

# Beyond the Buzz

## *Technology-Powered SOC Workflows That Improve Everything Downstream*

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Mentimeter – survey, allow multiple selections

Describe yourself

- Administrator
- Nurse
- Therapist
- Owner
- Exhausted

Mentimeter – short answer

“What issues or opportunities come to mind when you think about the stage that is set at Start of Care?”

# Objectives

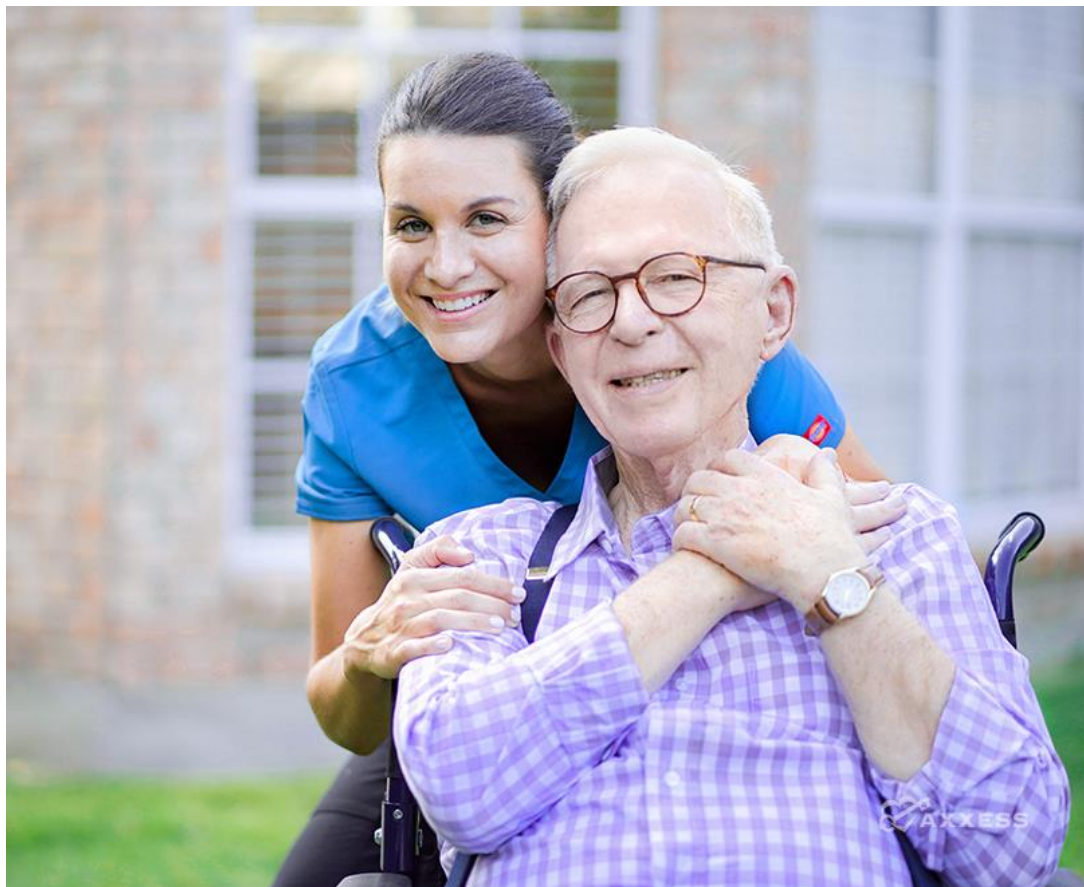
Attendees will be able to:

- Describe how the SOC visit influences PDGM reimbursement, VBP outcomes, LUPA risk, and episode success — and why consistent SOC performance is essential for operational efficiency.
- Identify the most common SOC breakdowns that lead to documentation delays, incomplete assessments, care plan gaps, and missed high-risk indicators.
- Explain how technology and AI can support clinicians during the SOC by guiding assessments, improving OASIS accuracy, identifying risk factors, drafting care plans, and reducing documentation burden.
- Apply a model SOC workflow that integrates standardized checklists, risk scoring, and automated tasking to improve coordination between nursing, therapy, scheduling, and quality teams.
- Implement at least three immediate changes within their agencies — such as structured SOC templates, early risk identification, and improved communication pathways — that strengthen SOC quality and operational performance.

# Mentimeter word cloud

What is the least rewarding/fulfilling/enjoyable part of a clinician's day?

