Understanding the Post Acute Care New Quality Paradigm

Kevin Keith Whitehurst
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MatrixCare

December 1, 2016
1:00 pm EST
Session Objectives

- The Big Picture: National Quality Strategy
- Managing Quality: 5 Star, IMPACT Act, VBP
- Recommended Tools and Opportunities for Improvement
- Structure, Process, and Data Needs
- How to Manage Outcomes using Data Analytics
- MatrixCare Solutions to assist in Outcome Management
Residents admitted will be sicker, older, frailer

Baby Boomers Getting Older

Bundled Payments

Decreased Supply / Increased Demand for Skilled Nurses/Physicians

A Universal Preference for Community Based Care

Increased Diversity in Care Settings

Changing Consumer—More educated, yet diminishing financial worth

Be Expeditious with Any changes impacted by 2016 Election

Rise in Medical Malpractice Lawsuits

Expect that Government will Cover Cost of Care (already in debt)

Technology Partner Solutions:
A Clear Understanding of the Challenges Providers Face
Technology Vision to Support Disruption in the Industry
Tools for Person-Centric Longitudinal Care

Enterprise
- Enterprise Care Manager
- CDS Manager
- Transition Manager
- Intake Manager
- Revenue Center
- Enterprise Analytics

Enterprise PROVIDER

EMRs

Hospitals
Primary Care
Sub-Specialists

Skilled Nursing

Senior Living

Life Plan Communities / CCRCs

Home Care

Additional Data Sources
300 Telehealth Devices

~8M Unique Lives
~18% of all US Seniors

EMR Data Aggregation
Longitudinal Record Management
Master Patient/Provider Indexing
Clinical Decision Support
Consent Management
Virtual Care Team Collaboration

Technology Vision to Support Disruption in the Industry
Tools for Person-Centric Longitudinal Care

Patient Portal
Family Portal
MatrixCare MD
PharmD Portal
Payer Portal

EMR
Patient Portal
Family Portal
MatrixCare MD
PharmD Portal
Payer Portal

THE SOCIETY FOR POST-ACUTE AND LONG-TERM CARE MEDICINE
ARGENTUM
JOHNS HOPKINS UNIVERSITY
ONC Certified HIT
HL7 INTERNATIONAL

Technology Vision to Support Disruption in the Industry
Tools for Person-Centric Longitudinal Care
MOVING INTO AN ERA WHERE MULTIPLE METHODOLOGIES AFFECT QUANTIFICATION OF QUALITY IN SKILLED NURSING
Outcome Driven Care

Everyone Looking at Outcome Data for Different Purposes

- **IMPACT ACT**
  - The most cost effective care location with the best outcomes

- **BPCI**
  - To determine if you are able to deliver quality and cost-effective care

- **Hospital Systems monitor QM**
  - To determine if you are a candidate for their preferred provider networks.

- **CMS Quality Measures**
  - To determine your eligibility to participate in some CMS ACO waiver programs

- **VBP**
  - Preventable Readmission Data

- **ACOs**
  - Determine your viability as a partner within their care management process
National Quality Strategy
## National Quality Strategy

### Triple aim
- Better care
- Healthier people and community
- Smarter spending

### Priorities
- Reduce harm
- Engagement
- Effective communication and coordination
- Effective prevention and treatment practices
- Promote best practices
- Make quality care more affordable
THE BIG PICTURE

Reduce Harm
- Safety
- Inappropriate/unnecessary care

Engagement
- Family Portals
- Patient experience
- Care Preferences

Effective Communication and Coordination
- Transition of Care
- Care Coordination

Promote Best Practices
- Healthy Living
- Evidenced Based Interventions
- Social Services Support

Make Quality Care More Affordable
- Alternative Payment Systems

Effective prevention and treatment practices
- Management of Multiple Chronic Conditions
- Behavioral Health
Old Quality Paradigm

- Prior to 2010, hospitals were not familiar with long-term care and even less understanding of how quality was being measured.
- Financials were tied to RUGS Scoring.
- Quality was determined through QM and the 5 Star Quality programs.
• Quality Determines Payment
• QM will influence certain decisions by other providers within the Care Continuum
• SNFs – Quality determined by Quality Metrics and RUGS groupings
• Non-MDS data will be used to Evaluate Quality
Managing Quality:
Nursing Home Compare/5 Star
IMPACT Act
Value Based Purchasing
Managing Quality: Nursing Home Compare

