st Century Leadership Characteristics

FORTITUDE

INSPIRATION

INTERDISCIPLINARY

AWARE

NETWORKED
FORTITUDE

- Todays leaders will need to look at change and challenge in the face and forge ahead. They will need to be patient with themselves and those around them. The speed of change is amazing. They must accept mistakes, and be able release the inevitable stress that comes from setbacks. They must be strong, setting and enforcing the expectations that will build and sustain the facility's vision and mission.

- Do you accept mistakes? Do you stall out or keep going when obstacles or change present themselves?
- What are your stress releasers? Have you designed stress relief into your and your staffs daily routine?
- Are you enforcing the expectations that will make your vision and mission possible?
The ultimate measure of a man is not where he stands in moments of comfort, but where he stands at times of challenge and controversy.
- Martin Luther King, Jr.

What you cannot enforce Do not command.
- Sophocles

Difficulties mastered are opportunities won.
— Winston Churchill
In the 21st century we must lead our staff through the fear, anger, deliberation, and excitement of constant change. We must be strong, yet positive, able to move a crowd away from pessimism and feelings of powerlessness, towards feelings of empowerment, and pride.

- How do you empower, instill pride in your staff?
- How do you help them see light at end of tunnel? Do they know the mission, the vision?
- Do they know what makes your building unique?
Leadership: The art of getting someone else to do something you want done because he wants to do it.
-Dwight D. Eisenhower

A leader’s role is to raise people’s aspirations for what they can become and to release their energies so they will try to get there. — David R. Gergen

If your actions inspire others to dream more, learn more, do more and become more, you are a leader.
-John Quincy Adams
Like never before, with the challenges of constant competition, increased acuity, and the expectations to prevent rehospitalization, today’s leaders must have near real time awareness of resident condition, resident and staff satisfaction, and staff work progress.

- Do you have a system to be aware of subtle changes in resident condition?
- Do you feel confident you can prevent rehospitalization with staff, polices and procedures, and technology you currently have in place?
- Do you regularly measure staff and resident satisfaction?
- Can you easily know if staff are getting their work done?
THOUGHTS ON AWARENESS

A leader is one who sees more than others see, who sees farther than others see, and who sees before others see.

— Leroy Eimes

A leader is one who knows the way, goes the way, and shows the way.

— John C. Maxwell
In the age of ACOs and prevention of rehospitalization, acuity will be even higher than in the past. We will caring for acute CHF, acute Pneumonia rather than hospitalizing. There will be a demand for a higher level of medical care, for highly skilled nursing care. Today's leaders need daily input from physicians, skilled nurses, direct care staff, pharmacists, social service, therapeutic recreational, and dietary professionals. Communication between disciplines will need to be near real-time. Ability to quickly yet thoroughly assess, change care plan, and communicate those changes quickly to staff on floor will be vital. Recognizing early, subtle changes in condition will be expected.

What systems do you have to get IDT input? How often does that team meet to solve concerns for high risk residents?

How do departments share, send data to each other?

How do you communicate changes to staff to ensure needed care is provided as expected? How does the care plan come alive?
Leaders need to know and network with their peers, or they will find themselves and their facilities on the outside looking in. As groups of providers form, they will be left out.

Networking is learning.
Networking is gathering partners.
Networking is spreading the word.

- Things are changing fast, groups are forming across the country, is your facility in the mix? Are you & your career in the mix?
- Do you have the staff skills, technology, policies, and procedures to compete?
- Do you have the expertise at the corporate or building level to move forward in the world of ACOs and health care reform?
EHR USED TO BE JUST A WAY TO DOCUMENT CARE ON A ELECTRONIC SCREEN RATHER THAN ON PAPER.

EHR HAS NOW BECOME ELECTRONIC HEALTHCARE OPERATIONS. IT IS WHERE AND HOW WE DO NEARLY EVERYTHING IN HEALTHCARE. IT ALSO GIVES US AMAZING NEW ABILITIES WE NEVER HAD BEFORE.
The sea of documentation that sits on paper is now electronic. Now all that data, documented everyday, is Accessible, Sortable, and Reportable.