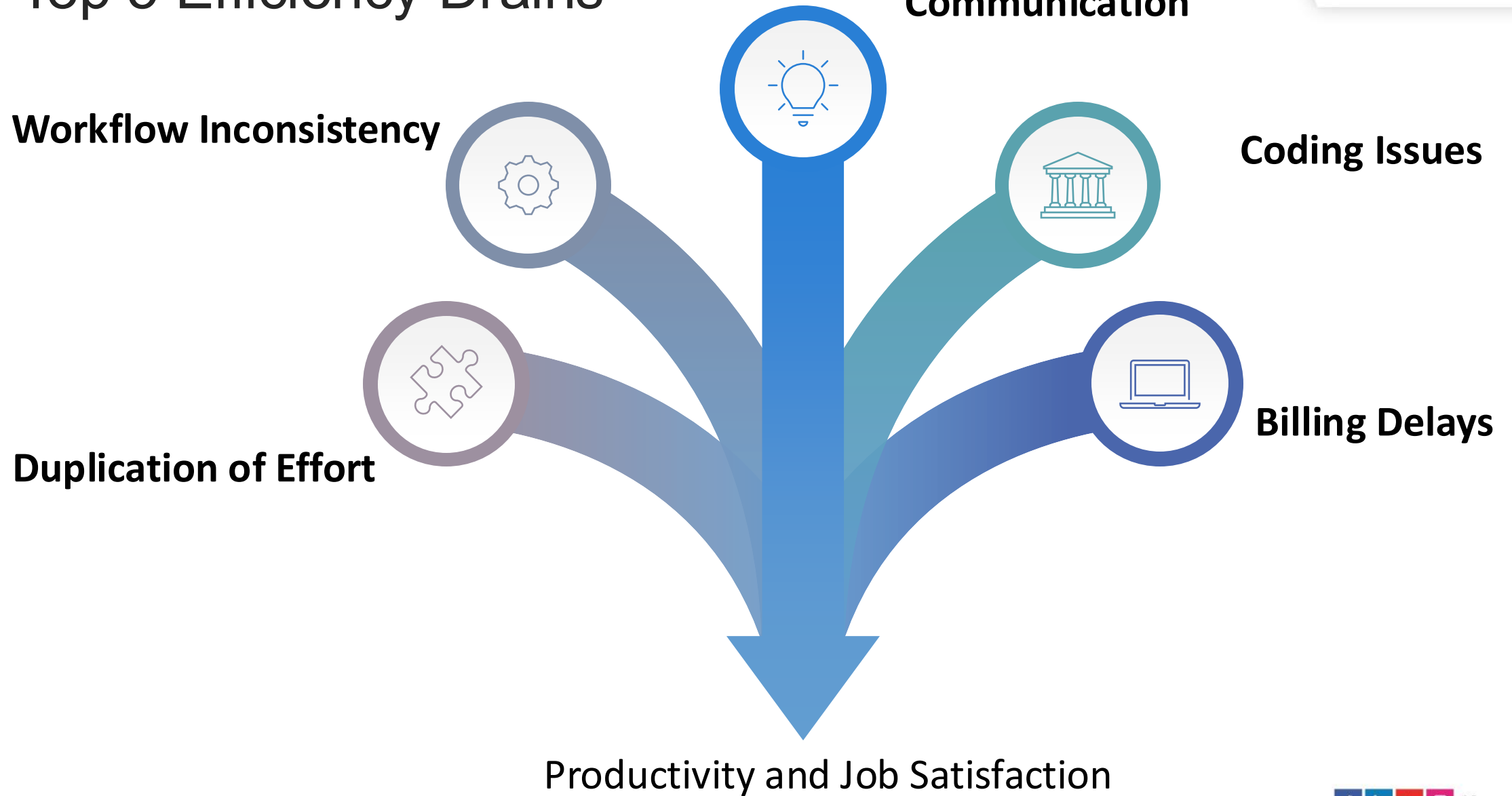
# What Efficiency Means



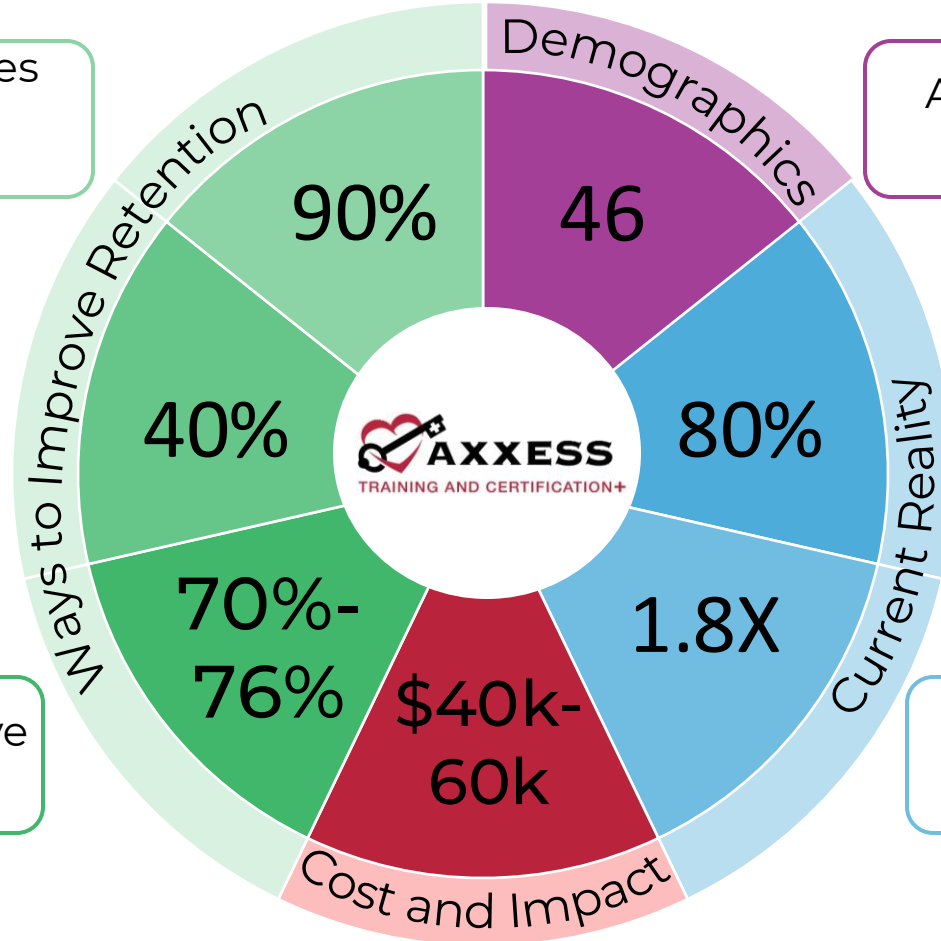
# Mentimeter Poll

- What is your biggest operational barrier?
- Options: Documentation, Staffing, Scheduling, QA Delays.

