Speaker 1 ([00:01](https://www.rev.com/transcript-editor/shared/z6cBQJHbzZFn8G4cI4vrSWVIBfDv3N7Q9NX9wrVkSXUWBVboTVMvQBhV4aWPG1QuEU7p0Qn0GbtAGzo8n1jzhNzpsDI?loadFrom=DocumentDeeplink&ts=1.02)):

Hi, and welcome to The Post-acute Point of View, our discussion hub for healthcare technology in the out-of-hospital space. Here we talk about the latest news and views on trends and innovation that can impact the way post-acute care providers work. And we take a look at how technology can make a difference in today's changing healthcare landscape in both home-based and facility-based care organizations and the lives of the people they serve. Let's dive in.

Nick Andrews ([00:30](https://www.rev.com/transcript-editor/shared/jwXNbWRjBr_ESu7Kh1WXZrWqFeDJe3ervMpZl5nzbRI9dQOaGbiKLaPRcxhMHTPuLf3dpggm-2EHcaOYz8fOqb12how?loadFrom=DocumentDeeplink&ts=30.6)):

Okay. Good afternoon. I am Nick Andrews, a reporter with Senior Housing News. Today's panel style discussion will discuss how to leverage your current EHR solution to promote positive outcomes for your residents, including wellness initiatives for physical, mental, and spiritual wellbeing to help ensure residents age in place. Okay, let's meet our panelists. Robert Moore, Tina Doer, and of course, Jeanie [inaudible 00:00:55] Jeanie of course is BSN and MSN in nursing education. She has additional certifications in infection control, risk management, leadership in geriatrics, has been in long-term care for more than 25 years and held many different positions, including board of director positions with the AAPACN at Sigma Theta Tao, currently the chief nursing officer for a nonprofit group of life plan communities located in Kansas, Missouri, and Colorado. She's engaged with the state of Kansas Medical Standards and nursing boards as a committee member. Welcome, Jeanie.

([01:25](https://www.rev.com/transcript-editor/shared/5zH9rYQEGcZ_y7FKXMuTHwBGEP3FgEFiq0UyRMbB0wHpsW2pExNEXUeVTjT3UgR9fvNBmkNLvDOu6TrhZY5D_ZqJe0I?loadFrom=DocumentDeeplink&ts=85.8)):

Also, joining us today is Robert Moore, RN. He's a registered nurse and the director of Strategy and portfolio management with MatrixCare LPN, that's life plan communities. Rob started out in healthcare as a CNA in post-acute care and has been a registered nurse for over 15 years. During his time in the nursing profession, he's held the following positions, telemetry unit staff nurse, unit manager, MDs coordinator, director of nursing, quality assurance, business analyst, and product manager. Rob is very passionate about post-acute care and the nursing profession as a whole and is always looking for opportunities to serve his profession. And also joining us is Tina Doer, product manager with MatrixCare. Tina is currently a product manager with MatrixCare Life Plan communities. She has served at MatrixCare for nine years as a software implementation consultant and business analyst. She's primarily responsible for launching new products and services while managing various teams and projects using agile development tools to maximize success and satisfaction.

([02:23](https://www.rev.com/transcript-editor/shared/7XD7nLdBIJ-OvEKRVrn8XD53Af9cxmrr1xfpY4kKe0jBuZIo-F8HqNqIGP8dSDNmC20qryod-YCCEcdxYzY9Grb-g6E?loadFrom=DocumentDeeplink&ts=143.49)):

She started her path in healthcare more than 30 years ago, working as a physician assistant in pharmaceutical tech for an internal medicine and geriatric care provider in rural Missouri. So welcome to all of the panelists. I hope I got all of that correct. I have no complaints from the gallery, I hope. Good.

Robert Moore ([02:38](https://www.rev.com/transcript-editor/shared/tE8M5PszC1POwgyYDjl4pPejO4A_TJYq-aCHewXrmIaVDfpA8AYsGK64r-7yCDPzo9R9xH5dUh3rnTL56-myDul7rtI?loadFrom=DocumentDeeplink&ts=158.82)):

Excellent.

Nick Andrews ([02:39](https://www.rev.com/transcript-editor/shared/BSaEAoNa9aFL4xxDj7rwzfk1S80kS6wExpEmudCImeJOWnQDecatpZiEuahn8zImS6NkBPvg4ThoXpyVwLIzx4COwx0?loadFrom=DocumentDeeplink&ts=159.75)):

So we're going to start Jeanie with a question for you. We're going to jump right into it, the title of our panel is the top three trends. So what would you say are the top three trends when it comes to senior care?

Jeanie ([02:48](https://www.rev.com/transcript-editor/shared/euCdV8O_5O3nVyquGAERIeIqGj4Ggxxc1-tbVG8xiEm2yel_Xk99puENbAY7nceuVQSoBo9znYeJec7Su-EcS7HXDYU?loadFrom=DocumentDeeplink&ts=168.69)):

I think it's looking at an increased emphasis on wellness. How you manage to improve outcomes and slow the decline of a resident in a community regardless of what level of living. There's a continued focus on resident centered care and how that picture changes as the baby boomers continue to age into life plan communities, and then reimbursement, how do you improve it, what kind of partnerships do you develop, what kind of new lines of business, those kinds of things.

Nick Andrews ([03:20](https://www.rev.com/transcript-editor/shared/dLGYpQoP45rMcgRYSNffByofVvAaLaPq2E-2LZAFED9O_BSREm6cT42BEw6R1KT5bHxe9dfFux94N9m1dxUsZlai7yM?loadFrom=DocumentDeeplink&ts=200.22)):

So Rob, let's go to you. What are your thoughts on those top three and do you have a similar top three?

