

DFWHC  
FOUNDATION



POSTACUTE  
— ANALYTICS —

# Post Acute Monitor Scorecard

SNF ▼

DRG: All ▼

Time Period 08/01/2015 11/30/2015

Network Performance							Filter
SNF	# of Johnson Hospital Patients	%	IN-NETWORK	Quality of Care Performance		Cost Performance	Patients with Care Gaps
Briarcliff	35	15	YES	<div></div>		<div></div>	21
Johnson Center	32	14	YES	<div></div>		<div></div>	4
Holmes Center	8	3	NO	<div></div>		<div></div>	6
Lake Highlands	11	5	NO	<div></div>		<div></div>	7
Abington	5	2	NO	<div></div>		<div></div>	1
Terrace	12	5	NO	<div></div>		<div></div>	4
Presence Maryhaven	48	20	YES	<div></div>		<div></div>	21
Alden Estates	14	6	NO	<div></div>		<div></div>	4
Lexington	12	5	NO	<div></div>		<div></div>	6
Assi Healthcare	15	6	NO	<div></div>		<div></div>	7
Countryside	43	18	YES	<div></div>		<div></div>	1

- Quick snapshot of performance by provider: red, yellow, green
- Risk adjusted for hospitals' patients
- Extensive list of quality measures
- Fully Automated: No data entry, PAA integrates with all post acute EMRs

# Post Acute Monitor Scorecard

SNF ▼ DRG: All ▼ Time Period 08/01/2016 10/31/2015

SNF	# of Johnson Hospital Patients	%	IN-NETWORK	Quality of Care Performance	Cost Performance
Briarcliff	35	15	YES	●	●
Johnson Center	32	14	YES	●	●
Holmes Center	8	3	NO	●	●
Lake Highlands	11	5	NO	●	●
Abington	5	2	NO	●	●
Terrace	12	5	NO	●	●
Presence Maryhaven	48	20	YES	●	●
Alden Estates	14	6	NO	●	●

Unplanned Hospital Readmit Rate	CMI	High Risk Survey	Falls with Major Injury	High Risk Pressure Ulcers	Use of Restraints	Significant Unplanned Weight Loss	Antipsychotic Drug Use	Pneumonia Vaccination	Influenza Vaccination	Five Stars
12.0 %	1.1	N	2.1 %	3.1 %	0.3 %	5.1 %	23.1 %	89.0 %	92.0 %	5
11.0 %	1.1	N	1.3 %	1.7 %	0.7 %	9.0 %	21.7 %	93.0 %	93.0 %	5
20.3 %	1.2	Y	2.3 %	5.3 %	1.2 %	8.3 %	25.3 %	92.0 %	92.0 %	2
15.4 %	1.2	N	2.2 %	6.2 %	0.2 %	5.2 %	16.2 %	89.0 %	89.0 %	3
16.2 %	1.1	N	4.1 %	8.1 %	0.1 %	7.1 %	18.1 %	85.0 %	87.0 %	1
17.3 %	1.1	N	1.1 %	5.1 %	1.1 %	4.1 %	25.1 %	91.0 %	94.0 %	3
12.1 %	1.3	N	3.0 %	3.8 %	0.8 %	5.8 %	23.8 %	92.0 %	95.0 %	4

Patient	Readmitted	Falls with Major Injury	High Risk Pressure Ulcers	Use of Restraints	Significant Unplanned Weight Loss	Antipsychotic Drug Use	No Pneumonia Vaccination	No Influenza Vaccination
Amy Johnson 1								
Amy Johnson 2	X	X						
Amy Johnson 3								
Amy Johnson 4								
Amy Johnson 5				X		X	X	
Amy Johnson 6								
Amy Johnson 7	X		X					
Amy Johnson 8						X	X	

- See which providers are outside benchmarks
- Drillable down to patient level drives ongoing improvement

## ACTIVE EPISODE PHASES

	%	TOTALS	IN NET	OUT NET
① RTA	11.1 %	1	1	0
Acute Care	0 %	0	0	0
①① LTAC	22.2 %	2	2	0
① IRF/Acute Rehab	11.1 %	1	1	0
①① SNF	33.3 %	3	3	0
①① Home Health	22.2 %	2	1	1
Home	0 %	0	0	0
Outpatient PT	0 %			
Assisted Living	0 %			
<b>Total</b>	<b>100 %</b>			