# Top 5 Efficiency Drains



# Training is Critical for Better Outcomes



Average age of home health nurses

Of people who leave, do so in the first 100 days

Home health nurses are more likely to leave their job than hospital nurses

Costs associated with replacing a home health nurse

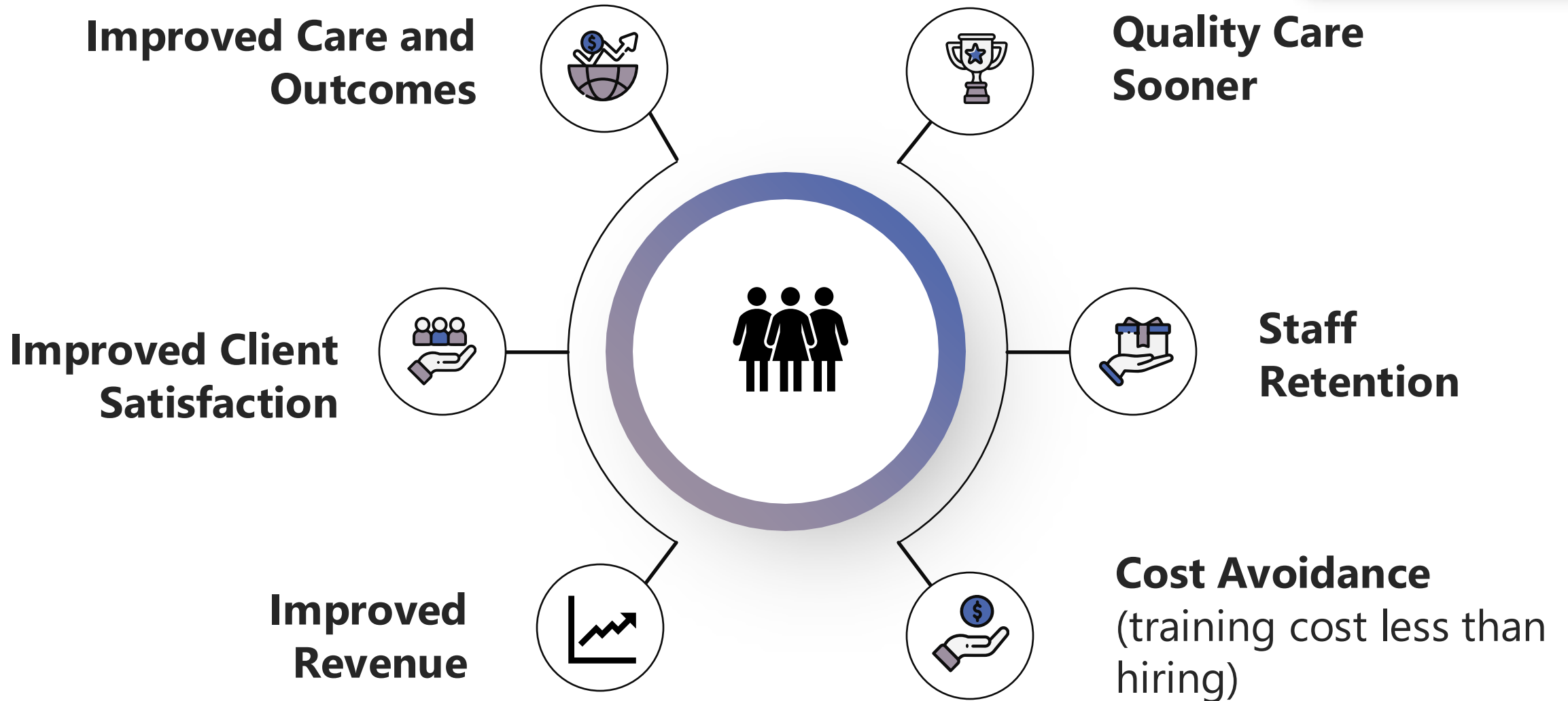
Retention rate of new nurses who were involved in a mentorship program