- Reports! Can get a list of nearly anything!
  - “Computer show me a list of…
    - All residents rehospitalized in last 6 months and reason for rehospitalization
    - All residents that are full code
    - All residents with diagnosis of CHF
    - All residents that are on antipsychotics
    - All residents with infections in last 30 days
    - All residents up to date with influenza vaccination

The data needed to demonstrate to ACOs, survey, etc. that your facility has systems in place to prevent negative outcome and generate the rehospitalization and other statistics to support those assertions.
BENEFITS OF EHR

CLINICAL DECISION SUPPORT & IMPROVED COMMUNICATION

- Management alerted to changes in resident condition from staff and from computer that is watching data.
- Staff alerted from management about new interventions, other high risk alerts.
- See up to date trends in vital signs, weight, blood sugar, oxygen saturation.
- Trigger care plans, interventions based on diagnosis.
- Trigger kardex/CNA care plan to flow directly to CNA on floor.
- Trigger SBAR or other diagnosis specific assessments based on certain diagnosis other risk factors.
FACILITATE CULTURE CHANGE

REDUCED NEED FOR INSTITUTIONAL ENVIRONMENT
Tablet, kiosk based, and “rolling nursing desk” portable documentation systems can eliminate need for traditional nursing stations. Reduces or eliminates the paper, 3-ring binders, storage of paper/charts making it easier for staff to work where residents live, rather than residents living where staff work.

FLEXIBLE MEDICATION PASS
Use eMAR with a culture change configuration to create flexible medication passes. Schedule meds, where applicable, q AM, q Midday, and q PM rather than at specific times.

FLEXIBLE SCHEDULES
Easily individualize schedules for meals, bathing, other activities using electronic scheduling of tasks on Point of Care/ Kiosk systems.
BENEFITS OF EHR

INCREASED STAFF TIME

- **Rolling Nursing Stations** Pass meds, document, send messages to other staff, pharmacy, etc. all from rolling cart or via tablet or kiosk computer. Eliminate constant walking back to the nurses desk to get work done.

- **Sharing of Chart** All staff can be in same Resident Chart at Same Time. No time wasted looking for chart, waiting for chart.

- **Ease of Documentation**. Point and Click. Much of the data auto-populates to forms. Never run out of forms, pens.

- **Instant Data Search** vs. slow crawl through paper. Can generate data for QA in seconds vs. days/weeks of coming through charts.

- **Efficient Electronic Scheduling of Tasks**. Much easier to divide tasks, assign tasks to different staff, shifts etc.

- **Facilitate Culture Change**. Easier to spread tasks out vs. all at one time. ex. Rise at will vs. all up for breakfast by 8:00 AM

- **Eliminate Whole Processes Required in Paper World**
  - End of month MAR Changeover
  - Written MDS Scheduling
  - Hours of writing Progress Notes and Care Plans from scratch. Can now use triggered Care Plans and Progress Notes
OTHER BENEFITS OF EHR

FACILITATE HEALTH INFORMATION EXCHANGE

- Send data directly between SNF, Hospital, Pharmacy, physicians clinic, ALF, Home Care, Hospice.
  - Resident Demographics/Contacts
  - Allergies
  - Medical Diagnosis, Problem List
  - Medication List
  - Laboratory/Diagnostic Test Results
  - Shared Care Plan Followed and Added to by All Providers
  - Physicians can be given remote access to view chart from afar.

