Speaker 1 ([00:02](https://www.rev.com/transcript-editor/shared/xlSeq0XaTlJlb4EvLfRBAReHStImtu_3iuIFOPPWLe9SFObKw6OTwr5cvfKToaS6R0w9plzveNfclYwZBzQAtpX4GmI?loadFrom=DocumentDeeplink&ts=2.04)):

Welcome to the Post-Acute Point of View podcast, our discussion hub for healthcare technology in the out-of-hospital space. Here, we talk about the latest news and views on trends and innovations that can impact the way post-acute care providers work. We'll also dive into how technology can make a difference in today's changing healthcare landscape for home and facility based workers and the people they care for. Let's dive in.

Kelly Danielson ([00:34](https://www.rev.com/transcript-editor/shared/GMcg_ncXihSdng6iVLRnLWuQCGw8R6woH41Ckozw1CAn7inuPJDVYyvNCHFC3s65mL8NGgFiB6PsgVYzyDJxo-4gGfI?loadFrom=DocumentDeeplink&ts=34.5)):

Good morning, everyone. Thanks for attending our webinar today on intelligence solutions. Today, we're going to talk about how to turn your data into action. In case we haven't had the pleasure of meeting, I'm Kelly Danielson. I'm the clinical product manager at MatrixCare. I've spent over 20 years in long-term care. I've been an LPN and nurse manager, MDS Nurse, DON, a regional nurse consultant and district director of clinical services. I joined MatrixCare in 2017, and I'm currently the product manager for our Clinical Advanced Insight Program. I'm super excited to have here with me today Mr. Vivek Kumar, our senior director of software engineering. He's been with MatrixCare for 20 plus years. He's spearheaded our intelligence solutions Clinical Advanced Insights since its inception and we're grateful to have him. So with that, hello, Vivek.

Vivek Kumar ([01:30](https://www.rev.com/transcript-editor/shared/OF5ZaFlY5IrdPSrOOlQChkCLdwNSX9SiGUzdthHecMY6VQkqnTAUAfaiPSzL16eaWp6ivxNUbgMJE73qczOLBTd85oI?loadFrom=DocumentDeeplink&ts=90.42)):

Thank you, Kelly. And I'm super excited as well. We definitely impressed our nurse Kelly, with our intelligence solutions and today she will be showcasing our AI capabilities. Back to you, Kelly.

Kelly Danielson ([01:43](https://www.rev.com/transcript-editor/shared/yKqyvNX3ulDrHKVA2lF1XkHqyACSKq6qoNaJlo0WXShw6X5bKDegtBjUd5txoW9o2JOu2Vz_42xwc0kkeozf57JtUEg?loadFrom=DocumentDeeplink&ts=103.26)):

Thank you. And joining us today we have Ms. Annette Salisbury. She's with PruittHealth, [inaudible 00:01:49] largest customers. She's going to speak to us about how they're currently utilizing Clinical Advanced Insights. Annette's been with Pruitt for 15 years and serves as her senior vice president of clinical services. Aside from her day job, Annette has also served on the ACA quality committee for eight years, along with the South Carolina Healthcare Association, DHEC and Education Committee, as well as the Georgia Healthcare Association Quality Committee. Prior to working at Pruitt, she worked as a assistant director of nursing and as a DON staff educator and unit manager at a long-term care facility in Charlotte. She has earned her LPN RN and a certificate of executive nursing leadership and long-term care from various institutions. Hello and welcome, Annette.

Anette Salisbury ([02:38](https://www.rev.com/transcript-editor/shared/R3n80BQ_3Lzs18uzKoSnlHEuU00LCQ-3YTUQ0qmegCr6kfZpRczwKxM15RuV-NjJTNaXyI3avhRQ7CeAmpyHor8t2oI?loadFrom=DocumentDeeplink&ts=158.31)):

Hey, Kelly. I'm glad to be here to be with y'all today.

Kelly Danielson ([02:41](https://www.rev.com/transcript-editor/shared/G30CwD5S3VvShnfEtwjY6TGzruMN0vkkYDYtPFNeWDudLwOdVnpI5b2wB7yD4R5Q1LthhUByFc6Ng949pjsl-iVU678?loadFrom=DocumentDeeplink&ts=161.76)):

Oh, we're glad you're here too. All right. I hope that you'll take away four key ideas. First, you'll get to see how to integrate these solutions to your everyday workflows. We'll cover some of the experiences from Annette, our guest speaker, on training and education. And next we'll explore one way intelligent solutions can improve your performance. And last but not least, I hope you'll gain a better understanding of the potential intelligence solutions have in healthcare.

([03:09](https://www.rev.com/transcript-editor/shared/eSM_FEZ0lmvcaoP9PbV-N0L5Ap-_DGNlagN2J60uP8RAeSO4MpbLx5EoiSHNDW3bxYVCBPcBnMLFEjokfGtPjpr7R7Q?loadFrom=DocumentDeeplink&ts=189.54)):

To kick us off, I want everyone to realize that every 20 minutes an older adult dies from a fall. Every 13 seconds, an older adult is treated in an emergency department for a fall related injury. Just imagine that the amount of time it took me to read this to you, someone has been sent to the ER. If we imagine the fall event to be the epicenter. We can easily imagine the immediate health implications for the individual, but we often underestimate the consequences that falls have on the entire community. The mental and financial burden the event has on family, often translate to increased workload and increased difficulty of care for our caregivers. And finally, the provider organizations are also negatively impact.

