

# GET AHEAD OF STATE SURVEYORS WITH LIVE DATA ANALYTICS

REAL TIME MEDICAL SYSTEMS

In this interview, we sit down with Real Time Medical Systems (Real Time) Clinical Account Specialist Michele Self, MA, CCC SLP, CMA, Clinical Program Director Kathy Derleth, RN, BSN, and Clinical Account Specialist, Cheryl Scalzo, RN, to discuss what Skilled Nursing Facilities (SNFs) can do to prepare for state surveyors.

Michele, Kathy, and Cheryl discuss three key areas that are most cited amongst surveyors, including the importance of having a comprehensive care plan, ensuring quality care, managing Infection Prevention and Control (IPC) efforts, and how data driven technology solutions can improve patient outcomes while ensuring SNFs are prepared for survey teams.

## COMPREHENSIVE CARE PLAN – TAG F655

**Q:** How does the Minimum Data Set (MDS) impact SNF surveys?

**Self:** The MDS is used as the starting point for the survey. Surveyors obtain vital information regarding the patients in a facility prior to them even coming through the door. They can see all the data that has been submitted on the MDS. The accuracy of each item set is critical, and it is not just about the items that impact billing. The MDS provides information regarding the patient's needs and capabilities. Those needs and capabilities all connect to the patient's care and comprehensive plan. It is important for SNFs to utilize their own live data to know exactly who the survey teams will be looking at.

**Q:** One of the top ten survey tags is Care Planning, why is that?

**Self:** The correlation between the patient assessment and their care needs is powerful. It is easy to pull the MDS and care plan, put them side by side and determine if they support each other and represent the patient's needs. Collaboration amongst the entire team on a patient's care plan, allows for the best coordinated provision of care and improved outcomes. Also, when looking at other top tags, each have a connection to care planning, like quality care and infection control to name a few.

## QUALITY OF CARE – TAG F684

**Q:** What are some areas around Quality of Care that surveyors evaluate?

**Derleth:** Under the Quality of Care deficient category, surveyors are focusing on key areas that can be seen as harming a patient. Areas like accidents (falls, medication errors, elopements, or Adverse Drug Events) or patient care areas like pressure ulcers or weight loss. Therefore, care providers must be steadfast in implementing deep clinical evaluations each day. Below are key items of care SNFs can focus on to improve quality of care:

- Avoid preventable accidents and rehospitalizations through recognition of early subtle changes in patient behavior, condition, and intervening with clinical actions that are aligned with a patient's Advance Care Plan (ACP) and corresponding treatment.
- Reinforce safeguards against redundant medications by identifying potential side effects, interactions, and psychotic condition treatment. This allows the SNF to safely administer medications while minimizing the possible negative impacts to the patient.
- Provision of quality of care is achieved by implementing the highest possible clinical standards, and through industry approved suggested interventions based on disease or condition. The inclusive psychosocial plan of care involves the patient, the family, and the staff to provide the best mental and physical care possible.

**Q:** In looking at Quality of Care tags, what are some specifics the facility should view regularly?

**Derleth:** One of the main challenges for care providers is the inability to have one-on-one, 24/7 contact with each patient. Therefore, sometimes patient accidents occur such as falls,

wandering without safety awareness, or poor wound healing – these are more common than one would think. The staff need to be vigilant every day with incident investigation, as well as patient specific interventions based on the root cause of the accident. Care plans should also be updated to reflect the adjustments made. However, providers cannot stop at the first step of the incident report completion, they must follow all points of their plan of care, to the final check evaluating if the new intervention is working, and that the patient has no further incidents.

## INFECTION PREVENTION & CONTROL - TAG F880

**Q:** With the Public Health Emergency (PHE) officially over and facilities moving beyond COVID-19, why does Infection Control remain among the top cited deficiencies?

**Scalzo:** Now more than ever, facilities have the task of maintaining strong IPC programs. And with IPC being two of the top three cited areas for SNFs, the heightened oversight and enforcement of regulations will likely remain in place for the foreseeable future. This year we faced a tripledemic, as so many of us cared for our residents battling Influenza, COVID, and RSV, heightening the awareness that breeches in IPC efforts can and have resulted in development of Healthcare Associated Infections (HAIs), increased Methicillin-resistant Staphylococcus aureus (MRSA), development of new multi-drug resistant organisms (MDRO), and central line-associated bloodstream infections (CLABSI). Additionally, care providers are now realizing the accountability of the Phase 3 Requirements that were initiated before the PHE and have since been revised. This guidance includes Antibiotic Stewardship programs, and the defined role of an Infection Preventionist.