* NOTE: These capabilities are in various stages of availability depending on software, equipment, and coordination amongst facilities in various locales.
TRENDING INCIDENTS IN EHR

Summary
- Number of Active Incidents: 43
- Show Historical view for last: One Month

Reports
- Incident Analysis

Incident Type Graph for last:

- # of Incidents

Incident Trending Chart for last 6 months
ELECTRONIC INCIDENT REPORTS, ONCE OPENED, CAN TRIGGER STAFF TO COMPLETE THE PROGRESS NOTE AND THE ASSESSMENT THAT WOULD GOALONG WITH INCIDENT REPORT. BELOW, ACT OF OPENING FALL INCIDENT REPORT TRIGGERS POST FALL ASSESSMENT AND PROGRESS NOTE. WAITING TO BE COMPLETED WITHIN INCIDENT REPORT. AS LEADERSHIP REVIEWS INCIDENT REPORT LATER, WILL BE ABLE TO VIEW POST INCIDENT ASSESSMENT AND PROGRESS NOTE THAT GOES WITH INCIDENT REPORT.
Every EHR has multiple defined reports that allow staff to search the sea of data and pull out meaningful information to support quality. Report below allows user to identify all residents in building that did not receive influenza vaccination.
This EHR defined report allows users to ask the computer to list all the residents that have had Urinary Tract Infection (UTI) that was acquired in the facility. Real quality data at the push of a button.

<table>
<thead>
<tr>
<th>Diagnosis Report Setup</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Resident Number:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Resident:</strong></td>
<td>Leave blank for all residents</td>
</tr>
<tr>
<td><strong>Primary Physician</strong></td>
<td>All</td>
</tr>
<tr>
<td><strong>Status:</strong></td>
<td>Current</td>
</tr>
<tr>
<td><strong>Unit</strong></td>
<td>All</td>
</tr>
<tr>
<td><strong>Floor</strong></td>
<td>All</td>
</tr>
<tr>
<td><strong>Include these ICD Codes</strong></td>
<td>Change</td>
</tr>
<tr>
<td>599.0: URINARY TRACT INFECTION SITE NOT SPECIFIED</td>
<td></td>
</tr>
<tr>
<td><strong>Rank</strong></td>
<td>All</td>
</tr>
<tr>
<td><strong>Classification</strong></td>
<td>During Stay</td>
</tr>
</tbody>
</table>
Facilities, by law, own the data that is stored in their EHR. Some EHR vendors provide “raw data” feeds in easily accessible format. This is called a replicated data base or “RDB.”

Facilities can create any report they want. Measure any clinical, administrative, or financial data that is being inputted into the system.

This allows for rapid PIP (Performance Improvement Plans) to be put into place.
THE ELECTRONIC DASHBOARD

- Immediate Awareness!
- Improved Communication!
- Recognition of Changes in Condition!

› Alerts From Floor Staff, CNA
  • ex. “BE AWARE: Resident not her self, tired, feet swollen. Please assess”

› Alerts Sent From Management To Staff About Risky Situations, New Interventions.
  • ex. NEW INTERVENTION: Assist Bob Peterson to toilet every 2 hours beginning today.
  • ex. NEW INTERVENTION: Martha Rivers starting on nectar thickened liquids today.
<table>
<thead>
<tr>
<th>Effective Date</th>
<th>Name</th>
<th>Alert</th>
</tr>
</thead>
<tbody>
<tr>
<td>8/12/2012 18:29</td>
<td>Wayne, John (389645)</td>
<td>Found new reddened area on L) heal. PLEASE ASSESS.</td>
</tr>
<tr>
<td>8/12/2012 18:28</td>
<td>Bear, Yoc (5026)</td>
<td>NEW PAIN REPORTED; CNA documented new pain with dressing today. PLEASE ASSE... more</td>
</tr>
<tr>
<td>8/12/2012 18:25</td>
<td>Flowers, Ramona (1112)</td>
<td>CHANGE IN CONDITION ? Resident is not eating well. Data show that... more</td>
</tr>
<tr>
<td>8/12/2012 18:24</td>
<td>boop betty (1552)</td>
<td>NEW ADMISSION. Be aware this resident is high risk for elopement</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date</th>
<th>Name</th>
<th>Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>8/12/2012</td>
<td>Carlson, Phyllis (5014)</td>
<td>NEW BRUISE</td>
</tr>
<tr>
<td>8/12/2012</td>
<td>Adams, Marisha (5024)</td>
<td>Infection Note</td>
</tr>
</tbody>
</table>
DASHBOARD WINDOW FOR MEDICATION PASS SHOWS IN REAL TIME HOW MANY MEDS OR TREATMENTS HAVE BEEN GIVEN OUT OF A PARTICULAR MEDICATION OR TREATMENT CART OF TOTAL DUE FROM THAT CART FOR SHIFT. REAL TIME DATA ON HOW FAR STAFF ARE THROUGH MEDICATION/TREATMENT PASS. LEADERSHIP AWARENESS!!

