



The Innovative Leader: Differentiating Practice and Outcomes

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Objectives

The attendee will be able to:

- Describe functional leadership theory and its application across care at home
- Discuss application of functional leadership theory to evolving use of AI within care at home
- Discuss current and evolving artificial intelligence integration into home health, personal care and hospice practice

Innovation is a process by which a domain, a product, or a service is renewed and brought up to date by applying new processes, introducing new techniques, or implementing successful ideas to create new value.

The creation of value is a defining characteristic of innovation.

Our goal

Leverage innovation and excellence in leadership to help solve today's challenges, while creating future success for care at home

Healthcare at home is ripe for innovation

Opportunities abound:

Personal Care

Leveraging AI to see into risk of hospitalization

Medicare Advantage

Growing telecommunications and associated RPM/AI

Caregiver insights

Hospice

Leveraging AI to see into prognostication

Optimizing continuum-based protocols

Managing into risk – e.g. live discharge patterns

IDT insights

Home Health

Leveraging AI – predict risk of hospice suitability and ACH

Rising virtual care reality within value-based constructs

CMS initiating data-gathering, g-codes for virtual telecommunications and RPM

Clinician insights

Reality can either fuel our efforts OR distract us from leading into our future.

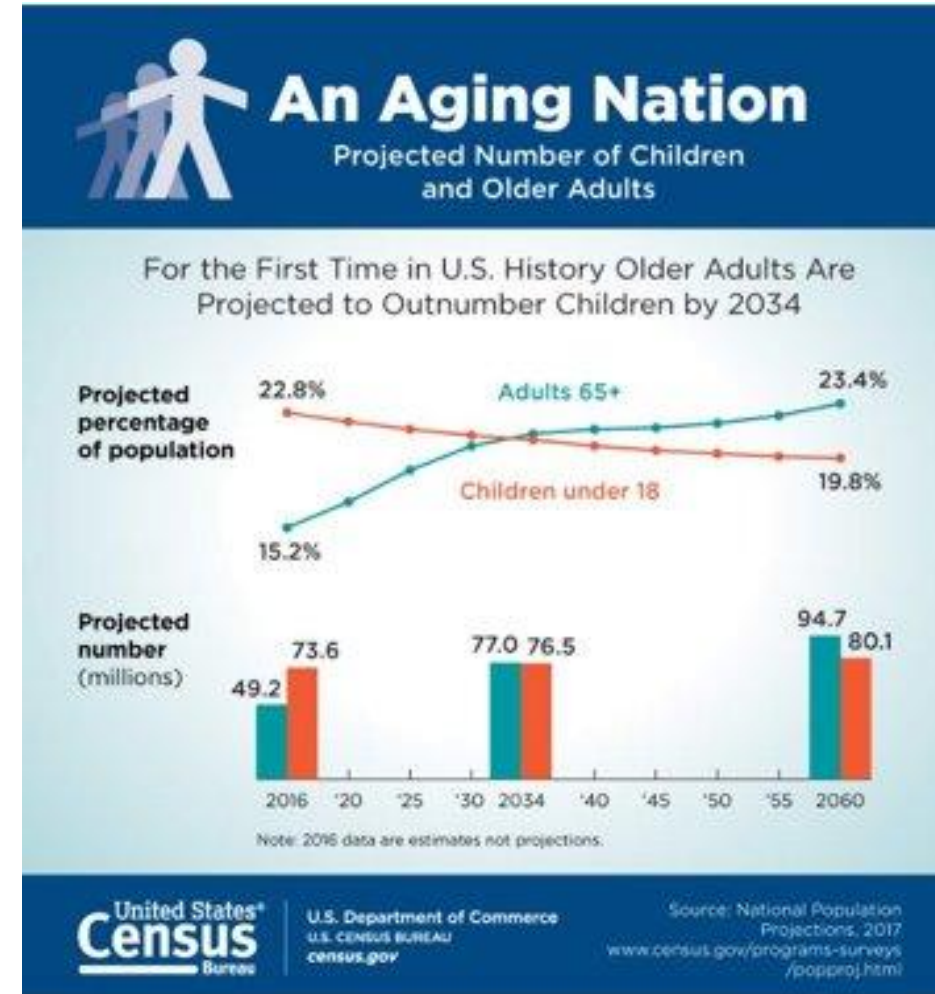
Strategic planning for healthcare at home must ask and answer the question:

How does your organization equip leaders with tools for today's work?

Leadership – leaning into innovation

Context for operating within today's care provision in the home:

- Accelerating demand
- Dwindling supply of caregivers/clinicians, relative to demand
- The answer? **Innovation!**
- Increased pressure to drive high value care, with measurable outcomes that prove it:
 - HHVBP
 - HOPE measures
 - VBID – tried and failed, yet future?
 - Medicare Advantage Personal Care market penetration
 - Market consolidation, yielding shifts in competitive landscape



LEADERSHIP

Leaders challenged with workforce pressure and opportunity of growth

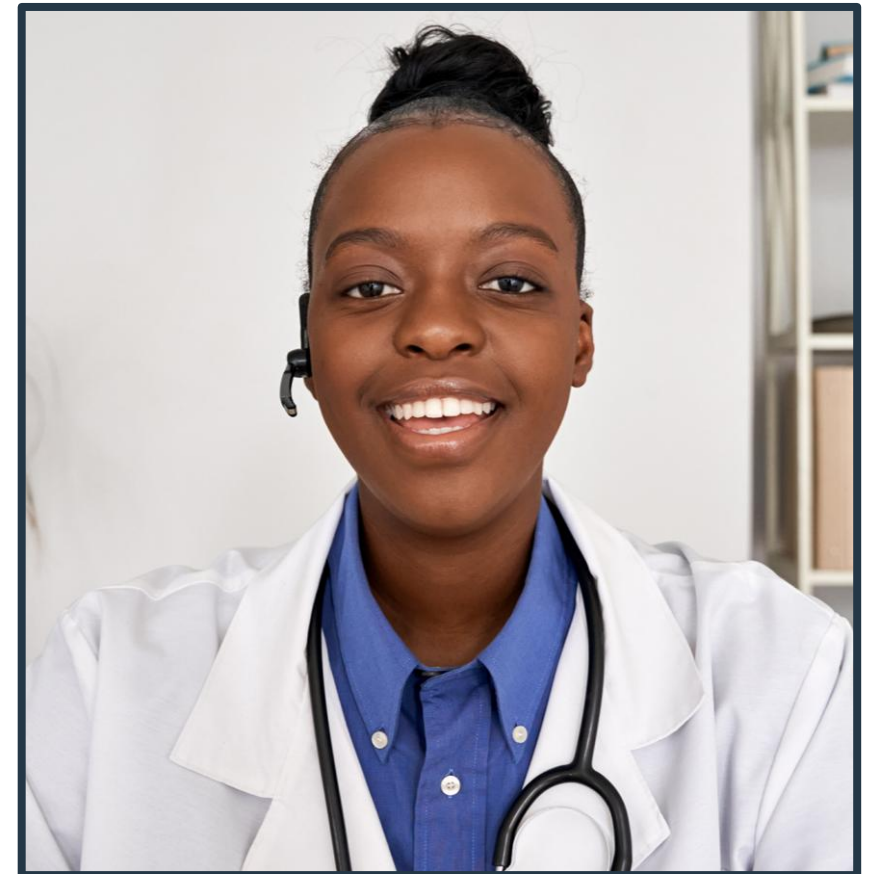
Meet Emma

- **The agency:**

- Freestanding, not for profit VNA, part of a consolidated group of agencies.
- Home Health census ~600
- Emma's team serving ~140 patients.

