

Providing Real-Time Point-of-Care Data Capture

Introduction

Properly documenting resident care at long-term and other healthcare facilities has become increasingly challenging. The level of documentation required by insurers, federal and state regulators, and accreditation organizations has increased the administrative burden on nurses, clinicians, and certified nursing assistants (CNAs). Time spent on these administrative tasks reduces the amount of time available for direct resident care, and results in rushed and often inaccurate documentation of activities of daily living (ADLs) and other data.

ADL and care documentation is frequently handled via a combination of written notes and end-of-shift data entry, and these processes often result in underreporting of care. Inaccurate documentation

makes shift transitions more complicated, reduces the quality of care for the resident, and can negatively affect reimbursement for the provider.

A hands-free, eyes-free voice solution that allows nurses and CNAs to easily document their work at the point of care could alleviate many of these challenges. Voice-based mobile solutions now exist that allow nurses to document resident care in real time and access the resident electronic medical record (EMR), all while leaving their hands free to complete other tasks.

This white paper will outline the challenges of point-of-care data collection and ADL documentation, as well as the potential benefits of using a voice-based solution in long-term care and other facilities to improve efficiency and data accuracy.

ADL Coding Errors Affect Quality of Care, Reimbursements

ADL coding errors have historically been some of the most prevalent Minimum Data Set (MDS) errors, according to information collected as part of the Centers for Medicare & Medicaid Services (CMS) Data Assessment and Verification (DAVE) project. The majority of those errors result from a lack of documentation to support the coding, MDS coding that is not supported by documentation in the medical record, or undercoding of the ADLs.

In most long-term care facilities, nurses and other caregivers document ADLs and other information either on paper forms or using electronic medical record kiosks or computer stations. Because they have to take time away from their regular duties, and frequently have to stand in long lines to access the computer kiosk, nurses often wait until the end of their shift to input ADL information. Whether they are using a keyboard to type written notes or working from memory, these manual processes can introduce errors into the data. Some employees may also engage in

copycat charting, simply repeating notes and ADL codes from the previous shift, whether or not that information accurately reflects the care given to the resident.

By the time staff are able to stop and enter the ADL data, the distraction of their workday may make it



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difficult for them to accurately recall each of the services they provided. In addition, the time it takes for them to write and key-enter this data reduces the amount of time they can spend caring for residents.

Without an accurate record of the care provided, it can be difficult for clinicians and other caregivers to provide the quality of care needed for each resident. Inaccurate data also affects staffing. If caregivers don't record each and every instance of repositioning, toileting, and other ADLs, supervisors may understaff the floor because they don't have a full view of how much care each resident requires at different points during the day.

If ADL documentation is inaccurate, nurses on the next shift may be unaware that a particular resident requires lift assistance or has other special needs. If the resident has an upcoming appointment with a therapist or clinician, caregivers rely on information from the previous shift to make sure they stay on schedule. If the information isn't readily available, residents may miss important appointments or caregivers find themselves rushing to make changes at the last minute.

Finally, these inaccurate data entry methods can reduce reimbursements. By failing to document each ADL, facilities may be underreporting their services to insurance companies or CMS, and residents' ADL scores will not reflect the actual level of care they are receiving. With lower ADL scores, facilities receive lower reimbursement rates, and that lower funding can, in turn, affect the quality of care.

Having a mobile voice-based data collection solution available at the point of care or the periphery of care can greatly improve the accuracy of ADL coding, eliminate administrative tasks, improve productivity,

enhance the quality of care, and enable nurses and CNAs to spend more time working with residents and less time in front of a computer screen.

Data Collection at the Point of Care

With a voice-based solution, nurses and CNAs wear a small mobile device and headset with a microphone that allows them to document their work and access the plan of care for each resident by listening and responding to simple voice commands. The mobile solution communicates with back-end EMR and other solutions via a wireless network. By using voice prompts to manage documentation, employees are able to keep their hands free for other tasks.

Staff can easily document ADLs at the point of care using this type of system by speaking into the microphone/headset, which transmits the information back to the EMR. ADL information is then automatically entered into the EMR in real time. This type of solution can also provide automatic reminders so that staff are alerted when a particular resident needs to be repositioned or toileted, for example, based on their specific plan of care.

Once nurses are finished working with a particular resident, they document information in the voice system by speaking into the microphone/headset while walking between rooms, or while completing other tasks such as changing linens or moving trays, because their hands are free. This level of multi-tasking is impossible using kiosks because caregivers remain stationary while waiting to access a computer or typing in the data. By improving efficiency, nurses free up more time to work with residents while creating a more accurate record of care.

Staff can also query the resident record using the voice solution. If questions arise about a particular resident's

plan of care, nurses no longer waste time consulting a paper chart or searching for a clinician or another nurse. AccuNurse also accommodates changes and updates to the plan of care.