<table>
<thead>
<tr>
<th>Record</th>
<th>Shift</th>
<th>Assignment (Group)</th>
<th>Status</th>
<th>Tasks</th>
</tr>
</thead>
<tbody>
<tr>
<td>MAR</td>
<td>Day Shift (Sun)</td>
<td>Agave (Med Carts)</td>
<td></td>
<td>(142 of 143)</td>
</tr>
<tr>
<td>MAR</td>
<td>Evening Shift (Sun)</td>
<td>Agave (Med Carts)</td>
<td></td>
<td>(78 of 80)</td>
</tr>
<tr>
<td>MAR</td>
<td>Night Shift (Sun)</td>
<td>Agave (Med Carts)</td>
<td></td>
<td>(3 of 12)</td>
</tr>
<tr>
<td>TAR</td>
<td>Day Shift (Sun)</td>
<td>Agave (Treatment Carts)</td>
<td></td>
<td>(12 of 12)</td>
</tr>
<tr>
<td>TAR</td>
<td>Evening Shift (Sun)</td>
<td>Agave (Treatment Carts)</td>
<td></td>
<td>(10 of 10)</td>
</tr>
<tr>
<td>TAR</td>
<td>Night Shift (Sun)</td>
<td>Agave (Treatment Carts)</td>
<td></td>
<td>(6 of 6)</td>
</tr>
</tbody>
</table>

### Physician Orders On Hold > 30 Days or Requiring Reassessment

<table>
<thead>
<tr>
<th>Name</th>
<th># On Hold &gt; 30 Days</th>
<th># Requiring Reassessment</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

### Physician’s Orders in Last 2 days Unverified Orders

<table>
<thead>
<tr>
<th>Revision Date</th>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>8/12/2012</td>
<td>Ervin, Gary (000755)</td>
</tr>
<tr>
<td>8/12/2012</td>
<td>Domsky, Charlotte (000734)</td>
</tr>
<tr>
<td>8/12/2012</td>
<td>Esparza, Mercedes (000760)</td>
</tr>
<tr>
<td>8/12/2012</td>
<td>Trice, Harvey (000765)</td>
</tr>
<tr>
<td>8/12/2012</td>
<td>Keck, Mary (000763)</td>
</tr>
<tr>
<td>8/12/2012</td>
<td>Goldsmith, Mary (000759)</td>
</tr>
<tr>
<td>8/12/2012</td>
<td>Shames, Ira (000716)</td>
</tr>
<tr>
<td>8/12/2012</td>
<td>Nelson, Gladys (000427)</td>
</tr>
</tbody>
</table>
USE EHR TO MONITOR AT RISK RESIDENTS IN NEAR REAL TIME. IN THIS EXAMPLE, FROM ONE SCREEN, CAN SEE ALL RESIDENTS THAT HAVE SIGNIFICANT CHANGES IN THEIR WEIGHTS AND VITALS. IF DATA IS BEING INPUTTED INTO EHR, CAN BE PULLED OUT IN DASHBOARDS LIKE THIS ONE TO PUT IMPORTANT INFORMATION IN FRONT OF THE EYES OF FACILITY LEADERSHIP.

