Objectives

- The Bluffs
- The “Journey”
  - Root Cause Analysis
- Quantifying Results
- Discussion

The Bluffs
Admission–Discharge Journey
Resident and Referral Centered Approach

Jeff Robbins, Executive Director
Laura DeVries, Director of Nursing

The Bluffs
3105 Bluff Creek Drive
Columbia, Missouri

- 132 bed skilled nursing facility
  - Not for profit, stand alone building
  - All beds Medicare/Medicaid certified

- Five “Neighborhoods”
  - Oak: Sub-acute rehab unit (24)
  - Cherry: Long term care (34)
  - Walnut: Long term care (34)
  - Elm: Long term care (24)
  - Maple: Memory care unit (16)

The Admission–Discharge Journey

Who has seen this question on board exams....

“When does discharge begin?”

...On Admission
Efficient customer journeys are a basic requirement for our success.

We mapped out the admission–discharge journey and used it as a tool to investigate, analyze and improve our customer experiences.

We understand that there are few things more powerful for building loyalty than creating distinct, positive customer experiences that reflect a facility’s promise.

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The Bluffs did not have a clear plan…

How do we:

- Understand the journey’s customers make?
  - Root Cause Analysis

- Systematically improve process and performance?
  - Root Cause Solutions

- Quantify the realistic benefit from improving journeys?
  - Key performance indicator dashboard
  - Customer feedback

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The Bluff’s Road To Success

**D. R. I. V. E.**
The Admission–Discharge Journey

Differentiate
Relate
Innovate
Valuate
Evaluate

Root Cause Analysis

**Issue:** Social Services/Admissions Team

<table>
<thead>
<tr>
<th>Description</th>
<th>Source</th>
<th>Criticality</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Bluffs Social Services/Admission team not performing at a high level</td>
<td>Low census for 1st and 2nd quarter 2012. Family and resident satisfaction low</td>
<td>High</td>
</tr>
<tr>
<td><strong>Rationale</strong></td>
<td>Budget numbers not being met. Down staffing employees due to low census.</td>
<td></td>
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</tbody>
</table>

Likely Root Cause: Staff-Centered

<table>
<thead>
<tr>
<th>Description</th>
<th>Likelihood</th>
<th>Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Services/Admission team became staff centered and not engaged in proactive census development</td>
<td>High</td>
<td>Low census numbers for 1st and 2nd quarter 2012. Referral source stereotyped our admissions and overall not recommending our facility to potential residents</td>
</tr>
</tbody>
</table>

Possible Solutions: Differentiate

<table>
<thead>
<tr>
<th>Description</th>
<th>Risks</th>
<th>Measure of Success</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Differentiate</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Redesign Social Services/Admissions team and focus on census development. New name: Family and Social Support Team</td>
<td>Team does not embrace change and redesigned processes</td>
<td>Corrective action plan and re-evaluate after 30 days</td>
</tr>
<tr>
<td>Differentiate between long term care and sub acute rehab short stay residents and assign to social workers</td>
<td>Confusion from residents, family and staff on new roles</td>
<td>Continuous communication from Family and Social Support team on roles</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Team</th>
<th>Likelihood</th>
<th>Mitigation</th>
<th>Test</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Med</td>
<td>Increased daily census</td>
<td>Key indicator dashboard</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Possible Solutions: Differentiate

Drill Down…

- Single Point of Contact for all admissions.
- Provide support and advisement for social workers.
- Clinical Liaison: Supporting residents and families in the hospital with answering questions regarding The Bluffs and potential admission.

Possible Solutions: Differentiate

Drill Down…

- Social worker for long-term residents.
- Conduct mental health assessments.
- Conduct abuse/neglect investigations.
- Resolve roommate disputes.
- Work with families to answer questions and coordinate care.
- Long-term care plan meetings.
- Quality assurance interviews.

Possible Solutions: Differentiate

Drill Down…

- Social worker for short-stay residents.
- Conduct mental health assessments.
- Conduct abuse/neglect investigations.
- Resolve roommate disputes.
- Work with families to answer questions and coordinate care.
- Coordinate Med A discharge.
- Med A care plan meetings.
- Med A care coordination after discharge.

Possible Solutions: Differentiate

- Proactive approach with staff and customers to address issues with satisfaction or care before they become serious issues.
### Root Cause Analysis

**Issue: Referral Communication**

<table>
<thead>
<tr>
<th>Description</th>
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<th>Criticality</th>
<th>Level (High/Med/Low)</th>
<th>Rationale</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relationship with referral customers poor</td>
<td>Referral source admissions manager</td>
<td>High</td>
<td>Potentially missing quality referrals</td>
<td></td>
</tr>
</tbody>
</table>

**Likely Root Cause: Neglected Relationships**

<table>
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<tr>
<th>Description</th>
<th>Likelihood (High/Med/Low)</th>
<th>Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poor communication with referral customers. Not updating referral source on services offered or availability of beds</td>
<td>High</td>
<td>Meeting with referral customer management team and confirmed issues and concerns</td>
</tr>
</tbody>
</table>

**Possible Solutions: Relationship Repair**

**Drill Down...**

- Face-to-face meeting with upper management and share what The Bluffs can provide for their patients during a transition in care and what new services we bring to the table.
- Medication management, innovative technology and flexible transportation services.
- Introduce the role and responsibilities of Clinical Liaison.
- Build a relationship of “trust” and “adaptability” with our customers and maintain a strong, long term, almost irreplaceable competitive edge.
Possible Solutions: Relationship Repair

Innovative Technology

- Omnicell
  On-site pharmacy
- Matrixcare
- Vocera
  Voice-driven, hands-free communication.
  Text messages and alerts
- Smart Care Neighborhoods