- **The person:**

- RN, frontline, clinical manager HH for a year.
- Prior to manager role: 1-year HH field RN, promoted due to success in field, great attitude/aptitude
- Was “new” to home health when she was onboarded to this agency
 - *“Wonderful employee; she is accountable, honest, eager to learn, responsible and is well liked within the company.”*



Emma's team facing sicker patients – we need to address this need *differently*

Consider downstream events/costs given overall acuity rise:

- Hypertension up 25% and
- Diabetes with complications up 34%

For patients discharged to home health:

- 21% increase in respiratory failure
- 17% increase in kidney failure
- 4% increase in stroke
- 8% increase in dementia
- 9% increase in hospital ALOS prior to discharge

SNF impact:

- Average age of patients reduced by a full year
- Average age of a home health patient is up almost 2 years – trend supports complex and custodial care of elderly shifting to the home



Emma's workforce challenges identified

- Emma has approached her boss, the Director, several times over the past 3 months noting her team is difficult and she feels overwhelmed
- Team stresses spilling into inhibited growth/increased turnover
- After the most recent reviews and employee engagement surveys, a plan for a solution is needed

Breaking down the struggle so many feel

- Emma **struggles** to clearly articulate what makes them difficult and why her benchmarks (*team productivity, satisfaction scores, and hospitalization rates*) are below agency expectations.
- Emma **is stressed** due to constant team member complaints of being understaffed while productivity numbers are falling below expected performance
- Emma **does not know how to help** her team better manage the patient census required of them.
- Emma's **confidence is rocked**. She doubts her ability to continue to do this job and states it is becoming evident that she wasn't ready. *Emma needs tools to do her job.*
- Emma is **looking for a way to help educate current and new employees and leaders**, and effectively onboard new team members, providing them with tools needed for today's work.
- Emma also is **looking for a way to provide clear concise feedback** on performance, realistically helping her team members improve in documentation and productivity.

Potential contributors to Emma's workforce challenges

- Decreased ability for leaders to quantify performance/ Sub-optimal performance improvement strategies
- Sub-optimal onboarding practices causing low levels of confidence and competence with staff
- Limited career advancement- upskilling opportunities or ongoing training adding to staff dissatisfaction
- Actual shortage of healthcare workers amplified by inefficient workflows and misplaced responsibilities

WE ALL NEED TOOLS

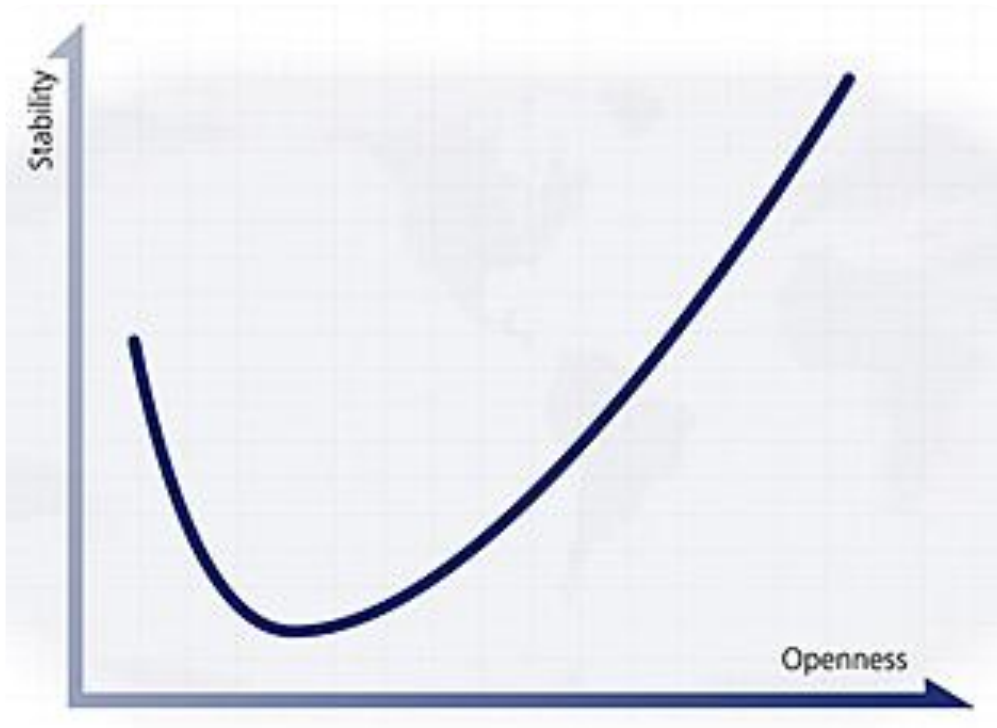
Innovation – changing tools we use



The leader's challenge and opportunity

- Leverage foundational leadership theory:
 - Clear expectations of performance
 - Provide tools to meet the expectation
 - Have methodology to review adherence to desired process/behaviors
 - Hold folks accountable
- Now embrace the reality of change when evaluating and implementing the tools you need, and now have available, to get the job done
- Work to integrate innovative, data-fueled insight and supports into daily actions

Remember change theory...



- Anticipate initial bit of excitement
- Then hold on ***and lead through*** the normal push back, loss and resistance to change
- Celebrate cultural/process/outcome gains as the desired impact of the change occurs
- Active, data-infused feedback loops, help move a culture/organization through change

Focus: Innovative leadership

Leading to excellence is not achieved by chance

Innovating within a clear method and discipline for leadership teams will help your organization navigate today's workforce challenges, using today's solutions.

- 1. Leaders need effective tools** to support onboarding of new staff and lifting training of existing teams
- 2. Start by mastering a simple leadership cascade - identify the relationship between data and behavior:**
 - By department, identify the top measures of success/Key Performance Indicators (KPIs)
 - Within department, identify which behaviors/actions (*e.g. adherence to process*) are needed to be performed with competence to achieve the measures of success = Key Performance Behaviors (KPBs)
- 3. Get ahead of the process of building, measuring and sustaining KBP competence.** This will directly impact the Key Performance Indicators (the KPI, KPB relationship)

A lot of organizational 'waste' and reactivity happens with absent data-rich feedback, healthy communication cascades

Back to Emma...

And the need to embrace innovation

Emma's boss's concern



- Emma's work as a leader is starting to **worry** her Director, for multiple reasons:
 - Not meeting financial and operational performance benchmarks
 - Struggling to clearly pinpoint why her team is failing
 - Doesn't appear to use data-aligned thinking when communicating with her team or her boss
- On initial reaction, the Director of the agency felt concerned that Emma may not be the leader they had hoped she would be
- The Director also recognizes this frustration, ***as she has seen it before***
- **Strategy sessions with leadership team reinforced the need for different tools to help solve for today's unique challenges**
- **Strategy also reinforced the use of tools within solid situational leadership methodology**

Emma's leadership journey

Look at the flip side and consider the pressure on today's young leaders

- Emma is Stressed! **Clinical team complains** of being understaffed, yet productivity numbers are low. Emma **doesn't know how** to bridge that gap
- Emma's **confidence is rocked**.
 - She **doubts her ability** to continue to do this job and states it is becoming evident that she wasn't ready.
 - (Note to self: Emma needs tools to do her job, and guidance. She has solid instincts)
- Emma is **looking for a way to help onboard and educate** current and new employees *and* leaders, providing them with tools needed for today's work.
- Emma also is **looking for a way to provide clear concise feedback** on performance, realistically helping her team members improve in documentation and productivity
- Emma sometimes **feels it is assumed** she knows what she should do, and is afraid to speak up to say she needs help

Leaders like Emma and her boss need to dig into the source of the problems – break it down and find solutions

- An employee or department level of functioning is determined by how well they are functioning on the job (*key performance behaviors*)
- The same can be said for how an agency level of functioning is being achieved!
- There are **two key factors to measure**:
 1. **Ability**: Does the employee/department/leaders have the skills, *tools* and knowledge to consistently do the job in a timely and quality manner? Have we dared to innovate?
 2. **Motivation**: Does the employee/department/leader(s) have the confidence and willingness to consistently do the job in a quality and timely manner?

When data flags concerns, ask yourself:

Ability

Does the employee/department have the skills, *tools* and knowledge to consistently do the job in a timely and quality manner?

- **Yes?** Then this isn't the issue
**note – this should be measured, not assumed*
- **No?** Provide them the tools/education/process needed and continue to monitor

Motivation

Does the employee/department have the confidence and willingness to consistently do the job in a quality and timely manner?

