

American HealthTech

## Facilitating Technology-Enabled Post-Acute Care Transformation

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American HealthTech, a member of the CPSI family of companies **cpsi**

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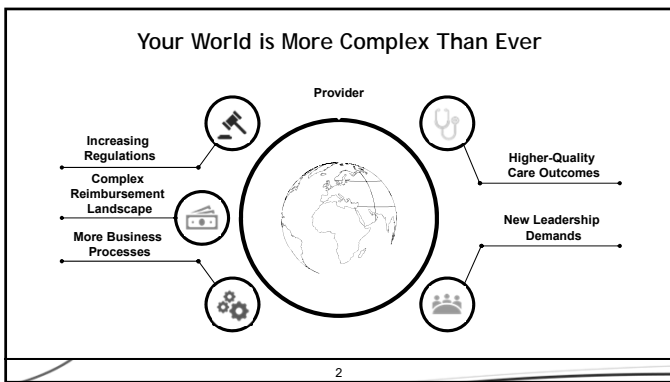
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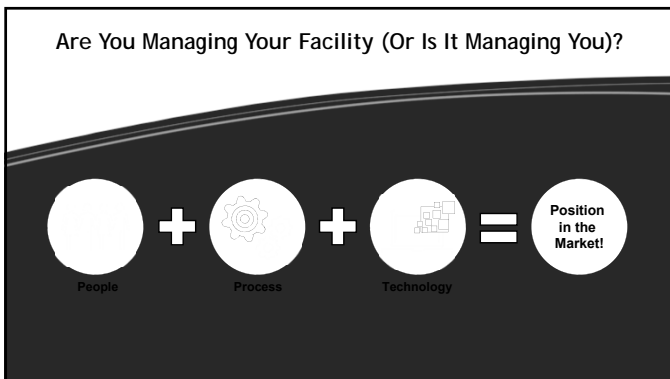
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### You're Innovators, Not Just Care Order-Takers!

Trends are presented so you can efficiently run your business and focus on quality 

Technologies like EHRs enable you to see an overview of your entire enterprise 

So much time is spent on *entering* data as opposed to *analyzing* data 

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### Your Most Important Decision?

Technologies that empower you to:

-  **SPEND TIME ON RESIDENT CARE**
-  **CONDUCT PROPER ANALYSIS**
-  **PRIORITIZE YOUR DAYS**

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But are you spending more time gathering data, and not analyzing it?

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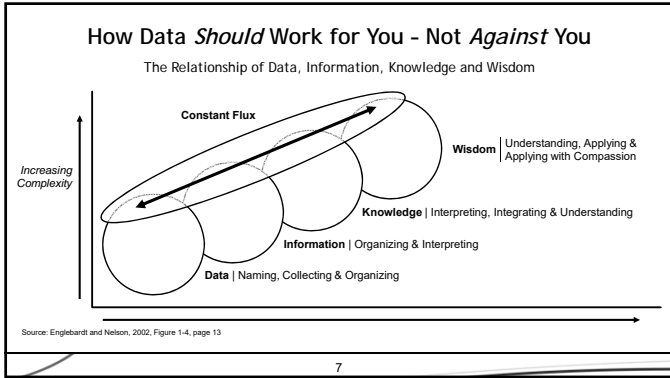
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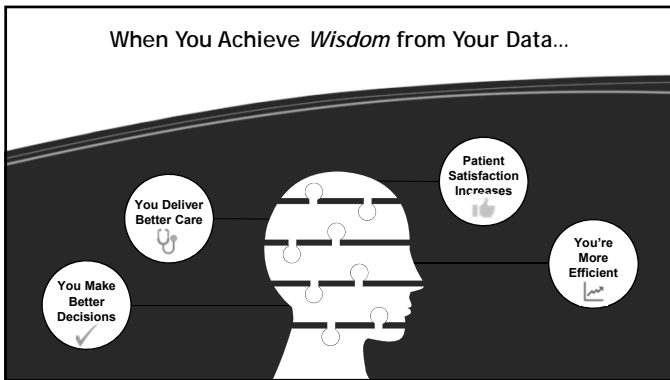
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"Processes make you more efficient."  
- Steve Jobs

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### Six Critical Business Processes

- Pre Admission
- Admission
- Medication Mgmt
- Discharge Planning
- Post Discharge Tracking
- Cost Management

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### Pre-Admission

Before they come through your door

- First 24-72 hours critical to your success
- Fight for census
- Quick turnaround expectations forces quick decisions
- Must be able to meet the resident's needs

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### What Your Pre-Admissions Data Can Help Determine

- Who is referring to us, what is our response time, are they good referrals?
- Can we meet their needs? What is the risk of taking this resident?
- What is the expected cost of admission?
- Do you have the right staff/skills, equipment?
- What is the expected Clinical pathway/LOS?