## IN NETWORK LOS

	0-2	3-5	6-10	>10
RTA	0	0	0	1
Acute Care	0	0	0	0
LTAC	0	0	0	2
IRF/Acute Rehab	0	0	0	1
SNF	0	0	0	3
Home Health	0	0	0	1
Outpatient PT	0	0	0	0
Assisted Living	0	0	0	0

Case Number	Patient Name	Facility
125	SaqibA Akhter	Center at Centennial
220	Lily Poole	Advanced Healthcare of Colorado Springs
223	Abbie Coles	Center at Centennial

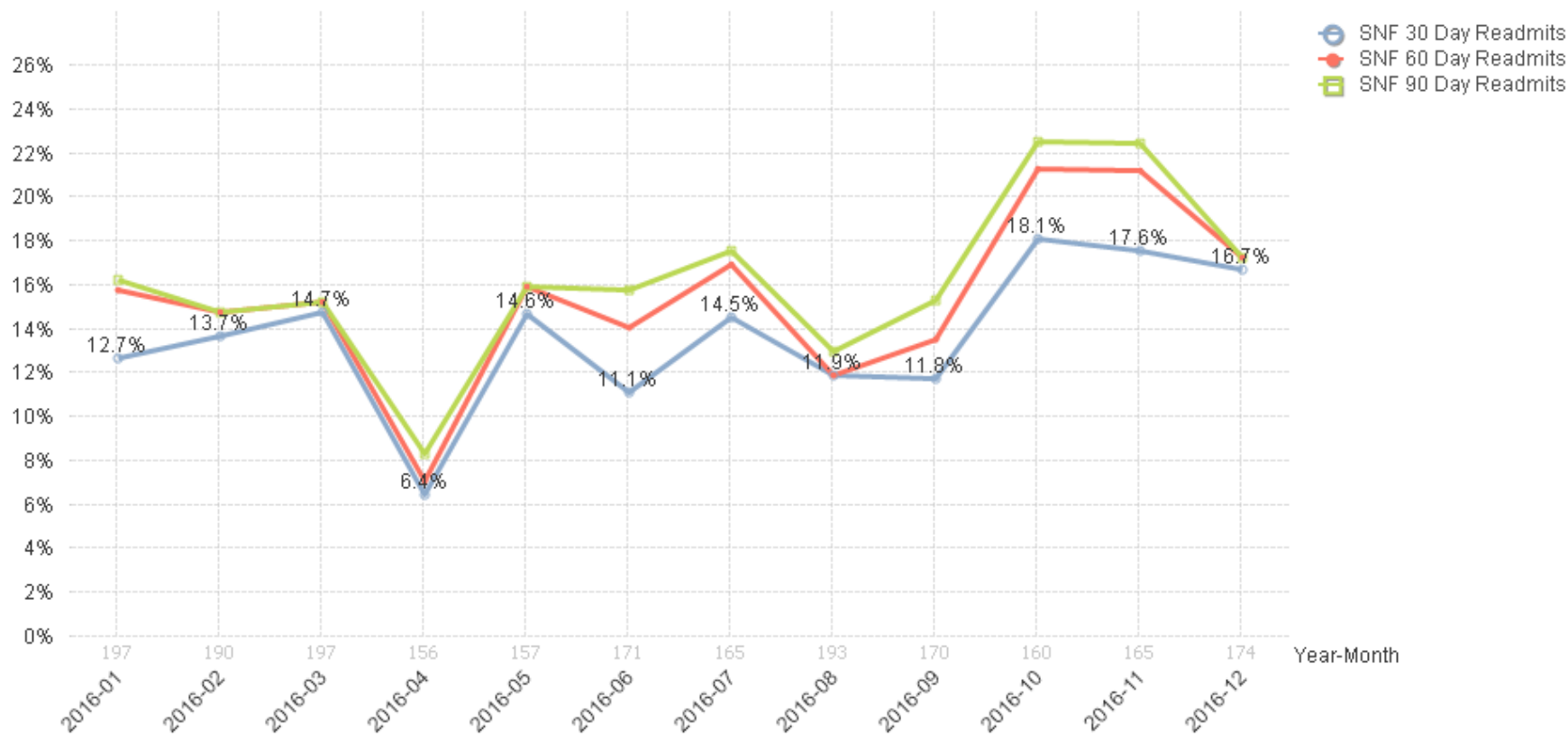
■ Real time alert when your patients are admitted and discharged into/from post acute settings

■ Alert when patients are readmitted

■ Active monitoring of length of stay (LOS)

■ Risk stratified

## Hospital Discharges to SNF with Unplanned Inpatient Readmits



The graphs below show the readmission rate for SNF patients by the hospital that they were discharged to any participating SNF from. From here you can see a 30/60/90-day readmission rate. Based on the SNF Data we are only showing unplanned readmissions. We have excluded any facility with less than 20 hospital discharges in the denominator for the rate based on your filter selections.

