Beyond PDPM:
Nursing in a Quality-Driven World

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Tech and the New Face of Nursing

Skilled nursing's regulatory and clinical changes aren't happening in a vacuum. Even as the industry approaches implementation of the Patient-Driven Payment Model and adopts technology to keep up with new demands, the very face of nursing is changing.

Today's nurses are more ethnically diverse, more highly educated, and ready to embrace software and services that keep their patients healthy in any setting.

The question for many long-term care providers is how to attract and retain highly skilled nurses with the right competencies and bedside manner.

"Long-term care does a really bad job of marketing itself to workers and potential workers," says Jayne Warwick, RN, HBScN, a marketing director at PointClickCare. "People often relate to elderly patients but may not know until they are in that setting for the first time."

PDPM's emphasis on caring for medically complex residents jibes the industry trend toward treating patients with some acute needs in the skilled nursing setting. This presents a grand opportunity to recruit nurses looking for a professional challenge.

"You will need nurses who are on top of their game," Warwick says. "If you want to test your skills, this is a place where you can do that."

A more ethnically varied candidate pool also could help providers better relate to diverse resident populations.

The 2017 National Nursing Workforce Study found about 30% of Hispanic/Latino and nearly 25% of Asian nurses are under age 35. Given the right tools, they could bring longevity to this high-turnover field.

Technology can be a critical tool in helping front-line staff handle the push toward quality transformation and its impact on daily tasks such as documentation.

Paul Wray, RN, has been working with PointClickCare to make sure Touchstone Communities' products include clear algorithms to expedite smart decision making.

Mentoring, shadowing and training both from in-house staff and trusted vendors can give nurses more confidence.

"Clinically, I see quality transformation as a positive change for nursing," Wray says. "There's going to be an increased focus on making sure all nurses have the right tools to get it right the first time." ■

PROVIDE SUPPORT: A 2018 all-nurses salary survey showed nearly 3% of LTC nurses said they were leaving due to job dissatisfaction. Just over 1% said pay was the reason.

The Art of Nursing Returns

As far as conversation starters go, the Patient-Driven Payment Model is full of possibilities.

But if the rollout goes according to plan this October, what might really get nurses buzzing is the prospect of more meaningful communication and higher-quality relationships with the residents in their care.

Call it a return to the art of nursing.

"It's a great opportunity to focus on resident-centered care, that cyclical process we learned back in nursing school," says Melissa Jackson, RN, CEAL, director of customer engagement marketing for PointClickCare. "Technology will provide the insights that will allow all nurses to perform like our best nurses."

Technology that helps nursing staff move quickly but thoroughly through assessments and charting also will free nurses to do more of what they enjoy: spending time at a resident's bedside.

"When I think about the craft of nursing, I think about the calling: the intuitive response we have to others, the compassion, all the right-brain soft skills," Jackson says. "For too many years, nurses haven't lasted all that long on the floor. The policies, the repetitive procedures, they weigh down on you. We have conditioned our nurses to think more about the reimbursement than the care."

WELCOME OVERHAUL

PDPM is the latest step in a larger push toward quality transformation that puts the focus back on the resident and his or her specific needs, rather than the modalities of care and reimbursement mechanisms.

"It is a complete overhaul from what we have used over the last 20 years, but from my perspective, I welcome it," says Kellie Youngman, RN, RAC-CT, director of clinical reimbursement for Elderwood, which operates skilled nursing facilities in several Northeast states and provides a range of services for seniors.

"The PDPM model really focuses providers on, and really highlights the need for, quality care and outcomes for our oftentimes medically complex residents. Because it digs so deeply into a resident's clinical makeup, nurses as PPS coordinators are going to be very busy, but in a different way."

Youngman was part of an advisory panel that helped PointClickCare identify major areas of concern where leaders thought technology changes

might help improve performance. The three main targets? Clinical category mapping for ICD-10 codes, Section GG coding and Interim Payment Assessment triggers.

Youngman says her company has already incorporated several technology changes that should assist nursing staff as they transition over to the new care-delivery model. Among the new PDPM features are screens listing each resident's projected PDPM case-mix score, along with their RUG score and upgrades for Section I to cover primary diagnosis selection.

"If, then" logic also will be a part of the solution, helping staff become aware of potential trouble spots. For instance, after entering information about a resident recovering from stroke, the system might notice that a diagnosis of dysphagia has not been coded and prompt the user to reconsider, Youngman says.

"Because PDPM is such a paradigm shift, there's a lot for nurses to think about," she adds. "We're really getting our staff ready to answer the new MDS questions and think about documenting in the resident record so our workflow isn't suddenly affected in October."