Why?
To help consumers, their families, and caregivers compare nursing homes

When?
Implemented in 2008

What data is used?
MDS 3.0 and Medicare claims data

Nursing Home Compare
5 Star Rating System

- Excellent
- Above Average
- Average
- Below Average
- Poor

Claims data added 2016
## Quality measures used in the Five Star Quality Measure rating calculation

### MDS Short-Stay Quality Measure Descriptions
- Percentage of residents whose physical function improves from admission to discharge
- Percentage of residents with pressure ulcers that are new or worsened
- Percentage of residents who self-report moderate to severe pain
- Percentage of residents who newly received an antipsychotic medication

### Claims-Based Short Stay Measures (introduced 2016)
- Percentage of residents who were re-hospitalized after a nursing home admission
- Percentage of short stay residents who have had an outpatient emergency department (ED) visit
- Percentage of short stay residents who were **successfully** discharged to the community

### MDS Long-Stay Measures
- Percentage of Residents Experiencing One or More Falls with Major Injury
- Percentage of Residents Who Self-Report Moderate to Severe Pain
- Percentage of High-Risk Residents With Pressure Ulcers
- Percentage of residents whose ability to move independently worsened
- Percentage of residents whose need for help with activities of daily living has increased
- Percentage of residents who have/had a catheter inserted and left in their bladder
- Percentage of residents who were physically restrained
- Percentage of residents with a urinary tract infection
- Percentage of residents who received an antipsychotic medication

Successfully could be defined that the person who was discharged did not experience a readmission to the hospital.
The IMPACT Act was signed into law to create standardized and interoperable patient assessment data across the post-acute care continuum.

Started Collecting Data OCT 2016
Using MDS 3.0 and Medicare claims data
# IMPACT Act Measures

## MDS Based Measures
- Percent of residents with pressure ulcers that are new or worsened (short stay)
- Percent of residents experiencing one or more falls with major injury (long stay)
- Percent of LTCH patients with an admission and discharge functional assessment and a care plan that addresses function

## Resource Use and Other Measures (Claims Based)
- Total estimated Medicare spending per beneficiary
- Discharge to the community
- Potentially Preventable 30-Day Post-Discharge Readmission Measure for Skilled Nursing Facility (SNF) Quality Reporting Program (QRP)

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**Standardized Post Acute Care Assessment Data**

- Post acute care Payment Reform
- Compare Quality Across Care Settings; i.e. longitudinal data
- Improvements in hospital and Post acute care Discharge planning and transfer of health information across continuum
- Will ultimately change where patients receive care and how that care is reimbursed
Managing Quality: Value Based Purchasing

Why?

PAMA
Protecting Access to Medicare Act of 2014

When?

Summer 2016 skilled nursing facilities will receive confidential quality feedback reports on their measure performance. The SNFVBP program starts in fiscal year 2019.

What data is used?

Medicare claims data

National Quality Strategy:
To promote health care that is focused on the needs of patients, families, and communities.

PAMA requires, that by October 1, 2018, value-based payment incentives will be available to SNFs, and other performance standards will be implemented through FY 2019.
## Value Based Purchasing Measures

### Claims-Based Measures

**Current Measure:** Skilled nursing facility 30-day all-cause readmission measure

**Proposed measure:** skilled nursing facility 30-day potentially preventable readmission measure – Oct 2016

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PAMA requires a public reporting of readmission rates for each SNF on CMS’ Nursing Home Compare website starting on Oct. 1, 2017.
Quality Measure Commonalities

- Five Star (Outcome)
- IMPACT Act (Process)

- Five Star
- IMPACT Act

CMS QUALITY MEASURES
5 STAR

IMPACT ACT

VALUE BASED PURCHASING

- Five Star
- IMPACT Act

Hospital Readmissions

- Five Star
- IMPACT Act
- VBP

Pressure Ulcer Measure

- Five Star
- IMPACT Act

Falls Measure

- Five Star
- IMPACT Act

Functional Measure
Recommended Tools and Opportunities for Improvement

How effective is your QAPI?
Tools to Support Process and Outcomes

- Donabedian’s Triad Model
- 3 Domains of Measurement
- PDSA
- Root Cause Analysis
Donabedian’s Triad Model – What is it?

A conceptual model that provides a framework for examining health services and evaluating quality of health care.