# SNF Measures (Stays, Admits, Patients)



## DFWHC SNF Dashboard

Current Selections

The DFWHC Foundation matches the patient data in each MDS file with the case history from our Regional Hospital Claims Database. Each MDS patient record is dissected into discreet "SNF Stays" Defined by a SNF Facility Entry Date and Discharge Date. In this way we can create a time sequenced set of Hospital and SNF Encounters for an individual patient and see readmission patterns as well as other metrics.

Hospital SNF

### Discharge\_Year

2010 2015  
2011 2016  
2012 2017  
2013  
2014

### Facility\_Name

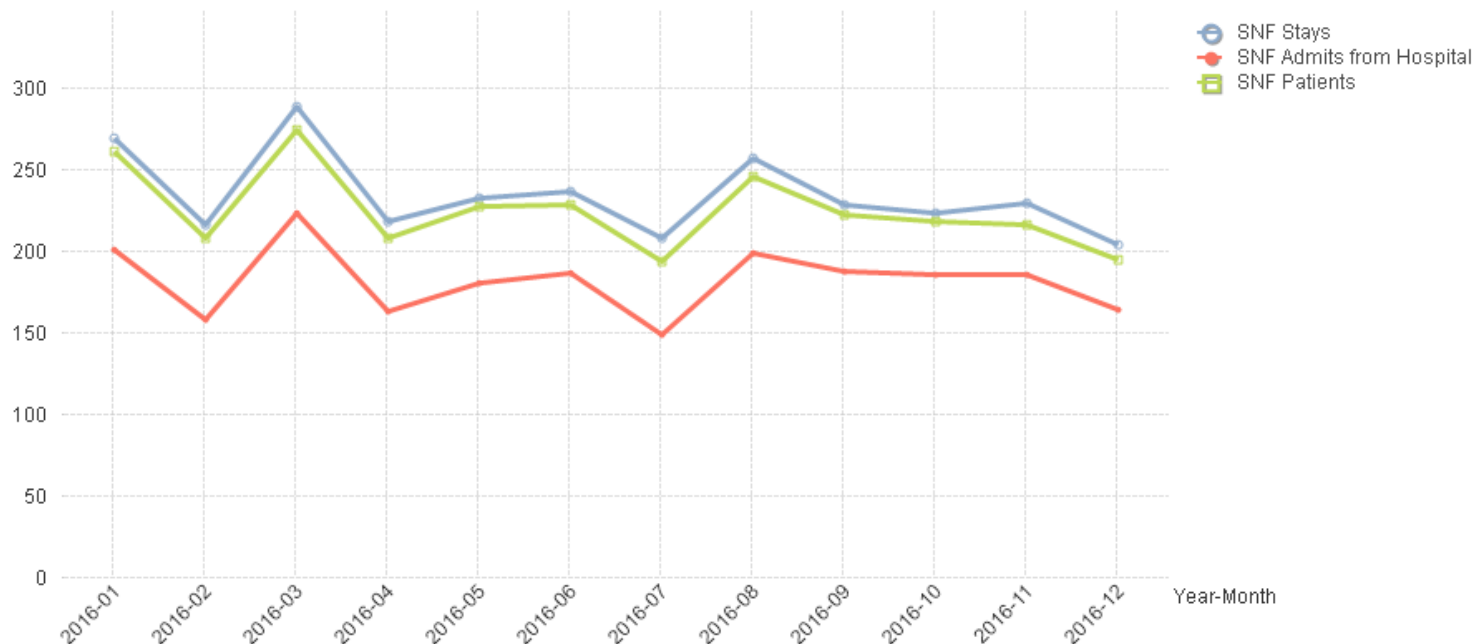
ArlingtonHeightsHealth  
Baylor All Saints - Fort Worth  
Baylor Heart and Vascular Hospital  
Baylor Medical Center at Carrollt...  
Baylor Medical Center at Garland  
Baylor Medical Center at Irving  
Baylor Medical Center at McKinney  
Baylor Medical Center at Waxah...  
Baylor Regional Medical Center-...