- We can build confidence through innovative tool use and a consistent, iterative approach to meeting learning need
- Remember -willingness is a choice
- Identify which is 'driving' the situation

Area of focus in solving workforce challenges

Empowered Leadership

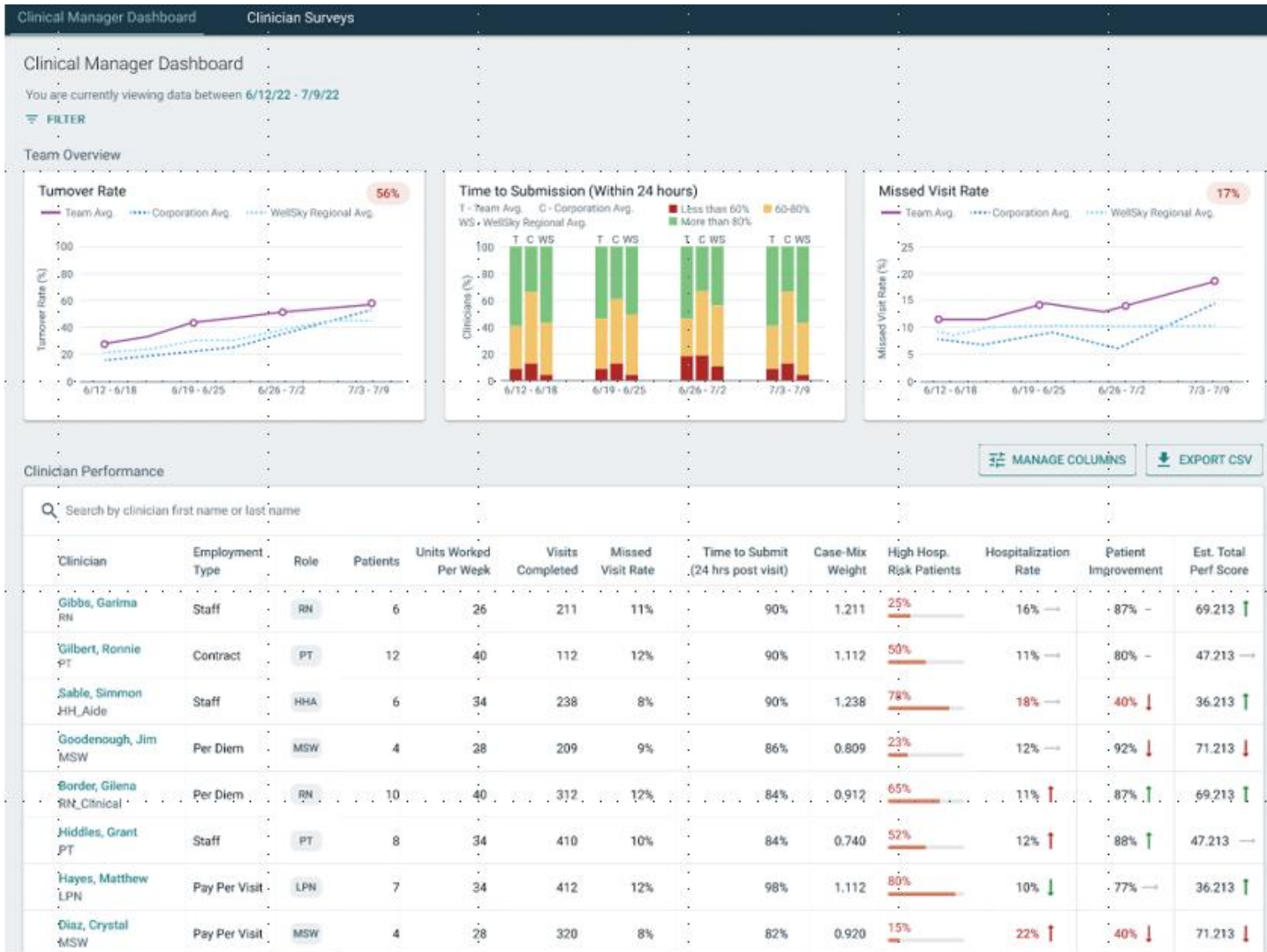
Staying up to date with evolving technology and best practices

Methodology and discipline

Retain and engage clinicians during onboarding and beyond:

- Get ahead of team-member performance preparation while addressing challenges before they get out of control
- Gain better understanding cause and effect
- Provide different tools to get the job done

Innovative analytics: Help Emma see into cause and effect



Save time

Focus leadership response where needed

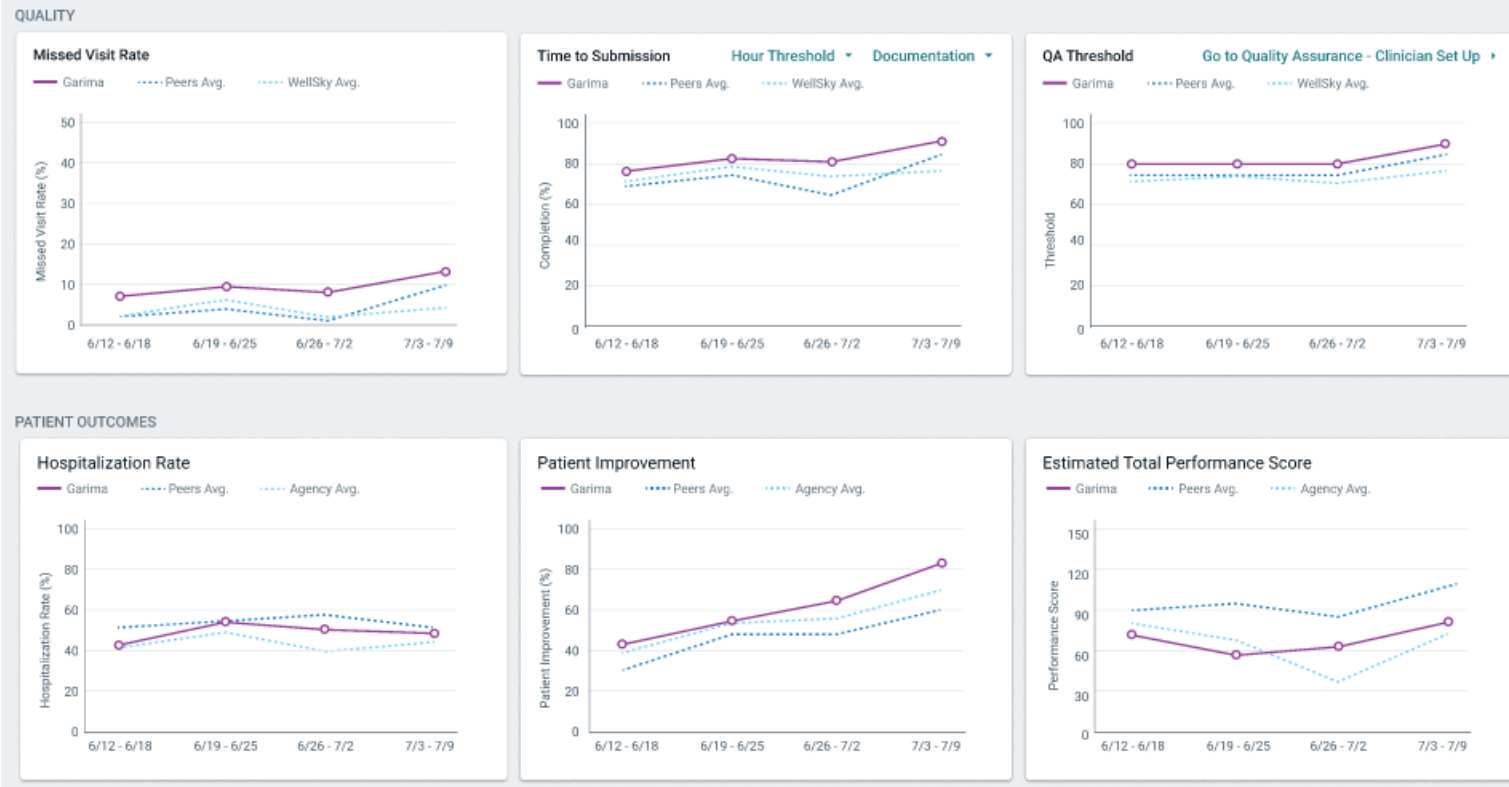
Identify patterns – where do we need to line up thinking and action:

- Organization wide
- Payer specific
- Referral source specific
- Specific teams
- Leadership
- Individual employees

Refine insight (remember: we can kill our heroes)

Find time to discuss what is underneath increasing time to submit missed visit, while recognizing improvements in quality. What's happening?

e.g. did we keep turning to this team-member to take extra that extra admit because she always said yes?