Possible Solutions: Relationship Repair

Setting the Sub-Acute Market

- Control4
  Room automation
- iPad 2

Possible Solutions: Relationship Repair

Transportation Services

- After hour admissions
- Saturday and Sunday admissions

Root Cause Analysis

<table>
<thead>
<tr>
<th>Issue: Referrals getting “lost”</th>
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<tbody>
<tr>
<td><strong>Description</strong></td>
</tr>
<tr>
<td>Referrals not accepted effectively and efficiently</td>
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</table>
Root Cause Analysis

Likely Root Cause: Process Breakdown

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<tbody>
<tr>
<td>Facility-centered approach to approval of referrals. Process failing and leadership not willing to develop a better system</td>
<td>High</td>
<td>Referrals taking too long for approval. Referral source feedback that we take too long to get back to them. Low census data confirms that we are missing referral opportunities because of poor process</td>
</tr>
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Possible Solutions: Innovate New Process

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<th>Mitigation</th>
<th>Measure of Success</th>
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<tbody>
<tr>
<td>Develop a new referral approval process.</td>
<td>Leadership team will not want to adapt to changes</td>
<td>Get “buy-in” from leadership team and let them become part of the process improvement</td>
<td>Time elapsed from when referral is received to when approved and customer notified</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Number of admission and feedback from customer</td>
</tr>
</tbody>
</table>

Possible Solutions: Innovate New Process

- Too many decision makers in the process.
- Referral taking up to 24 hours to get approved by all departments.
- Referrals getting “lost” in the journey to get approval.

Possible Solutions: Innovate New Process

- Bundled roles and responsibilities from six to two departments.
- Referrals are now getting approved in 10 minutes.
- Clinical Liaison: Single point of contact for referral customers.

- Insurance verification
- Financial viability
- Skilled need
- Medication review
- Rehab potential
- Length of stay
- Point of contact for departments and referral source
- Distributes referral to other departments
- Another set of nursing “eyes”

- Insurance verification
- Financial viability
- Official approval
- Meet skilled needs
- Single point of contact for referral source and family/resident
**Root Cause Analysis**

**Issue: Sub-Acute Case Management**

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<th>Rationale</th>
</tr>
</thead>
<tbody>
<tr>
<td>Med A care coordination and overall experience not fluid and managed effectively</td>
<td>Resident feedback via customer satisfaction surveys</td>
<td>High</td>
<td>Potential increase re-hospitalizations and overall poor customer satisfaction that will reduce residents requesting our services again</td>
<td></td>
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**Likely Root Cause: Poor Care Coordination**

<table>
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<th>Likelihood</th>
<th>Information</th>
<th>Tests To Clarify</th>
</tr>
</thead>
<tbody>
<tr>
<td>Break down between social services and resident/family and no post discharge care coordination plan implemented</td>
<td>High</td>
<td>Interviews with social service staff as well as residents and family members</td>
<td></td>
</tr>
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</table>

**Possible Solutions: Value-Based Care**

- **Creating Value: Resident Care Coordination**
  - Maintain a "life line" of communication after discharge.
  - 3-day telephone call after discharge to answer resident’s questions, reinforce specific health information and confirm follow-care appointments. Ask 10-question survey on overall customer satisfaction during stay.
  - Executive Director letter to thank them for choosing The Bluffs and follow up on areas of concern as well as what went well during their stay.
  - Customer satisfaction survey mailed. (7-days after check out)
  - 30-day telephone follow-up call to “check in”.
  - 60-day telephone follow-up call.
Possible Solutions: Value-Based Care

Care Coordination “Life Line”

Creating Value: Hospitals

- Telemedicine: Virtual Visits
  - Telehealth technology: Follow-up visits via iPad. telehealth bridges the distance between patient and physician by allowing patients to remain in their communities while being seen by a health care provider at a distant site
  - The VidyoMobile™ app transforms your Android or iOS smartphone or tablet into a virtual meeting place so you can collaborate with others from wherever you are

Creating Value: Hospitals

- Health Information Exchange
  - Global Health Care Record – Redesigning Care Transitions
    - Health information exchange (HIE) is an electronic, patient-centered approach to securely share health related information between physicians, hospitals and other health care providers at the time it is needed to make quality clinical decisions.
  - Immediate access to important health information from other members of the exchange.
  - Reduced need for tests and treatment being duplicated.
  - Reduced likelihood of dangerous medication interactions.
  - Reduction in rehospitalizations.
Possible Solutions: Value-Based Care

Creating Value: Hospitals

- abaqis® Quality Management System
  - Survey Readiness – efficiently monitor compliance on a daily basis.
  - Customer Satisfaction – continuous satisfaction measures that can be constantly monitored and identify areas of concern and use root cause analysis to help you correct.
  - Hospital Readmissions – trend analysis, risk stratification and high-value information reporting.
  - Quality Assurance – A solid foundation for QAPI.

Hospital Readmission Data

D.R.I.V.E. Admission–Discharge Journey

Evaluate

- Continuous measurement of results, experiences, methods and outcomes.
- Assess services based on excellence, uniqueness, and results.
- Harness the power of Information Technology and examine how it can improve your processes.
### Quantifying Results

**Average Census (1st and 2nd Quarter)**

- Medicaid: 46.61
- Private Pay: 53.76
- Medicare A: 14.31
- Hospice: 4.48
- Total Census: 119.16

### Key Indicator Dashboard

**Average Census (3rd and 4th Quarter)**

- Medicaid: 48.62
- Private Pay: 56.55
- Medicare A: 19.07
- Hospice: 5.15
- Total Census: 129.39

### Discussion

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