### Facility\_System

Baylor Scott & White (Tenet)  
Baylor Scott & White Health  
Dallas Regional Medical Center  
HCA Healthcare  
Hunt Memorial Hospital District  
Methodist Health System  
Nueterra Healthcare  
Parkland Health & Hospital Syste...  
Province Healthcare  
SNF

### SNF Stay Data

### SNF Stays



# SNF Unplanned Readmits by Hospital

Hospital Discharges to SNF with 30 Day Unplanned Readmits

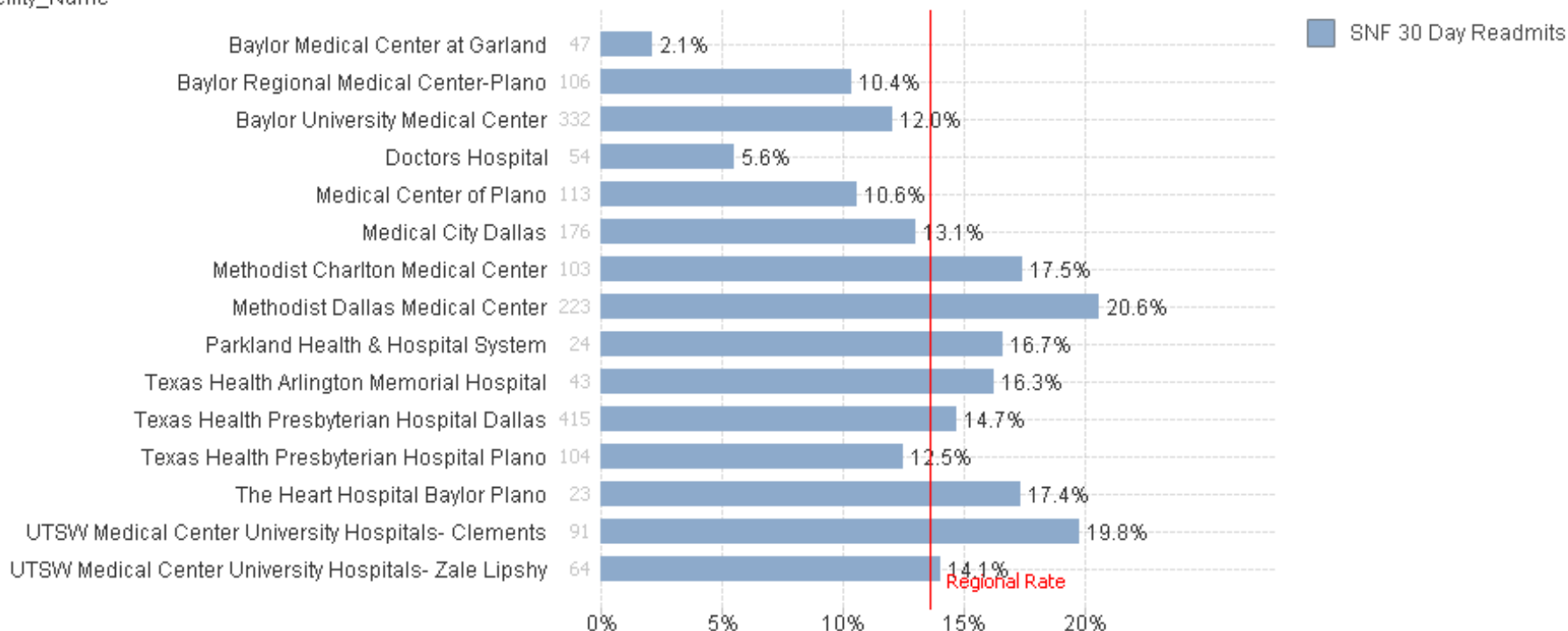
Hospital Discharges to SNF with 30 Day Unplanned Readmits