Robert Moore ([03:25](https://www.rev.com/transcript-editor/shared/3t42qKwfgjBpcCYG2nU4g1uIZ2H89gp0vTKC93_BAL6_Y9y25qVXKJCt0JjiVXQVSBodf996f4aIpJeEl7B53IvJnBg?loadFrom=DocumentDeeplink&ts=205.59)):

Very much a similar top three, but I believe that managing staffing is one thing that we're seeing across the board through interactions and staying engaged, staff attrition and really the unprecedented high utilization of agency staff. We've never seen something quite like this in the past. So focused on that, the state and federal regulatory changes, they're always coming at you and really staying on top of what's coming next and data analytics and reporting, leveraging this information to provide thoughtful and validated statistics to help drive wellness forward across the organization. I think that Jeanie really hit the nail on the head. Wellness is so important, aging in place, and we want our residents to stay at the highest level of care and looking at that holistic wellness programs is a very, very important thing.

Nick Andrews ([04:25](https://www.rev.com/transcript-editor/shared/UMG9l0kgJIJyjSp2C5RBNJtJu9Q0vcN1cznmeA0vY3o-KTGkEDChYFCz4tpLpypN5OLZDzFyMBL8YdIEohq2GzNvVIQ?loadFrom=DocumentDeeplink&ts=265.77)):

So let's get Tina's thoughts on the top three as well.

Tina Doer ([04:29](https://www.rev.com/transcript-editor/shared/ItM_97xbrcLe8uKjIPRpYPY5-ag42J9OyBFzjII57lqflT9vYCZs8lSz6nJF0A7qrlcqIelGGhO0gtrGY2nk4okMBn8?loadFrom=DocumentDeeplink&ts=269.55)):

Thanks, Nick. I agree 100% with both Jeanie and Rob. I would add to exactly what they're speaking towards, getting reimbursed for the services that we provide at the highest level of reimbursement to cover our costs, those expenses, and just to be able to get the data out of the system so that we can do the budget reviews and the analytical reporting for our finances. So all of that makes the complete circle for what we do, right? Rendering the service, providing that care, giving the best quality of care and then being able to do so with the best possible reimbursement. I think that speaks volume to meeting all three of those trends that we have out there today that we're looking at.

Nick Andrews ([05:16](https://www.rev.com/transcript-editor/shared/Rq4-NUJl62XwASRPzzANz4tc_wbUw61ixq1aTkJY5wFbCvz40txGV8ZDFHEu6Ybqj73sy775TfGib27X7bYTw3mXRSA?loadFrom=DocumentDeeplink&ts=316.26)):

Let's jump into it then. The number one topic in the top trends has been re-hospitalization on this webinar. That's the top of our focus here. So Jeanie, we'll start with you. What motivates you to focus on re-hospitalization? Like why is it at the top of the list? Why is it so important?

Jeanie ([05:31](https://www.rev.com/transcript-editor/shared/OrkFgnuIldb4pplJG3LP0IbknEcImOJlY92N6SRD1l3lEVoHWvopUHbKmp51k-Xt4SNrlbgx4gBEcUBlFbIk_oytlaw?loadFrom=DocumentDeeplink&ts=331.14)):

It's to improve outcomes for the resident. I mean, the patient's going to do much better if they don't go back and forth to the hospital a dozen times. You're going to avoid those adverse situations where resident has a decline that is much harder to have them rebound from. And then it affects your relationship with all of those providers, whether it's physicians or hospitals or home health agencies. And then obviously it affects reimbursement.

Nick Andrews ([05:58](https://www.rev.com/transcript-editor/shared/tZUOBbs-fWdqGFl5MKSZzb53cx6CB9FplvwkUaOczPQbfRG5ARiJ4-yKT6uZOjGoepIE6fqkksG50pVA45jK0asg4vU?loadFrom=DocumentDeeplink&ts=358.17)):

And let's ask Robert, what are your thoughts on why re-hospitalization is so important?

Robert Moore ([06:02](https://www.rev.com/transcript-editor/shared/uGvPYYKApGQVapj5WuX-tVZy3BImHCuAwh8shWpUDfTI39kuazbWJyLJ8dqqBYBNjamfYWDfvE0Ihs8oly246sDNneI?loadFrom=DocumentDeeplink&ts=362.76)):

Well, I mean, let's just be real and say, do any of us on the call today want to go to the hospital?

Nick Andrews ([06:09](https://www.rev.com/transcript-editor/shared/L1yg664MhnNaB33heEt78j_dtE5ERoRnac9QuKCMxymRLAuhwT14KsXu7GtLmtbt8fBTE95UzUOKyWH4z4MdKlkECOo?loadFrom=DocumentDeeplink&ts=369.09)):

No.

Robert Moore ([06:10](https://www.rev.com/transcript-editor/shared/MRxIIFj_Q3jWdoZ7m_MjFGi6ReMiAgJI6SHpxy5G01Jd7Mn7uMiiqb_fWDp8USUNUbRqwa7o8dSbJyjg-X7torI0WC8?loadFrom=DocumentDeeplink&ts=370.29)):

Right. We want to be at home. We want to be where we're comfortable and we want to thrive where we are. We don't want to just live, right? And when we take a step back and look at our residents and life plan communities or standalone skills, nursing facilities, that's their life. We want to provide them with the highest level of care and keep them where they are. They don't want to go to the hospital. They want to be able to stay in their comfort zone. And so first and foremost at the top of the list is our residents. That's why we do what we do. That's why Jeanie does what she does. We truly care. We have a passion for our residents and those that we serve and providing them with the tools to help them stay where they're at and function at their highest level. It's just key.

Nick Andrews ([07:01](https://www.rev.com/transcript-editor/shared/8--OjoF8evxSmpIU3ONbrVMUCpMoe2454POREAyo2ZcjjP8BGF9d-R35VO9_dzmRbIQM5A1754y_N_LNb7ESCY3jlVM?loadFrom=DocumentDeeplink&ts=421.95)):

No question. Tina, anything to add on why re-hospitalization is so important to focus on?

Tina Doer ([07:06](https://www.rev.com/transcript-editor/shared/ugSmm7ZIYOX40UvUtlnegvj44lyEFuZZ9JYEoGoR1C_5pDpC0XYdkg3xsADSdMiV6XRfi06ZPggflOacW8SDDvZ6ytM?loadFrom=DocumentDeeplink&ts=426.87)):

Again, 100% agree that out of hospital experience and having the quality of care that you can outside of the hospital only adds value to that resident's life, to their surrounding, to their family environment, and to the support of the resident. That is our goal out of hospital experience to provide the best service of care that we can for these residents.

