

## CASE STUDY



## Good Shepherd Nursing Home District

The Good Shepherd Nursing Home District (GSNHD) is a community owned, community operated and community driven organization with two locations offering residential care, sub-acute care and skilled nursing. Good Shepherd Nursing Home District was formed in March of 1968 and provides many activities both on site and in the community. A homelike environment is achieved by employing a warm, caring staff that is involved in the daily care and lives of the residents.

With the arrival of PDPM, senior care facilities are more focused on care documentation than ever before, since reimbursement rates are now tied more closely to outcomes.

The leaders at the Good Shepherd Nursing Home district realized they needed to harness their data more effectively to continue to operate successfully when PDPM took effect. That's why they decided to start using MyAnalytics in the year preceding that shift.



### Challenges

- Having adequate data to prepare for and succeed under PDPM
- Managing staffing at two separate locations
- Standardizing care documentation for improved reimbursement



### Solution

MatrixCare MyAnalytics



### Results

- Higher reimbursement rates under PDPM
- More efficient staffing and less employee turn-over
- Measurable improvement in standardizing care

Laurie Care Center and Good Shepherd Nursing Home are two facilities about 20 miles apart in south central Missouri, explained Michael Smith, a consultant and analyst for the district. “They care for two different sets of patients but the goal for both is to offer the same high-quality care. With different staff and different circumstances, it can be hard to keep quality up. You have to use tools like MyAnalytics to help with that.”

“We realized we needed at least a baseline amount of data to use as a guide and to move us from a paper environment to an EHR,” said Smith. “We knew the next step from the EHR was to get the data analytics, especially in preparation for PDPM. I knew there was no way we could prep and do our historical look-backs without some kind of analytics in place.”

Smith had seen the power of good data in his work with other senior care facilities and had stressed to Good Shepherd that they needed more analytics to prepare for PDPM. To get the organization used to the idea of using data to drive decisions, he began by focusing on census.

“On a day-to-day basis, prior to PDPM, the census reports were really key. They helped Good Shepherd manage staffing and things like that. We were trying to get staff to use these tools on a regular basis...to make sure they can make proper decisions. It’s proven very useful for us to be able to staff different parts of each building and make sure staffing is done early enough so that coverage is correct.”

“The second thing we did was to start digging into admission rates,” Smith said. “The data’s only as good as what’s actually in the EHR, and the analytics showed us where we had failures in the EHR—things that weren’t being completed fully.”

He said MyAnalytics makes it easier to gather key information than other systems he's worked with. "Getting access to that data is usually where you run into issues. When I was able to present graphical reports where we put the facilities side-by-side, we could see the differences between one versus the other and begin to ask why it was different when we were trying to get similar care in both buildings. With this tool, it's easier for me to say 'Okay, we've got some process work to do,' and then use the analytics to back up my claim so that everything we do always has data behind it."

The ultimate goal, Smith said, is to audit charts to make sure no coding opportunities were missed. "We have a project going on that's looking at all the observations and events, trying to get them aligned between our two facilities because, when we ran reports, we started to see that they were very different, and that dictates care." He pointed out that if observations and events are triggered correctly, it will lead to consistency in care regardless of which shift or which nursing staff is providing care.

Another area Smith has been checking is readmissions. "Before we had MyAnalytics, we didn't have any view into our readmission data except for CASPER reports, which are not real-time—they run six months behind. When we first got MyAnalytics, one big 'a-ha' moment was finding out that we didn't have any readmission data going back for a year," he said. "We knew we had an issue and had to figure out whether the nurses didn't know how to enter the data or some other fix was needed."

And when Good Shepherd started using data to compare the two facilities, it showed another area of concern. "One building had set up its system differently than the other, so we were seeing a difference in the amount of detailed events in one building versus the other. There were fewer categories in one, drastically fewer," he said.

"I think the thought was 'We're just trying to make it easier for the nurses,' but in reality, those events are triggering care. They're linked to things that are done when someone is flagging for a specific clinical area, and then things are done subsequent to that. If we miss patient events, and we don't have an intervention and it's not documented, then what happens? That person gets discharged to the hospital. That's a big one," he said.

"If you use MatrixCare correctly, it doesn't matter who the nurse is. As long as they know how to capture the event and trigger it, they can't go wrong. It's going to take you through things you should be doing for that patient and that helps standardize your care. That brings you to a different level of care."

"We've had a rate increase under PDPM, and I don't think we would have achieved that without the analytics in place. We worked on our PDPM project 12 months before it was implemented, and a lot of that was looking at where we were in detail in the different departments. If we hadn't gone through that process, we would have been way behind the eight-ball. It took us a long time and lots of training, and we're still doing that. But with MyAnalytics, we were able to jump into training right away instead of finding process breakdowns after we started with PDPM."

---

*"We've had a rate increase under PDPM, and I don't think we would have achieved that without the analytics in place".*

**Michael Smith**, Consultant, Good Shepherd Nursing Home District

---

*Results are based on client's own data and sources. Individual results may vary based upon particular circumstances.*



Call 866.469.3766 to learn more, or visit [matrixcare.com](http://matrixcare.com)

*MatrixCare provides software solutions in out-of-hospital care settings. As the multiyear winner of the Best in KLAS award for Long-Term Care Software and Home Health and Hospice EMR, MatrixCare is trusted by thousands of facility-based and home-based care organizations to improve provider efficiencies and promote a better quality of life for the people they serve. As an industry leader in interoperability, MatrixCare helps providers connect and collaborate across the care continuum to optimize outcomes and successfully manage risk in out-of-hospital care delivery. MatrixCare is a wholly owned subsidiary of ResMed (NYSE: RMD, ASX: RMD). To learn more, visit [www.matrixcare.com](http://www.matrixcare.com) and follow @MatrixCare on Twitter.*