WRITTEN BY:
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ORGANIZATION:
Welcov Healthcare

CORPORATE HEADQUARTERS:
Edina, MN

OVERVIEW
60 long-term care, short-term care, assisted living, independent living facilities and home health agencies throughout Minnesota, South Dakota, Montana, Iowa, Nebraska and Wyoming.

» 35 long-term care facilities

» Specialty Services include: transitional care, ventilator care, brain injury services, memory care, orthopedic care, neurologic and a variety of other specialty services

AWARDS
» AHCA/NCAL Bronze Commitment to Quality and Silver Achievement in Quality Awards recognizing facilities that have committed to improving the lives of residents through quality care.

» COMS Interactive OPAL Award (Outcomes Performance Achievement Leader) recognizing entities that have achieved superior clinical and financial outcomes.

Advanced Disease Management Solution Brings Proactive Approach to Reducing Readmissions and Improving Clinical Care

Our Organization
Welcov Healthcare is one of the nation's leading providers of senior care services. With roots dating back to 1997, our organization serves thousands of clients with 60 long-term care, short-term care, assisted living, independent living and home health agencies throughout Minnesota, South Dakota, Montana, Iowa, Nebraska and Wyoming.

Welcov Healthcare provides progressive healthcare for the growing number of patients seeking post-hospital care with multiple complex medical conditions. Our short-term care is focused on successful transitions home and avoiding unnecessary hospital readmissions.

Our core long-term care services include:
» Activities of daily living assistance (bathing, dressing, grooming, etc.)
» Counseling
» Exercise
» IV therapy and oxygen therapy
» Medication services
» Memory care
» Nutrition, including feeding tubes, TPN (some facilities)
» Ostomy care
» Recreational activities
» Spiritual programs
» Therapy (physical, occupational, speech and respiratory)
» Tracheostomy care
» Ventilator care, BiPAP, CPAP care (some facilities)
» Wound management

Residents may also have unique needs or medical conditions that require specialized care. Our consistent staffing helps caregivers identify individual needs and develop interventions to meet them. Welcov is committed to person-centered care and has created systems that focus on the individual's needs, preferences and expectations. From meal choices to schedules, residents are driving the decisions that affect their day to day lives.

Our Challenge
As a growing and progressive provider of post-acute care services, we focus on meeting the needs of our patients who require more medically complex care, such as ventilator care, BiPAP, CPAP, tracheostomy care, IV therapy, oxygen therapy and wound care. We recognized the need to provide advanced complex

Proven Results

24%
increase in skilled bed days

63%
decrease in 30-day skilled readmissions

77%
decrease in 30-day mortality rates

care several years ago when we noticed a trend of more referrals seeking post-hospital care with multiple complex medical conditions.

One of the critical issues with managing residents with complex chronic diseases is the risk of increasing unnecessary hospital readmissions. We needed a systematic way to track skilled readmissions and a tool to help us reduce our readmission rates in all of our facilities. Reducing those rates improves our quality of care since we're preventing patients from making unnecessary trips to the emergency room. It also strengthens our relationships with our hospital partners – our referral sources – who were beginning to receive financial penalties from Medicare for excessive readmissions.

Keeping patients in our facilities instead of sending them unnecessarily to the hospital helps us reach our ultimate goals to improve satisfaction, create a stable census and increase referrals from our hospital partners.

The Accountable Care Act and bundled payments that focus on cost containment mean unnecessary readmissions and premature mortality rates carry additional significance. It was important for us to find a tool to help our clinical staff:

» Identify residents at greatest risk and apply targeted and timely interventions.

» Improve quality of care by standardizing care processes and reducing practice variation.

» Coordinate care and promote transparency across the continuum and throughout the entire episode.

Finally, it was essential that this software tool integrated easily with our existing electronic medical records software, Point Click Care. We knew that introducing a new software system to our clinical team could reap significant benefits, but could also be potentially challenging to implement if the two systems didn't work well together.

The Solution

In 2010, we began tracking unnecessary skilled readmissions in our facilities, knowing that the Centers for Medicare and Medicaid Services (CMS) readmission reduction program was starting on October 1, 2012. At that time, tracking our rates was pretty much a manual process, hard to duplicate consistently

across all of our facilities and difficult to calculate accurately.

Early in 2011, I was introduced to a disease care management system called Daylight IQ® from COMS Interactive. Daylight IQ is an evidenced-based, diagnoses-driven nursing software. Coming from a hospital background, I was familiar with similar software used in the acute care setting to manage patients with complex diseases. Daylight IQ enables our staff to identify changes in condition at the bedside and improve the overall quality of care. The software maps out 36 disease categories, which represent more than 90 percent of chronic diseases affecting skilled nursing facility patients.

Based on the diagnoses entered for each patient, Daylight IQ triggers a customized head-to-toe assessment with an average of 40 to 60 different observations that we complete for each resident. The observations are systematically driven and when completed, the nurse gets a complete picture of a resident's status at that point in time plus a list of suggested nursing interventions based upon evidenced-based best practices.

Fast Training

Training began on Daylight IQ in December 2011 with clinical staff from two of our larger facilities that provided more medically complex services. We started with a small

Trending Down

Declining Hospital Returns and Mortality Rates Since Using Daylight IQ

Resident Discharge Profile	Welcov Healthcare Facilities (Data as of March 2015)	U.S. National Average	State Average (Where Welcov has facilities)
<30 Day Return to Hospital	9.9%	23.5%[1]	19.7%
<30 Day Mortality Rate	2.9%	12.6%[2]	13.2%[3]

1. Source: Revolving Door of Rehospitalization from Skilled Nursing Facilities, Mor, Intrator, et al, Health Affairs, Jan 2010.
2. Source: Medicare.gov, Hospital Outcome of Care Measures.
3. Medicare.gov, Hospital Outcome of Care Measures.

group because we wanted to ensure the training and implementation was done thoroughly and with complete focus from the facility staff, our corporate clinical team, operations and me. The initial implementation with a smaller group enabled the nurses to be more engaged and more likely to ask questions.