% increase in confidence to provide patient care with formalized training

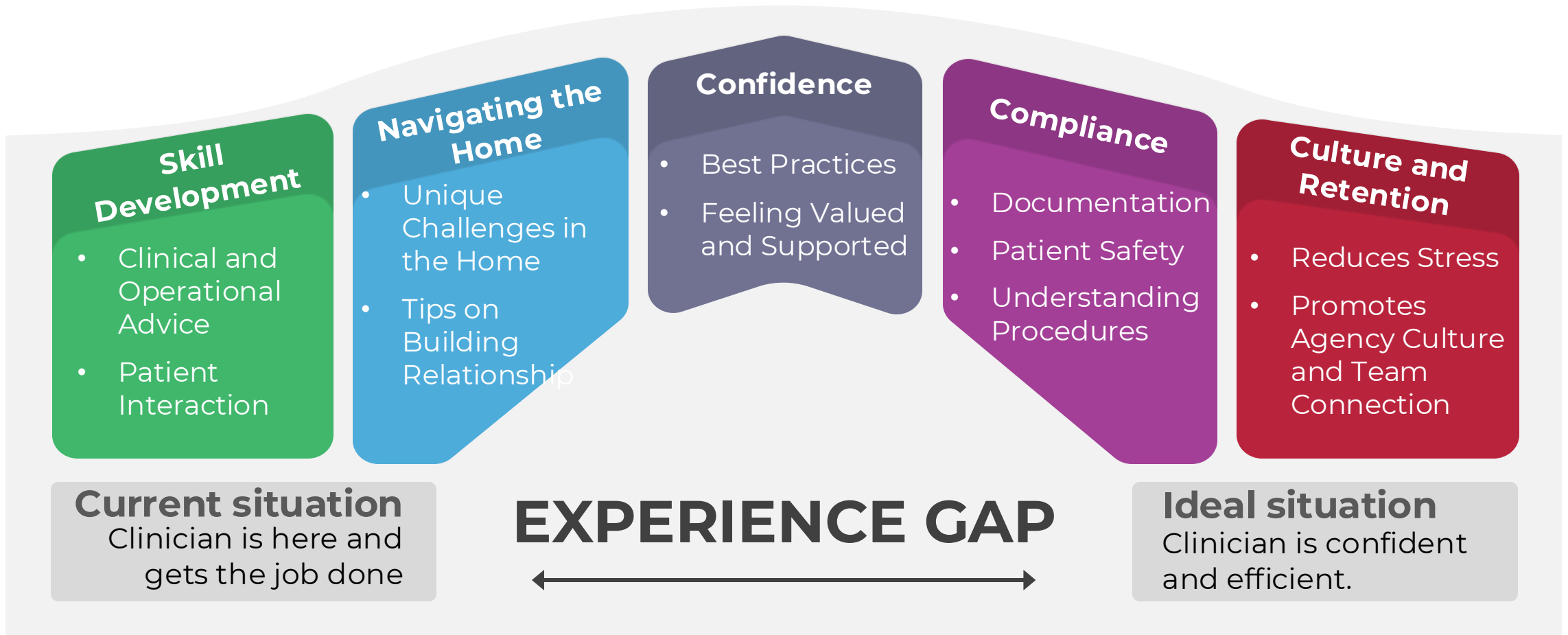
Better retention if nurses receive continued education



# Orientation As A Strategic Lever



# Mentorship Bridges the Gap



# Training Builds Confidence, Competency and Compliance

Boosts Confidence  
in Providing  
Patient Care

Supports Success  
in PDGM and VBP

Improves  
Regulatory  
Compliance

Foundational Training  
and Continued  
Education

Regulations

Documentation

HIPAA

Emergency  
Preparedness

Infection  
Control

Home Health  
101

# Workflow Standardization

- Standard visit steps
- Templates
- Continuity of care
- Single source of truth documentation
- Clinical pathways