Vivek Kumar ([03:57](https://www.rev.com/transcript-editor/shared/1S0tYNSU0uj2pieMwQ4RZjzKfgXp67JmOrWJ9z_y3oNxBmAmHT5AVhV2Ex9h7eU0ktXU-17rc21FDrBoHRIGO3MbrsI?loadFrom=DocumentDeeplink&ts=237.99)):

Thank you, Kelly. That's great. So like Kelly said, what if you can prevent fall? And this is all possible with our intelligence solutions and the data we have. This possibility becomes the reality. So intelligence solutions today are machine-based systems and they are able to analyze a huge amount of data and produce actionable insights. They are capable of analyzing any combination of images, any numerical values, any retail language like nursing notes and find patterns and create the actionable insights from there. So we recently conducted a survey to better understand the public opinion regarding these data intelligence solutions in the long-term care space. And this is what we found. So we asked this group whether they believe that AI and ML could improve patient care or patient outcomes. And the answer was a big yes. Most of our respondent, they say, "Yes, this would definitely improve." But the next one, when we asked the group, same group, if they are using these technologies in their care setting, the majority of group, they were little hesitant to implement these solutions.

([05:13](https://www.rev.com/transcript-editor/shared/EpT3glqK2TGq4aI6jyNYdBDZIVmNIW_dpwF5LCKnYuw1joVOq0-Nt4qcYHahVLxOaVoRMeUUc5TVUnvznLUlLqc9JQ0?loadFrom=DocumentDeeplink&ts=313.77)):

But these intelligent solutions are already playing a huge role in the healthcare system. Look at now any variable devices, voice recognition, diagnostic systems, remote monitoring, they are everywhere and they are helping day-to-day life helping nurses, helping patients in a big way. So what's next? What can we do? We have huge amount of data and there's these intelligent solutions can help us forecast resident trends, help us identify chronic conditions, help us with the clinical decision, supports mental health analysis, streamlined diagnosis and with the staff, they can help definitely reduce the burden of what our nurses are feeling of the daily care. Back to you, Kelly.

Kelly Danielson ([06:00](https://www.rev.com/transcript-editor/shared/WTPY-F8jbuXBG24B9hNJ6xLNb-2POswOhVBkxZpH5fDN2C7sMhTJeb-jHNDzNy5EdKCKZ8VO_AldXJ4aFPzdgJuKjHI?loadFrom=DocumentDeeplink&ts=360.36)):

Thanks, Vivek. So today the long-term care space is faced with increasing complexity of care. We know that. We're working with decreased funding and it makes it increasingly important to leverage as much efficiency and automation as we can. The most successful organizations have begun to rely more and more heavily on intelligence solutions and it's due time that the rest of the industry follows suit with the ability to improve every aspect of long-term care. The biggest risk faced today is not embracing the technology that's available. Where does the hesitation in our field come from? We continue to rely heavily on standardized traditional assessments that are known to paint relatively narrow perspectives of our increasingly complex residents. We're ignoring the mountain of information available in the EHR and in combination with labor challenges. Our staff struggle to find the time to effectively review all of those assessments in combination and to effectively care for our residents.

([07:04](https://www.rev.com/transcript-editor/shared/8y0f1CW4cSVUFQkR0uyVHgw4G73AuTK0Tw1ZUhnGYZnDhpac8VdEDIR1EcPWhA9wkLKrBLAb4T7OmG2vyQF2ywnn-DI?loadFrom=DocumentDeeplink&ts=424.02)):

However, thanks to strides made in technology and best practices, it is more within your reach than it's ever been before. And we at MatrixCare believe technology is a solution. You would improve quality of care for your residents. You would have better clinical outcomes, you could improve staff retention and even job satisfaction. Predicting falls before they happen will lower your care costs and increase operational efficiency. What this could mean for your facility or your organization? So the estimated number of falls per year per 100 beds is over a hundred. If you have falls with major injury, we know those are a big deal. Out of all of those falls, 10% of those falls result with major injury. And of course, a fall with major injury can cost you $35,000 or more. That's not including the litigation costs that can run upwards of $10,000. The average fall reduction rate in pilot sites that used our clinical advanced insights was 49.5%.

([08:04](https://www.rev.com/transcript-editor/shared/X16Ah8Rb68COcdOg-uESD2I_8UhaHyh3r4wVBWjQoIPO3-wCgyWzNwH1ffJTWlmR-x2EloQYcqohwYWvsL5sktpCAq0?loadFrom=DocumentDeeplink&ts=484.89)):

So just think if you could prevent one fall with a major injury, you could save your facility at least $35,000. But falls are just the beginning. And we know that. What if you could prevent rehospitalizations by actively monitoring every resident and what's going on with them? What if you knew which residents had high acuity? What played into that acuity and what if you knew what to focus on that was causing that high acuity? Changing condition that can occur anywhere fall with major injury, obviously is a change in condition infections. Sepsis right now has been a huge ongoing thing for surveyors in buildings. Changing condition could involve cognitive or behavioral changes. Definitely if there's any functional changes with that resident, we'd want to know about right away and there's rehospitalization risk. All of those changes in condition we can help you monitor. We know there are barriers to recognizing the changes in condition.