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### Weights and Vitals Portal

Portal shows exceptions for the last month

| Location: Unit: All Floor: All |

#### Weights

<table>
<thead>
<tr>
<th>Clear</th>
<th>Name</th>
<th>Effective Date</th>
<th>Description</th>
</tr>
</thead>
</table>
|       | Kuhn, Jasper (3456) | 3/10/2013       | +5.0% change over 30 day(s) [33.3%, 50.0%]  
+7.5% change over 90 day(s) [33.3%, 50.0%]  
+10.0% change over 180 day(s) [33.3%, 50.0%] |
|       | Smith, James (737622) | 3/7/2013        | -7.0% change over 90 day(s) [41.0%, 90.0%]  
-10.0% change over 180 day(s) [41.9%, 90.0%] |

#### Blood Pressure

<table>
<thead>
<tr>
<th>Clear</th>
<th>Name</th>
<th>Effective Date</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Essie, Jasper (ESK001)</td>
<td>3/21/2013</td>
<td>-10.0% change from baseline value [10.0%, 8.0%]</td>
</tr>
<tr>
<td></td>
<td>Frantz, Judr (012345)</td>
<td>3/26/2013</td>
<td>-10.0% change from baseline value [37.5%, 30.0%]</td>
</tr>
<tr>
<td></td>
<td>Van, Lee (115089)</td>
<td>3/26/2013</td>
<td>+10.0% change from baseline value [14.3%, 10.0%]</td>
</tr>
</tbody>
</table>

#### Temperature

<table>
<thead>
<tr>
<th>Clear</th>
<th>Name</th>
<th>Effective Date</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>No exceptions in last month.</td>
<td></td>
</tr>
</tbody>
</table>
CUSTOM PROGRESS NOTE LAYOUTS OR TEMPLATES CAN BE CREATED. STAFF CAN BE CUED TO INCLUDE APPROPRIATE CONTENT FOR NOTES ON COVERING CERTAIN SUBJECTS, LIKE NOTE ON INFECTION BELOW. NOTES CAN BE SENT TO A ELECTRONIC 24 HOUR BOARD, AND TO THE PHYSICIAN.

AS STAFF ARE CHARTING BY SUBJECT, ex, INFECTION NOTE, CAN ASK COMPUTER TO RUN REPORT THAT WOULD SHOW ALL NOTES WRITTEN ABOUT INFECTION IN LAST 30 DAYS. GREATLY ENHANCE INFECTION CONTROL SYSTEM. RUN SIMILAR REPORTS FOR ALL NOTES ABOUT WOUNDS, BEHAVIORS, FALLS TO BETTER ANALYZE HIGH RISK EVENTS AND MONITOR STAFF DOCUMENTATION ON THESE EVENTS.
AS ASSESSMENTS ARE BUILT, TRIGGERS CAN BE SET UP. IF STAFF ANSWERS QUESTIONS IN A CERTAIN WAY, THEN ASSESSMENT CAN TRIGGER CARE PLANS, TASKS TO SHOW UP ON KIOSK, TRIGGER OTHER ASSESSMENTS, OR TRIGGER ALERTS TO STAFF.

COULD TRIGGER INTERACT II/SBAR TYPE ASSESSMENTS, DIAGNOSIS SPECIFIC ASSESSMENTS BASED ON DATA ENTERED IN ADMISSION ASSESSMENT. ALSO TRIGGER ADMISSION CARE PLAN FROM ADMISSION AND OTHER ASSESSMENTS.
IN EXAMPLE BELOW SAFETY SECTION OF THE ADMISSION ASSESSMENT HAS BEEN SET TO TRIGGER FALL CARE PLAN, FALL RISK ASSESSMENT, AND FALL ALARM CHECK KISOKS BASED TASK FOR CNAS BASED ON ADMISSION ASSESSMENT INDICATING RESIDENT HAS HISTORY OF FALLS.