- Adopt data-aligned, supportive, healthy functional leadership approach:
- Provide teams the tools/skills to meet the expectations
- Measure (data round) regularly, providing feedback/work-specific support
- Fuel data aligned controls/reward/incentives/recognition
- Create accountability – generating a more engaged, competent and confident team

Emma's clinical quality challenges

1. Emma does not have a great way to monitor performance on an on-going basis with a view received quarterly at an agency level. She only knows she is told to improve her team's scores.
2. The clinicians are already frustrated with workload and patient acuity level, so discussions of insufficient quality measures create even more pressure.
3. Her team of clinicians vary in skills, experience and outcomes, how does she develop her team meeting each clinician's individualized needs for growth and improvement?

How can we apply innovative approach to leadership as means to address these challenges?

Potential contributors to the challenge

- Decreased foundational knowledge of assessment dataset
- Sub-optimal assessment and documentation efficiency, accuracy, and completeness
- Missed understanding of impact of clinician assessment technique and POC capture/data accuracy, and downstream impact to risk prediction.
- *Old school-inadequate education foundation/training inconsistency added to inconsistent coding/review process absent aligned, focused training feedback*
- Workload and case acuity, *absent tools* for risk-informed clinical decision support
- Patient/Family engagement not optimized

Innovation: learning how we learn

Understand the Forgetting Curve and Learning Theory

- Micro-trainings; repetition of actions; association and consistency in feedback yield a higher level of competence, confidence and engagement

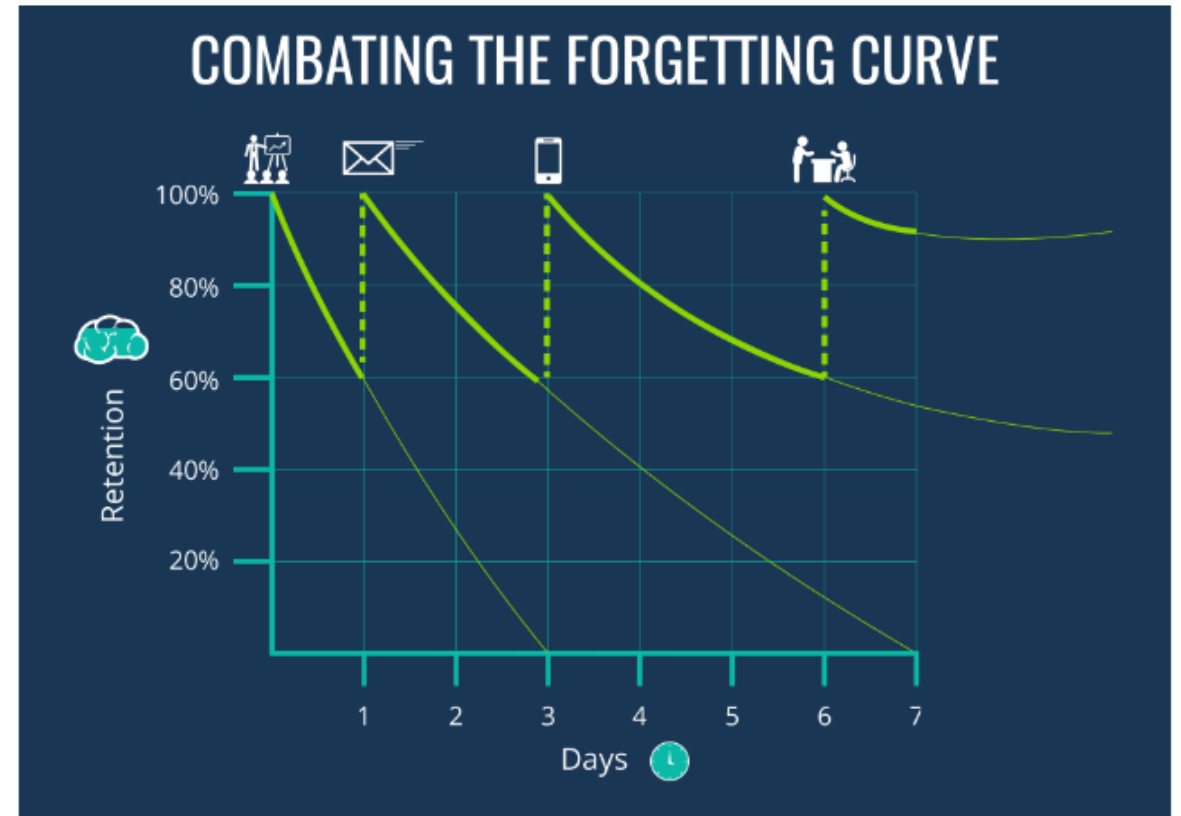
Front-end preparation must be SOLID, in order to build confidence

Competence is deepened through repeated reinforcement of applied learning

Ongoing use of integrated performance data on iterative basis helps achieve best practice, risk-management

Innovative learning - reality check

- **Relevance creates stronger memories** — **link** to passion for patient care — **care plans**
- **Repeat** — remembering information that is reinforced often solidifies active recall
 - ✓ Consider daily and every visit integration of predictive analytics on clinical decision support
- **Clarify** — **simplify** as much as possible (80/20 rule)
- **Interactive, iterative learning**/meeting functional learning needs:
 - Micro-training embedded in data-driven documentation review
 - Adoption of data fueled daily huddle, every visit and team learning



Source: <https://elearningindustry.com/forgetting-curve-combat>

Use review of documentation to provide actionable data

Ability to see where the education is needed individually



Front line leader and education focus on remediation, as needed.

Get under cause and effect, using data to guide:

- Is it the assessment technique?
- The data interpretation?
- The delay in data capture?

Adopt innovative, integrated micro-education/guidance, embedded within EMR

Establish foundation for advancing practice evolution: Embedded AI to streamline care delivery

Medication Extraction

Document Viewer

Discharge 04/19/24 Face to Face 04/05/24

Medication Profile - Betty Addison

Medications indicated were extracted from the uploaded documents. You can edit or remove them before adding them to the patient record. Select a medication to see the evidence in the document.

Source	Name/Dose/Route	Start Date	End Date	Actions
04/19/24 (N)	Actos, 15mg tablet, Take tablet once by mouth once a day OAD	04/16/24	-	
02/22/24 (N)	Alprazolam, 25mg tablet, Take 1 tablet in morning and evening	02/03/24	-	
04/19/24 (N)	Aspirin, 81mg tablet, Delayed release, 1 tablet by mouth once a day	12/04/18	-	
04/05/24 (N)	Atorvastatin, 20 mg tablet	11/02/22	11/12/22	
04/19/24 (N)	Fourous Sulfate, 60mg tablet, Take tablet by mouth once a day	12/04/18	-	
04/19/24 (N)	Hydrocodone 325mg tablet, Take tablet every 4 hours as needed for pain	12/13/24	01/05/23	
04/19/24 (N)	Januvia, 50mg tablet, By mouth as directed	01/10/23	-	
04/05/24 (N)	Kerenida, 10mg tablet, 1 tablet by mouth once a day	01/03/23	-	
04/19/24 (N)	Lisinopril, 10mg tablet,	02/03/24	-	

Complete & Update Chart

Extract capabilities

AI extraction of key medical information from referral documents directly into the EHR, saving time.

OASIS-E Start of Care: Betty Addison
Cognitive, Mood, and Behavior

Cognitive, Mood, and Behavior

Mental Status

Orientation: Oriented, Disoriented

Person: No problems, Forgetful, Misplaces objects

Time: Short-term loss, Long-term loss

Place: No problems, Seizures, Spams, Aphasic, Tremors, Headaches

Situation: No problems, Seizures, Spams, Aphasic, Tremors, Headaches

Mood: Appropriate (WNL), Inappropriate, Indifferent, Aggressive, Apathetic, Impaired judgement, Impulsive, Poor coping skills, Compuative, Depressed, Anxious, Hostile

Behavioral: Appropriate (WNL), Inappropriate, Impaired judgement, Impulsive, Poor decision making, Evasive

Psychosocial: Document any psychosocial factors related to the patient's relationships, living environment, impacts on the delivery of the services or ability to participate in his/her own care

Summarized by Generative AI: The patient appears to have a strong support system from family members and caregivers, which positively influences their emotional well-being. They reside in a clean, safe, and comfortable home setting, which contributes to a sense of security and stability. There are no significant psychosocial factors impacting the delivery of services. The patient actively participates in their own care and treatment plan. They express understanding of their health condition and demonstrate willingness to adhere to prescribed medications and therapies. However, orientation, memory and mood are noted, which may require further assessment and intervention.