([09:06](https://www.rev.com/transcript-editor/shared/EM-jJaoN69E_6aVTLTeGG9WbhdjI_OP0WpTVNarEYVAybtE7CkECOl0-iqGw4mxC9iF5O1Ah8YbFYekjTj_-N6KcBNc?loadFrom=DocumentDeeplink&ts=546.42)):

Staffing shortages, we're hearing it from all of our clients. Agency staff there... The nurse to resident ratio. Because of the staffing shortages, the nurse has to take care of more residents every shift. And we know that the residents are coming to us from the hospital with a lot heavier acuity and requiring a lot more care than they ever have been. And then of course, one of the biggest barriers we've seen recently has been the pandemic. It's definitely challenging right now in long-term care. And we know that 95% of SNF are facing the shortages of staffing, not just nurses, but also CNAs. And we know the resident acuity is rising. We are seeing 77% of older seniors have at least two long-term care needs or comorbidities, which of course, all of these are increasing the staff workload. And each fall, of course, can increase the rehospitalization risk by as much as $35,000.

([09:59](https://www.rev.com/transcript-editor/shared/bXhvXaywlIfOZkZNjCqxjnkvltdM2ct0GMVkOsE0LPstaGU4eG5kod6Bpt6GBcy0-TaLAq68n6l-2YmZERs8LtIp4UU?loadFrom=DocumentDeeplink&ts=599.25)):

And we know this is an unsustainable model. MatrixCare, we can access millions of data points within this skilled nursing database. Coupled with intelligent algorithms, MatrixCare, clinical advanced insights provides preventative care and reduces rehospitalizations. We can help you reduce reimbursement penalties, and we can also help prevent that litigation. Our easy to understand dashboard allows facilities to see the status of every facility, every wing, every unit, every floor, every resident, all in real time. At a glance, the staff can quickly see how conditions have shifted in the last half hour, the last hour, the last weekend, overnight. We can show you through aggregated acuity and fall risk scores. I'm with these insights that you can trust. The staff can quickly identify the most at-risk residents and shift the staff accordingly. MatrixCare's proprietary algorithm enables providers to dramatically increase efficiency and improve care. Our EHR with Intelligent machine learning considers over 150 clinical data elements from you and other providers to predict fall risk and any change in condition. MatrixCare provides dashboards and alerts at the clinician's fingertips in real time.

([11:18](https://www.rev.com/transcript-editor/shared/iYwpCuLoe6KNA1jprBfJaEUuQnKulKl2SsZQV-noYv5LruuPe2Ld230amgG0z0WzFu0IvSDolVDPT8yQRcPREpld16c?loadFrom=DocumentDeeplink&ts=678.15)):

Clinical Advance Insights can improve caregiver satisfaction because it reduces the burden of staff. By giving them tools to assist in making more informed decisions and providing proactive care. We can help you effectively distribute workload and assist with cohorting residents based on acuity or risk. We can help you reduce clinical risk with lower fall rates, which affect your length of stay and your reimbursement rates. All of this will positively affect reimbursement as well as any provider relationships with hospitals. At a glance. Insights, well, as I said, we compile the insights and alerts in real time so that you can drill down into fall risk and to the acuity levels. So what does this mean for your organization? It streamlines that workflow. It helps focus the attention on specific resident care needs. It can assist you with proactive cohorting of residents, and it can provide you with important data for decision making that can be used in useful care planning without dictating those decisions. So Miss Annette, for you, I'd like you to share with us group today. How are you currently using CAI at PruittHealth?

Anette Salisbury ([12:32](https://www.rev.com/transcript-editor/shared/DLcnBjoX2-BCYZNrWBHKp1i3NWamaCEApMcds0nLEzOoxSs95CvCSJXsEOZBw8ubTPOyVQUbSknFzOMO409-kpsnl5Q?loadFrom=DocumentDeeplink&ts=752.22)):

Thanks, Kelly. So with Pruitt's vision, our vision is to be innovators in healthcare, and this helps us, as you said, to prevent and predict before it even happens. This has been a great tool for us because we worked with you guys when you started piloting this in our facilities. So it really does help us prevent and predict. And then our commission is committed to making a difference, and this system does, it helps us provide better care for our residents. So we use this on a daily basis. We use it in our morning meetings. When we sit down with our morning clinical meetings, this is part of it. We pull that dashboard up, we look at those acute changes. As you said, this looks at everything it pulls in. So we can see those subtle changes that happened overnight. We can pull our high risk to the top. So it looks at vital signs out of range. It looks at who had medication changes, who's at risk for rehospitalization.