Nick Andrews ([07:31](https://www.rev.com/transcript-editor/shared/b7oNSLZu0TTRwvWSG_yM2IACV6BC66gLlHbf4xFjXU8w4vDnmkKb11z4Z9W8xo1frq8MZP9oa91xE_ORKCDii06L8Nw?loadFrom=DocumentDeeplink&ts=451.11)):

So let's get into a little bit more detail, Jeanie, maybe some examples or thoughts on the negative consequences. What are the negative consequences of re-hospitalization for a skilled nursing facility?

Jeanie ([07:41](https://www.rev.com/transcript-editor/shared/i1g-c2O_D4FNlAByEAPthSMsnytqvpAL1Crt9zmmn_F8dfPZtxn9XS3YLx2G8hiFLlbRZqrki-mm-bH8s9wdmu763qg?loadFrom=DocumentDeeplink&ts=461.94)):

Well, I think the biggest item is the effect it has on a resident because to Rob's point, no one wants to go to the hospital and then they don't want to go to the hospital, come home for a couple of days and then go back to the hospital. So it just reduces their positive outcomes, makes their getting better phase much longer than what it would normally be. And it also, speaking as a CNO, it is also going to affect your bottom line, reimbursement's not as good, providers are going to refer to you a little less if every patient they've ever sent you has had numerous trips to the hospital.

Nick Andrews ([08:16](https://www.rev.com/transcript-editor/shared/JSyFPU4yf3CUt4beW83MCYZRgMQ6MvEtGSJ8f0vpmL4zi6hVNSfAj1kzyfgoCxNE32bAJKrcZdSe8NBEn-CyJNtLJtg?loadFrom=DocumentDeeplink&ts=496.35)):

Yeah, that seems like it would be, I suppose, a reasonable or at least predictable outcome. Going further down that, how does it impact trust and confidence for a patient or a resident of a [inaudible 00:08:26] how does re-hospitalization impact their competence in their caretakers?

Jeanie ([08:31](https://www.rev.com/transcript-editor/shared/P0iF03jV_9nv5bp36CRToxxYRg2zBuj6WREQzP0h2WaRFSRWpxNKz0d6AgY5IG9jlmblmTf-19EsrdySr631RdHLnXc?loadFrom=DocumentDeeplink&ts=511.32)):

I think it decreases it. I know if I went to my doctor and had to keep going back and back for the same issue, I would wonder if maybe he really knew how to treat that. And so I think there is that concern that, do the nurses there really know what they're doing? Are they taking the best care for you? What got missed? What made you have to go back to the hospital again? So it is a trust issue.

Nick Andrews ([08:56](https://www.rev.com/transcript-editor/shared/hqR08DCZPUF2cwZsCG0VnZBrS5dLmAtk7h6xpIpsbrCkcsJ3o0xayYrrljnlV13dwyBqGkwgULaeYrmfpAOdWKezuw0?loadFrom=DocumentDeeplink&ts=536.85)):

So I suppose by cutting that down, it would improve trust theoretically, or at least it would prevent trust from being taken away or losing trust between a patient. Is that right? Do you have any thoughts, Rob?

Robert Moore ([09:07](https://www.rev.com/transcript-editor/shared/rGFLxolz5kMcQd26WVcVQzRo92-UiWKLzK5fFKCczpeWb3QHt2dqqaEkJqDI9yvlFLFiS-ej2WmedsGqwUnYJnjMWrM?loadFrom=DocumentDeeplink&ts=547.38)):

Yeah, absolutely. I mean, at the heart of what we do, we work hand in hand with Jeanie and our other valued customers. We truly want to provide a solution that helps bridge that gap between the caretakers in a life plan community or standalone skilled nursing facility that presents information to them to hit on all of the topics to help prevent re-hospitalization do. Are they having increased urination? Are they a change in mental status? All of this information that's being put into the electronic health record is really to help validate what's going on with the resident and prevent that re-hospitalization, therefore increasing resident satisfaction so that they can bribe where they're at.

Nick Andrews ([10:01](https://www.rev.com/transcript-editor/shared/Vl8TYPqCdU4wczTEOuwQpP-LHOizQlVWhF2YJ7_kc3rhGxWRljJgXRn3GMN0aIGIQJiZAz3W_Q4X-b0k_nYRUP7b404?loadFrom=DocumentDeeplink&ts=601.53)):

Sure. So we kind of want to make sure that we get all parties accounted for here, and I want to talk now about the referring provider. How does this kind of problem impact the referring provider of a patient?

Jeanie ([10:13](https://www.rev.com/transcript-editor/shared/6zpHonUrSsnDAXDgTY9ZJyqSmHiACmTmVaZ1B_jC1LT4_cYtBhd8rq0wvKH7tfvmuBGtZ2xz40X4QzYlEacSetU5Ojs?loadFrom=DocumentDeeplink&ts=613.26)):

Well, from my perspective, I mean, it's a significant issue. If the referral provider doesn't trust you, then they're going to refer to you less. You have to prove that you can take good care of that patient.

Nick Andrews ([10:23](https://www.rev.com/transcript-editor/shared/pG00SYO50xtQ-ktzOXiWosCooseKXAr8KXf1lNQKQG9_kFlAC5N5c6QOhvZYRiqB56GX7d967KhpZqz4kTQjJvbfvOM?loadFrom=DocumentDeeplink&ts=623.34)):

That makes sense. I mean patients in referring physicians trust is important across the board. I, let's turn the focus now to cost and savings and costs spent. So Jeanie, what are the additional costs associated re-hospitalization for patients?

Jeanie ([10:38](https://www.rev.com/transcript-editor/shared/lW5Eb3gpPHeydk2oiRhRFJQCGot95n_MB0HtEtJWIKS9cMsrWI_F--KtUqS_mnJt5bHDhtxfbhjgFcNwmnnJbJqpYbg?loadFrom=DocumentDeeplink&ts=638.37)):

Well, for the patient, it's really more about the health costs than it necessarily is the insurance costs, because most of our patients are going to get Medicare services when they're in the hospital. But if they were for some reason on any kind of private insurance, there may be higher deductibles or maybe extra expenses that they hadn't planned on. But sure there is a great psychological impact on that about how they feel and how frustrating it is to have to go back in and out of the hospital. The hope that they're going to be able to return to their prior level of function is significant.

