Optimize and Improve Plan of Care Mobility

Introduction

At long-term care facilities, the individual plan of care developed for each resident guides the activities of physicians, nurses, therapists, and other staff. Following that plan and documenting how the resident is responding to it are critical steps in ensuring patient comfort, good health, and clear communication among providers. These plans also play a key role in determining insurance eligibility and reimbursement.

Staff must accurately follow the plan of care and fully document activities of daily living (ADLs) for each resident. Unfortunately, many facilities still rely on manual data entry or, in some cases, paper-based documentation. This can result in data entry bottle-necks, inaccurate information, delays in changes to the plan of care, discomfort for residents, frustration for the staff, and lower reimbursements for providers.

While some facilities have deployed computer kiosks or even mobile computers or smartphones to help alleviate these problems, those technologies still require staff members to pause during or after care activities in order to enter data. Frequently, the documentation is delayed until the end of a shift, with nurses or certified nursing assistants (CNAs) relying on their memories to complete the reports. This poses an administrative burden for the staff, and can lead to incorrect information being entered into the record.

A hands-free, eyes-free mobile computing solution could alleviate many of these challenges. Voice-based mobile solutions now exist that allow nurses to document patient care in real time and query the plan of care, all while leaving their hands free to complete other tasks.

This white paper will outline the challenges of plan of care mobility, as well as the potential benefits of using such a voice-based solution in long-term care and other facilities.
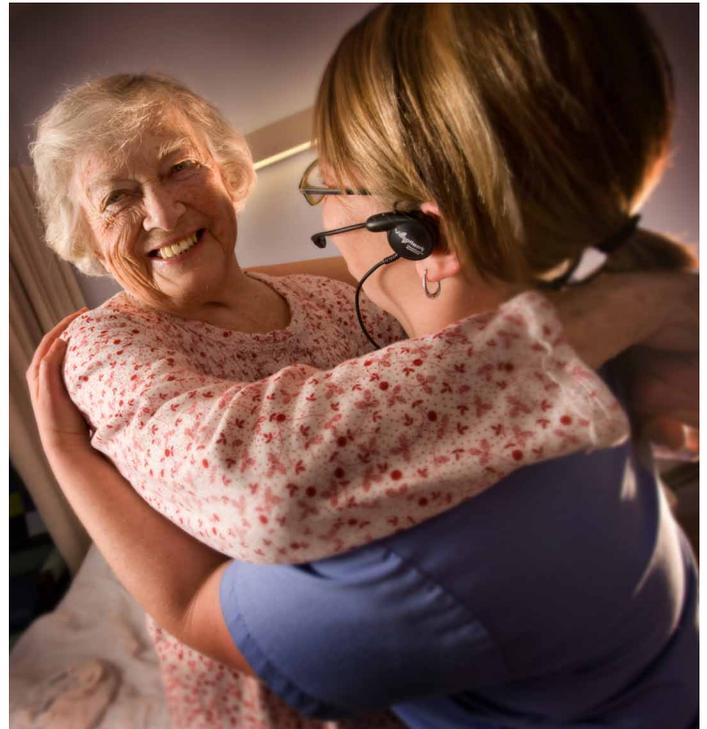
ADLs and the Plan of Care: A Data Collection Challenge

Ensuring that staff follow the plan of care, provide timely updates with information that can affect the plan, and quickly implement changes can be challenging. Staff at long-term care facilities have already been tasked with maintaining high levels of quality in the face of budget cuts in many regions of the country, and there is very little time left for the increasing number of data collection requirements and reporting required under the Health Insurance Portability and Accountability Act (HIPAA), the Patient Protection and Affordable Care Act (ACA), and other regulations.

In many facilities, nurses and CNAs wait until the end of a shift to enter this documentation at a computer station or kiosk. This requires logging in, navigating, and typing handwritten notes. Because just a handful of kiosks may serve several dozen rooms, staff

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sometimes must wait in long lines to gain access to these computer stations.

The result: not all information is accurately recorded because the staff members have misremembered what services they provided, or they record general metrics that do not reflect specific descriptions of the care provided to individual residents. This not only makes it difficult for providers to gauge how the resident is responding to the plan of care, it can also reduce reimbursement for covered services.

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 bulk 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.

Real-time, mobile, hands-free data collection and data access can reduce or eliminate these coding errors, provide a more accurate picture of how each resident is responding to treatment, and provide immediate access to the plan of care for the nurses and CNAs who work most closely with residents.

Voice-Based Data Collection Improves POC Management

There are currently voice-based healthcare solutions that provide real-time capabilities to staff members. With a voice-based solution, nurses and CNAs carry a small mobile device and headset with a microphone. The mobile solution communicates with back-end

EMR and other solutions via a wireless network. Staff can speak into the headset to document patient care, which keeps their hands free for other tasks. They can document ADLs such as positioning, toileting, transfers, and eating, along with other items that affect care, quality of life, and reimbursement.