([13:24](https://www.rev.com/transcript-editor/shared/RBxHPWtvWDityzo_KWn5v3uqFOf9q8kcSPaVAAs2m_9DzaX9rISMLKzkc6xvfour9W3301BS-snH3r3VKqFYra05mWk?loadFrom=DocumentDeeplink&ts=804.87)):

We talked to our providers, especially going into the weekend. We know that we don't have our unit managers, we don't have our DHS there. We call them directors of health services. We don't have our DONs there on the weekends. So we do a top 10 at risk list. So we get with that provider to see who might be at risk for going to the hospital. This is a great tool that predicts who might be at risk for going to the hospital. We use it in our... We call them at PAR meetings, patient at risk meetings. So our weekly meetings where we review patients with wounds, weight loss, behavior management. So this is another great tool that we bring to that at risk meeting, that we pull up that dashboard because as you said, it pulls into this dashboard who is extensive assist, who has wounds, different things like that. So you could actually look at who might be at risk for developing a wound. They don't have a wound yet, but it pulls in our Braden scores that was done in the last 14 days.

([14:23](https://www.rev.com/transcript-editor/shared/3UUhI4TAEIQus_BaKIsstkmsqk61r9739hAclapjD4csyteqnZjAbneJ3hm70i_9yogbd0zRoFvZeD3GKDGIiCMdPf8?loadFrom=DocumentDeeplink&ts=863.88)):

I can look at who's extensive assist, who's not moving. They don't have a wound yet, but I know that their mobility has decreased. I know that their nutrition is at risk. So now that puts me on a radar to look at them for potential for wounds. With looking at their anti-psychotic medications and their behaviors. That helps me with behavior management. So this dashboard has been a lifesaver for us. And then looking at their fall risks, we talk about falls and how much falls cost us. That fall risk has been a lifesaver as well, because we have been dependent. I've been that DHS sitting at that desk with my papers spread across, trying to determine with my little spreadsheet, who's at risk for falls, who's had falls in the last 30 days, trying to be that predictor, going to QAPI, where this dashboard has been a lifesaver for our clinicians to use to determine who's at risk for falls. So we use this on a daily basis, Kelly.

Kelly Danielson ([15:22](https://www.rev.com/transcript-editor/shared/FlH570QDJggE-0hwFBAHYCw2U7mFxmdoc05Mi31NzWtQJzyqbxm8Rwp47MrIodbrK8z0kArdpILpxNi8kT7XOaPGjao?loadFrom=DocumentDeeplink&ts=922.92)):

Can you tell me... I'm curious. Do your medical directors or your nurse practitioners or physician assistants, do they use it as well?

Anette Salisbury ([15:30](https://www.rev.com/transcript-editor/shared/xCyaK2nY4xPIE0qDuKc-JPWxWscw5XT4bfjurimK06PKfeUu3_bchRxxIQNGY3TlMNjDCFaXRO9SMpKf0ze0f0YQgX8?loadFrom=DocumentDeeplink&ts=930.93)):

Oh, yes. When they caught wind that we had this dashboard, they were one of the first ones that say, "Hey, Annette, what is this? Can you tell us what this is? Can you in-service us?" So we actually have our own medical group that is employed by PruittHealth, and we also have our own insurance group. The insurance group that we have, they have their own medical record system where they classified the residents as what's considered low risk, high risk, medium risk. And it determined their visits. Well, when they got their hands on this system and I in-serviced them, they got an eye-opener because some of their residents that was considered very low risk, that maybe needed a visit once a month were starting to trigger out high risk. And they're like, "Whoa, wait a minute. What change of condition did they have that we might have missed that we wouldn't have seen this patient for a month?" That now they needed to go see this patient immediately because something had changed.

([16:24](https://www.rev.com/transcript-editor/shared/bgoBVYi38jar_NxNDpKXd4yvpfu77qGfl47Jf_fnTsnDZ8AiJQ7Rsv4c0VcvjmNbe4axc_DDLn2iGPX0hvAmMvK49U0?loadFrom=DocumentDeeplink&ts=984.87)):

So they love this dashboard. As soon as they come into the facility, they will go see that patient. They pull it up as their first line when they come into the building or the nurse will call and say, "Hey, something's not right. They're triggering on this dashboard. Can you please take a look at them?" Also, our rehab department where they caught wind that we had this dashboard, they wanted to be trained. And it was quite interesting. When I was rolling the dashboard out to them, I piloted a building. I just picked a building out of the blue and they had to have an MSU unit. And when we were going through the dashboard and on the fall risk, we were going through it and everybody who triggered fall risk had high pain.

([17:04](https://www.rev.com/transcript-editor/shared/IEktctwuSnDFDz_Y4OALYE0i08oxkKGne8QDhYBkJeWlhBXK1lHUqnUp5foSdMDYFZQUH8ZH7kRVD3jBIunsq9uBnsI?loadFrom=DocumentDeeplink&ts=1024.29)):

The pain was yes, down the road. And I'm like, "Wow, guys, look at this." And as soon as I got off the phone, I called that building immediately and got them on a teams meeting and I said, "Guys, look at this. Everybody, that's high risk is triggering for pain. You've got something going on in this building. We need to get the pain under control." So it opens your eyes to look at other issues that may be going on in the facility.