Providers also should be working closely with their EHR and analytics vendors to identify staff competencies, training needs and specific strategies that will influence care and shape good financial practices, she says.

Efficient use of technology will give nurses more time for critical thinking and personal interaction with patients, which will improve care.

But increasingly, nurses should be able to focus on the patient's needs before they have to think about the rigors of reimbursement. Tools like templates, summary notes, flags and alerts will be critical as facilities juggle financial viability under PDPM and compliance with Phase 3 of the Requirements of Participation.

"Accountability still counts," Jackson says. "With everything, you have to remember, we're always trying to make it easier. The more you can do that, the more you standardize and the less burnout there is. The science can support the art."

BRIDGE THE GAP: Better technology can free up nursing time to enable more personal observations. This familiarity leads to better caregiving practices.

BUILDS CONFIDENCE

The best software also will be embedded with the most-up-to-date research for nursing staff and other decision-makers, highlighting relevant clinical information that can be challenging for a working nurse to keep up with.

For instance, the electronic medication administration record can list contraindications and show photos of pills to ensure patients are receiving the right prescription.

Consultants say those types of built-in protections, combined with proper training, will give nurses increased confidence in their abilities. That's all the more important in facilities courting hospitals for their medically complex patients or serving residents with more acute needs, such as IV lines or respiratory services.

"It can be tough to stay on top of best practices," says Jayne Warwick, RN, HBScN, director of market insights for PointClickCare. "Our technology has bridged a gap we probably didn't understand we had 10 to 15 years ago."

Even the best technology can't remove the need for critical thinking, but it can allow caregivers to make more informed decisions. And with less time spent on MDS forms, nurses will have more time to talk with residents, their families and their previous providers to get a complete picture of their needs.

That, after all, is a driving force behind the change to PDPM.

Nurses may be best able to identify when residents need psychosocial support, whether they would benefit from more activities or simply what kinds of music or food might make their stay more enjoyable.

Those observations also will require nursing staff — from CNAs to DONs — to talk about what they're seeing at opportunities like morning stand-ups and embrace input from a multidisciplinary team.

"It's being quality-based, thinking big picture and being empathetic to those residents," Jackson says. "It's not just about the disease they have or the modalities of treatment anymore." ■

PDPM and Beyond: Are you ready?

It might feel as though the entire skilled nursing world is perched on a fault line as it hurtles toward October, when a new payment model kicks off a series of industry-shifting changes.

But providers who treat quality transformation as a resolution to deliver better care across the LTPAC continuum rather than an earth-shattering revolution should find themselves well positioned.

"The Centers for Medicare & Medicaid Services is trying to incent the right things. Call it value-based care delivery in a general sense," says Russ DePriest, senior vice president and market general manager for skilled nursing at PointClickCare. "To succeed, providers will have to have a full view of patients across care settings."

That's likely going to be the case, regardless of politics or how soon federal officials can create a viable unified payment approach.

Facing quality-reporting audits and claw backs, providers have had at least a decade to read the writing on the wall, even if the original start date for a new SNF payment model was set for 2021.

"We have been forced to make so many changes. This just feels like another wave," says the Rev. Chuck Cole, COO and CFO of The Chaparral House in Berkeley, CA.

Chaparral House is one of only four long-term care facilities in Northern California that has been accredited by the Joint Commission. Since 2014, the community has ramped up its best practices. Cole doesn't expect it will have any difficulty complying with the final phase of the Requirements of Participation and its long-anticipated infection control and staff training requirements that must be implemented by November 28.

But he concedes Chaparral House has a larger than average private pay population, which affords him the flexibility

PLAN TO IMPROVE STAFF: It is imperative you plan for training and upskilling of staff, including adding and training on new technology.

to make big-impact investments, such as a nursing staff that has about 40% registered nurses.

Finding a patient-population mix that supports the pursuit of quality will be for providers with high Medicaid census. If the Medicare Payment Advisory Commission gets its way and rates are frozen or cut in 2020, providers will need to lean on a system that promotes a continual focus on patient mix and services provided.

It is unclear how PDPM will influence other payment methods once the RUG model is suspended for all purposes in 2020. Medicare Advantage plans are hugely popular with consumers, while Medicaid Advantage plans have been criticized for low reimbursements, denied claims and pushing SNF patients toward lower-quality settings.

"It's going to be interesting to see what those plans do in 2019 and 2020," DePriest says. "Some Advantage plans may adopt a 'levels' model or other reimbursement models instead of PDPM. Some might use it. Either way, it clearly impacts our revenue cycle pulls."