Nick Andrews ([11:13](https://www.rev.com/transcript-editor/shared/AaJTICaKXVNCGoFdaFMXdFewabLdKRTR3EfNqsce48rrtcur7AL0PbJn8tOFx9T1vXglxLHxALc0k_P7EQp3ARI6NVY?loadFrom=DocumentDeeplink&ts=673.44)):

So let's talk about solutions now. We're again focusing on re-hospitalizations. What software and how does your software and the technology that you have at your fingertips help reduce the negative impact of a re-hospitalization? Should it be necessary?

Jeanie ([11:25](https://www.rev.com/transcript-editor/shared/jLPlEL9oC-R5xB5UVrV3ZDoRy3eIZRGEQxP__GdjDl_n_Sg_Pu3weRecnW3zTc_hhjpe8XbaiXT1vHcLAxMrzkuQ-AI?loadFrom=DocumentDeeplink&ts=685.71)):

Well, I mean it just encompasses everything. It tracks everything that you document for that patient, and then you can gather that data. And I think it was Tina that mentioned the analytics. I mean, those are so important. If you can see that a resident over the weekend had a decline, they weren't moving around as much, they needed more help, then you can address that on a Monday instead of having to wait 'til Friday when maybe they've had that significant decline to be able to address it. But the analytics just keep it flowing really, really well about being able to look at things that are happening before they become that huge issue that someone's going to end up back in the hospital or having some extra care provided for.

Nick Andrews ([12:07](https://www.rev.com/transcript-editor/shared/vUjYc89GLH8ZLftaok4BKLHtI9QLUOEDUBMZFFZEl__Nk--1VJ_W4neCntYpBmXllAkJ-4-IIY8PO3BpV2gTXMyriUI?loadFrom=DocumentDeeplink&ts=727.71)):

Tina, do you want to jump in and provide some light or color on how software can be impactful?

Tina Doer ([12:12](https://www.rev.com/transcript-editor/shared/bHqBujj5rr3zV1fsJd3L7JTlhj57OKav5ETILQkTOIwJvLDpGAibGIH7zuC9ZELVzEq6lztAMBgEexOaz7I3LtwsVbQ?loadFrom=DocumentDeeplink&ts=732.57)):

Absolutely, thank you. So definitely whenever the clinicians are documenting, whenever we're putting in specific codes to identify trends, then those trends are what Jeanie's talking about, that they can pull out the trending reports, they can pull out the analytics to do preventive measures that they could identify. The solution allows for them to identify in advance who's more likely to have a fall, how many falls have they had, what is the cause based on diagnoses or based on lack of service or treatment. So there's many ways in which the solution is able to utilize the documentation, utilize that to create trending, create reporting and quality indicators so that the nursing and other departments are able to then better monitor, track and do preventive measures for their services, for their nurses, for their residents.

Nick Andrews ([13:08](https://www.rev.com/transcript-editor/shared/n1_meshMBU46t92L1tSUSiyRClCUiijKejSmGdddWBOFLWH_NInC3weaqjou9fNgghkMepa4V35skmaoSOmqjBG7Soc?loadFrom=DocumentDeeplink&ts=788.19)):

Right. So Rob seems like just knowing where everything is at a moment's notice, it seems like a simple solution may be hard to execute, but hugely impactful.

Robert Moore ([13:17](https://www.rev.com/transcript-editor/shared/Ff9lZZXXzp9Ky9djg4vVV2flZJhtC_Su5zXpTq_FJIpDQ7eI7idWB5A3KgFu85wBJJg7akkTaFlmruZdAql9A2PhZsU?loadFrom=DocumentDeeplink&ts=797.52)):

Absolutely. Absolutely. So for those of you that are listening and know Jeanie knows full well and Tina as well, the SBAR, right? Situation, background, assessment, recommendation, having all of that information at your fingertips to be able to identify what the situation is, what the background, what are their related diagnoses, what's been occurring over the last 72 hours, the head to toe assessment and the recommendation, the majority of the time we need the data to come to us to say, "Okay, we have a situation. We need to identify what's going on and what the background is and look at the resident as a whole and do that assessment." So having those items at your fingertips, that data at your fingertips helps you identify what is going on with the resident and prevent re-hospitalizations and keep them well in place.

Nick Andrews ([14:15](https://www.rev.com/transcript-editor/shared/xRfMiZyEp_2rxPhWYVjx2A9gQXFUowheCiieMmo_kWZ9joOceP3xw8oolpgnWtCaBCfHBh7VYeR6r3S4VpEE5JxrXSY?loadFrom=DocumentDeeplink&ts=855.57)):

So any specific examples, Jeanie, of how a [inaudible 00:14:19] has seen a significant improvement in re-hospitalization rates and what changes were implemented to see those improvements? Any specific examples?

Jeanie ([14:27](https://www.rev.com/transcript-editor/shared/hFYVch0EBr7xD2GNGeRhhABWDv9SLQiB_AS7zScCv2CLQ_VSw5NH0xkBMScd67rbYmnx5gMZHSJ_9vlffrlPRLi5yLE?loadFrom=DocumentDeeplink&ts=867.96)):

I think one of the best examples I have is during COVID when no one really knew what all those symptoms were going to be, and it seemed like every time you heard the news, there was another sign or symptom of COVID, we were able to modify our tracking of those symptoms as that rolled out. So for example, the loss of taste wasn't one of those first signs or symptoms, but it did become one. And in that process we were able to pull reports on that information that was documented and see that maybe they had some COVID symptoms going on that maybe if we weren't documenting like that we might have missed. But in asking those questions about have you had a headache, the things still taste the same, and then documenting it, we could actually pull that up the next shift, the same shift, the next day and look at that and say, "Hey, this person's had this, we need to go assess them again and maybe have some conversation with their physician about, 'Do we think this may be headed towards COVID? Do we need to isolate them? Do we need to get them some meds? What's our plan of care for them?'"