Kelly Danielson ([17:26](https://www.rev.com/transcript-editor/shared/LHHX1N7dO4KHvPu2rMNZrAAlJjAK1CTSV6LHweuoA3G9CRyRH-MjfseBb6sEbQqJUD92WZFeJycw1xdc21m-baM7W8E?loadFrom=DocumentDeeplink&ts=1046.43)):

That's awesome. That's excellent feedback. Thanks, Annette. So our Clinical Advanced Insights, it'll alert clinicians for any change in condition. You'll see it in real time, the acuity for each floor or unit, which allows you to also reallocate staff as needed. We'll give you a six-week overview for any acuity trends in your building, and it's perfect for your [inaudible 00:17:49] meetings. But Annette, I've got another question for you. I talked about briefly how we can help you reallocate staff or use CAI, Clinical Advance Insights for appropriate staffing. Can you kind of tell me, has Pruitt done that at all?

Anette Salisbury ([18:03](https://www.rev.com/transcript-editor/shared/dXXeqgy8AId3Wx5jjmTyhQeauHy3v7TzJGV022Xe527FmDsS-sVFSoaGMkLSpiaAbkr9LJxHiKKi2X6VvM4IGnLpv8s?loadFrom=DocumentDeeplink&ts=1083.12)):

Yeah. So this is something else that I also... When I roll this out to the facilities and when we have new directors of health service, and I do that DHS teaching, we look at this because as you see here on your slide, Kelly. You can actually look at this dashboard and see where your acuity is. Everybody thinks, "Oh, my acuity is on my short-term rehab unit." But that might not be the case. Look at your long-term care unit if you have a lot of tube feeders over there, or if you've got a lot of total care patients, this'll help you where you're placed in admissions too. So you can pull this dashboard up and you can look at it and it'll tell you exactly where your heavy acuity patients are. It helps with placed in admissions, so you know that you maybe have five admissions coming in. Do you really want to put them on that 100 hall or that 200 hall? You got a lot of acuity there.

([18:50](https://www.rev.com/transcript-editor/shared/C1w94hYopjy53LVLoN884FBUS866Qx0LFBWDoKIBlozbpidiLFzWPSWuE6B_dGeaqKL3YQGg4s0bQGc3VXFtm4fT4gE?loadFrom=DocumentDeeplink&ts=1130.55)):

Same way with your fall risk. If you click on that fall risk tab, it'll tell you where all your fall risks are. They might not be on that high acuity hall. They might be on that hall that doesn't have the high acuity. That's where all your fall risks are. So this has been an eye-opener as well to let you adjust that staff, because we always tend to put the more staff on your short term rehab hall because we know those are your high demand patients. But I have taught... And even our administrators have access to Clinical Advanced Insights, we've given access to our administrators, all of our nurses. A lot of people have asked for this and I have trained on it so that they can see this. So maybe we don't need to send that extra CNA to the rehab hall. Maybe we need to send it to the long-term care all. Maybe they need to go to MSU. So this has helped a lot so they could actually see where the acuity is at.

Kelly Danielson ([19:42](https://www.rev.com/transcript-editor/shared/cmFZveeASIKhqcFPAeUNLcACzzdjQhLMIWoLUgYaBpta6Ihk0oawdshExfLRDaHN3QqaVs_cDfq06pcWU0A0a00ju5U?loadFrom=DocumentDeeplink&ts=1182.42)):

That must really help with staff satisfaction then too.

Anette Salisbury ([19:46](https://www.rev.com/transcript-editor/shared/rO9UYO0J1phAwWL4KidnMJxtj2udYos0GSQA5_pzp67C_Uo4JaS_mhOWXNoCRmSF8A0_v4YDru5Rl8NntJt0jP7jvTo?loadFrom=DocumentDeeplink&ts=1186.92)):

It does.

Kelly Danielson ([19:48](https://www.rev.com/transcript-editor/shared/QouIWf0q6aFWHq4C0gBT5lFmDEXtpkeih17lcN9LGDdY2TOkXuPdkjQb5a6R0K5qJUTD4ejxlw9tZd8K9mN9nRO5cP8?loadFrom=DocumentDeeplink&ts=1188.09)):

Thank you. So MatrixCare's Clinical Advanced Insights dashboard will show all the residents will give you the acuity score right there so that the clinicians can determine what proactive steps need to be taken to prevent a potential adverse event or even maybe a rehospitalization for that resident. So Annette, back to you. Please tell us how Clinical Advanced Insights has helped you and Pruitt with managing resident risk, including rehospitalization.

Anette Salisbury ([20:17](https://www.rev.com/transcript-editor/shared/sWtUZXYnz2yjV-EMvUwQHHmjyWtr3jNtNz1r69KWexphF_w6zxXkytbPtzu4px-Aa7QUjdFfVu8meDsuUvwh4g8A_NI?loadFrom=DocumentDeeplink&ts=1217.76)):

Yeah. So we've been blessed that I actually have a nurse consultant that she focuses on rehospitalization and she does a great job. We have some focus centers that are 18% and above and she keeps them on a call. But she used this Clinical Advanced Insights too, because she'll go there and she'll look to see if this patient went out to the hospital and came back. Did we miss something? And when she has them on the focus call, she'll drive them back to Clinical Advanced Insights. What did we miss? Was the vital sign out of range? Did you click on that blue? That drills down further in there? Did you use this to do your top 10 list? Did you take this to the physician? We're sitting right now at 15.8% for Med A as a company as a whole. And we've been lower. We've been a little bit higher, but we're teetering right there.

