CareWatch
from e-Health Data Solutions

Relationships within organizations improve when information is shared accurately and freely. Unfortunately, many of the information systems developed for use in long-term care organizations focus more on the required upward reporting to agencies or superiors, rather than on providing useful daily feedback to staff members. This is particularly true in the case of the minimum data set (MDS) process.

MDS Information Challenges

The MDS is used to categorize residents for reimbursement and quality monitoring, and it drives resource utilization groups, quality indicators, and quality measures. The data is also reported to outside agencies, for activities such as survey compliance and evaluating insurance coverage risk. Corporately, we use this same information for risk management, quality assurance, personnel actions, and goal planning.

Many facilities view the MDS process as a time-consuming burden, not only because negative trends revealed by the MDS data tend to bring out the surveyors and corporate quality-assurance specialists, but also because most staff never see the MDS data—never mind benefit from it. Beyond the minimal reports from CMS, facilities are on their own in looking for ways to access the data. Most software vendors produce products that can generate an MDS, but they do not provide a platform to review much more than what we already receive from CMS.

A Platform for Optimizing MDS Data

In searching for such a platform, Mira Vista Care Center discovered e-Health Data Solutions' CareWatch application. A facility can upload their regular MDS file to CareWatch's Web-based data repository, and CareWatch then presents it in a multitude of reports that provide valuable feedback on quality and reimbursement, as well as applicable state and federal regulations. The system provides qualitative and quantitative reports on quality assurance, incidents, skin care and wound-healing, and reimbursement and projected payment. Any staff member with user access can view a resident or group of residents from multiple quality care perspectives, and managers can view trends for residents, a single facility, or multiple facilities. Additionally, built-in e-mail notifications alert users to high-risk incidents, such as falls or developed skin issues, that might require special responses.

Hosted on a secure server, the Web-based system is accessible from any computer with an Internet connection. There is no limit to the number of qualified users that can access the information, as long as they have security clearance.

System Implementation, Adoption, and Use

We introduced CareWatch at Mira Vista Care Center three years ago. The system was well received by our clinical staff once they saw its at-a-glance overviews of high-risk residents from multiple clinical perspectives. CareWatch provides easy access to data, eliminating the need to issue paper reports. And because the staff now has the ability to review the data, they also have the responsibility to do so, and to subsequently deal with resulting issues proactively.

CareWatch has become a means of interdisciplinary communication for critical information. Our "grassroots" staff is now more involved in data entry, clinical reviews, and quality assurance. The depth of our clinical team's reach has been enhanced through their ability to view resident histories and quality assurance measures. Furthermore, our clinical team has a more cohesive focus, even as our organization has managed to grow in census and in acuity levels. And because the MDS is the core of the CareWatch system, the MDS has now become central to our internal communication.

CareWatch's immediately available and logically presented information is invaluable to our ability to carry on interdisciplinary evaluations and communication. When clinicians see a clear decline in two or more areas of a resident's function and they can see all health conditions influencing the resident (MDS section I), as well as the interventions attempted during the course of their stay, they are able to gain a better understanding of the resident's condition and can respond more effectively. The Weight Watch report, for example, allows us to track a resident's weight along with over 25 other variables and interventions taken from the MDS. CareWatch provides a historical view of the residents' MDS information, allowing any team member to access this data when completing an MDS, when reviewing a fall, or when concerned about an acute or changing condition. With CareWatch's historical overview, there is no need to glean through pages of MDS forms in a resident's chart or in an overflow record. In addition, CareWatch's Web-based menus are intuitive and easy to navigate.

With increasing acuity levels, ongoing changes in reimbursement, new regulations, and heightened liability risk, we use CareWatch to remain aware of industry dynamics so we can respond appropriately to the changing needs of our organization. We no longer make our own graphs or search through piles of records to uncover trends and integrate data. We recently used CareWatch to guide us through an initiative to improve pain management. In seconds, the system provided us with the history of our residents' pain levels, along with graphs showing our overall facility decline in pain levels over time. With CareWatch, there are fewer mysteries from the MDS; the trends and concerns are apparent. In addition, our licensed nurses use CareWatch daily to enter incident reports, providing us with a timely and proactive approach to fall prevention. From financial control to state and federal quality indicators to individual resident case review, the data provides us with a broader perspective of what is occurring within our organization.

Enhanced Risk Management

Using CareWatch information, we have found new solutions, created plans of action, and prototyped new programs, all of which result in enhanced risk management for our facility. Incidents are now more easily compared and trended, and resident declines and changes in condition are now more apparent. Most importantly, because our staff has immediate access to all of the MDS-driven reports, everyone can participate in developing quality assurance plans, rather than waiting for a company directive or state survey mandate. Access to actionable information has brought data democracy to our organization. Using CareWatch over the last three years has deepened our understanding of all the factors that can contribute to or inhibit the wellness of a resident and our organization. ■

J. Scott Hale, NHA, MBA, is the executive director for the Mira Vista Care Center and the Washington Center for Comprehensive Rehabilitation. He has 30 years' experience in skilled-nursing operations and is Barton certified in health care risk management.

Tina Willett, RN, CCRN, DNS, has 15 years' experience as a director of nursing for nursing and rehabilitation care facilities. She currently serves as a nursing quality assurance consultant, providing clinical and management training and support.