<table>
<thead>
<tr>
<th>Section: Cust_M. Mobility/Safety.</th>
<th>Cust_M_43_k. Has the resident had history of falls?</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Corporate</th>
<th>Skilled Nursing Facility</th>
<th>Fountains of Life: A Billings Care Center (pdytrain)</th>
</tr>
</thead>
</table>

Sort By: Trigger Type Scope

Triggers for Response: 2. 1 or more falls in last week

### Care Plan Triggers

<table>
<thead>
<tr>
<th>Trigger Type</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Focus</td>
<td>Resident is at risk for falls as evidenced by actual falls / potential for falls / impaired balance / impaired gait / impaired judgement /</td>
</tr>
</tbody>
</table>

### Task Triggers

<table>
<thead>
<tr>
<th>Description</th>
<th>Associated Focus</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHECK ALARM IN BED AND CHAIR Q SHIFT</td>
<td></td>
</tr>
</tbody>
</table>

### Assessment Schedule Triggers

<table>
<thead>
<tr>
<th>Description</th>
<th>Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identified Fall Risk</td>
<td>PCC Fall Risk Assessment</td>
</tr>
</tbody>
</table>

### High Risk Alert Triggers

<table>
<thead>
<tr>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>NEW ADMISSION: ALERT! At risk for falls, recent hx. of falls in last week.</td>
</tr>
</tbody>
</table>
CARE PLANS CAN BE BUILT FROM ITEMS TRIGGERED BY MDS, INCIDENT REPORTS, OR OTHER ASSESSMENTS. CARE PLANS CAN ALSO BE PULLED OUT OF CARE PLAN LIBRARIES, BUILT FROM SCRATCH, OR ANY COMBINATION OF THE ABOVE.
KARDEX CAN BE PRINTED OR FLOW TO KIOSK SCREEN FOR CNAS. FLOWS DIRECTLY FROM RESIDENTS ACTUAL CAREPLAN. AS STAFF BUILD CARE PLAN THEY ARE ALSO BUILDING KARDEX FOR CNAS. CAREPLAN AND KARDEX ALWAYS MATCH! GETTING CARE PLAN OUT TO DIRECT GIVERS!
TASKS CAN APPEAR ON KISOK FOR CNA ASKING ABOUT SUBTLE CHANGES IN RESIDENT CONDITION. ALERTS SENT TO DASHBOARD IF CNA DOCUMENTS ANY SUCH CHANGES. RECOGNIZING CHANGES IN RESIDENT CONDITION EARLY! ONE OF THE TOOLS TO PREVENT REHOSPITALIZATION.
QAPI

- Quality Assurance Performance Improvement
  - 2013 Focus Issue for CMS
    - Identifying actual issues based on Quality data and the actual concern of residents, family, and staff
    - Creating measurable, doable Plan
    - Collecting data
    - Analysis of Data
    - Altering Plan as Needed
    - Repeat

- EHR allows you to utilize a tool that organizes your efforts, organize & analyze that data.
- Professionalize your Quality Program!!!
Screen below shows how facility can create a Performance Indicator in their system. They define why data being collected, methods to collect data, how often collected. Once performance indicators are created, facility can enter monthly data in.
PERFORMANCE INDICATORS CAN BE SET UP IN ELECTRONIC QUALITY ASSURANCE/PERFORMANCE IMPROVEMENT MODULES. DATA ENTERED MONTHLY. DATA CAN BE ANALYZED, GRAPHED OUT.
The screen below outlines falls on a particular unit over the past 14 months. The bar graph shows mean falls, and a goal threshold of 10 per month set by facility. If facility has occurrence of falls greater than threshold, system will generate an expectation on exception report. QAPI teams focus on variances or exceptions that occur as they review data each time they meet.
SOME EHRS ALLOW A WEB LINK TO BE ADDED TO SOFTWARE. WHILE IN CHART, STAFF CAN CLICK ON THIS WEB LINK TO GO TO FACILITY/CORPORATE INTRANET. POTENTIALLY, ALL POLICIES AND PROCEDURES, OTHER VITAL INFO CAN BE ONE CLICK AWAY FOR STAFF.
BEYOND COMPREHENSIVE EHR

These additional software tools can enhance today’s leaders' ability to know what is going on in their buildings, identify high risk residents or staff practices, and prevent rehospitalization. They do not replace the main, comprehensive EHR system, but rather add new capabilities.