Staff have real-time access to the plan of care via the voice solution, and can access up-to-date care instructions for each patient. This increases the use of best-practice ADL processes, which increases the quality of resident care. Staff can also query the patient record and plan of care for additional information. This type of immediate access empowers the resident care team to respond more efficiently and effectively to patient needs without searching through paper or electronic charts, or contacting other staff with questions.

Voice-based mobility also eliminates outdated manual checklists by providing current care information to staff. Administrative charting time can be reduced, because nurses and CNAs can complete documentation and observations at the point of care without interruption. Data-entry bottlenecks are also eliminated, since there are no longer long lines at EMR kiosks or computer stations.

Caregivers are instantly notified about updates to the plan of care, and can hear reminders about special needs or appointments. Staff can also communicate with each other via a voice-based solution. With direct caregiver communication, facilities can reduce overhead paging and improve the overall care environment by eliminating distractions and noise.

Using voice commands, clinical staff access care plans at bedside and retrieve information and assignments, answer

questions quickly for residents, and more quickly identify trends associated with incontinence, loss of appetite, and other problems. If a caregiver is asked to assist with a resident they are unfamiliar with, they can quickly access the care plan to find out if they need lifting assistance, or if the resident has other special needs.

At The Boston Home, a long-term acute care facility in Massachusetts, 98 percent of required documentation is now completed daily by CNAs using the AccuNurse voice-based solution. Documentation is more accurate, there are fewer missed medical/dental/ therapy appointments, and nurses spend less time in staff meetings as a result of the technology.

Scheduled activities and therapy appointments can be directly synced with Honeywell AccuNurse, so that CNAs are reminded of those appointments at the start of each shift. The director of nursing at The Boston Home can also compile pressure ulcer reports much more quickly using the computerized system; previously, those reports required hours of poring through paper logs each week.

Because documentation is created at the point of care, staff can record each ADL accurately, which eliminates the problem of copycat charting — instances when staff simply repeat the documentation provided by staff on the prior shift in order to save time, without knowing if

that information is entirely accurate. More accurate data will improve plan of care compliance and help caregivers make better decisions.

A group of care facilities in the Southwest deployed the voice-based Honeywell AccuNurse solution specifically to improve care plan documentation and compliance. The voice solution was selected because it would allow staff to identify health trends in real time and make changes to the care plan while the patient was in the facility. The solution also helped eliminate paper and allowed the care team to make decisions more accurately and quickly based on ADL documentation.

Once staff are free from having to type information into a mobile computer or kiosk, they can spend more time engaging with residents during care delivery and afterward. This improves the level of care provided, and reduces staff frustration by providing more "bandwidth" and flexibility during each shift.

Having this point of care access can save hundreds of hours per month in a facility by reducing documentation times, report generation efforts, and time spent searching for other staff members to clear up questions or exchange information during shift changes.

St. John Specialty Care Center in Mars, PA, for example, leveraged AccuNurse to eliminate 4 hours per day that nurses spent generating reports, along
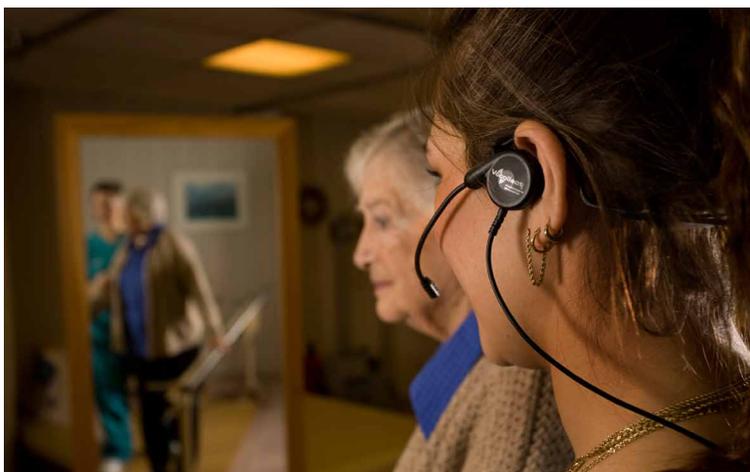
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with eliminating 45 to 60 minutes per day of documentation per caregiver. That's because charting could be done at the point of care using the mobile voice solution. Staff members can retrieve real-time data from any location within the facility, and without wasting time logging into a computer kiosk or searching for a colleague.

With more accurate ADL data, facilities can better staff each shift to meet the needs of residents. A better assessment of which patients require more care allows managers to more efficiently utilize direct care staff.

Improved care documentation can also reduce readmission rates, in addition to improving compliance with state and federal regulations and industry accreditations.

Conclusion

For nurses and CNAs in long-term care facilities to provide the best quality care for residents, they need up-to-date information about the individual plan of care, and should have access to an easy-to-use method of documenting ADLs as close to the point of care as possible. Voice-based mobile data collection improves ADL documentation by giving staff a way to quickly update the medical record, while also providing real-time access to the plan of care.

Armed with this type of mobile technology, long-term care facilities can improve resident care, eliminate inefficient administrative processes, boost staff morale, and increase revenue by providing more accurate ADL documentation.

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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