## Hospital Discharges to SNF with 30 Day Unplanned Readmits



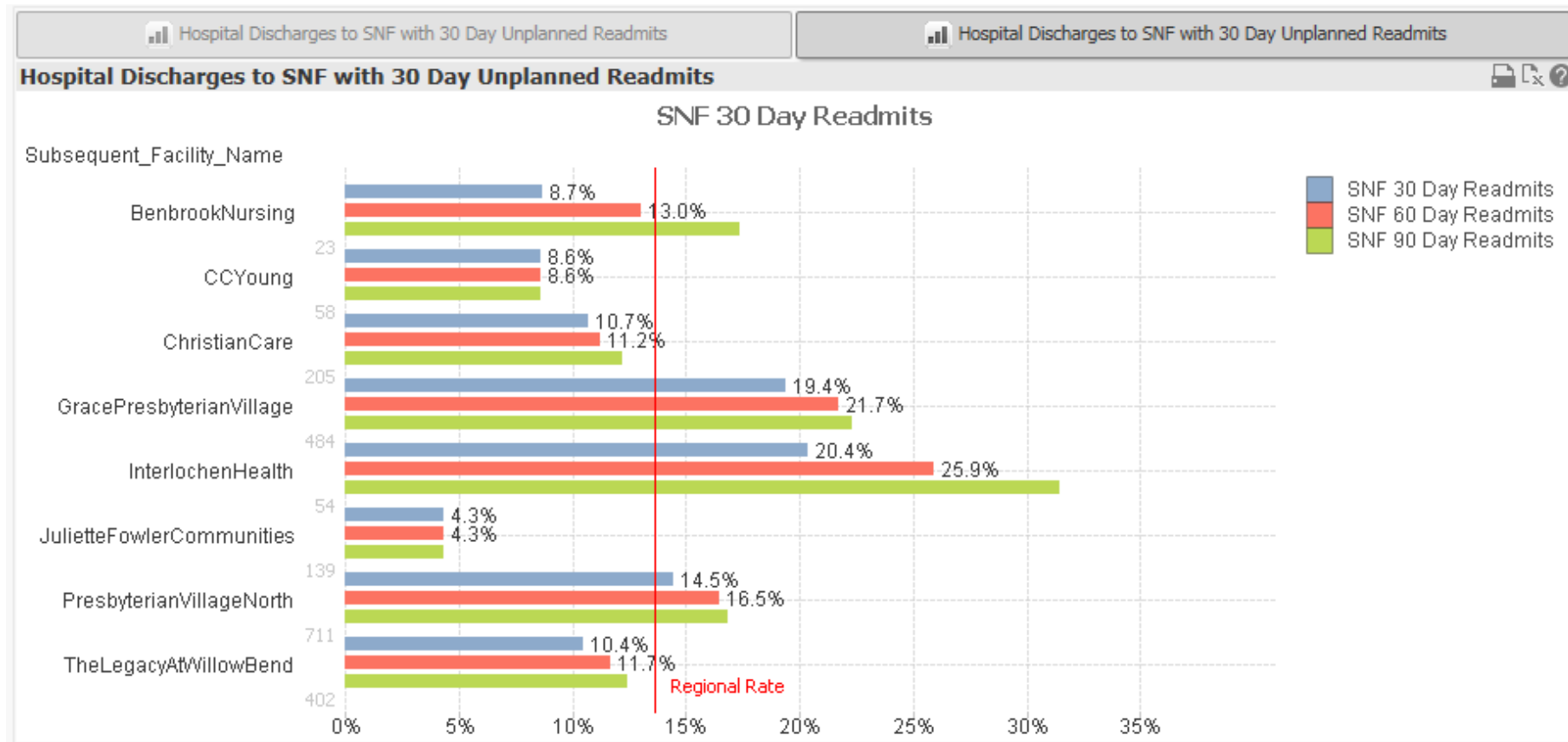
### SNF 30 Day Readmits

Facility\_Name



The graphs below show the readmission rate for SNF patients by the SNF that the patient was discharged to based on discharges from any participating hospital. From here you can see a 30/60/90-day readmission rate. Based on the SNF Data we are only showing unplanned readmissions. We have excluded any facility with less than 20 hospital discharges in the denominator for the rate based on your filter selections.