The model focuses on three categories: Structure, Process, and Outcomes

“We can only get the most complete, credible and useful information by studying structure, process and outcome in conjunction” (Donabedian, 1980)

Avedis Donabedian, a physician and health services researcher at the University of Michigan, developed the original model in 1966. While there are other quality of care frameworks, the Donabedian Model continues to be the dominant paradigm for assessing the quality of health care.
Donabedian’s Triad Model: Quality Assessment Theory

Physical and organizational characteristics where care is delivered

Structure

Focus on the care delivered to patients/residents

Process

Outcome: The final product, results
The Three Domains of Measurement

**Structural Measures**
- Describe the environment. How many?
- Square footage of a clinical unit
- Number of staff
- Staff qualifications and competencies
- Presence or absence of technology and its characteristics

**Process Measures**
- Process cycle time
- The percentage of patients for whom the process achieves its desired result
- The percentage of people receiving pressure ulcer prevention interventions

**Outcome Measures**
- The impact of the change initiative on mortality,
- Readmissions to the hospital, ED visits
- The satisfaction scores of clients and staff
- The cost per case, average LOS, revenue per case
- % Pressure Ulcers
Are your Processes Working?

PDSA

Act
- What changes are to be made?
- Next cycle?

Plan
- Objective
- Predictions
- Plan to carry out the cycle (who, what, where, when)
- Plan for data collection

Study
- Analyse data
- Compare results to predictions
- Summarise what was learned

Do
- Carry out the plan
- Document observations
- Record data
Root Cause Analysis

More simplistic

Why?

Fishbone
More complex

Why?

Why?

Why?

Why?
## Improvement Plan

<table>
<thead>
<tr>
<th>Step</th>
<th>Description</th>
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<tbody>
<tr>
<td>Identify Opportunities for Improvement</td>
<td>Determine how long you’re going to evaluate (start and stop date) and gather data during the implementation to measure the effectiveness of the new interventions.</td>
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<tr>
<td>Setting a realistic, quantifiable specific achievement goal</td>
<td>Prioritize root cause analysis (clinical outcomes could have several potential causes). Focus on the cause with the highest priority.</td>
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<tr>
<td>Identify who is responsible for the implementation and monitoring</td>
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<tr>
<td>Determine how long you’re going to evaluate (start and stop date)</td>
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<tr>
<td>Following the stop date, have your team review the new outcome data</td>
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</table>
The key to a successful QAPI program is to have a strong structure and process. If you feel that your QAPI process could be more effective, Perform a thorough review.
Structure Process and Data Needs

Assess the competency of staff involved in wound management. Do you have a standardized process for measuring competency amongst your staff?

Often times communities fail to identify the educational needs of their staff. The education as it relates to structure should be specific to staff needs.

For process compliance with many of the policies, protocols, procedures should be part of the data-gathering for any of the key quality measures.

Data gathering regarding processes can be accomplished through reporting. Also, meeting with staff and getting feedback as to why it may be difficult to comply with that particular process.

STAFF COMPETENCY

STAFF EDUCATION

PROCESS COMPLIANCE

REPORTING and FEEDBACK
Outcome: Percentage of residents with pressure ulcers that are new or worsened

- **Structure:**
  - Assess competency of staff involved in wound management
  - Evaluate the efficacy of wound care products
  - Perform educational needs assessment with clinical staff

- **Process:**
  - Evaluate compliance with skin assessment protocols
  - Evaluate adherence to turning schedules
  - Meet with CNA’s to identify barriers to care plan intervention compliance
  - Assess dietary’s role in wound management

- **Data:**
  - Identified data needed for performing root cause analysis
Outcome: Percentage of Residents Experiencing One or More Falls with Major Injury

- **Structure:**
  - Analyze staffing during times of the most frequent falls
  - Determine most frequent location for falls
- **Process:**
  - Evaluate compliance with fall risk assessment protocols
  - Evaluate medication regimen for fall risk (consultant Pharmacist)
- **Data:**
  - Identify data needed for performing root cause analysis
Three different Quality Metrics for measuring hospital readmissions: **All are Claims Based**

- **Value Based Purchasing (VBP)** -
  - SNF 30-Day Potentially Preventable Readmission Measure, (SNFPPR)
- **CMS Nursing Home Compare (5 Star)** – Applies to all FFS Medicare Beneficiaries
  - Percentage of Short-Stay Residents Who Were Re-hospitalized After a Nursing Home Admission
- **IMPACT Act** –
  - **SNF Setting (NQF #2510):** Skilled Nursing Facility 30-Day All-Cause Readmission Measure (SNFRM)
  - Measures to reflect all-condition risk-adjusted potentially preventable hospital readmission rates
Hospital Readmissions

