

CASE STUDY



Skilled Nursing solution

CarDon and Third Eye Telehealth

Telehealth solution helps SNF reduce ER visits, rehospitalizations.

For skilled nursing providers, the world changed when the COVID-19 pandemic hit. With residents and staff essentially locked down to help reduce the spread of the virus, the usual processes for handling clinical assessments and hospital admissions for events such as resident falls had to change, and fast.

CASE STUDY



Challenges

- Fast implementation required due to changes in telehealth regulations
- Need to reduce hospitalization/RTH in light of COVID risks
- Lack of integrated patient data reduced quality of resident care



Solution

- MatrixCare and Third Eye Health



Results

- Implementation completed in less than six weeks after contract
- 88% treat-in-place rate reduced returns to hospital and avoidable readmissions
- All physician notes and orders were integrated into MatrixCare after patient encounters

Updated regulations around the use of telehealth offered new options for SNFs. “Telehealth was something we had on the roadmap before COVID, but then the pandemic catapulted it,” said Brandy Armstrong, Director of Clinical Information at CarDon & Associates, a senior living organization in the Midwest. CarDon’s existing relationship with MatrixCare made the decision to integrate Third Eye Health with the MatrixCare solution easy, she said.

Third Eye Health provides immediate physician access to residents during after-hours, nights, weekends, and holidays through its secure, integrated telehealth solution. This helps out-of-hospital care providers reduce admissions and provide higher acuity care by treating residents in place. Here’s how it works: When a resident needs immediate medical attention, the nurse contacts a Third Eye Health physician with the touch of a button on an iPad. Using secure video and text messaging, Third Eye Health’s physicians connect with SNF nurses, and the integration with MatrixCare means all documentation goes directly to the EHR.

It really takes the work off of our staff, especially having the documents import directly into the resident documents section with the physician signature. We don’t have to wait days for these notes; they’re already in there.

Brandy Armstrong, Director of Clinical Information at CarDon & Associates

Partnership supported fast implementation

The partnership between MatrixCare and Third Eye Health meant that implementation moved quickly. In fact, the time between signing the contract and the first go-live date was less than six weeks. CarDon chose to begin implementation with pilots in three buildings.

Third Eye Health was accommodating in terms of starting conversations with each of our buildings and discussing questions with providers and DONs.

Brandy Armstrong, Director of Clinical Information at CarDon & Associates

“These three buildings had some really good outcomes,” Armstrong said. “Their readmission rates are lower and they feel more confident because they have physician coverage during those off-hours. Third Eye Health can have their eyes on residents when they first come through the door. That has a positive impact not only on staff, but also on residents to know there is a physician readily available, even at night.”

According to Armstrong, higher-level medical staff also embraced the telehealth platform. “Our medical director was interested in Third Eye Health early on. Once it was implemented, the more he used it, and the more he appreciated it,” said Armstrong. “Previously, he was pretty much the only one taking calls—all hours of the day and night, and on weekends.”

When nurses request a consultation, the doctors at Third Eye Health have access to the patient’s full medical history. This means they can base care decisions not only on what is happening at the moment, but also on what has happened in the past. And once the consultation is complete, SNF staff also have complete visibility into what happened. Each SNF has a dedicated Third Eye Health Care Coordination Manager who reviews every encounter—confirming all notes and orders are updated—and shares a detailed summary back to the building each morning. This warm handoff ensures the continuation of high-valued resident care from Third Eye Health physicians back to their primary provider. “We receive notifications in our email if there was activity in Third Eye Health overnight, and all the notes are in the patient record,” Armstrong said. “There’s no waiting around for updated information, which saves our nurses time. We don’t have to worry about getting paper copies, scanning them in, or attaching them. It’s all integrated, so it’s all there.”



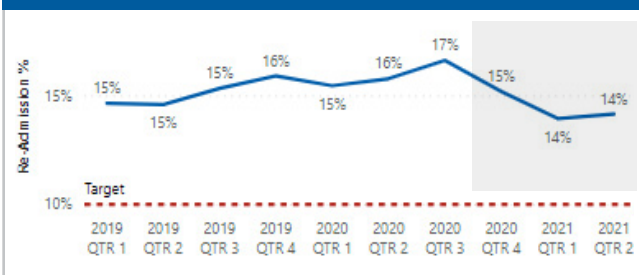
Integration can lead to operational efficiencies

Armstrong continued, "Integration is very important. Whether it's with your telehealth system, your labs, or radiology—the more integrated you are, the more efficient you're going to be. It will cut down on errors and lost paperwork, and increase the data you can obtain. And ultimately, that leads to better patient outcomes."

Because everyone in healthcare struggles with staffing, she said there's a premium on anything that will help staff save time. "The more information you have to evaluate root causes or solutions, and the more streamlined we can make their workflows, the happier and better off they'll be—and that contributes to better resident outcomes, as well."

Armstrong said many of the consultations for CarDon's residents involved events that would often lead to transfer to an ER for clinical assessment, such as falls or hyperglycemia. "But because Third Eye Health was able to intervene and treat the residents in place, residents had better outcomes without the added stress of rehospitalization."

CarDon's quarterly re-admission trend



1135 telehealth consults using Third Eye Health

Dec. 2020 – June 2021

89% average treat-in-place rate

June Consults: 294 (the highest month for consults since the first December integration)

Fall Without Injury:	99%
Lab Review: Abnormal results and/or requiring provider assessment:	89%
Hyperglycemia:	100%
Fall with Injury:	83%
Radiology review: abnormal results and/or requiring provider assessment:	92%
Acute Pain:	76%
Fall with Head Injury:	58%
Hypertension:	84%
Altered Mental Status:	61%
Abnormal Vitals: Hypotension:	71%
Respiratory: Hypoxia:	53%

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