Psychiatric Worksheet

Listening and Smart Scribe capabilities

AI-driven ambient listening and transcription to complete clinical documentation, reducing overall time to document and improving clinician satisfaction - GenAI

Episode Manager : View: Miscellaneous
Addison, Betty (12345)

Document Summarize

H&P Document Summary Betty Addison

Summarized by Gen AI

Patient Information:

- Name: Betty Addison
- DOB: March 15, 1955
- MINI: 123456

Primary Diagnosis:

- Congestive Heart Failure (CHF)
- ICD-10 Code: I50.9
- Clinical Status: Stable

Medication Changes Since Hospitalization:

- Lisinopril 10mg Tablet
 - Status: Active
 - Dosage Instructions: Take one tablet by mouth once daily
 - Change: New medication added for blood pressure management
- Furosemide 32mg Tablet
 - Status: Active
 - Dosage Instructions: Take one tablet by mouth once daily in the morning
 - Change: Dosage adjusted from 40mg to 20mg to reduce the risk of dehydration

Physical Activity:

- Encourage light walking and physical activity as tolerated.
- Avoid strenuous activities that may exacerbate CHF symptoms.

Education Provided:

- Medication adherence and potential side effects.
- Dietary recommendations and fluid restrictions.
- Recognizing signs and symptoms of CHF exacerbation and when to call the provider.

Most Recent Vitals:

- Blood Pressure: 130/80 mmHg
- Heart Rate: 72 bpm
- Respiratory Rate: 16 breaths per minute
- Temperature: 98.6°F (37°C)
- Blood Glucose Level: 150 mg/dL
- Weight: 150 lbs

Signed by: Dr. John Smith Date: June 5, 2024

Calendar: March 2024, April 2024

Task	Assigned	Target Date	Visit Date	Status
1. H&P - Document	Nancy Johnson	07/22/2024	07/22/2024	Not Started

Summarize capabilities

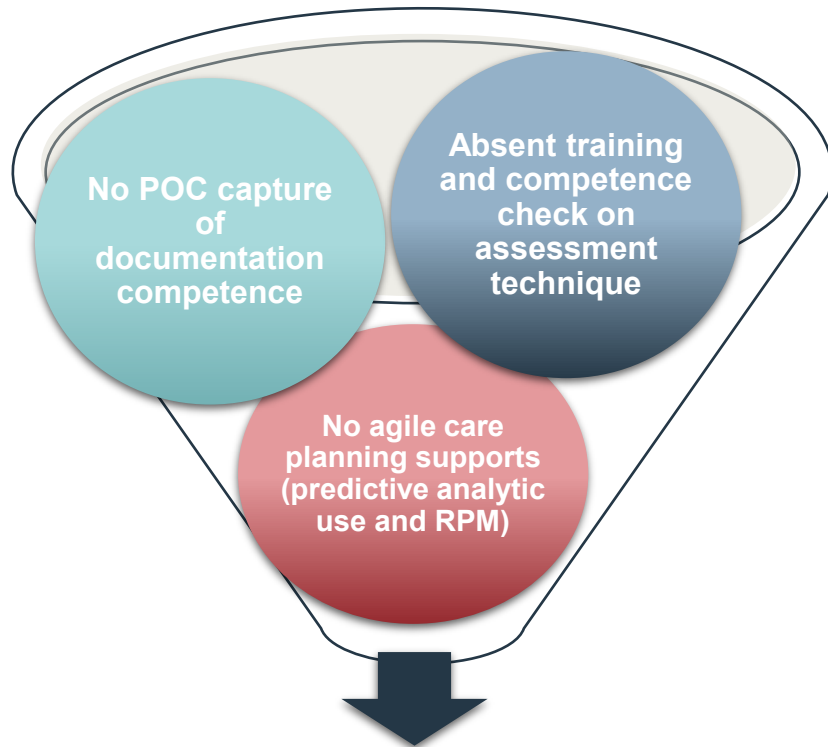
AI text analysis to summarize key parts of the medical record for review, QA, or creation of new documentation for transitions of care.

Innovative approach to build competence in assessment technique and accurate data capture

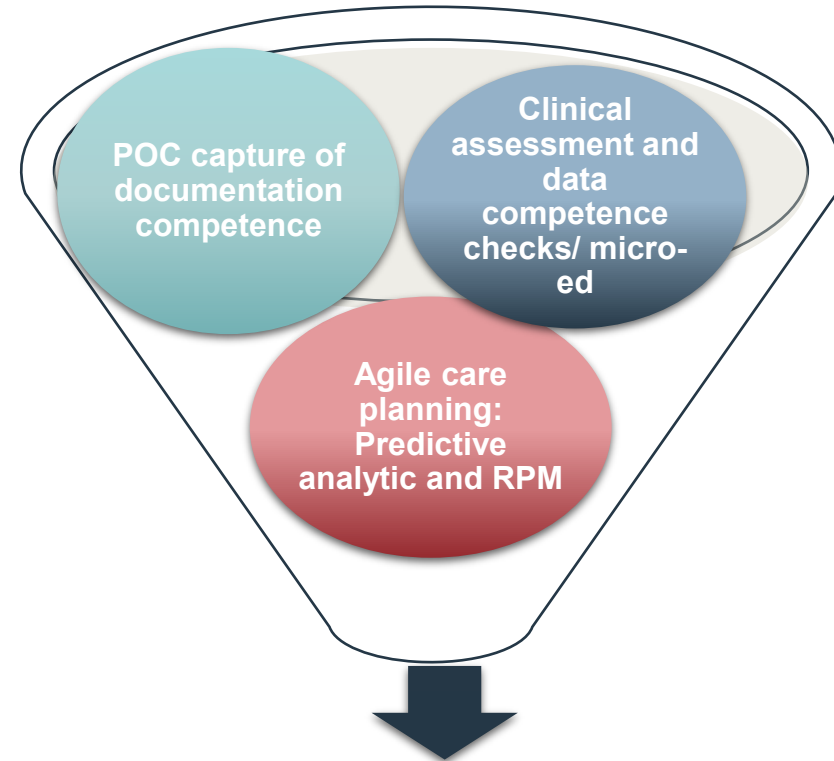
- Repetitive, layered, spaced micro-learning, tied to measured function of individual learner is supported in the research to promote retention of information
- Create a “story” and promote active learning: link assessment guidance to patient assessment strategies
- Integrate best practice method for POC capture of work done in visit
- Use quick visual resources as reminders of complex information
- Layer education: education...practice...give feedback...layer...
- Strategically, systematically use data to approach improvement (individual, team, agency-wide)
- Partnerships and outsourcing – assure use of tracked data to drive learning

Emma's challenges can turn into major successes

Fix the KPB to move the KPI



Outcome suppression



Clean data – top outcomes

Emma's team: Data driving focus

Executive leadership driving seed change in agency-commitment to use what tools are available to meet the challenges of today's care at home:

- Decision to commit to level-set functional leadership approach:
 - ✓ Clear expectations, *tools to meet expectations*, data-driven rounding and feedback loops driving toward culture of celebrant accountability
- Decision to better focus and empower leaders with key data tools to drive better learning, actions and outcomes
- Specific adoption of best-practice assessment method, discipline, capture and measurement of clinician-trended data, tied to micro-education of learning need
- Better risk assessment achieved, up front – empowering use of predictive analytics with greater accuracy
- Predictive analytics adopted to support method and discipline for managing risk & related actions
- Integration of RPM to lean up utilization and enhance outcomes for selected cohorts of disease
- Commitment to ongoing education of teams – equipping them for best practice care at home

Emma's team: Embracing data differently



----- IDT Meeting

- Data-informed IDT case presentation/team learning
- PIP aligned education: risk and goal informed best practice
- Reinforce discipline-specific value of IDT collaboration
- Actively involve team in collective QAPI and PIPs – *bringing them to life in the care of patients they know*