**Q:** As facilities strive to improve their IPC efforts, where should they focus their attention?

**Scalzo:** The answer here is quite simple, prevention. The term “prevention” or forms of the word, such as preventionist, preventative, etc., is not only in the title of IPC programs, but is intentionally used with care providers guidance. Through a myriad of requirements and structured methods, successful IPC efforts work to prevent the spread of infections, the development of HAIs and MDROs, adverse effects related to unnecessary antimicrobial therapy, and many more. The future is telling as NHSN has now modified the Annual Facility Assessment to include pathogens affecting our nursing home populations and looking for alignment with CDC recommendations of Enhanced Barrier Precautions.

## Getting Survey Ready with Live Data

By utilizing live data analytics, SNFs can identify the areas that either need new or updated comprehensive care plans, ensure quality care, and better manage IPC efforts. By analyzing live data from the post-acute EHR, care teams can identify early medication prescribing and potential side effects, as well as provide appropriate medication management for patients. This is an area where Interventional Analytics helps SNFs highlight early and subtle changes in patient conditions, allowing care teams to assess, treat, and manage those at high-risk and intervene in care prior to an adverse event occurring. Live data analytics can also assist SNFs in their efforts to reduce HAIs and ensure prevention measures are in place, including tracking, trending, and managing antibiotic usage. With the proper implementation of live data analytics, SNFs can ensure their facility is always survey ready.

## Have questions?

Cheryl Scalzo will be on-hand to answer your questions at the NADONA 37th National Conference! Plus, don't miss her session,

Reduce Healthcare-Associated Infections (HAIs) and Improve Patient Outcomes Through Technology, scheduled for Tuesday, June 25, 2024, at 8:45am.

## About Real Time Medical Systems

Real Time Medical Systems is the KLAS Rated, HITRUST Certified Interventional Analytics solution that turns post-acute EHR data into actionable insights. Serving healthcare organizations nationwide, Real Time improves value-based outcomes by reducing hospital admissions, accurately managing reimbursements, detecting early signs of infectious disease, and advancing care coordination through post-acute data transparency. [www.realtimemed.com](http://www.realtimemed.com)

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**Kathy Derleth, RN, BSN** holds more than 40 years of nurse leadership experience within the long-term care industry. As a former chief nursing officer and VP of Clinical across many states, she has guided clinical staff and facility nursing leadership on patient-centered care, clinical quality, and regulatory compliance. Kathy is an established conference educator and works collaboratively with several CMS Quality Improvement Organizations (QIO) for their current scope of work. She also serves as a member of the Pennsylvania Health Care Quality Committee. [kathy.derleth@realtimemed.com](mailto:kathy.derleth@realtimemed.com) | Cell: 215-514-1533



**Cheryl Scalzo, RN**, a former Director of Nursing, Cheryl has dedicated her career to improving quality of care. While working in long-term care and as a Clinical Consultant, she has served as a Certified Infection Preventionist and staff development coordinator, gaining extensive knowledge in establishing and implementing best practices to improve quality outcomes. Cheryl currently shares her expertise with Real Time customers, guiding them in unlocking the power of EHR data to improve clinical performance. [cheryl.scalzo@realtimemed.com](mailto:cheryl.scalzo@realtimemed.com) | 570-237-7093



**Michele Self, MA, CCC SLP, CMAC** has 30+ years of experience in the post-acute care industry, Michele has served as VP of Clinical Reimbursement for 3 large multi-state organizations, as well as Regional Director of Operations, managing over 15 SNFs. Michele specializes in reimbursement, PDPM, Managed Care and State Case mix reimbursement, MDS and RAI processes, and Quality Measures. As a Clinical Account Specialist for Real Time, Michele provides support to new and existing customers, utilizing her expertise to assist with education and product development regarding reimbursement, MDS, and QM changes. [michele.self@realtimemed.com](mailto:michele.self@realtimemed.com) | 317-258-1534