



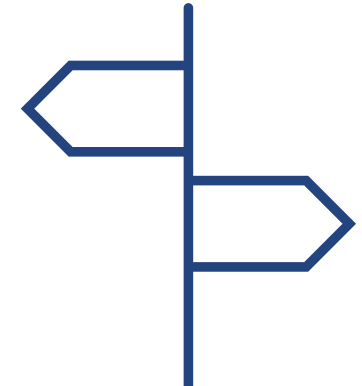
Developing Advanced Clinical Pathways for High-Risk Disease Across Your Post-Acute Network

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"Quality is never an accident;

it is always the result of high intention,
sincere effort, intelligent direction, and skillful execution;
it represents the wise choice of many alternatives."

- William A. Foster



Managing Your Post-Acute Patient is *Imperative* For Quality Outcomes

- Driving Outcomes by Design
- Sharing your Quality Vision
- Truly Partnering with your Post-Acute Network
 - Understanding their challenges and barriers
 - Working together to overcome those barriers for the benefit of the patients
 - Being willing to evaluate your processes and improve them for the benefit of the patient
 - Intentional measurement of **process** and **outcomes**
 - Sharing those results routinely and working together to improve them



“My Preferred Provider Post-Acute Network Knows What They’re Doing.”

- Incentives are not aligned
- They may be rehab experts, but they are not disease management experts
- Limited access to data to improve care
- May be limited physician intervention or oversight
- May be limited testing available
- Patients going to SNFs have multiple medical comorbidities that impact overall status



Why Clinical Pathways in the Post-Acute Network?

- Standard of care for your population based on disease management principles
- Measurement of outcomes
- Ensuring smooth transitions of care
- Returning patient to primary care for ongoing management
- Reinforce patient education



Identifying Case Types for Clinical Pathways

- High Volume
- High Risk with Moderate Volume
- Can't have a Clinical Pathway for every condition
 - Clinical protocols on routine management - Diabetes
- Top 5 Case Types
 - CHF
 - Sepsis
 - Pulmonary –Pneumonia/COPD exacerbation
 - Fractures – hip
 - CVA



Where Do I Get the Standards?

National Guidelines

- American Heart Association - heart.org
- Sepsis Alliance - sepsis.org
- International Geriatric Fracture Society - geriatricfracture.org
- American Lung Association – action.lung.org

Local Practice Patterns

- Use your local provider experts to guide incorporating the standards into a process
- Reflect the culture of care in your region
- Utilize a standard template to guide and direct daily action items and outcomes



What is Included in a Clinical Pathway?

- Timing – when in the stay or episode of care do things happen?
- Transitions – onboarding and discharging process standards
- Estimated discharge date
- Key assessments – routine clinical assessments focused by case type i.e., CHF - cardiac and respiratory
- Functional progression
- Discharge planning
- Nutrition and hydration status
- Tests and treatments – routine follow-up testing or testing with change in condition
- Medications – standards not specific i.e., CHF – ACE/ARB, Diuretic, Potassium replacement
- Patient education – consistent across your entire network



How Do I Get My Post-Acute Network to Use the Pathway?

- What is best practice for this case type?
- Partnering process – how can the post-acute network incorporate these standards into their regular workflow?
- Educate
- Accountability on desired outcomes and processes
- Concentrated **Volume** – measure in-network referrals
- Measure – communicate, Measure – communicate, Measure - communicate



How Do I Get Buy-in From Patients?

Patient-specific Clinical Plan

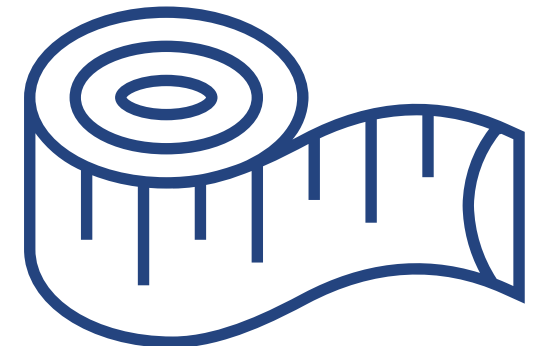
- Overview of the process
- Details what to expect and milestones
- Sets expectation for improvement and discharge
- Printed patient copy that can be individualized
- Ask patient to participate in the process – i.e., CHF – complete and record daily weights
- Focus on most important learnings



What Metrics Should I Measure for Outcomes?