([21:02](https://www.rev.com/transcript-editor/shared/CbiKX1eYirwmK4b8TlDdguJ7iIbfCJcC3-YVDbJonr91u19jjUNbAWJgcR472sBrafc_aaiasw8vZrkoVZvSyGz9CuA?loadFrom=DocumentDeeplink&ts=1262.16)):

But we use this faithfully, and like I said, we've sat down with a physician and asked the physician, who's your top 10? To see if our lists kind of match. And then we come here and we look. And I actually sat in on a morning clinical meeting and was just listening to see if they pulled up the dashboard. And I said, "Have you looked at your dashboard?" And they all just looked at me big eyed, and I said, "Let's pull the dashboard up and see." And there was a couple people they missed and they're like, "I didn't even think about her." Well, let's look and see why she's triggering. And maybe it was a vital sign out of range that they just didn't think to go look at. So this has been a big help with us with our rehospitalizations.

Kelly Danielson ([21:42](https://www.rev.com/transcript-editor/shared/e3z2MIhjDVX5QmPEy2cTlUhusmNgvqlhi-zoLqj46VqNnGY2fLcZYxXHuecm7JS-JeWAkWx1_VHeSoh9ZxycNOvc-do?loadFrom=DocumentDeeplink&ts=1302.39)):

Nice. Thank you. So Clinical Advanced Insights, it'll show clinicians what exactly has changed for each resident in the last 24, 48, 72 hours. We'll let you know exactly what's changed. So Annette, can you tell us how your nurses look to CAI for residents with an acute change such as what you see displayed here? Is there anything else you'd probably like to add regarding that?

Anette Salisbury ([22:07](https://www.rev.com/transcript-editor/shared/Rn_OFLV82QAA6uOvXXFutx-0Ay5oJUj2ULCFdxoIU5aWFg4itghP1oVqbVugHPTZemUbWHMKqKIlwCF4pVzpasacciI?loadFrom=DocumentDeeplink&ts=1327.56)):

Yeah. So this opens the eyes to the nurses of maybe what they missed or this helps them understand why is this person triggering for a change in condition? Because sometimes they just don't understand. And if you explain the why to them, they get it. You see those little lights firing because they might say, "Well, she looks fine. I don't understand." So this is very insightful for them to understand why or what makes somebody trigger for a change in condition.

Kelly Danielson ([22:38](https://www.rev.com/transcript-editor/shared/mB5OsdptVRmTTz_9VZVBoS0Ete5rUgregX8YUhNDtKfAJS2AXF9f0AYwUwV3lhIK2JZ0R6uzrE5VOrK3e-kHdlOXXV0?loadFrom=DocumentDeeplink&ts=1358.1)):

It kind of spells it out for the nurse.

Anette Salisbury ([22:40](https://www.rev.com/transcript-editor/shared/-KKAa2dJofqN-vCAE-ysXEjew9q0lsADcyg9px1tkpdbFCjzuLe26BSg9VVENwy2Nkbm77oQAJ1uFyh6WrF1nl2sYgU?loadFrom=DocumentDeeplink&ts=1360.8)):

It does.

Kelly Danielson ([22:41](https://www.rev.com/transcript-editor/shared/KYCMxjc9An0c6N8z6Nu87bncdX4c-XygwaUGCBSftVOGX7ZxnMfEchPK4YXgZ8EUVqkC09w1n2M6P5xWH7jWKyOY8DY?loadFrom=DocumentDeeplink&ts=1361.01)):

Right. So Clinical Advanced Insights also shows exactly what contributing factors that have recently affected that resident's fall risk. So Annette, have you seen a reduction in falls since you've implemented Clinical Advance Insights for your corporation?

Anette Salisbury ([22:57](https://www.rev.com/transcript-editor/shared/D5B4ZqjZrL3NbL3BZGdOPEWNbtEej4jsaSwgeRh_MlCTq1ZchHNyLwIhPPKYGQ6hwfzw0OCHqB-CdIazj9Zm4v67eAM?loadFrom=DocumentDeeplink&ts=1377.21)):

So we have, Kelly... And I actually love this, the breakdown for the falls. And we've actually used this in care planning with some of the families because we've got some families that say, "My loved one's not a fall risk. I don't understand why they're a fall risk." And this summary of why someone's a fall risk, sometimes when you put it in front of the family and they understand what makes a person a fall risk, that certain medications could contribute to a fall risk. And when they actually see it in black and white, and it's not just me saying, "Well, this medication can contribute to a fall risk or because looking over the past 14 days of what's been going on with them. Hey, yesterday they were maybe a minimum of assist and now they're a total assist or their blood pressure went from this to this." This breakdown really during care plan with a family member, helps them understand. But yes, I actually took a look at our falls and over the last six months we've decreased a thousand falls in the company.