• **Structure:**
  • Staffing competency assessments
  • Education needs assessment regarding complex nursing tasks
  • LPN to RN ratio

• **Process:**
  • Staff competency to manage admitting acuity
  • Evaluate communication between nursing and physicians and/or nurse practitioners or Pas
  • Clinical assessment documentation
  • Process evaluation for managing high risk residents
  • Evaluate process for transitions of care
  • Evaluate process for monitoring residents post discharge
  • Evaluate your QAPI process for managing hospital readmission outcome

• **Data:**
  • Identify data needed for performing root cause analysis
Managing Outcomes Using Data Analytics

Track – Adjust – Analyze – Improve – Ask & Research
Data Collection Plan

- What information needs to be collected regarding the identified problem?
- What are the information sources?
  - You need to determine where to find the best source of data to answer your questions
  - Data needs to be structured
- How should information be collected?
  - Surveys, interviews, literature reviews, and record analysis
- How much data should be collected?
Available Data Elements

Facility Data:
- Clinical Variance Reports
- Trending Reports from E.H.R.

Facility Specific Data Outcomes Reports

CMS Facility Reports

Outcome Management

Business Intelligence-Analytics

Clinical Decision Support

QAPI

Outcome Management
Structured Data

- Definition: Any data that resides in a fixed field within a record or file

Structured vs Unstructured Data

<table>
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<th>Patient</th>
<th>Disorders</th>
<th>ICD-9 Code</th>
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<td>Patient1</td>
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<tr>
<td>Patient2</td>
<td>Atrial fibrillation</td>
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<tr>
<td>Patient3</td>
<td>Pulmonary hypertension</td>
<td>416</td>
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<tr>
<td>Patient4</td>
<td>Edema</td>
<td>782.3</td>
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<tr>
<td>Patient4</td>
<td>hyperthyroidism</td>
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Coronary artery disease, status post four-vessel coronary artery bypass graft surgery on 1/5/2018 by Dr. X with a left internal mammary artery to the left anterior descending artery, sequential vein graft to the ramus and first diagonal, and a vein graft to the posterior descending artery. He had normal left ventricular function. He is having some symptoms that are unclear if they are angina or not. I am therefore going to get him scheduled for an exercise Cardiolite stress test.
Clinical Decision Support

• A *clinical decision-support system* is any computer program designed to help health professionals make clinical decisions.

• In a sense, *any* computer system that deals with clinical data or medical knowledge is intended to provide decision support.

• **Decision-support function:** Ranges from generalized to patient specific.
Algorithm for Fall Risk Assessment & Interventions

Patient completes Stay Independent brochure

Screen for falls and/or fall risk
Patient answers YES to any key question:
- Fell in past year? If YES ask,
  - How many times? and,
  - Were you injured?
- Feels unsteady when standing or walking?
- Worries about falling?

NO to all key questions

YES to any key question

Evaluate gait, strength & balance
- Timed Up & Go (recommended)
- 30 Second Chair Stand (optional)
- 4 Stage Balance Test (optional)

No gait, strength or balance problems*

LOW RISK
Individualized fall interventions
- Educate patient
- Vitamin D +/- calcium
- Refer for strength & balance exercise (community exercise or fall prevention program)

Gait, strength or balance problem

≥ 2 falls
Injury

MODERATE RISK
Individualized fall interventions
- Educate patient
- Review & modify medications
- Vitamin D +/- calcium
- Refer to PT to improve gait, strength & balance
  or
  refer to a community fall prevention program

1 fall
No injury

0 falls
Business Intelligence

• The process by which an organization:
  • Manages large amounts of data,
  • Extracts pertinent information, and
  • Turns that information into knowledge upon which actions can be taken.
Reports

• Purpose:
  • The process of organizing data into informational summaries in order to monitor how different areas of a community are performing.
  • Reporting translates raw data into information.
  • Reporting helps communities to monitor their business and be alerted to when data falls outside of expected ranges.
  • Good reporting should raise questions about the business from its end users.
  • Reporting shows you what is happening.