- **PATIENT MONITORING TOOLS** (Ex: GrandCare, WellAware) Use sensors to monitor resident patterns such as sleep, bathroom visits, other patterns. Software analyzes patterns. When a resident’s normal, everyday pattern changes, often it is a sign of early stages of acute illness or exacerbation of chronic illness. Real time awareness tool to recognize changes and prevent rehospitalization.

- **ADVANCED ASSESSMENT TOOLS** (Ex: COMS) Based on resident’s diagnosis, COMS system will suggest resident data to monitor (vitals, lung sounds, etc.) As data entered, COMS will look for unexpected results. If unexpected results found, COMS will generate list of research-based interventions to put in place. System is used to identify changes in condition early, intervene, and prevent rehospitalization.

- **RESIDENT/STAFF SATISFACTION TOOLS** (Ex: My InnerView) Tool used to measure staff and resident satisfaction. What the customer really thinks is driving survey and driving customer decision making.
Resident Monitoring Software. Collect data on resident patterns. Identify changes from normal baselines for sleep, toileting, other ADL activities. Identify onset of illness early or high risk situations early. Software trends resident movements, vital signs, etc.
Resident Monitoring Software. Collect data on resident patterns. Identify changes from normal baselines for sleep, toileting, other ADL activities. Identify onset of illness early or high risk situations early. Software trends resident movements, vital signs, etc.

**Sensors**

**Available Sensors & Devices**

The GrandCare System uses a variety of non-invasive, wireless sensors to accurately monitor the daily activities, vitals and wellness of a resident, without impeding lifestyle, privacy, or negatively affecting the aesthetics of the home. Sensors can be added on at any time, allowing the GrandCare System to grow with changing needs.

- Activity Sensors
- Telehealth Devices
- Medication Management
- Smart Home
QUESTIONS ???
THANK YOU for ATTENDING
BECAUSE NOBODY WANTS SOME IT GUY WHO DOESN’T KNOW WHO THEY ARE AND DOESN'T KNOW LONG TERM CARE!

- WE KNOW LONG TERM POST ACUTE CARE AND WE KNOW EHR LIKE NO ONE ELSE!

- WE COME ONISTE TO YOU OR PROVIDED CLASSES/ASSITNCE VIA WEBINAR. WE PROVIDE TRAINING, CONFIGURATION, AND OPTIMIZATION ASSISTANCE FOR EHR IN ALL 50 STATES.

(218) 349-4272 -Cell  (651) 407-8699-Corporate Office
daniel.billings@pathwayhealth.com
Other Sources

- Accountable Care Facts.org Web Site
  http://www.accountablecarefacts.org/?gclid=CJrl3Z6E4LECFQfCKgodFyAAxw

- AMERICAN MEDICAL ASSOCIATEIATION WEB SITE

- Kaiser Family Foundation 2012 Health Care Cost Primer
  http://www.kff.org/insurance/upload/7670-03.pdf

- HealthCare.gov
  http://www.healthcare.gov/law/index.html
INCREASED STAFF TIME

- **Rolling Nursing Stations.** Pass meds, document, send messages to other staff, pharmacy, etc. all from rolling cart or via tablet or kiosk computer. Eliminate constant walking back to the nurses desk to get work done.

- **Sharing of Chart.** All staff can be in same Resident Chart at Same Time. No time wasted looking for chart, waiting for chart.

- **Ease of Documentation.** Point and Click. Much of the data populates to forms. Never run out of forms, pens.

- **Instant Data Search** vs. slow crawl through paper. Can generate data for QA in seconds vs. days/weeks of combing through charts.

- **Efficient Electronic Scheduling of Tasks.** Much easier to divide tasks, assign tasks to different staff/shifts, etc.

- **Facilitate Culture Change.** Easier to spread tasks out vs. all at one time. (ex: Rise at will vs. all up for breakfast by 8:00 AM)

- **Eliminate Whole Processes Required in Paper World**
  - End of month MAR Changeover
  - Written MDS Scheduling
  - Hours of writing Progress Notes and Care Plans from scratch. Can now use triggered Care Plans and Progress Notes.