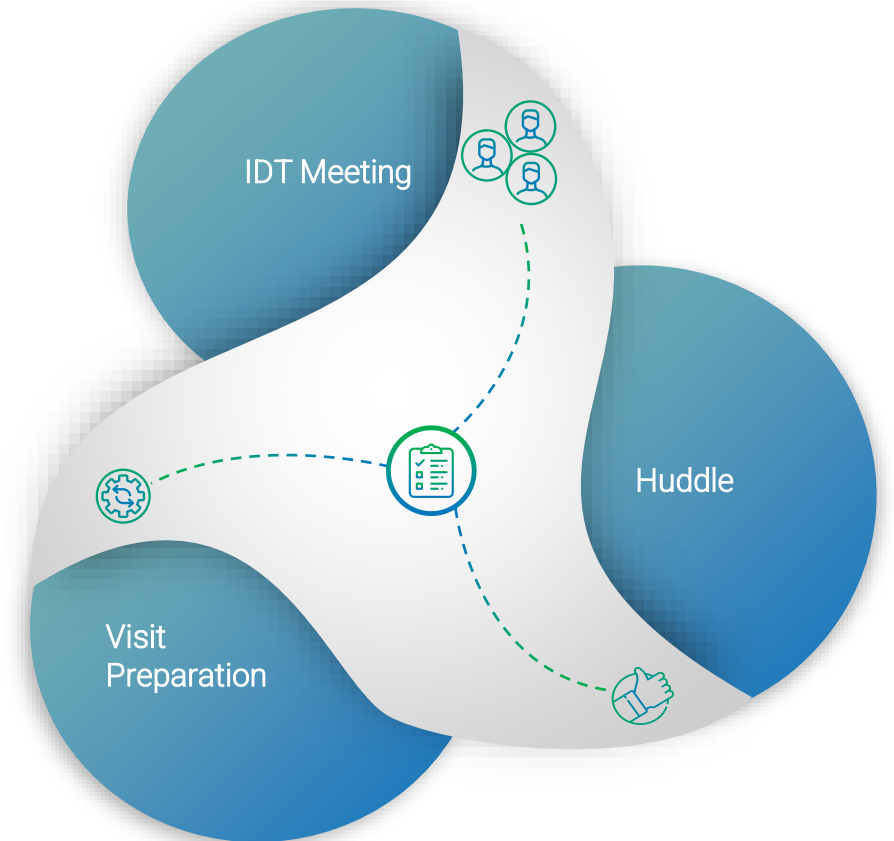
----- Daily Huddle

- Identify patients with high and/or rising risk, service need
 - Prioritize scheduling of aligned resource
 - Realign discipline need to best coordinate care
- Review new admits from day before, reinforce risk-aligned initial care plan
- Confirm discharges/recertifications



----- Every Visit Preparation

- Hospice suitability - HH
- ACH risk – HH
- Likelihood of death within 7 days – Hospice
- Live DC risk - Hospice
- Current orders
- Last visit team notes
- Patient/Family goal



Risk-informed virtual huddle

Population View Last Updated Today, 10:30 AM

Hospitalization Risk

Very High High Elevated Guarded Low

Utilization Distribution

Under / Over In Line

LUPA Risk

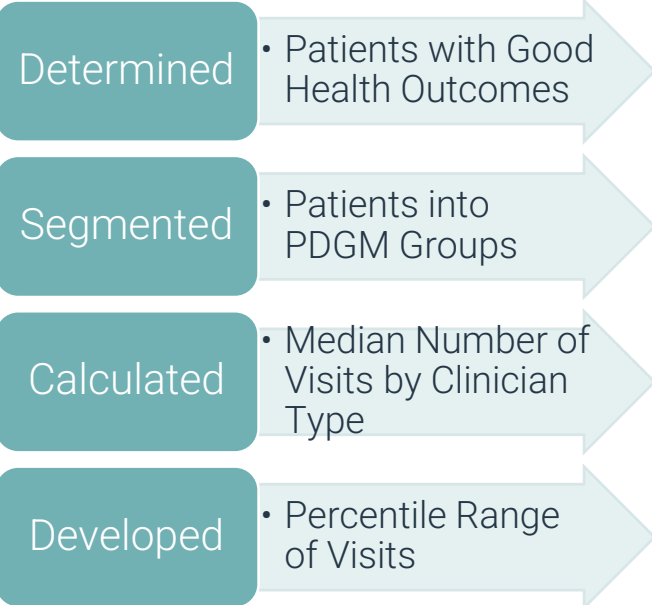
At Risk Not Completed Completed

FILTER EXPORT CSV 1 - 10 of 48

Last Name	First Name	Hospitalization Risk	Primary DX	Comorbidities	Hospice Suitability	ADL Improvement	Planned Visits	Utilization Assessment	LUPA Risk
Keith	Gordan	<div style="width: 75%; background-color: red;"></div>	I10: Essential primary hypertens...	Low Circulatory4	Not Suitable	High	10	Over	0/2
Cox	Perry	<div style="width: 75%; background-color: red;"></div>	A1884: Tuberculosis of heart	Low Neurological10	Potentially Suitable	Low	5	In Line	2/3
Bowden	Bobby	<div style="width: 75%; background-color: red;"></div>	E3611: Acc pnctr & lac of an e...	High Cerebral4, Neurological10	Not Suitable	Likely	6	In Line	2/2
Barton	Annie	<div style="width: 75%; background-color: red;"></div>	E3611: Acc pnctr & lac of an e...	-	Marginally Suitable	Medium	1	Under	1/4
Abel	Mary	<div style="width: 75%; background-color: red;"></div>	I10: Essential primary hypertens...	Low Neurological10	Not Likely Suitable	High	-	-	Not Enough Data
Aikman	Troy	<div style="width: 75%; background-color: orange;"></div>	I10: Essential primary hypertens...	-	Not Likely Suitable	High	1	Under	1/4

Innovative insight into utilization: leaders using data to optimize capacity management – workforce

Database Analysis



Patient Specific Utilization Analysis

Utilization Insights 1st Payment Period 2nd Payment Period LUPA Assessment 4/4 ✓

Visit Type	Total	Completed	25th Percentile	PDGM Median	75th Percentile	Assessment
● SN	8	4	3	4	6	Over
● PT	1	0	3	5	7	Under
● OT	0	0	0	0	3	In Line
● ST	0	0	0	0	0	In Line
● MSW	0	0	0	0	0	In Line
● HHA	0	0	0	0	0	In Line
TOTAL	9	4	6	9	16	In Line

Fueling your QAPI

How to best stack clinician skills – using dynamic data

AGENCY										
Value-Based Purchasing Quality Measure	Agency Performance (Improvement Threshold 2023)	All Agency Median (Achievement Threshold 2023)	All Agency Mean of the Top Decile (Benchmark 2023)	Current Value	Achievement Score (Compared to All Agencies, 0-10)	Improvement Score (Compared to Self, 0-9)	Performance Score (Unweighted, 0-10)	Performance Score National Percentile	Weight	Weighted Care Points
OASIS-based Measures										
Improvement in Ability to Dress Upper Body (Risk-adjusted)	86.5%	89.0%	98.6%	100.0%	10.000	9.000	10.000	0th	1.8%	1.750
Improvement in Ability to Dress Lower Body (Risk-adjusted)	84.4%	87.4%	98.2%	100.0%	10.000	9.000	10.000	0th	1.8%	1.750
Improvement in Bathing (Risk-adjusted)	89.2%	89.6%	99.3%	100.0%	10.000	9.000	10.000	0th	3.5%	3.500
Improvement in Oral Medications (Risk-adjusted)	85.2%	85.2%	98.7%	100.0%	10.000	9.000	10.000	89th	11.0%	11.000
Improvement in Dyspnea (Risk-adjusted)	86.6%	89.7%	99.4%	99.3%	9.915	8.942	9.915	78th	7.0%	6.941
Discharge Function Score (Risk-adjusted)	60.7%	62.4%	83.2%	80.0%	8.474	7.730	8.474	81st	15.0%	12.711
Sum of OASIS-based Measures	-	-	-	-	-	-	58.389	-	40.0%	37.652
Claims-based Measures										
Discharged to Community - PAC (Claims-based)	86.6%	85.2%	95.1%	74.5%	0.000	0.000	0.000	0th	20.0%	0.000
Home Health Within-Stay Potentially Hospitalization (PPH) (Claims-based)	8.0%	10.0%	6.3%	3.1%	10.000	9.000	10.000	85th	20.0%	20.000
Sum of Claims-based Measures	-	-	-	-	-	-	10.000	-	40.0%	20.000
HCAHPS Survey-based Measures										
HCAHPS Willingness to Recommend	64.3%	80.2%	91.4%	73.0%	0.000	2.900	2.900	60th	10.0%	2.900
HCAHPS Overall Rating	79.0%	86.3%	94.7%	100.0%	10.000	9.000	10.000	87th	10.0%	10.000
Sum of HCAHPS Measures	-	-	-	-	-	-	12.900	-	20.0%	12.900

STACK SKILLS!