Analytics

• Purpose:
  • The process of exploring data and reports in order to extract meaningful insights, which can be used to better understand and improve a community's performance.
  • Analysis transforms data and information into insights.
  • The goal of analytics is to answer questions by interpreting the data at a deeper level and providing actionable recommendations.
  • Analytics focuses on explaining why it is happening and what you can do about it.
Display the results
Data Collection Plan Summary

• Understand what is being measured
• Understand how the quality measures will be used
• Educate ALL staff on the new emphasis on quality management
• Review your clinical processes:
  • Evidenced based?
  • Question why you are doing some practices → efficiency matters
  • Fill in the gaps
• Learn how to use data to drive clinical performance and changes in practice
Technology Partner Solutions to Assist in Outcomes Management

Superior solutions driving superior results across the community of care
Technology Vision to Support Disruption in the Industry
Tools for Person-Centric Longitudinal Care

Enterprise
- Enterprise Care Manager
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fitbit

Jawbone

Blue Button
Download my data

Technology PROVIDER

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fitbit

Jawbone

Blue Button
Download my data
Technology Partner Solutions: Clinical Decision Support embedded in the EMR
Clinical Decision Support

**Alerts/Reminders – Global Scheduler**
- Identify assessments not done and send alert to dashboard
- Vaccination alerts; abnormal lab results (as discrete data)
- PRN Pain assessments

**Order Sets**
- Physician order sets
- Nursing Orders for Care Planning

**Info Button**
- Access to EBP

**Data Displays**
- Resident Dashboard
- Capture abnormal assessments through rules
- Measure compliance with assessments

**Documentation Templates**
- Clinical assessments
- Research based assessments
- CMS required assessments
Technology Partner: Must Innovate

- Dramatically Increase Clinical Leverage
- Expand the Use of Less Skilled Care Givers without Incurring Risks
- Lower Administrative Costs and Overhead
- Care Coordination: Keep all stakeholders Engaged and Informed
- Provide the True Cost of Care
- Implement Data Driven Solutions
- Mobile and API First
- Interoperability
- Best of Breed for each Care Setting AND Integrated
Provide Easy to Use Data Driven Solutions: Readmission Analysis

Readmission Analysis
Analyze Readmissions by payer type, provider, hospital of origin, diagnosis type, length of stay, preventable vs non-preventable, date, facility
Provide Easy to Use Data Driven Solutions: Claims Analysis
Provide Easy to Use Data Driven Solutions: Revenue Cycle Data

Average Days to Payment
Top - Bottom 10 Payers

Top 10 Payers
- Mutual
- Horizon Health
- Greater
- The Guardian
- HealthNet
- Care Inc.
- Humana Health Plan
- Unisys
- BCBS
- Paper

Bottom 10 Payers
- OrthoNet
- Aetna Direct
- Medica HTH
- United HTHCare
- Empire
- Oxford
- Cigna
- AmeriChoice
- Cigna HTH
- Medica
Provide Easy to Use Data Driven Solutions: Productivity and Success of Month End Close

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Refresh Every: 10 seconds

Start Change Calculator
Provide Easy to Use Data Driven Solutions: Census Analysis

Dashboard Home

Census Summary: Missing Details

- LCS Dallas Training Facility: Signature Training Unit, Resident Name: ASH, ANDY, Census Type: Hospital Leave, Census Date: 08/34/2016
- LCS Dallas Training Facility: Signature Training Unit, Resident Name: ASH, ANDY, Census Type: Return, Census Date: 08/24/2016
- LCS Dallas Training Facility: Signature Training Unit, Resident Name: ASH, ANDY, Census Type: Hospital Leave, Census Date: 08/33/2016
- LCS Dallas Training Facility: Patty Raynor Training, Resident Name: ARTICHOKE, ANN, Census Type: Hospital Leave, Census Date: 09/13/2016
- LCS Dallas Training Facility: Patty Raynor Training, Resident Name: ARTICHOKE, ANN, Census Type: Return, Census Date: 09/13/2015

Census Activity

- Resident: Nothing to report.
- Census Type: None

Daily Census

- Hospital Leave: 7
- In House: 58
- Preadmission: 1

Daily Census By Payer Type

- Common Ins 2
- Med A 36
- Private 6

Open Observations

- ASPARAGUS, ANN: 09/19/2016, Functional Abilities Assessment - Add
- ASPARAGUS, ANN: 09/13/2016, Functional Abilities Assessment - Add
Provide Easy to Use Data Driven Solutions: Distribution of Reports
Provide Easy to Use Data Driven Solutions: Mobile