Administrators also gain more visibility into staff performance, because they have a real-time view that can help confirm assigned work is being completed, and that documentation is occurring in a timely manner. Using daily ADL scores generated through the data collection system can help them spot trends, identify employees who may need additional training, address over- or understaffing issues, and increase reimbursements.

Improved Care and Documentation Through Voice Technology

By reviewing and inputting ADL information at the point of care, facilities can eliminate the need to transcribe notes as well as the practice of copycat charting. Team members can leave their shift on time without standing in long queues waiting for a computer kiosk, and the ADL information is up to date and ready for the next shift to provide optimal resident care.

Since all caregivers have a complete and reliable record of ADLs, tests, appointments, and special needs, staff are empowered to provide the highest level of care, and can make decisions on the spot based on actual information from the EMR without having to search through charts or chase down clinicians and co-workers.

With real-time data collection, staff can also more easily identify trends that could indicate that a resident's condition is worsening, which helps to ensure earlier intervention measures and possibly prevent hospital admissions. By ensuring that all information about multiple transfers, toileting, and other ADLs is documented, caregivers can more easily determine if additional interventions are required.

A voice-directed system also can greatly enhance ADL documentation and reduce missed reimbursement opportunities, while enhancing the accuracy of actual billing activities. This can increase revenue, which provides more resources for the long-term



care facilities that can be directed toward additional staffing, resident care, and equipment.

Staff can document multiple occurrences of toileting, positioning, transfers, and meal information easily, without having to rely on written notes or their own memory. Having a more accurate record of ADLs may shift some residents from one ADL score category to another, which not only helps maintain the proper level of care for that resident, but also affects how the facility is reimbursed for providing that care.

Voice-based solutions can also improve shift transitions. Once a shift has ended, nurses can leave an up-to-date record of each resident's care. That makes it easier for staff on the following shift to address any special needs and help make sure residents are on time for appointments with their physicians or therapists. By eliminating administrative tasks and making shift transitions more seamless, voice technology can reduce staff frustration and interruptions, while improving efficiency.

A number of facilities around the country have already deployed voice technology, and reaped the benefits. At one large nursing and retirement center, for example, using the AccuNurse voice-based solution helped each CNA spend at least 30 additional minutes per shift, per day on direct resident care.

In addition to improved efficiency, these facilities have been able to positively impact reimbursement rates using voice technology. St. John Specialty Care Center in Mars, PA, deployed AccuNurse and was able to not only eliminate several hours of paperwork and time spent searching for co-workers, but also improved its case mix index (CMI) by 0.11 using voice technology, internal controls, and professional training initiatives.

These efforts increased reimbursements as well. In addition, the facility was able to use the daily ADL scores generated by the voice solution to assist in determining staffing levels. By correlating the ADL scores with CMI, administrators were able to define acuity at a higher level than was previously possible.

A continuing care retirement center on the East Coast also deployed AccuNurse, and was able to improve CNA efficiency and provide a clearer picture of how care plans are effective with residents. After just three months of using the solution, the facility's Medicare average rate increased by more than 6 percent per resident, per day.

Weight loss reports that were generated manually took 1 hour per month, and now take just seconds.

Time consumed by manual reporting tasks and documentation of ADLs was reduced by more than 410 hours per month. The 60 minutes per day that staff spent searching for each other is now redirected toward resident care, as is the more than 70 hours per month eliminated from completing MDS forms.

A multi-location eldercare service organization introduced AccuNurse in 2009. According to the company, doing so helped improve reporting of the true level of intensity of care, which increased Medicare rates by \$20 to \$30 per day.

Conclusion

Reliance on computer kiosk stations and manual data entry for ADL documentation can result in inaccurate data, staff frustration, lower quality of care for residents, and lower reimbursements for long-term care facilities. Voice-based mobile data collection solutions give nurses and CNAs the ability to document their work at the point of care, while having immediate access to plan of care and other resident information. These solutions can improve new shift transition focus and provide greater total transparency to the entire organization.

Honeywell

For more information:

www.AccuNurse.com

Honeywell Scanning & Mobility

703 Rodi Road
Pittsburgh, PA 15235
(412) 349-2515

About Honeywell AccuNurse

Honeywell is a leading provider of innovative voice technology solutions, helping long-term care facilities provide better resident care through voice. Honeywell AccuNurse takes existing EMR environments to new levels of operating performance by optimizing point-of-care data capture processes with best-in-class voice-assisted plan of care instructions to reduce administrative charting time, while enhancing ADL data analysis and reimbursement reporting. AccuNurse is successfully supporting more than 400 long-term care facilities and integrates with most leading EMR products. Honeywell has over 25 years of experience in designing and developing workflow performance optimized voice solutions. www.AccuNurse.com