# Documentation

- AT POINT OF CARE!!
- Concise
- Accurate
- Compliant
- Feedback loops





# Start of Care Ramifications

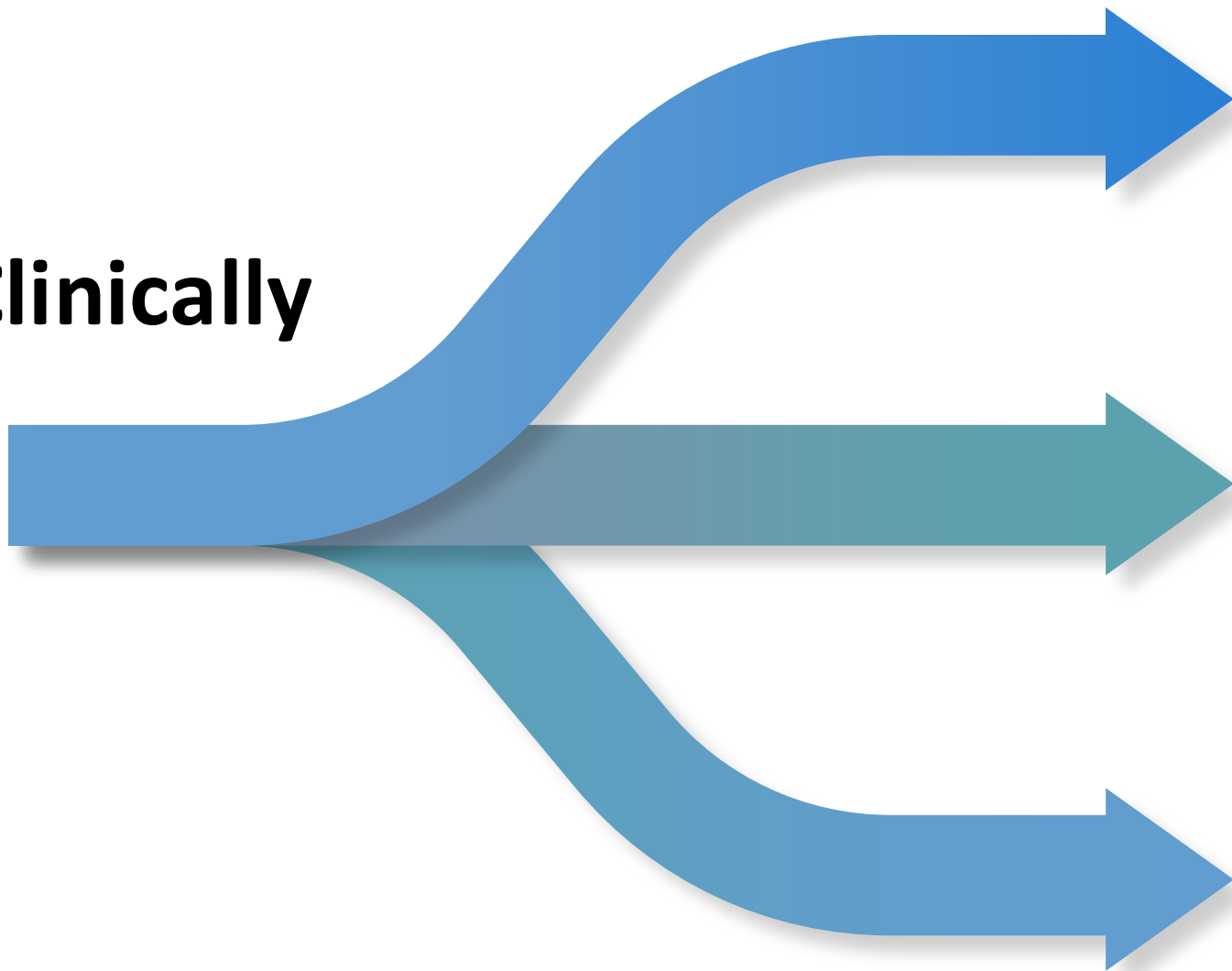
**Clinical**

**Financial**

**Operations**



**Clinically**

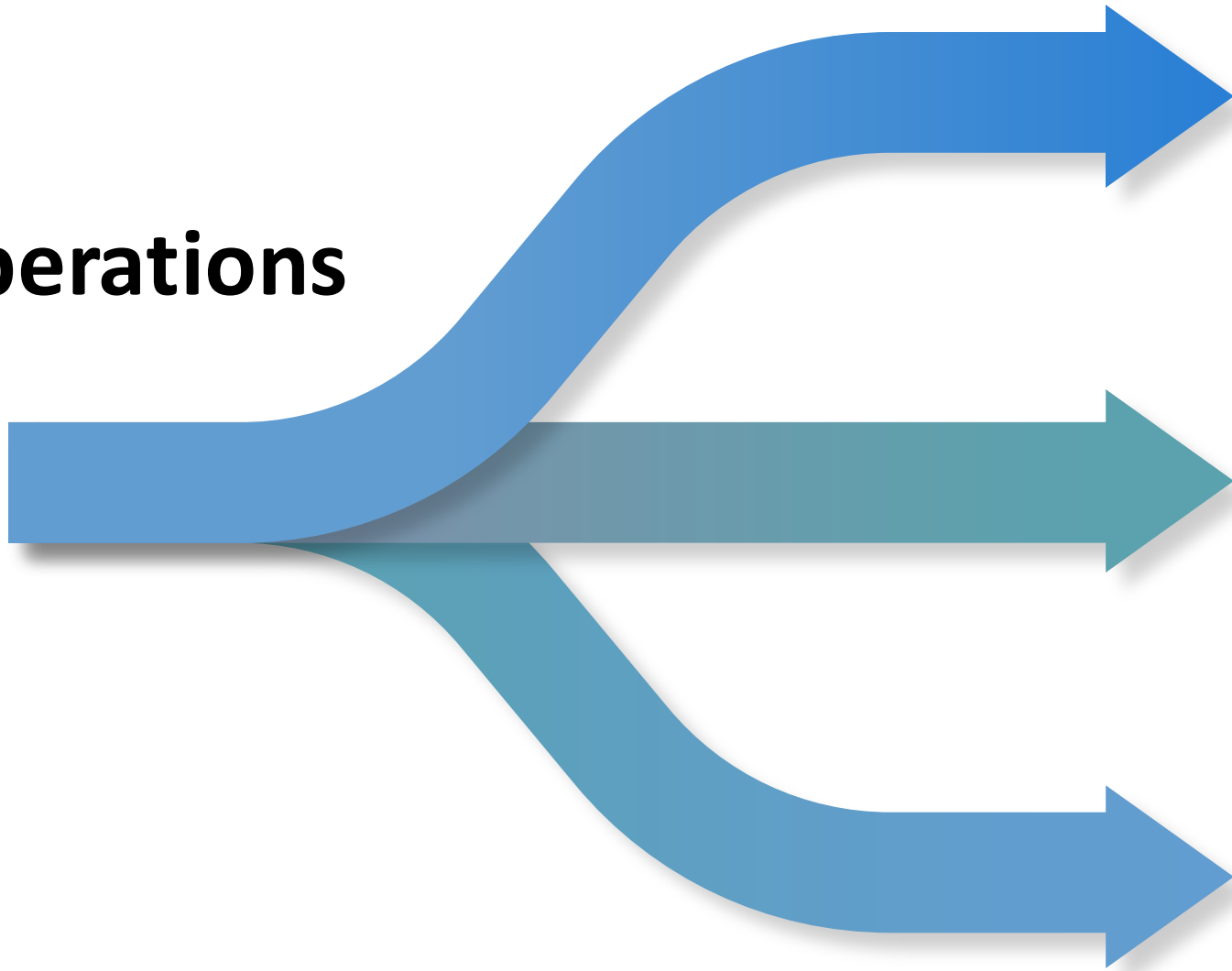


**Accurate Care Planning**

**Early Risk Identification**

**Better Care Coordination**

# Operations

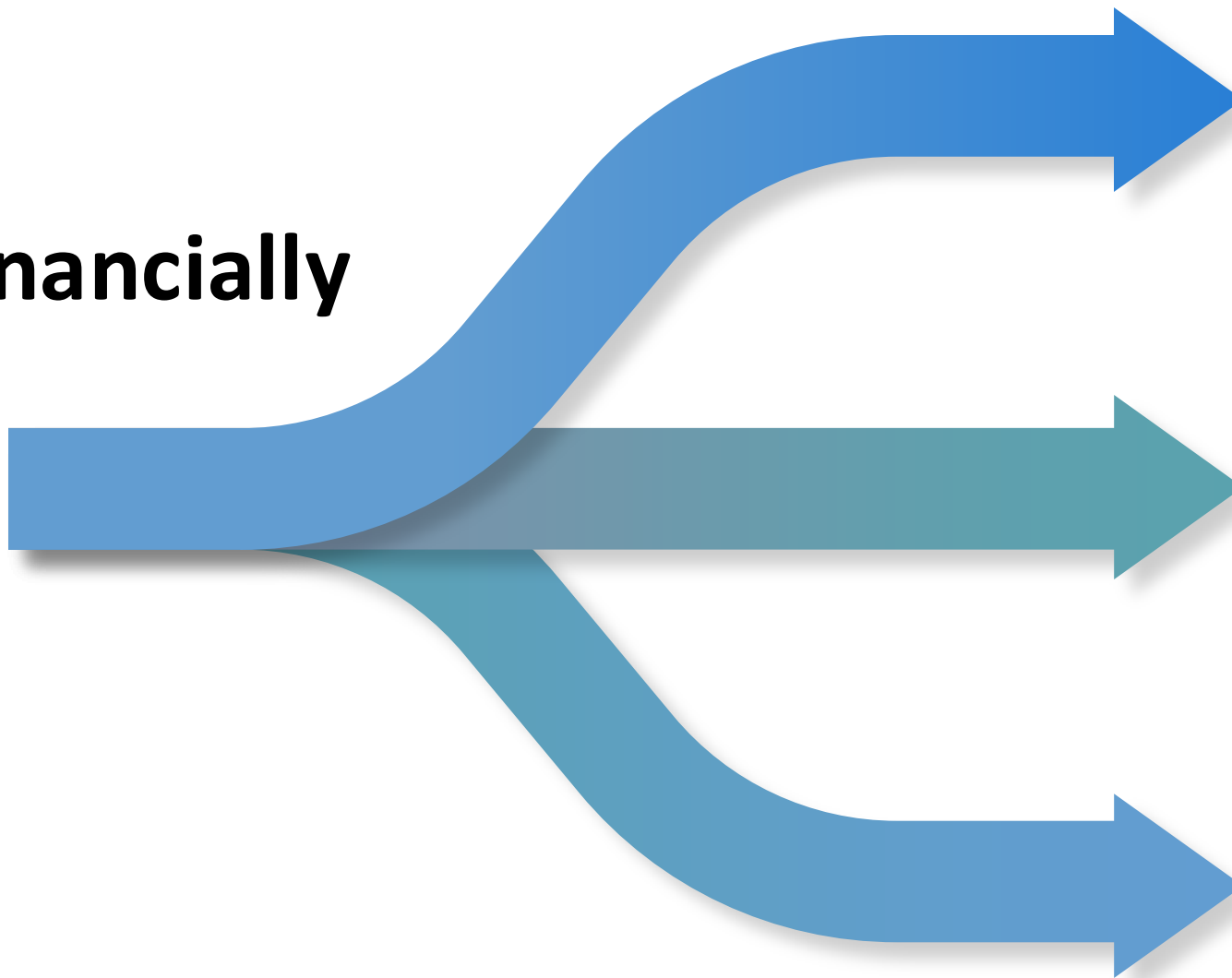


**Efficient Care Utilization**

**Better Compliance**

**Improved Workflows  
and Coordination**

**Financially**

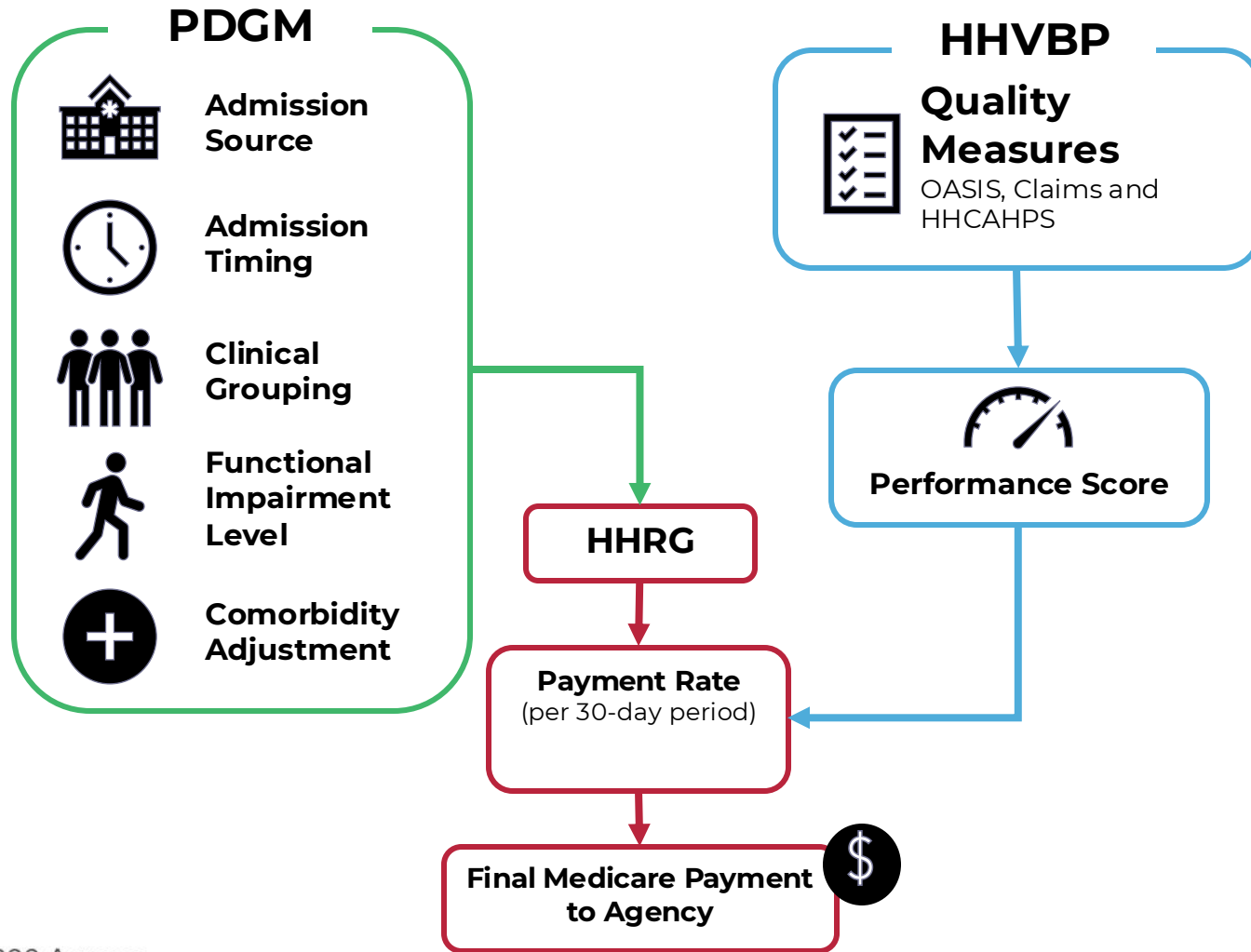