Each facility was led by a "clinical champion" who, depending on the size of the facility, was a nurse manager, assistant director of nursing, director of nursing or staff development director. The "champions" were the designated trainers when a facility added new associates or associates needed a refresher course.

The initial training was conducted via live webinars with our corporate clinical team, facility nurses and COMS trainers. Formal training took about two hours. The software was fairly simple to use and COMS provided us with as much training as needed. To follow-up, COMS and the facility staff scheduled a weekly call to answer questions and ensure implementation was proceeding as planned.

Training at those first facilities was so well received that we decided to duplicate that process for all of our other Welcov facilities, training a few buildings at a time rather than all the remaining facilities at

once. All of our buildings have now been trained as of March 2015. Each facility, depending on its size, has two or three laptop computers or tablets which contain the Daylight IQ software. Clinicians enter the patient data directly into the program from the bedside. After gaining a little experience with the system, it only takes about five minutes for clinicians to complete an assessment on each patient.

Proactive Assessments

Daylight IQ assessments are generally conducted by our nurses on all admissions within the first 30 days, as well as twice a day on residents receiving skilled care. Once the data is entered, the software triggers abnormal findings and negative changes in condition and provides the nursing team with appropriate interventions, and if needed, physician communication. Our next step is an overall care review in which the assessments are reviewed by a nurse manager or DON. They confirm whether or not the assessment is completed correctly, review the results and confer on what, if any, changes need to be made to the care plan. If required, a physician is brought in to change an order or review an assessment. Every Monday morning I get a report from each facility that includes a

breakdown of all of our readmissions from skilled and non-skilled units, how many care reviews were completed, how many assessments were completed, along with 30-day readmissions to hospitals and 30-day mortality rates. The reports also show how our rates compare to the state and national averages so we can determine opportunities for improvement.

One of the main reasons we like Daylight IQ is that it enables us to be proactive and it empowers our nurses. Through regular assessments, Daylight IQ helps capture changes as they occur, so our staff can intervene immediately before conditions become so serious that we don't have a choice but to send the resident back to the hospital.

For instance, if a resident triggers for edema in the ankles, one of the changes we might make is to monitor vital signs and lung sounds for severity of edema four times a day, so we can see if the condition is temporary or is something that is continuing or worsening.

Low Readmission Rates

When we started monitoring our skilled readmissions in 2010, our facilities were collectively averaging between 27-30 percent of residents being readmitted back to the hospital within 30 days. Our latest numbers as of March 2015 are 9.9 percent, a 63 percent decline, which shows a significant improvement from 2010. They are also well below the national average of 23.5 percent and the aggregate state average where there are facilities of 19.7 percent.

In the past 12 months at the Welcov Healthcare locations where pre-implementation data was available, the average decrease in 30-day skilled readmission rates was 11.6%.

Our ultimate readmissions goal for our company is five percent. To reach our goal, we met with all of our clinicians and began reviewing the reasons

patients were being readmitted to the hospital. We began to enhance the services we provided to allow for increased complex interventions in order to keep our patients in our

the national average of 12.6 percent and a state average (where Welcov Healthcare has facilities) of 13.2 percent. We attribute this steep 77 percent decline in our rates largely to

(PCC) and Daylight IQ work well together and are efficient for our staff. When a patient is admitted to one of our facilities, his or her personal information is documented in PCC, which is electronically integrated into Daylight IQ. It does not have to be entered twice.

> The combination of decreasing readmission and mortality rates, along with increased referrals, has had a positive impact on Welcov's occupancy rates and census.

facilities and in their own beds, where statistics prove healing will occur 24 hours sooner in many cases. We also conduct a quality assurance review of all patients sent back to the hospital within the first 30 days using the INTERACT® QA tool to determine if the transfer was avoidable. From this information, we can make changes to nurse education or practices to allow for internal care if similar situations occur.

Lower Mortality, Higher Census
Along with a lower readmission rate, our 30-day mortality rate showed a drastic improvement from 13 percent all the way down to 2.9 percent. That is compared to

Daylight IQ and our ability to identify changes in conditions more quickly. We also credit ongoing enhanced nurse training and education.

The combination of decreasing readmission and mortality rates, along with increased referrals, has had a positive impact on our occupancy rates and census. For instance, the nine original locations that began using Daylight IQ in 2012 demonstrated a 24.1 percent increase in skilled bed days occupied from 2013 to 2014.

EMR Integration
We have developed a system in which our electronic medical records software Point Click Care

Once a resident is no longer in need of skilled care, their medical records are then documented on PCC. There is no need to chart a resident in both systems. It's as if we have an acute care software (Daylight IQ) and a maintenance software (PCC). If there is a need to toggle back and forth between the two systems, the PCC software displays an icon that when clicked on is a shortcut to Daylight IQ, so there is no need to log in or out of either system.

Daylight IQ helps our nurses proactively uncover issues with our patients so they can make informed decisions to improve patient care. Our nurses feel they are using more of their skills and knowledge about patient care and are seeing the success stories. Welcov is very proud of their abilities to provide exceptional care.

About the author
Nancy Tuders, RN-BC, is vice president of clinical services for Welcov Healthcare. Nancy has been with Welcov since 2006 and is responsible for the implementation of the latest standards of complex care systems in Welcov's facilities. Nancy is board certified in Gerontology by the American Nurses Credentialing Center. Her areas of expertise include critical care, higher acuity care, regulatory change, compliance and quality control. Nancy received her nursing degree from Indiana University.