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### Admissions

Getting it right from the start

First Impression => resident satisfaction  
Greatest risk of readmission to hospital  
Care Transition prone to information gaps  
Developing the right care plan quickly  
Lots of moving parts – providers, interdisciplinary teams

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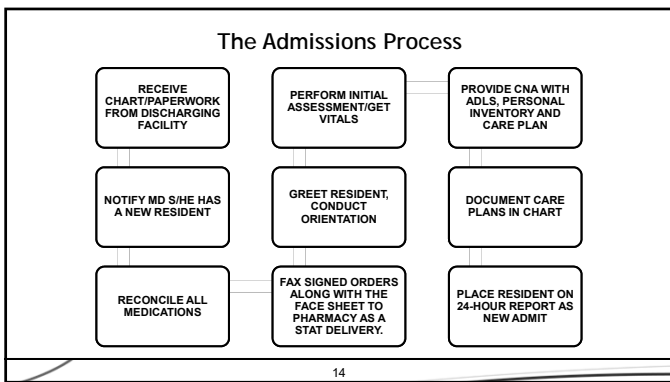
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### What Your Admissions Data Can Help Determine

- What is the average time to complete an admission by each IDT?
- What risk should staff watch for?
- Is all paperwork, all disciplines complete? What's missing?
- How many admissions per day? What time/days of week?

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### Medication Management

Close Loop Cycle of Care

- One of the highest risk areas for you and resident
- A leading cause of readmissions
- Complex process; ordering/receiving, interactions, administration, # of meds, inventory

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### What Your Med Management Data Can Help Determine

How long is average med pass time by nurse? What times are meds due? Reconciliation performed?	What meds were missed/by whom? Med error rate by nurse? 5 Right adherence?
Pharmacy interface efficiency/accuracy? Inventory of sched/non sched meds?	What residents are on high risk medications? Are lab orders r/t meds followed? Med Efficacy - Faster ID of desired impact vs ADE

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### Discharge Planning

Not leaving discharges to chance

- Increased emphasis in Requirements of Participation
- Starts at admission or even before
- Early and ongoing identification of goals and barriers to discharge
- Social determinants often missed
- IDT Driven, no longer just social services

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**Post Discharge Tracking**  
You're still on the hook

- >Alternate payment models
- >Still have "skin in the game" after they leave you
- >Early identification of deviations from post discharge plan of care
- >Maintains good relationship – likely to return if services needed

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**What Your Discharge/Post Discharge Data Can Help Determine**

<p style="text-align: center;">◆</p> <p>Does resident have care/financial resources for successful dc? Social determinants?</p>	<p style="text-align: center;">◆</p> <p>Where discharge goals met? Discharge dispositions?</p>	<p style="text-align: center;">◆</p> <p>Med adherence post discharge? Are there new symptoms/problems? HHA arrival?</p>
<p>Was there effective dc planning, teaching, resource identification?</p> <p style="text-align: center;">◆</p>	<p>Did the resident follow dc instruction/follow up with appts? Was follow up call schedule adhered to?</p>	<p style="text-align: center;">◆</p> <p style="text-align: center;">U</p>

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**Cost Management**  
Simple concept, difficult to capture

We must understand our acuity and cost of providing care  
Alternate payment models forcing us to understand our costs  
How do we know if contracted rate is good?  
Do our policy changes or care redesign approaches impact cost/quality?

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### What Your Cost Management Data Can Help Determine

<p>What is my cost for CJR Bundles? Did I make any money in this contract? Renegotiate?</p>	<p>How costly is my staff? Is using higher cost staff resulting in better quality?</p>
<p>How much staff time is used in meeting? What do meetings cost? How much does this wound treatment cost in staff time and supplies?</p>	<p>Does our change to care delivery cost more? What are the most expensive diagnoses? What is the average cost of medications? Ancillaries?</p>

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### Three Key Takeaways

You must marry your business processes with your EHR to become business-focused throughout your enterprise to enable true person-centered care

A broader business focus means maintaining technology excellence

Success is measured in how you enable enterprise decisions and how you drive growth

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Thank You!

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