**Accurate Reimbursement**

**Reduce Avoidable Costs**

**Better Quality Scores  
and Incentives**

# Understanding Your Medicare Payment



Hospital Risk – M1033

Grooming – M1800

Dressing Lower Body – M1800

Dressing Upper Body – M1820

Bathing – M1830

Toilet Transferring – M1840

Transferring – M1850

Ambulation – M1860

# Value Based Purchasing

## OASIS (40%)



- Improvement in dyspnea (7%)
- Improvement in the management of oral medications (11%)
- Discharge Functional Score (15%)
- Improvement in Bathing (3.5%)
- Improvement in Dressing Upper Body (1.75%)
- Improvement in Dressing Lower Body (1.75%)

## CLAIMS (40%)



- Potentially Preventable Hospitalization – PPH (15%)
- Discharged to the Community – Post Acute Care (15%)
- Medicare Spend Per Beneficiary – Post Acute Care (10%)


## HHCALPS (20%)



- Overall rating of home health care (10%)
- Willingness to recommend the agency (10%)

# OASIS Items - VBP

**OASIS  
(40%)**



Improvement in dyspnea (7%)

- M1400

Improvement in management of oral medications (11%)

- M2020

Improvement in Bathing (3.5%)

- M1830

Improvement in Dressing Upper Body (1.75%)

- M1810

Improvement in Dressing Lower Body (1.75%)

- M1820

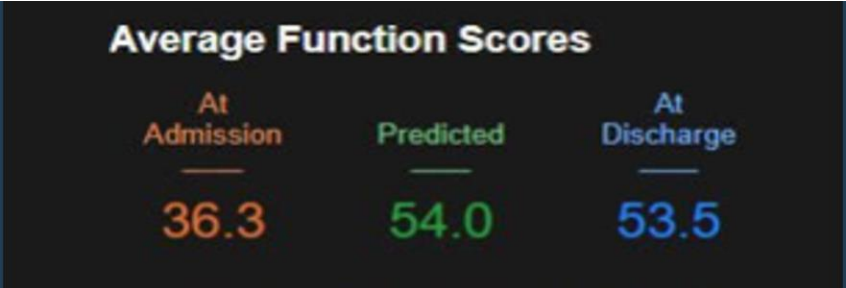
Discharge Functional Score (15%)