Kelly Danielson ([23:57](https://www.rev.com/transcript-editor/shared/gKrr6kVq7HhIAVwC69Jw05I8ptN0rHa1tsaQcF2W-xo-3kKFHpxmvPSlV0VJeoXkXWE4P9x0z6AvFqWRJHbJVTDn9ps?loadFrom=DocumentDeeplink&ts=1437.21)):

Wow. That's impressive.

Anette Salisbury ([23:59](https://www.rev.com/transcript-editor/shared/AnXmR1wZarHLUVn9oek282b1DkOxIas-xXaRaso9qJkz_0oJhmdZtERsftszakMcGgM22cyhjfrsIUg4x11wMj-5_YI?loadFrom=DocumentDeeplink&ts=1439.91)):

It is. And talking about Advanced Clinical Insights, especially with the fall risk, MatrixCare gives us banners, which are alerts that we can put on individual patients. We have the DNR banner, we have that this person has the same name alert or that they... As I said, they were DNR or there are PruittHealth premier. We have one that says that they're a fall risk. Well, I've been apprehensive about giving that one up, but I am giving that one up because of Clinical Advanced Insights. Because with machine learning, now that this is constantly updating as we're putting orders in as the physicians doing things, as the CNAs are doing their point of care documentation, the machine is constantly changing.

([24:45](https://www.rev.com/transcript-editor/shared/7CH-xkp6QNVFIskvKvQ4dcWa5Z-5u5RGTQ9hBLGWb0TOXTK6MRDiyLvJ_1Cxe8r9uFyLAkfg_TdVqa1aWiNguMkHLgY?loadFrom=DocumentDeeplink&ts=1485.27)):

And at seven o'clock in the morning, I might not be considered a fall risk, but by two o'clock in the afternoon because of my medication changes and because of what's being documented, I could become a fall risk. And I don't have to depend on my nurses to change that banner, to change that alert in MatrixCare. It does it for me. So it'll alert my CNAs, it'll alert my nurses automatically that, "Hey, Annette is now a fall risk." And it puts it out there for my CNAs to see and for my nurses to see. And I think that has helped us tremendously with reducing our falls.

Kelly Danielson ([25:21](https://www.rev.com/transcript-editor/shared/Z5e09cgF9-bF6G-nR_GNGmkVAES2b716gSlNTb2oiltePFaOohbmv4NBQ4BYQGH1AcLfbwen66_N4vkVt94MlzRUH7Q?loadFrom=DocumentDeeplink&ts=1521.93)):

Thank you. A thousand falls that you've reduced by... That's incredible. Thanks for that, Annette. So on the resident page, Clinical Advance Insights shows an overview, a six-week trend of the resident's risk or acuity. We also show which factors contributed to that risk as determined by the intelligent algorithms. We also display all recent changes that have been input into the EHR with within the last 14 days and we'll do that on a timeline. If there's a vital that's out of range, we're going to display that right here as well with a warning or if there's a new diagnosis that's been added to the face sheet. If it didn't happen on your shift, you probably wouldn't be aware of it. We're going to let you know when it was added as well or what type of assistance was used for that resident, what kind of assistance for the ADLs was needed.

Anette Salisbury ([26:19](https://www.rev.com/transcript-editor/shared/vhDBTe1lXtIXuNHdKv_rXdFVk3GRoswoNQQE7181QlS14oU7k3npkaWaM7DuciEW-2FqLWi-mxj84aAtnnRdMNqF43M?loadFrom=DocumentDeeplink&ts=1579.5)):

Kelly, can I add something right there? When you're in the-

Kelly Danielson ([26:23](https://www.rev.com/transcript-editor/shared/ZwJjFxq8FJnb5YedsI29BZK3Zc19YsVZ-1byyimScWLbpOsaynQ1ETH88iNXgKp58uu2I1HS4axekCEkutKleOly5uI?loadFrom=DocumentDeeplink&ts=1583.37)):

Absolutely.

Anette Salisbury ([26:23](https://www.rev.com/transcript-editor/shared/4b_nFP-Xizpj_2Ac15b9Rve7EbMwI4Qy3KsVl0uO9RWz-QNXeHxQrazXirnD6HHXNVf1tXDVQpWka3YfEpQNvl-asvU?loadFrom=DocumentDeeplink&ts=1583.58)):

When you're in the patient's chart, in the individual, one thing nice about that, and one thing that I teach my nurses is when you're there, because you're right there in the patient's chart, you can check the care plan because you're right there. You can check observations, you can check events, you can make referrals to therapy. If your therapy's in-house, you can do physician's orders because you're right there in the patient's chart. That's the beautiful thing about this because you're right there at the patient's chart. So there's no jumping back and forth. So when we use this in our patient at-risk meetings weekly, and we're doing individual drill-downs, I mean, you've got it right there at your fingertips. You've got your IDT team together. So you've got care... Your care plan team's right there, your social workers right there. You've got your dietary team.