Nick Andrews ([15:32](https://www.rev.com/transcript-editor/shared/m_QojPQbq0fDUXWbr8b-a9uUmURm7PCkMU5yYqoVWHq35Fwsfr6b_nYRofhpzhD3-VAQA6r5hyg_mTv0lBy83eMIr3E?loadFrom=DocumentDeeplink&ts=932.22)):

So Tina, would you say that this is an example of using the tool the way it was designed and kind of proof that this is how this can be implemented on the front lines, and of course no one saw COVID coming specifically, but you have a tool like this and it's able to help you communicate in real time and almost in an emergency response situation?

Tina Doer ([15:49](https://www.rev.com/transcript-editor/shared/EsZUtCmTPpsuZR-dZ1gp8fQbbdmjzY5MQ7RKoC2p0vrGFKjBul-i1HjN5x2goPiWRW31irJDJ4z3M4vS_t4QCYM9Lkk?loadFrom=DocumentDeeplink&ts=949.59)):

I would say having a solution that has the flexibility to on the fly, be able to add such type of triggers into the system is what we're looking for. We may not have implemented it that way, but by all means having a solution that is up to date with the technology and the ability to be flexible for the type of pandemic that our customers experienced, that our world experienced is what was transforming for our customers like Jeanie.

Nick Andrews ([16:16](https://www.rev.com/transcript-editor/shared/_vzMKFUSI6ZLkkiHtB8uOS62XhajD2BHf4ed8u9JWhztGF98OjljNBlwYRxnKOr6m9gtiVVgUg7-onabTB2EfM-c5fw?loadFrom=DocumentDeeplink&ts=976.92)):

Couple more questions about re-hospitalization, again, it's so important. Jeanie, how has your tech helped catch re-hospitalizations before they happen or in a way that they can be prevented?

Jeanie ([16:27](https://www.rev.com/transcript-editor/shared/BeBGLOR2eyEmtLzesAV_NdkctptvlK7rWjE7qyH9lTqkOOPZROFJvIl3Ko8Fs5A_rVpDNYBxesttY7CKzTiWee_U8Uc?loadFrom=DocumentDeeplink&ts=987.39)):

Well, kind of to my point before all of that data that you're gathering, all of those times of the CNAs, they're charting how much assistance the patient needs, if they have pain, what kind of mood symptoms they have. All of that data rolls into one and then you're able through the analytics and the reporting to pull reports that show you, Hey, Mrs. Smith isn't walking as well as she did last week. We might want to see what's going on with that. Maybe someone's blood pressure isn't doing quite as well as it was last week, but by pulling those reports you can see that right in front of you. Whereas opposed to having to go out and actually assess every resident every day, every shift to make sure nothing's changed, that gets really difficult to do.

Nick Andrews ([17:09](https://www.rev.com/transcript-editor/shared/Z9Oegmor1GPVCDoOqJIOtwf8OoXNSzYzO1_x3_ZWuoXLIBvaJsWCSEx7I65eUKmCARm3ZT4LmsA9GdIDQDKXC5rDtVA?loadFrom=DocumentDeeplink&ts=1029.81)):

So Jeanie, besides re-hospitalizations, how does your EHR or your technology or solution help facilitate or promote positive outcomes for residents? Any examples for wellness, physical, spiritual, holistic wellbeing?

Jeanie ([17:22](https://www.rev.com/transcript-editor/shared/u9DNOt3tQfMhQ0bb0xyxCSZhd51tlxrzSyKoaWL1iP7vI6eWn1qwibtC1CjtuzV8TI-gCC3WXMHlm2A3Emkj5vVBKAI?loadFrom=DocumentDeeplink&ts=1042.71)):

Well, I think there are two factors. One is the wearables and the ability to be able to connect those to the EHR so that if I'm wearing a Fitbit for example, it can track and I can look at that data on my EHR as well as looking at the Fitbit itself. And then MatrixCare has a product that, I mean, I can't say enough nice things about, which it connects the patient, the family, and then the healthcare providers. So everybody has the same kind of dialogue about what's going on with that person. And then you can put your blood sugars in there. And then that's something that if I'm the daughter in California, I can go onto my computer and look at what those blood sugars and the trending has been. I don't have to wait, call the nurse and then have them forbid, get an agency nurse who maybe doesn't know my mom just as well as the other nurses who've been there a long time do.

Nick Andrews ([18:18](https://www.rev.com/transcript-editor/shared/rSHCjPmYvDwG_IM01JRlZFmYqdxvSBy1bjWj93mEAU-0sHhjFn-DB9VzqsSvc66xlF6zKyBKnQPrZ39iav5CM98JOQE?loadFrom=DocumentDeeplink&ts=1098.33)):

Yeah. So before we wrap up our discussion on re-hospitalizations, we'll start with Rob, we'll start with you and then we'll move to Tina. Do you have anything to make sure that we drive home before we move on?

Robert Moore ([18:27](https://www.rev.com/transcript-editor/shared/v52F7YaBiiNsHs71uFsRZO9Vs1fmHH3vC6TuXoBqYuxGUhOYN8CpYNlPV3gmI13oxniKbbpAJm4V1pprb0q2zYW4ehY?loadFrom=DocumentDeeplink&ts=1107.93)):

Just the importance of the wellness programs and assisting. I know I said it before and I'll continue to say it again, at the heart of what we do is to serve our customers and help them better serve their residents. Being a registered nurse for many years, I truly am passionate about taking care of our loved ones and others loved ones and helping in any way we can to serve that aging population. So as we move forward, we don't know what's coming next. None of us could have predicted the COVID pandemic, but having the ability to stay connected through our value customers and friends like Jeanie really helps us drive forward what we are doing and how we do it and the timeline of how we roll certain things out. So at the heart of it, once again, as wellness and taking care of our residents.

Nick Andrews ([19:26](https://www.rev.com/transcript-editor/shared/cB7-RZzS6LnCov-cCVf_rhxYBVOLgr3s6rcs2G_JkHu-JYa-cER72ix8o0Zozmw8VQ1apzwn2LPRNZyPhjKjc4OLl2s?loadFrom=DocumentDeeplink&ts=1166.28)):

Tina, anything to wrap us up on re-hospitalization? Something to leave us with?