**GG0170 Section - Mobility:**

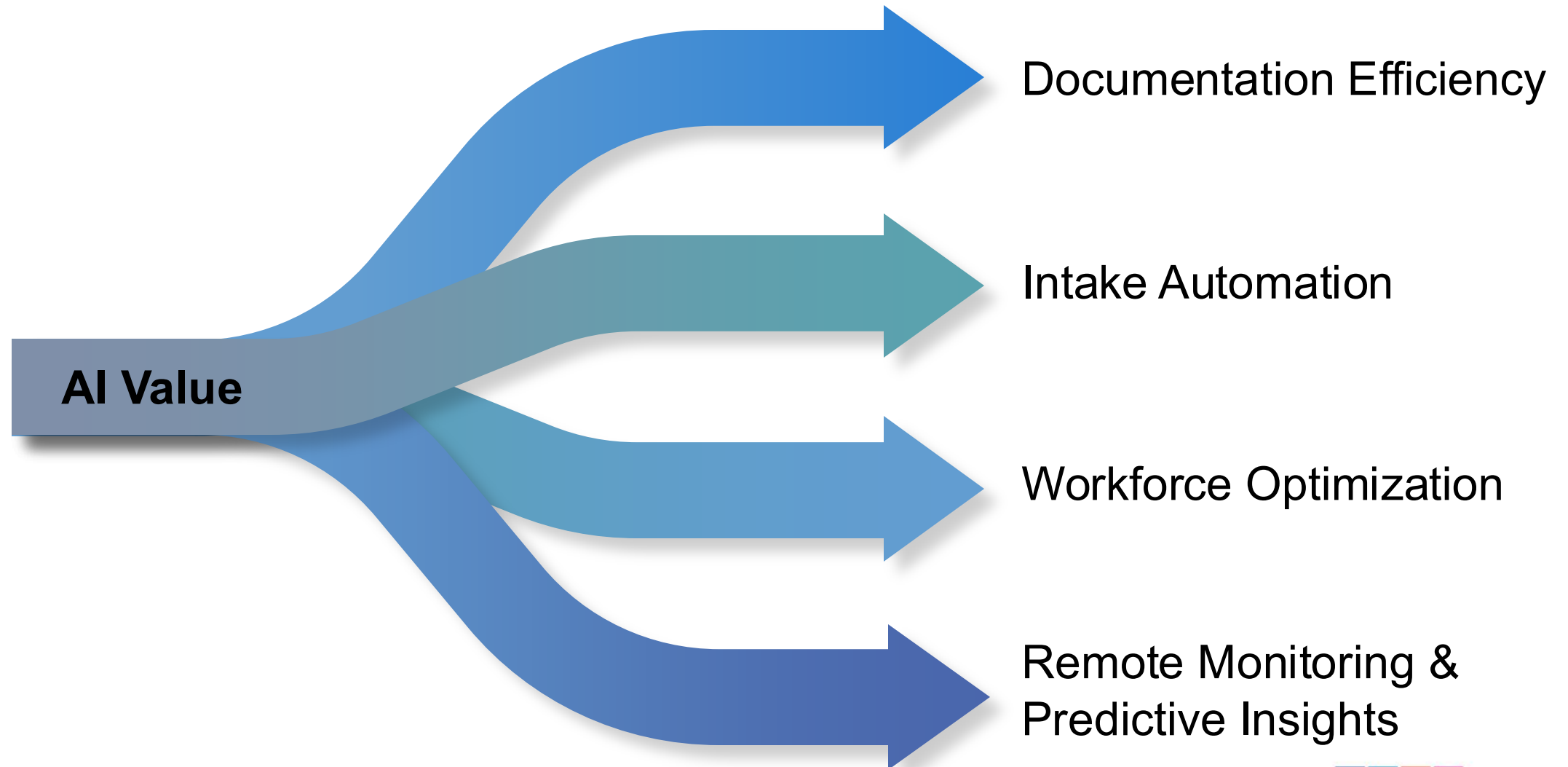
- GG0170A – Rolling left and right
- GG0170C – Lying to sitting
- GG0170D – Sit to stand
- GG0170E – Bed-to-chair transfer
- GG0170F – Toilet transfer
- GG0170I – Walk 10 feet
- GG0170J – Walk 50 feet with 2 turns
- GG0170 – Wheel 50 feet with 2 turns

**GG0130 Section - Self Care:**

- GG0130A – Eating
- GG0130B - Oral hygiene
- GG0130C – Toilet hygiene



# Where AI is Delivering Real Operational Value



# Documentation Efficiencies

- AI Scribes
- Voice to Text Documentation
- Real-Time OASIS Guidance and Validation
- AI Coding and OASIS Review



# Intake Automation

- AI Fax and Referral Document Extraction
- Automated Referral Triage
- Automated Insurance Eligibility Verification
- Automated Scheduling and SOC Assignment
- Digital Referral Portals



# Workforce Automation



- Route Optimization
- Predictive Staffing Models
- Automated Credential and Compliance Tracking
- AI-Based Productivity Monitoring
- Self-Service Workforce Apps
- Chatbots for Workforce Support
- E-Learning

# Remote Patient Monitoring

- Vital Signs Monitoring
- Wearable Monitoring Devices
- AI-Powered Predictive Monitoring
- Medication Adherence Monitoring
- Fall Detection and Safety Monitoring
- Symptom and Patient-Reported Outcome Monitoring



# Predictive Analytics

- Hospitalization Risk Prediction
- Visit Utilization Prediction
- Early Clinical Deterioration Detection
- Staffing and Census Forecasting
- Change of Care Setting Forecasting



# Communication Workflows



- Standard channels
- Notification rules
- Huddles
- Escalation paths
- Automation

# Scheduling Optimization

- Geoclustering
- Realistic Buffers
- Automation
- Capacity Planning
- Guard Against Burnout



# Technology as Multiplier

- Mobile documentation
- AI Assistants & Voice Dictation
- Interoperability (data exchange)
- Smart Scheduling AI



# Technology as a Culture Builder

- Clinician Support = We value your time and expertise
- Efficiencies = Increased morale and retention
- Technology Doesn't Replace Clinicians – It Amplifies Them!



# Mentimeter – short answer

“Culture of Efficiency”

What do you do to recognize your wins – engage staff?

# Takeaways

- Patient-centered quality clinical care will always be the key to success!
- Efficiency  $\neq$  shortcuts
- Standardization matters
- Technology enhances quality