([27:10](https://www.rev.com/transcript-editor/shared/ZFVj2kB5izUm8e34dgRGr8LyOG-uIxCqWPGrqPcSurwVB8HBKI9HXSPsd9l_tn9eDbDjDfHWt5o9-r-7oA4BQNtmDuI?loadFrom=DocumentDeeplink&ts=1630.14)):

If you've got somebody from rehab right there, the whole team is right there. So you've got the patient's record, you're in the individual chart. You can do your updates, you can do your orders. You can send an order to the physician if you have to. It's a one stop shop. You've got it right there at your fingertips. And as I said before, we've started incorporated some of this into care plan, as I said, because you can show the family right there the trend. So it has helped us out a lot, I think with some of those difficult conversations. If you're seeing a lot of change in conditions and it's helped us with that return to hospital and the ER visits because that affects our quality measures and having to take some of those difficult conversations with changing code statuses and maybe the hospice conversations, it maybe it's time for hospice. So this has helped us out tremendously, Kelly.

Kelly Danielson ([28:00](https://www.rev.com/transcript-editor/shared/s3v5mrB81__P9bhQBlGTVjc-1aDWSp0gFxZBRKM3xGT9JW6lbX2X744lCb9xdt_QuzC52ign6wmDNl3XR4RTHw6zcOQ?loadFrom=DocumentDeeplink&ts=1680.78)):

Nice. When I look at this, I think of the MDS coordinator. When I was an MDS coordinator. How nice would this be? Am I going to miss a SIG change MDS? Not if I'm following Clinical Advanced Insights.

Anette Salisbury ([28:13](https://www.rev.com/transcript-editor/shared/MDAYVvRFeFonxpswvjm8JS5LiuAIncAO0zsgKZzOjIzW5_RQFKeN9b9JObOz13nmaay7O8ICOA4uH-G9k90DdHUSkPo?loadFrom=DocumentDeeplink&ts=1693.89)):

Nope. And just like you talked about sepsis, I mean, the surveyors are all over sepsis right now. And that's been our focus at PruittHealth this year has been sepsis. So those little vital signs, subtle changes, this is where you're going to pick up on it at.

Kelly Danielson ([28:28](https://www.rev.com/transcript-editor/shared/2SVLxwifs7G8xD7wAPWU7NiEr4XpWxm2u2jQ9BXGqxi2ksiPFav4SQg8A1NdVu4nGdPO3xgOcPuUxKb3lrQMvzQ32pI?loadFrom=DocumentDeeplink&ts=1708.92)):

Awesome. Thanks for that insight. We appreciate that. Well, with Clinical Advanced Insights, we've given the clinician the proactive tools, but now we're going to close the loop with what's coming with our suggested actions. These suggestions provide options and interventions based on our intelligent algorithms for risks such as falls. The clinician can then choose to use their own actions or they can utilize those that the machine has selected for the resident through these intelligent algorithms. When the intelligent solution has suggested an action for that resident, then Clinical Advanced Insights will display an alert. You'll see that alert at the top of the page that, "Hey, this resident has had a change. We've got a suggestion that you might want to use for proactive care planning." The suggested actions then display, we'll pull them all up for that clinician and they can decide whether or not maybe I want to use all of them or maybe I don't want to use any of them. But we're going to give them there.

([29:25](https://www.rev.com/transcript-editor/shared/gR2FOHafbdJRyV4j05rPAL8mZb_VWwHAnDseBllEpNAN7mrxsP_vh9Y8bPKwVNEFepY0y8w2vIe6erRBM0HJd7NV8mU?loadFrom=DocumentDeeplink&ts=1765.56)):

If they select one, then it's going to automatically populate to that resident care plan. So it's going to be saving more time and it's going to help provide that proactive approach to that resident care management. So thanks, Annette and Vivek for that overview of what's possible with intelligent solutions. We started our talk today with an in interesting clinical statistic on falls. Now at the end, I'm going to add one more statistic. 73 terabytes of healthcare data is produced every second. For context, one terabyte is approximately two laptops full of data. So every second 150 laptops are filled with healthcare information intelligence solutions will play an increasingly important role in processing, analyzing, and learning from all that incredible amount of information within your EHR. And these systems have unlimited potential in improving every aspect of healthcare. So the ball is now in our court to dedicate what little time clinicians have to spare to kick off the right collaboration to revolutionize the way we deliver care today. We thank you for listening to us, to Annette, Vivek, myself. Thanks again everybody.

Anette Salisbury ([30:40](https://www.rev.com/transcript-editor/shared/F4Q0GoTrbCU0GnDAkhsur3-QAOWvGmYnr319372I-2o4cdoSgzkF-BrWj3LMu5OmQ3ofFby20LKBWMtg_hkmrekVqfI?loadFrom=DocumentDeeplink&ts=1840.68)):

Thank you guys.

Vivek Kumar ([30:41](https://www.rev.com/transcript-editor/shared/IdaazokV2nBilZ4MaYV7x9eKLgRjZmtCFfRtnx9y3F67mIEB391RI2e8Q1ehPAm1YwWNDnRoGWVONRcOtyLh20ghTKQ?loadFrom=DocumentDeeplink&ts=1841.43)):

Thanks everyone.

Speaker 1 ([30:42](https://www.rev.com/transcript-editor/shared/G0T2iaQyNZqqbeTINfDEozX7PgaxaHykkx-G2Xkzt6dVAe1v5QFfOklrbibcwmI-8VB_BM415ZS9kF2ALIKKDmJyVBE?loadFrom=DocumentDeeplink&ts=1842.81)):

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