Tina Doer ([19:30](https://www.rev.com/transcript-editor/shared/ib_shbZq1rjbNCbTJcJPtB-pQ7Rftdi1Ag0c1HI13Ay5rLa6Wlmj_He6mlQOMD6DO0NDfqi7BnZ_UjU0jWzl4yxYDTU?loadFrom=DocumentDeeplink&ts=1170.99)):

I would just say as long as everyone is focused on putting that resident first, aging in place and providing the services they need in any level of care is going to help with mental, physical, emotional wellbeing of that patient for whenever, if they do have to go into the hospital for any other reason, they do have that security, that trust that up until that point you have provided every service that you can and that they are confident in what it is that you've done for them. So just keeping that at the forefront, all aspects, mental, emotional and physical wellbeing of that patient.

Nick Andrews ([20:15](https://www.rev.com/transcript-editor/shared/i1eC_8eIBVaiLWVzhUOb2Ia_6y5-Do5oYmpMOZzdJWNIJeuJ3v9MLQD7IeJEyaxw-p1RHWWJax9hQAId02i-WLo-F8U?loadFrom=DocumentDeeplink&ts=1215.09)):

A big picture view for sure. So we've already discussed the importance and the value of reporting and documentation for patients. So Jeanie, let's get into our next section reporting and documentation. Maybe we'll start with an example or an anecdote of what it's like, say a patient experience a fall or some rapid weight loss. How does the workflow work for a common skilled nursing event like that?

Jeanie ([20:38](https://www.rev.com/transcript-editor/shared/Bcmj_BLPyV9vuM06NshArzNW-vV1uxbilwvV_wnPX4gThDHgLsSQlHiVSHO-lpzuDbwEa6ymL69B984K-ktlVmJNOzU?loadFrom=DocumentDeeplink&ts=1238.76)):

Well, MatrixCare has designated workflows that you can identify which steps, what should be next, so nothing gets missed. Starting out with a fall, obviously you document the occurrence, then it's going to trigger for things like a pain screen, you fell, did you hurt yourself and your skin, did you fall and maybe you scrape your elbow or your hand? And then a neuro assessment if necessary, maybe you hit your head. And then it's also going to trigger how to update that plan of care, to take care of whatever caused that fall. And then the investigation, what are the steps that you need to complete to make sure that you follow up on that so that nothing gets lost in translation and then you know, can have it trigger like a fall risk assessment because certainly they're more at risk now than maybe before because they've had a recent fall.

Nick Andrews ([21:28](https://www.rev.com/transcript-editor/shared/iKYof8pk59AtYRB0rqw1N1mgr3daAiZN-8E1pvAm98PUYg17dCcpQoeSXdoXnCIDrwMXYYgf1Rj2uImS5Vo9Psz7j4g?loadFrom=DocumentDeeplink&ts=1288.92)):

Tina, could you shed some light on the kind of workflows, maybe some more detail and build off of what Jeanie just said for how that kind of thing works and what triggers?

Tina Doer ([21:37](https://www.rev.com/transcript-editor/shared/e4gJaYQf3OpM8QYt6KztyvZhj3XN8JwKI4l5XKMux206vJUA4rpADwnWBd1__NjQ3T2jnMpPwTHo0AxhsUfdtCbncWU?loadFrom=DocumentDeeplink&ts=1297.56)):

Definitely. So the workflows within the solution that we have today are 100% based on actual clinical steps and processes. So we're looking at it from how the nurse starts their day through the start of charting to the end of the treatment, and we're building those workflows out based on specifically each step by step and with intuitive design so that the nurse doesn't have to really think things are led, they're fed with prompts and indicators to what will trigger the next response level or the next question. Making it easier to document, making it easier to actually spend more time on the patient than on the documentation. So it helps to streamline that process and it eases the clinician's time and effort.

Nick Andrews ([22:32](https://www.rev.com/transcript-editor/shared/ZpgX67i0I8TMcsugCPfhxMPu05-jA3te7GBiGLRmRX5fymR_AS3tgHoGNtgH1iX0n1INeZYT7Zo91OgaDi3gBMISE80?loadFrom=DocumentDeeplink&ts=1352.67)):

So let's say, Jeanie, you have a situation where a patient has perhaps an abnormal or alarming result or something that that's not status quo. How do you stay on top of the documentation for a situation like that?

Jeanie ([22:46](https://www.rev.com/transcript-editor/shared/66nO8-4Bwvpg1-bHr99EQ2rCDbp_b_dl0EeymOkTXo6IPXOIn04s6BEwwTq66Wc79KexmBuv3UCKjraoJfv4zlzm34Q?loadFrom=DocumentDeeplink&ts=1366.71)):

You have to monitor it, right? But again, not to keep sounding like a broken record, but it's the reports. My [inaudible 00:22:55] in the building have a list of what reports that they're going to pull every morning based upon what their population's like, and they're going to look at those and whatever has changed is going to flag for them and they're going to know that they need to follow up on that.

Nick Andrews ([23:09](https://www.rev.com/transcript-editor/shared/iK3-WU0_z-tv3myjho0ivxTKEB_hSMshYMLphBWRmLGSZJ2fGMDmEb-2UD0KRfmTd61MQCSu6uOgX6GJmEKNgM-SNx8?loadFrom=DocumentDeeplink&ts=1389.99)):

Going a little bit further into how the EHR access works, what types of reports do you look at?

Jeanie ([23:16](https://www.rev.com/transcript-editor/shared/Y7272oEFkYd_Z6UxZCvZLUe3YHcWHV8KTJQMCH3HRPVbf9fCKg7Q5Jw5Dfjsfl5kbHQBULi85cwyIeg7YmsPzIWpiMo?loadFrom=DocumentDeeplink&ts=1396.59)):

One of their favorites is called the missed documentation report and it alerts to whatever wasn't documented the day before. So if you missed a medication, if you missed the fall risk assessment, if you were supposed to document weight, anything that you were supposed to do and for whatever reason that got missed by the clinical team the day before, it's going to reflect on that missed documentation report. So you know what you need to go investigate or know what needs to be corrected. They also have performance in ADLs to see what that looks like, particularly when you're talking about short-stay Medicare patients. Has that changed? Do they seem to be getting better? Are they sliding backward for some reason? Looking at resident altered mood? Are there indicators today, today that weren't there yesterday or weren't there the week before and what's causing those? And then just any trend, a little different for every building, but you could look at ADLs, you could look at weight loss, you could look at mood and behavior and see if those trends are straight across, if they're dropping down or if they're increasing.

