PPS + New Technology = Growing Pains

Save to myBoK

by Jane E. Blumenthal

It's been a little more than a year since the prospective payment system (PPS) came into play in skilled nursing facilities. The post-acute PPS, initiated by the federal government under the 1997 Balanced Budget Act, was set in place to reduce the federal government's healthcare expenditure. In doing so, the government posed a challenge to healthcare professionals across the United States, as its rapid implementation timeline left long term care professionals scrambling to meet new requirements.

The challenge was manifold: facilities were faced with new electronic reporting standards to report the Minimum Data Set (MDS) 2.0, including resident assessment protocols (RAPs) and resource utilization groups (RUGs III). And ensuring sufficient reimbursement to cover the care provided became important as well.[1] Meanwhile, HIM professionals and other skilled nursing facility (SNF) staff—many of whom were still working in paper-based environments—found themselves instantly relying on new technology to manage it all.

But there's still hope, even for the technologically challenged. Healthcare information system developers have been busy creating applicable software systems that fit the needs of all types of SNFs—from independent facilities to large networks. The secret is finding a system that most effectively and efficiently assists your facility.

Starting from Square One

According to Zoe Bolton, vice president of operations at Care Computer Systems in Bellevue, WA, there are some basic capacities to look for in a system, including:

- admission discharge transfer (ADT), which shows the demographics and diagnoses of residents, aiding in resident analysis
- an assessment system that includes:

  - the MDS
  - user-defined assessments (UDAs) that cover additional assessments, such as infection control
  - management of resident assessment protocols (RAPs)
  - the ability to calculate cognitive performance scales (CPSs)
  - the ability to calculate RUGs and integrate it throughout the system

- a care plan that encompasses goals and resources needed to reach that level of care
- online physicians' orders that integrate any prescription/medication information into the documentation record
- online interdisciplinary progress notes, making them available to all caregivers

Hands-on Search

Now that you have an idea of what your facility's basic needs are, how can you find the right system? Bolton offers some advice: "First of all, establish what your base requirements are. In other words, what do you really want from the system?" She suggests that facility employees collaborate and conceptualize how a computer system can help them become more efficient and provide better quality care.

Once this list is created, it's time to interview vendors via the telephone. Bolton says this is a good time to gather basic information, including what the system offers, what ongoing service/systems support the company offers, and who the company is (e.g., what facilities it works with, its longevity, and its strengths). Gathering background information on the company is an important piece of the puzzle. "When you select a system, it will be an ongoing partnership between your facility and the vendor," says Bolton.

When step two is complete, sit down again with your team and decide which vendors best suit your needs. Once you have identified a few candidates, invite them to your facility for a demonstration. "Make sure to get a hands-on demonstration," says Bolton. "It is important that facility employees be able to run [the system] themselves." Find out more about their training and ongoing support and check references. "Talk to other facilities that use the system. Go on site and see it in use at other facilities. And find out how they use it—in other words, how does it benefit them?" says Bolton.

Though the process may seem lengthy, the time spent now can save you and your staff time and money in the future. And it could make your facility's growth into the technology age a little less painful.

Notes

1. "Plugging in to MDS/PPS." *Provider* 24, no. 7 (1998). Available online at www.ahca.org.

Article Citation:
Blumenthal, Jane E. "PPS + New Technology = Growing Pains." *Journal of AHIMA* 70, no. 8 (1999): 58.