Process

- Is the correct process being repeated?
- Are the post-acute providers getting the information they need to adequately care for the patient?
 - Examples
 - Only 50% of transfers have nurse to nurse handoffs
 - Only 60% of patients are discharged with PCP appointments
- Root cause analysis for process breakdowns
- Understand barriers to a repeatable predictable process



What Metrics Should I Measure for Outcomes?

Outcomes

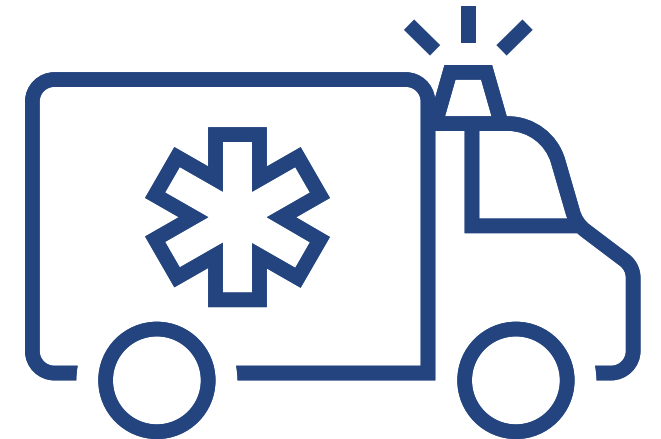
- Readmit Rate
- LOS
- Functional improvement
- Patient satisfaction
- Clinical stability
- Teach-back on key educational metrics
 - Why daily weight so important in CHF
 - How to use glucometer

Readmission after post-acute discharge



What Makes a Patient High Risk?

- Clinical change in conditions
- Transitions of care
- Readmission history
- High risk diagnosis

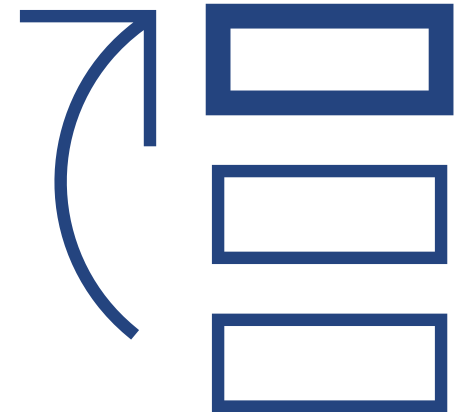


Patient Choice

How do I convince my Social Workers/Discharge Planners to prioritize my preferred network?

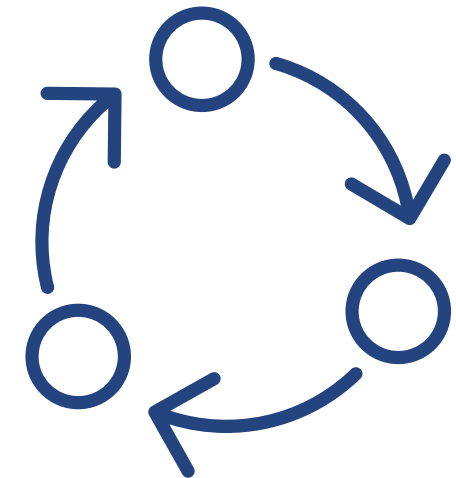
IMPACT ACT

- Quality Metrics
 - AVG LOS
 - AVG Readmit rate
 - Short stay quality metrics
- Informed decision making based on data
- Good Housekeeping seal of approval



How Many Clinical Pathways Should I Have In My Network?

- High functioning networks have a limited number 5 – 10
- Focus on your top volume clinical case types
- Make your **process** repeatable
 - Onboarding and goal setting for patients
 - Discharge process
 - Follow-up after discharge



How Do I Get Started?

- Review your discharges to post-acute
 - Volume
 - Case types
 - Readmission rates by case types
- Find the one that makes sense to work on
- Engage your clinical expert
- Target a post-acute LOS that makes sense (14-18 days or 5-10 visits)
- Develop a framework
- Develop patient education
- Work with your network to review and hear their input
- Trial – at least 3 months prior to making changes



Questions? Let's Discuss!



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Real Time Medical Systems is the industry-leading, KLAS Rated Interventional Analytics solution that turns post-acute EHR data into actionable insights.

Serving healthcare organizations nationwide, Real Time improves clinical and financial outcomes by reducing hospital admissions, accurately managing reimbursements, detecting early signs of infectious disease, automating antibiotic surveillance, and advancing care coordination through post-acute data transparency.

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Thank you!



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