Data-driven clinician education

Monthly IDT Meeting

Data Informed and Leadership Led

- Data informed IDT case presentation/team learning
- PIP aligned education; risk and goal informed best practice
- Reinforce discipline=specific value of IDT collaboration
- Actively involve team in collective QAPI and PIPs

Brining PIPs to life through examples of the care of known patients

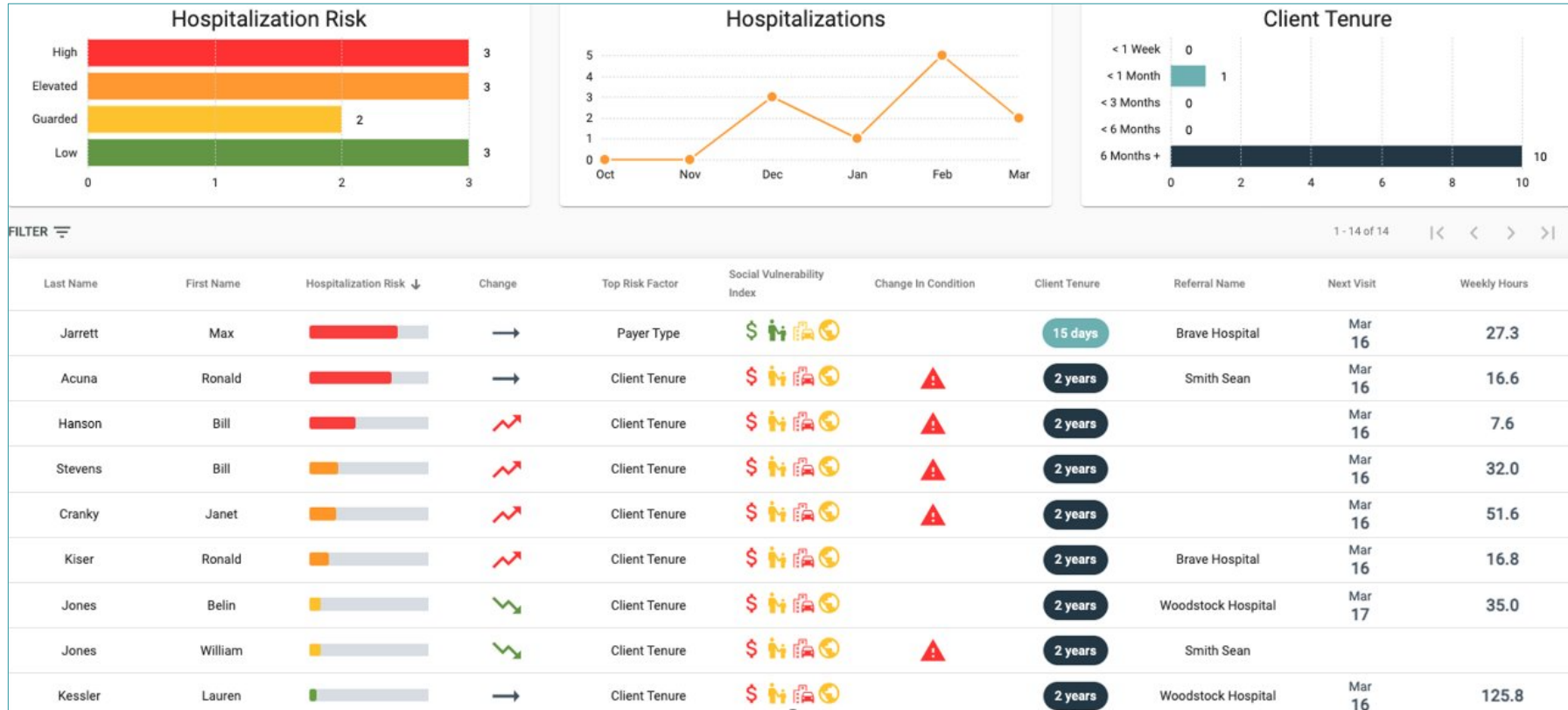
- Lose wasted effort and time – focus on what is needed, go deep and teach
- Convey the value of each clinician and the collaborative IDT, including the integrated use of machine-learned data, predicated on excellence in assessment skill and accurate data capture
- Dig deeper to build better understanding in how to focus education on understanding cascade of disease, how we get ahead of predictable risk within it
- What is your risk strategy for patients?
- What should be looked at in the five mins per day?
- How do specific team members use alerts in analytics to support their goals?
- What clinical decisions align with risk patterns?
- Does this align with your general QAPI strategy?
- Evaluate the data tools you are using to drive your actions/performance!

Hospice – opportunity and challenge!

- Innovators solve challenges
- Innovative approach to elevating quality, connecting more effectively when needed
- Proactive views into prognostication, leveraging team's ability to respond
- Data indicating need to solve a problem – innovate!



Personal care: Artificial Intelligence/Machine Learning Innovators now gaining 'edge' and revenue



The innovators edge?

Work more efficiently, make a bigger difference, learn where you want to improve and sell good results

Care Coordinator



Focus
on highest risk clients

- Keep an eye on all your clients
- Identify clients who are most at risk, prioritize care management efforts, and ultimately prevent avoidable hospitalizations and readmissions.
- Make more informed recommendations for changes to clients' care plans and schedules