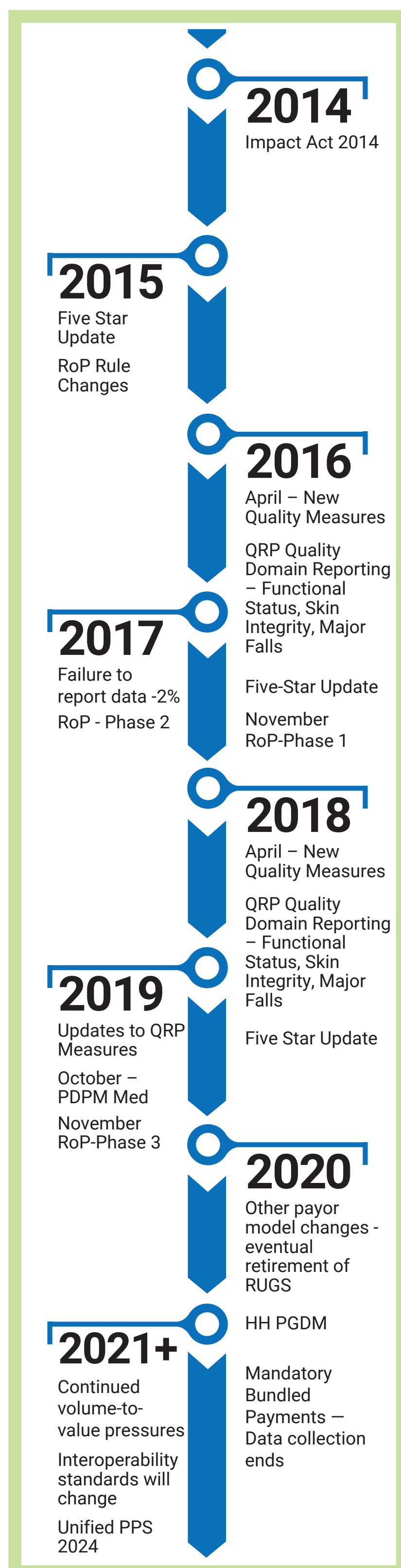
That's one reason understanding PDPM and all the nuances that affect Medicare reimbursement will be critical.

"There's certainly a lot here, but we've been given so much from CMS," says Paul Wemyss, RN, RAC-CT, IS, an MDS Technical Resource at Ensign Services Inc. "We can do this."

TECHNOLOGY EASES TASKS

Technology is already helping providers adjust, particularly in areas that are new to skilled nursing, such as setting primary diagnosis codes that may be different from those used at a hospital and measuring function under Section GG.

Those features are establishing a base for 2024, the goal date for an industry-wide unified payment system. A Department



of Health and Human Services vendor is already building that model, an initial version of which could be submitted to Congress as early as 2022.

Much like PDPM is expected to redefine how providers devise care strategies, namely away from pay-for-volume, the Patient-Driven Groupings Model will do the same for home health operators starting in 2020.

"This is a move in the right direction if we want to talk to each other using the same language," Wemyss says. "It's not just between environments. We have differences between disciplines too. Nursing charts things one way, therapy another."

Aligning those two types of providers with similar systems makes sense, given that many long-term care companies are already extending their brands to capture some of the home care market.

LeadingAge, for example, announced in March that it was affiliating with the Visiting Nurse Association of America and home care and hospice provider ElevatingHOME.

Such moves may be more common in a future that emphasizes aging in place and pays more appropriately for SNF support and home care.

Any partnerships that depend on shared information will require strident data collection and strong analytics to drive smart strategies. EHRs will continue their transformation from record-keeping program to intelligence delivery systems.

"As the MDS is de-emphasized, you need to be sure you have the right information as the patient enters the facility so your one shot at capturing it is timely and accurate," DePriest says. "Having a standardized method to capture data on your people will get you the insights you need to make decisions for the patients you have but also show you the possibilities for the future." ■

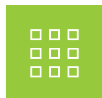
Your Journey to PDPM and Beyond

Every Journey Requires a Plan

We'll Help Get You There With These Five Stages

STAGE 1:
Conceptualize

Develop the plan for your journey to and through PDPM.



STAGE 2:
Standardize

Ensure consistency across your business, to get the right information at the right time.

STAGE 3:
Analyze

Analyze the changes you've made – learn what's working and what needs more attention.

STAGE 4:
Optimize

Look for ways to build efficiencies into what you learned and adjusted in previous stages.

STAGE 5:
Operationalize

Monitor and maintain the successful changes you've made through your journey – and continue this beyond PDPM.

BUILD YOUR PLAN NOW

We've prepared in-depth resources to support you along your PDPM Journey.
We also have a team of experts who are ready to answer any questions you have.

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