Nick Andrews ([24:21](https://www.rev.com/transcript-editor/shared/_RJND5Qcc9EFvXZJpYSrp-3KlrFjec5NpCQlFHRK4otN3jCdQw0cPKL6FLphKChwX1Ih5q6SrRbvJZUSphPR6fx9xXg?loadFrom=DocumentDeeplink&ts=1461.24)):

Yeah. Rob, you worked as, I believe I've got unit nurse and as a unit manager. So I've heard those kinds of nurses be called the traffic cops of the shift and understand who needs to do what on what day. So you seem like the kind of person that has some experience with who should be reading what report and when. So if you could go into a little bit further detail. What kind of reports are important and how important is it to be able to rely on it daily, hourly?

Robert Moore ([24:43](https://www.rev.com/transcript-editor/shared/JrZ9NYiVlMP8KT1YsjZXszdejtcoNPiYdtnwJf9xOnYFO0z70FEh0FwjxWJx1F4sG5BkS9dpOwba5dUKurpoLmaIgpE?loadFrom=DocumentDeeplink&ts=1483.32)):

Yeah, absolutely. And the main reports, like Jeanie mentioned, are the high level reports initially. You want to track and trend and see what documentation was missed, were medication administrations, were meds refused? And then that will cause you to dig in a little bit deeper and do some root cause analysis. You want to make sure that antibiotics, so looking at reports by therapeutic category for physician orders, who started new antibiotics, who started a new psychotropic medication? Those types of things are key to start your day as well as end your day. You want to be able to ensure that if a resident started an antibiotic is all the criteria, there was the antibiotic ordered by a physician on a weekend that's on call, that's not typically a provider in your facility and they may not know the residents so well. So a lot of times being a previous director of nursing in a skilled nursing facility, I would come in the morning, especially on Monday and run so many reports to look at who had decreased intake, intake and output, mood and behavior. Like Jeanie said, new antibiotic who went out to the hospital over the weekend and have they returned yet who had a fall. So all of those are able to be accessed quickly and to be able to look down through and assess the situation in your facility or on your campus.

Nick Andrews ([26:25](https://www.rev.com/transcript-editor/shared/Gtp5md9G8KxFvyDzieEwvFZS2AQ90eM5OEg8Fv3aefORobNGaE_HibzOGYQkIr6FzyFbBhucL0TSXQCW_wKL-fAyzk8?loadFrom=DocumentDeeplink&ts=1585.62)):

So yeah, I guess Jeanie, we'll kick it back to you, these reports, so the detailed information from patient to patient, obviously it seems intuitive to me that that would be incredibly important, but what about looking for areas of improvement and how to track progress over time? Everybody in every industry right now obsessed with data analytics. Where are the small areas that we can improve? So reports that you have and that you are discussing in your facilities, how do you use those to look for areas to improve and to track whether or not you are improving?

Jeanie ([26:56](https://www.rev.com/transcript-editor/shared/HxaN-06kZsCRhKkfSAe03g6P1JFIIvYCKOewcns2efAF4-bx44Iut3qcZrc6VKe-wDFy4E0FxobqN-M84XkmT0YRZ9s?loadFrom=DocumentDeeplink&ts=1616.16)):

Again, you look at the trends on those reports. I mean, for example, you can look at the new behavior, let's say on a unit, maybe it's a memory care unit, and you can look and see have behaviors increased, are they staying stagnant? Has anything changed in that? And if those behaviors have changed, if they've increased, then what's caused that? Are you doing construction? Did you replace the carpet? And that really agitated those memory care patients back there. Do you have brand new staff who maybe need some more education on how to manage dementia patients? Is the disease process changed for some of those people? I mean, you can go and pull any of these reports and look at it by unit, by the whole facility, by level of living, and then you get an idea for what your patient population looks like and what you deem to be targeting in the future. Is it weight loss? Is it that people used to go to 10 activities a week and now the majority are going to five? What's changed with that? And then what do you need to do to fix that issue?

Nick Andrews ([28:00](https://www.rev.com/transcript-editor/shared/_0Oso0f4uVh6s_3h5K6zZxSkIA9O9PZUQZXuCAw8G7kXU_woGKsaU7LG6-uf725Pv7Dsd8HXLxzTBcp-eCrFptbS-Cg?loadFrom=DocumentDeeplink&ts=1680.84)):

So Tina, we mentioned that MatrixCare offers a lot of different report, obviously that's what we're talking about here. What about the analytics for improving like this? What what's available?

Tina Doer ([28:11](https://www.rev.com/transcript-editor/shared/dhIALv5T3zjhwsYC0k60CNTESdt2ghK6xchacZzhXa4qa-OBYkVxyp8vsjA0LY5pwzwPub2TMqxsp9NbaW0QkZgT0DI?loadFrom=DocumentDeeplink&ts=1691.52)):

So analytics is the key driver. As Jeanie and Rob have said, getting the information into the system is one thing, but pulling it out so that you can identify all of your population down to the level of care, down to the room, down to the day, down to the minute, down to the shift, and what was the food that they received, what was the last service that they received? All of this information, we are constantly improving on how we can get more data into the system to get more data out, adding additional triggers, adding additional reporting mechanisms within the data analytics is constantly evolving and I think that bringing that information in from our valued customers, they're the ones that are out there, they're the ones who are rendering the services.

