

Goals

To provide access to post-acute care for any member, across all lines of business, within the member's service area.

To contract with skilled nursing facilities with demonstrated competitive clinical outcomes, defined by quality of care and cost effectiveness.

To enhance continuum and transition of care for members by delivering appropriate care at the appropriate place and time, with appropriate resources, integrated with company clinical programs.

Process

Geographic assessment

Membership analysis

Access analysis

Healthcare systems, physician groups, referral patterns

Needs for transition of care analysis

SNF clinical infrastructure

Clinical capabilities assessment

Hospitalization rate, readmission rates with available root causes

Clinical acuity & outcomes analysis

Transition to home programs

Advance care planning approach

Clinical Assessment

1. Facility contacts by functional area.
2. Facility Demographics
 - Number of beds
 - Demographics of Residents (typical diagnoses, functional level, etc.)
 - Facility Specialty (wounds, behavioral health, dementia unit, etc)
 - Census (ST/LT, Hospice)
 - Pharmacy documentation
3. Average number of hospitalizations per month
 - % ST vs. % LT
 - Typical drivers, root cause
4. Change in condition
 - How is a resident's change in condition identified and addressed?
 - What is the process for notification by the CNA staff when a resident is not feeling well?
 - Lab provider?
 - What is the usual response time for STAT labs, x-rays?
 - Is the lab available to do STAT draws 7 days per week?
 - Radiology provider?
 - What is the usual response time for STAT radiology services?
 - Is the radiology provider available to do STAT requests 7 days per week?
 - What is the usual response for radiology services not ordered STAT?
 - How are ultrasounds obtained?
 - How are EKGs obtained?
 - Can echocardiograms be done in the facility?
 - Is IV Therapy available all shifts/days?
 - Do staff start IVs or use a vendor?
 - Who is IV certified on the staff, to start IVs?
 - What type of IVs do you usually have (peripheral, PICC, midline, clysis)?
 - How many residents are currently receiving IV therapy?
 - Are staff able to give IV medications?
 - Do you use IVs for hydration?
 - Do you manage TPN?
 - Is there a wound treatment team?
 - Do you use a wound care center or consultant? Who?
 - Does the consultant come to the home?
 - Do you use Wound Vacs?
 - What is the typical RN-LPN mix each shift?
 - Do you use agency staff?
 - What shifts are most often covered with agency staff?
 - How many feeding tubes do residents currently have?
 - When a feeding tube comes out, what actions do staff take?

What other internal special protocols do you have to manage someone needing skilled care?
Does your facility have capability for elective blood transfusions?
Who decides if a resident needs to go to the hospital?
What area hospitals do you use for a 911 call?
What is the average length of stay (ST, LT)?
Do you admit/readmit on weekends?
What is your process for transitioning a resident to the hospital?
What is your process for transitioning a resident back to the nursing home following a hospitalization?
What is your process for transitioning a resident home after rehabilitation?
What is the routine schedule for pharmacy deliveries?
What is the turnaround for STAT medications?
What medications are typically in your emergency drug box?
What is the process for reviewing resident condition decline:
 Weight loss
 Functional Decline
 Wounds
 Mental Status
 Falls
 Pain Management
Does the facility have a Dementia Care program or unit?
How many residents are being actively managed for psychiatric or behavioral issues?
What is the communication/collaboration process with your behavioral health professionals?
What is the process for conducting psychotropic reviews?

5. Communication and Quality

What does the interdisciplinary care conference process look like in the facility?
How often are family members/RPs in attendance at the care conference?
How do you engage out of state and/or families who do not visit?
What is your process for reviewing the quality scores as posted by CMS?
What is your process for reviewing the Five Star rating?
Are there any state survey findings currently under review?
How often does your quality/risk management team meet?
What are your quality goals (medications, falls, wounds, etc.)
What is the process for tracking immunizations (falls, wounds, etc.)?
What is your flu immunization program for employees?