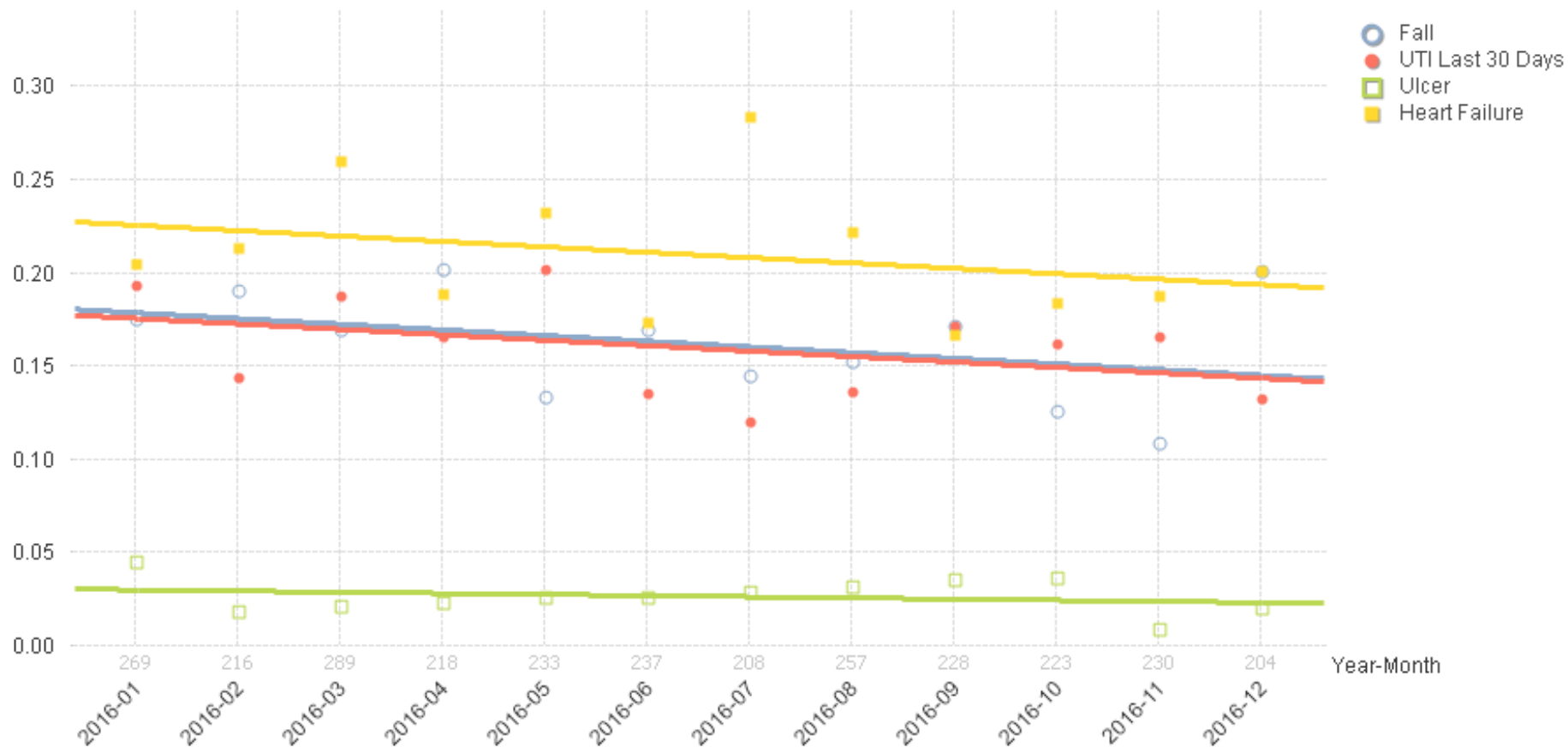
# SNF Unplanned Readmits by SNF

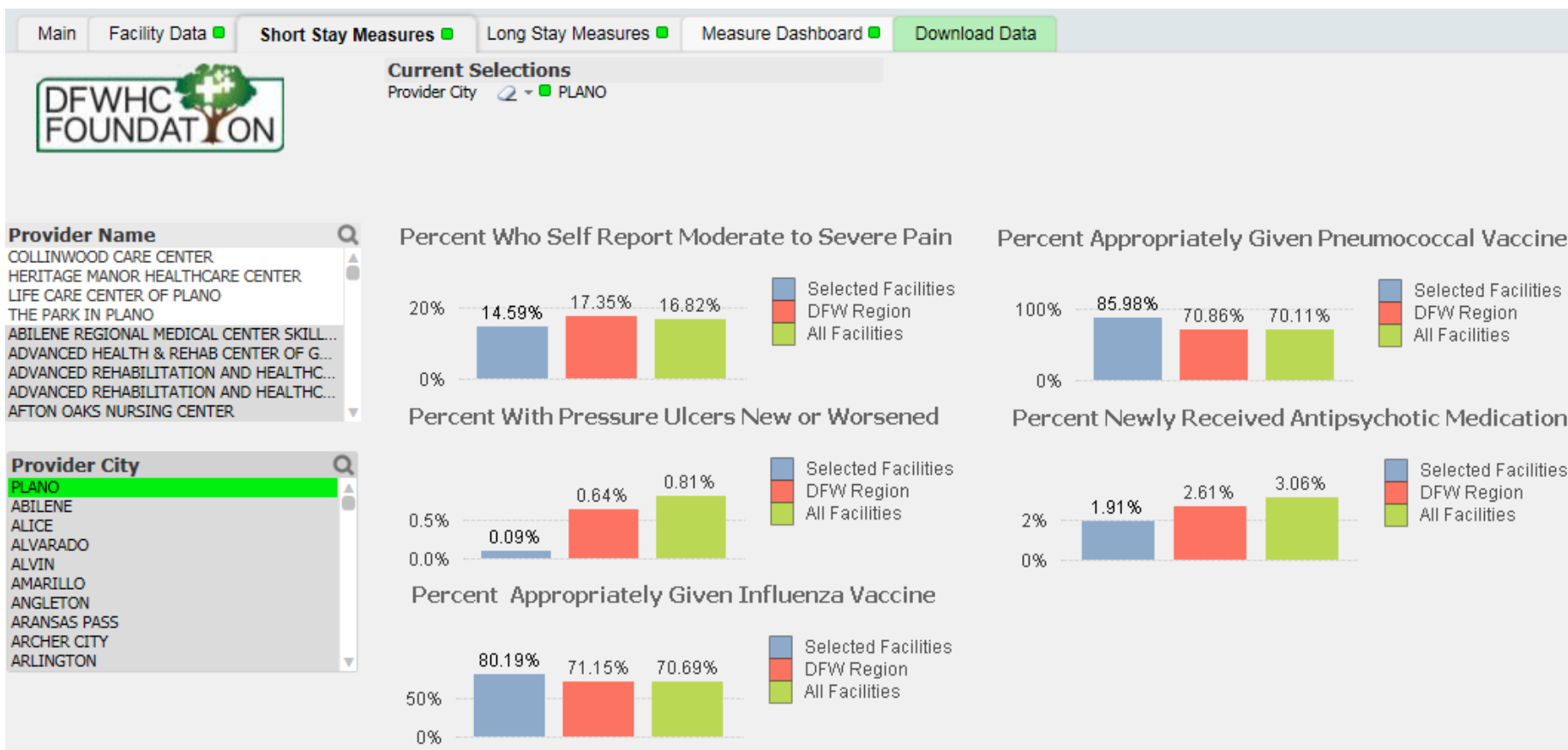


Assessment Measures

Measures w/Trend Line

## Assessment Measures





# CMS Long Stay Measures



# REDUCE TOTAL COST OF CARE

- Real time care & utilization mgmt.
- Post acute provider scorecard
- Optimal post acute care pathway
- Automated reports, no manual report creation

● FULLY AUTOMATED | NO DATA ENTRY |  
MODULAR | QUICK IMPLEMENTATION

## THE IMPACT

85.4%

In-Network  
Adherence

25.5%

SNF Utilization  
Reduction

23.6%

SNF LOS  
Reduction

13.2%

Total Cost of Care  
Reduction

# RETURN ON INVESTMENT

\*BASED ON PAA CLIENT OUTCOMES

Post Acute Cost Savings:  
**\$2.2 Million Per Client**  
(Based on 1000 Discharges to SNF  
per Year)

Care Navigator Nurse:  
Patient Ratio = 250 per nurse  
(vs mkt avg. of 125)

ACTIVE EPISODE PHASES		%	TOTALS	IN NET	OUT NET
1	RTA	11.1 %	1	1	0
	Acute Care	0 %	0	0	0
1	LTAC	22.2 %	2	2	0
1	IRF/Acute Rehab	11.1 %	1	1	0
1	SNF	33.3 %	3	3	0
1	Home Health	22.2 %	2	1	1
	Home	0 %	0	0	0
	Outpatient PT	0 %	0	0	0
	Assisted Living	0 %	0	0	0
Total		100 %	125		

IN NETWORK LOS			0-2	3-5	6-10	>10
	RTA		0	0	0	1
	Acute Care		0	0	0	0
	LTAC		0	0	0	2
	IRF/Acute Rehab		0	0	0	1
	SNF		0	0	0	3
	Home Health		0	0	0	1