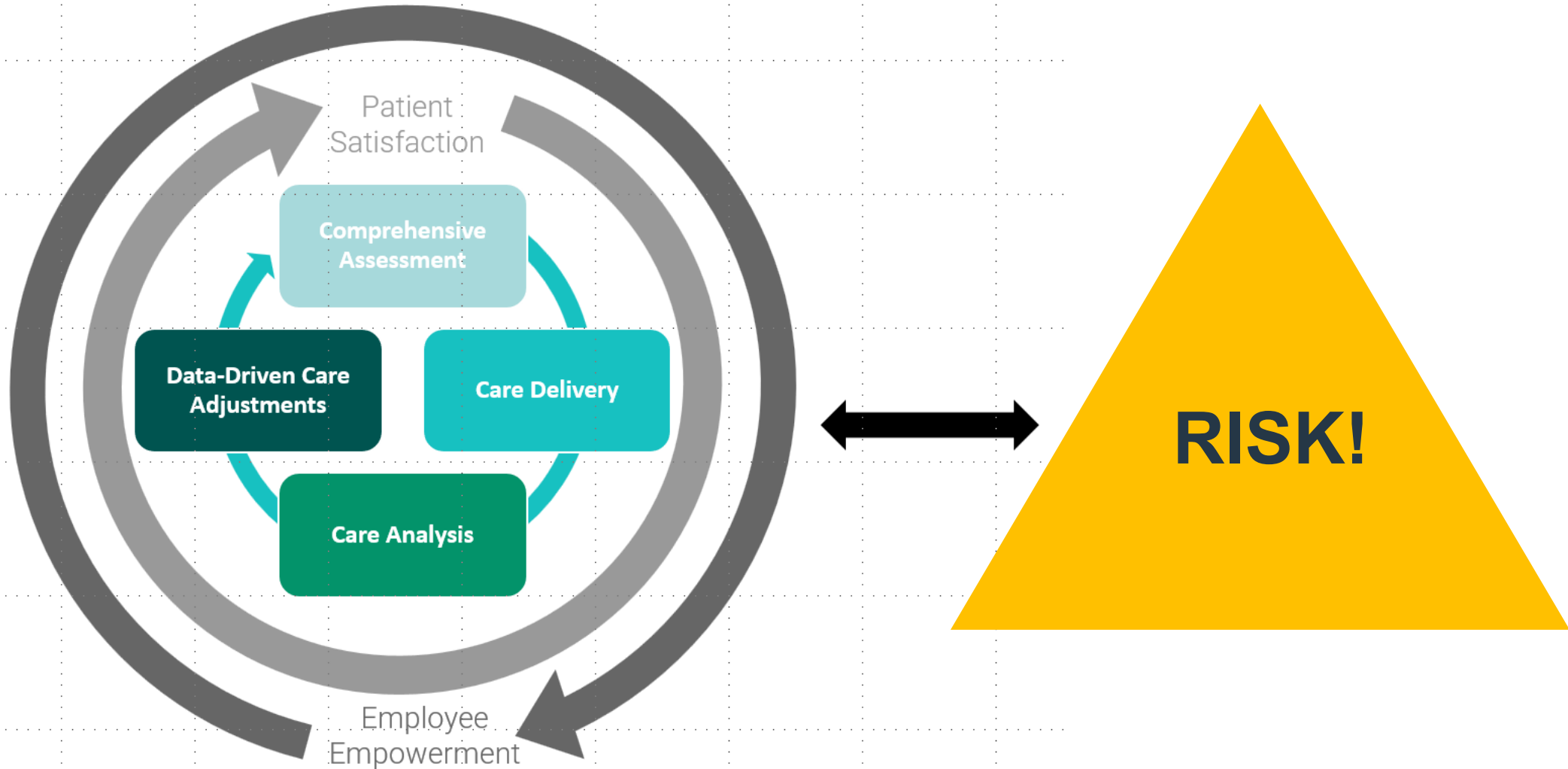
Marketing & Sales Team



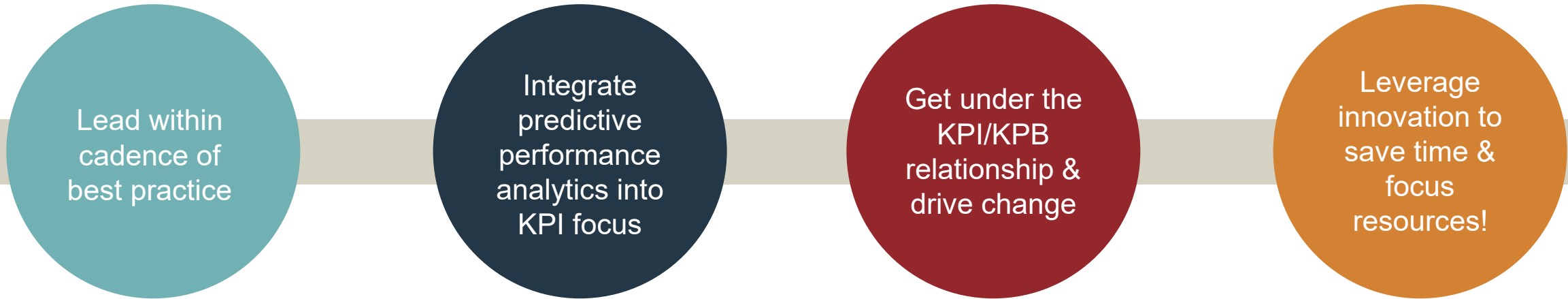
Use performance data
to grow your business

Sales and marketing teams are bringing highly targeted data to show how well your agency does with a specific referral source

Managing risk on multiple levels ...leveraging the power of innovation



Lean into innovative leadership



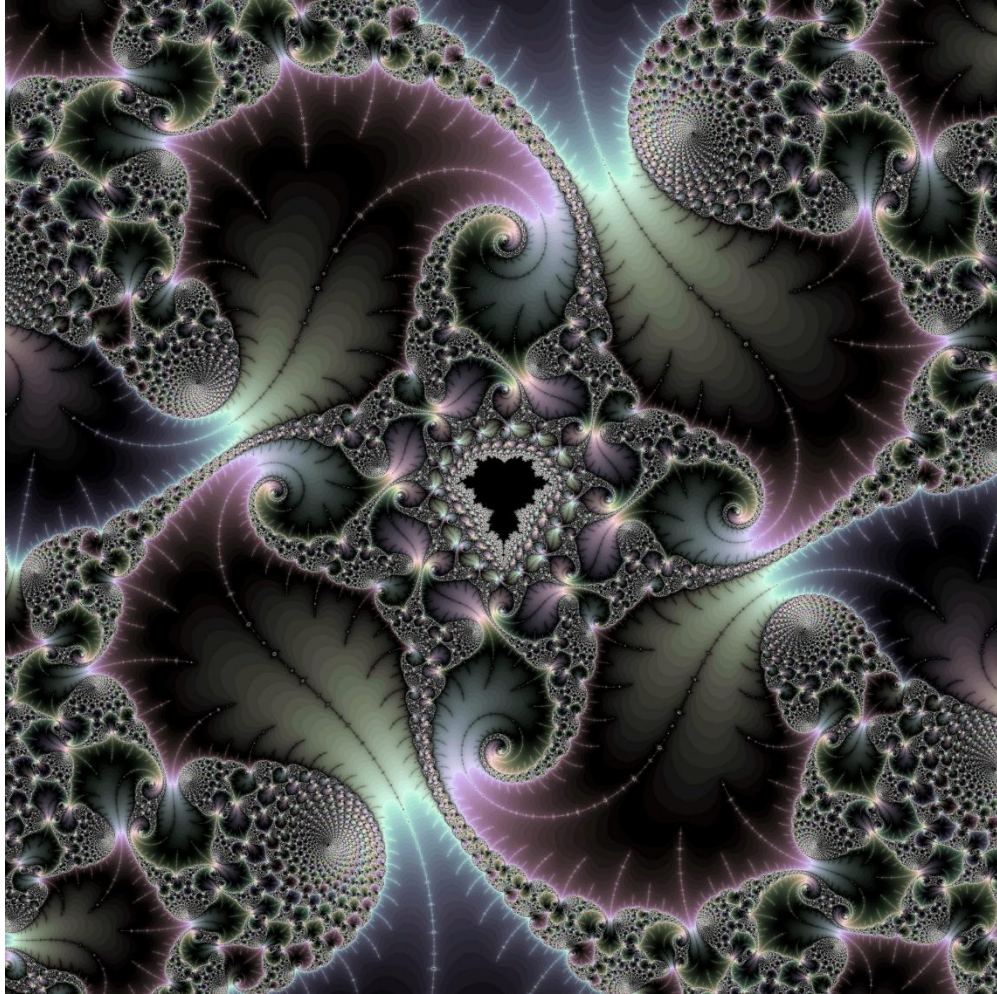
Lead within
cadence of
best practice

Integrate
predictive
performance
analytics into
KPI focus

Get under the
KPI/KPB
relationship &
drive change

Leverage
innovation to
save time &
focus
resources!

Innovative leaders adopt 'agile' care delivery



- Need for the care of a vulnerable person in their **home is not STATIC**
- Associated **risk changes**
- **AI tools today help teams** save time, focus and aligned actions to take.
- Absent innovative tools to better meet the needs of patients, agencies and their leaders **can lose their competitive edge**

Areas of focus in solving patient care challenges

Example given:

- Emma helping her team achieve competence in assessment technique and accurate data capture
- Emma and her agency adopt genAI ambient listening for assessment, integrate predictive analytics and a specific method and discipline for their use

- Applying agile principles to care delivery **impacts all care settings at home**
- Data and Risk informed clinical decision support, reducing wasted visits, increasing ability to focus on where care is needed most

- Stronger confidence, competence and connection will drive:
 - Higher leadership effectiveness & engagement, with ripple effect
 - Higher patient/family engagement
 - Higher clinician engagement – lowering turnover
 - Improved outcome performance
 - Greater market success

Emma's story changes

As does the agency's outcome profile



As innovative leadership method and discipline are adopted...



The agency story changes, as does the care of its patients.



Lean into innovative leadership, for all the right reasons!

Explore a changing landscape of care at home



“The conditions [man] tries to adjust to are going to change, and change so darned fast that he never will actually adjust to a given set of conditions. He’ll have to adjust in a different way: he’ll adjust to an environment of change.”

— John W. Campbell



Questions?
Thank you!

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