([29:00](https://www.rev.com/transcript-editor/shared/txWdE4WiCmcFCQkgl6ADzz54-aQvyvnMvx8jcfYBgrrZIn0YfBIAgEEmc-bvs5n_e_r72KY-h8pQ_M14hPsqBYsQchE?loadFrom=DocumentDeeplink&ts=1740.66)):

They're the ones who are saying, "Hey, this has come up. How can we get this built into the system to get more reports?" "This is costing us money." or "Here we're losing some money on this particular item." We can do that in food costs, we can do that in environmental, we can do that in clinical. So just having the ability, again to be flexible, to grow with the analytical reporting and add to the solution as these things occur is the best that we can do for our customers and for those residents. There's always room for improvement and just being open to it and adopting it is what we want to do.

Nick Andrews ([29:37](https://www.rev.com/transcript-editor/shared/R-SAow4UgKq5lC_mmr3FTIJW2ACd8Vg9S_YmEqpRk80n6ga4dj1ogZd2Rnib5eRiLK6bXOlU_h5_9EclzddH7ree-rQ?loadFrom=DocumentDeeplink&ts=1777.98)):

Yeah, I can imagine that if you have the ability to improve, maybe perhaps you have the obligation to at least look into it and see what's available to be improved. And on that note, our last question on our documentation section is for Jeanie, how do your facilities maintain records that are up to date and accurate as often as possible?

Jeanie ([29:57](https://www.rev.com/transcript-editor/shared/4BkY1XK1ksaKXOwJ9KccvhST51BI_aq-0Y27oU2XCUfYXR-Rkn-Sk3ZfG9gPqNM22pDPf2h6JvzwfFDDKmQRUH4uMo4?loadFrom=DocumentDeeplink&ts=1797)):

It's really about determining what that community needs to be documenting for that population that they have and then setting it up so that it's in a workflow, it shows up in what I need to do my day, and then you're looking to make sure that that documentation has occurred. It's also the ease of updating it. I mean, I've worked with a lot of different software companies and it really has to be something that the staff find very easy to use because if it's too complicated, there's too many ifs or there's too many options, then that becomes a challenge for the staff to find the time to be able to document that accurately. And if it's not good documentation, doesn't really matter what the analytics look like because you really can't do anything. You're not treating what the real issue is.

Nick Andrews ([30:42](https://www.rev.com/transcript-editor/shared/auBI07V289L3Q3MiJLAXjsjzk_fLG-ZMfstQ6MjHq9-KjGAbHFUJgFjy5vO6uieMDCnVdCif3rwRE8LAoabwWmt7AzQ?loadFrom=DocumentDeeplink&ts=1842.36)):

That's an interesting viewpoint. I guess, Rob, we have one more question for you. You don't want to be bogged down as an administrative leader or a nursing leader with having to deal with reports or anything that's adds on to your plate. Obviously we know that the labor situation being what it is, so how is it possible to streamline administrative tasks for leadership in these communities?

Robert Moore ([31:03](https://www.rev.com/transcript-editor/shared/stgQpGUa-xzXX_EdmJUsHY5d0sER_jWl4dXCKnJaT42yh5b45Qy1BiCPzGyJ14gdWDT15VYP8soIeZ0ODW9DDaFZaKg?loadFrom=DocumentDeeplink&ts=1863.9)):

That's an excellent question. Having been a DON in skilled nursing facility, I know very well the stress that comes along with it and the individual and the leadership team needs to plan their day and stay on top of multiple different things. So at MatrixCare, we try to incorporate our valued customers feedback into product development through advisory boards and their subject matter expertise. So from past experience and continued added value from our customers, we work to provide those streamlined workflows. An example of that is our QI quality metrics report that was developed based on the need to be able to see multiple things that are occurring within your facility or on your campus at one time. It lists out residents that are on psychotropic medications, new antibiotics, new admission, those that haven't been, say they're coming from acute care to post-acute care.

([32:02](https://www.rev.com/transcript-editor/shared/iCbJY8swu-A-AcsLLYGkZcYRt4XxicWyq7RHnvt3FkE_SA_iFtGXEgxdqnFCr3vsta0qZ37v6aVuyUzbyZ0Sn8s_sTk?loadFrom=DocumentDeeplink&ts=1922.94)):

There are so many different processes and policies and procedures and standards in the acute care versus the post-acute care. So the quality metrics really helps define what's going on in your facility, who's at risk for dehydration, who has pressure ulcers in-house or out-of-house acquired who is on certain medications by therapeutic category. So those residents that are at high risk really help streamline what the leaders within the facility, the director of nursing, the chief nursing officer, when they're planning their day and who they need to focus on. This really helps streamline that process and be able to make a plan of action.

Nick Andrews ([32:49](https://www.rev.com/transcript-editor/shared/2rxuzWpeAXwaj74gKpZhB1GNr46tVzIFLjaEjQlZT1Te58g7DuZZE9WS8v5I0FbNvn8omRelh2Q7DPlwEN0LnvnqVgM?loadFrom=DocumentDeeplink&ts=1969.32)):

Well, that's a good way to conclude. I'd like to thank Grace behind the scenes from Senior Housing News and Tina, Jeanie and Robert for joining me today to talk about our top three trends to look for in senior care. Thanks guys.

Jeanie ([33:02](https://www.rev.com/transcript-editor/shared/vXSlBDvt9mfGorgTuE5fAqa-RM6Mf__nbSNqhoOIV32iAaScLGJBCfg5g6GulhCOlM9qjALwCOinp5uuwwAJeFq0i-4?loadFrom=DocumentDeeplink&ts=1982.13)):

Thank you, Nick.

Robert Moore ([33:02](https://www.rev.com/transcript-editor/shared/-E4w-SDRWX3raj1IDIUMXPIxH4I7Fg0aaqjvxx62XUq1O8JlMtX7yzn_sen7mTx26Py5NDU5AmtA9zPhg_mIb8M8Xrw?loadFrom=DocumentDeeplink&ts=1982.37)):

Thank you.

Speaker 1 ([33:03](https://www.rev.com/transcript-editor/shared/QX5dLNSF18j_yQWm8Mj061MCI1uuGj5NMLFeTgz-Z1OOUpjl1F3iVo6iLbFmsTETbLRJwgNMDWBUf7XicLCaDBNVH1U?loadFrom=DocumentDeeplink&ts=1983)):

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