SNF		# of Johnson Hospital Patients	%	IN-NETWORK	Quality of Care Performance	Cost Performance
Shirley	25	15	60	YES	●●●●●	●●●●●
Johnson Center	32	14	44	YES	●●●●●	●●●●●
Wolmes Center	9	3	33	NO	●●●●●	●●●●●
Lake Highlands	11	5	45	NO	●●●●●	●●●●●
Abington	5	2	40	NO	●●●●●	●●●●●
Torrance	12	5	42	NO	●●●●●	●●●●●
Presence Maryhaven	48	20	42	YES	●●●●●	●●●●●
Alden Estates	14	6	43	NO	●●●●●	●●●●●

*Real time alert when a patient is off-track for quality of care or cost of care in a post acute setting*

## POPULATION MANAGER

### PRIORITY TASKS

Patients requiring follow-up	3
Patients in active RTA	1
Without current phase	12
<b>Off Track Episodes</b>	<b>20</b>
- Major Off-Track	18
- Minor Off-Track	2

Samantha Howe

Patient Name	Surgery Date	Current Phase	Off Track
Amelia Sanderson	06/22/2016	Home Health	Off Track
Charles Ashton	06/23/2016	Acute Care	Off Track
Coles Abbe	06/28/2016		Off Track
Freddie Williamson	03/30/2016	SNF	Off Track
Harley Chapman	06/08/2016	Acute Care	Off Track
Harley Webster	01/25/2016	SNF	Off Track
James Howell	09/17/2016	LTAC	Off Track

Date	ACT		Care Event		On-track check
	Phase	Location	Phase	Location	
06/22/2016	Acute Care		Acute Care		On-track
06/23/2016	Acute Care		Acute Care		On-track
06/24/2016	SNF	Center at Centennial	SNF	Center at Centennial	On-track
06/25/2016	SNF	Center at Centennial	SNF	Center at Centennial	On-track
06/26/2016	SNF	Center at Centennial	SNF	Center at Centennial	On-track
06/27/2016	SNF	Center at Centennial	SNF	Center at Centennial	On-track
06/28/2016	SNF	Center at Centennial	RTA		Off-track

- ✓ In this example, Samantha is off-track because on 6/28/2016, she should have been at a SNF but instead was readmitted (RTA). The hospital, which is at risk for Samantha's costs, has been instantly notified so patient care can be immediately corrected and the hospital can remain under the target price.

## ● *Immediately be notified about off-track patients*

Samantha Howe

Date	ACT		Care Event		On-track check
	Phase	Location	Phase	Location	
06/22/2016	Acute Care		Acute Care		On-track
06/23/2016	Acute Care		Acute Care		On-track
06/24/2016	SNF	Center at Centennial	SNF	Center at Centennial	On-track
06/25/2016	SNF	Center at Centennial	SNF	Center at Centennial	On-track
06/26/2016	SNF	Center at Centennial	SNF	Center at Centennial	On-track
06/27/2016	Home Health	Abode	SNF	Center at Centennial	Off-track
06/28/2016	Home Health	Abode	SNF	Center at Centennial	Off-track

- ✓ In this example, Samantha is off-track because the SNF has kept her longer than the expected length of stay. On 6/27/2016, Samantha should have been discharged to home health but instead she is still in a SNF. The hospital has been immediately notified so action can be taken to place Samantha in the right setting for the right amount of time.
- ✓ Share care plans with post acute providers
- ✓ Inform post acute providers which are a health system's ACO/Bundled Payment patients

# NEW SUBSCRIPTION OFFERING

## Basic Package

### INCLUDES

- Post-Acute Care (Skilled Nursing Facility) real-time quality report card and cost-of-care tracking for your individual patients' encounters broken down by segment line (ortho, cardiac, neuro, etc.);
- Regional comparison of Post-Acute Care providers' quality and cost metrics - Compilation of all patients all metrics with Skilled Nursing Facility identified comparative metrics via DFWHC Foundation analytics platform;
- Detailed report on performance of each SNF Post-Acute Network and tracking Post-Acute Out-of-Network Leakage on all patients and SNF performance by hospital reference source ability to view patient cohort.

**Health systems have the option of expanding the basic package to include real-time Post-Acute Patient Tracking modules and Optimal Care Pathways with discounts of 25% if participating in the regional report card module.**

# Contact DFWHC Foundation

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