

Case Study: Improving Resident Outcomes with Integrated Virtual Care



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Categories:

- ◆ Staff Efficiencies
- ◆ Hospitalization and Hospital Readmissions

About the Organization

Organization Name:
ITEX Company

Main Contributor:
Ian Crook,
Chief Operating Officer

Organization Type:
Post-Acute Rehabilitation
and Skilled Nursing Facilities.

Other Partners:
Clinically Integrated
Networks (Advocate
Aurora Health, NorthShore
University Health System, &
Northwestern Medicine).

Organization Description:
ITEX is the family-owned
operator of Glenview Terrace,
Harmony, and Whitehall of
Deerfield. They are the market
leader for post-acute rehab
in the Chicago area.

Project Description

ITEX identified a need to improve the availability of providers during nights, weekends, and holidays when their primary providers were on-call. Newly presenting changes in condition during these times often led residents to be transferred to the emergency room, oftentimes leading to unnecessary admissions/ readmissions. To ensure residents were receiving the highest level of care, ITEX sought out a telehealth solution with Third Eye Health where physicians could properly assess and treat patients in place while also relieving providers of call coverage.

Telehealth and RPM System Type

Real-Time Interactive Bi-Directional EHR-Integrated Video Conferencing with Clinician.

Telehealth and RPM System Embodiment

Staff-Operated Multi-User Mobile Unit (iPads).

Business Model

Dedicated to the highest levels of customer service and clinical care, ITEX adopted a telehealth solution that complements their standard of care without disruption. Third Eye Health's technology and services were installed primarily to support the nursing staff with patient consults while relieving the primary providers of call coverage on nights, weekends, and holidays. A monthly fee allows Third Eye Health physicians to be available to ITEX nurses for all patient needs ranging from new admissions, lab reviews, medication reconciliation, to high acuity change in conditions. Medicare and other payers are only billed for visits that meet specific criteria.

Implementation Approach

ITEX saw many advantages in bringing on Third Eye Health as their virtual care provider. The implementation process was highly efficient and quick. In a matter of weeks every center was up and running. Several factors contributed to the quick-start capabilities of Third Eye Health.

“Third Eye Health’s technology and physician services fit within our pre-existing workflow, making it easy for our clinical teams to initiate virtual care consultations,” said Ian Crook, Chief Operating Officer for ITEX Company.

Third Eye Health’s in-house development team and a pre-existing partnership with PointClickCare, expedited the EHR-integration into Third Eye Health’s proprietary telehealth technology. Third Eye Health uses iPads to conduct their virtual bedside visits. Whereas most telehealth solutions use proprietary third-party carts, iPads are easily accessible and incredibly mobile, making it easy to travel from room to room with the nurses as they conduct their rounds. Since most nurses are familiar with using iPads, the technology was easy to learn and embrace. Third Eye Health works directly with the nurses and leadership in each center and offers training by experienced post-acute nurses. With iPads in hand, nurses could confidently begin consultations with Third Eye Health that same day.

The technology on the iPad is simple to use. With the tap of a button on the Third Eye app, nurses saw for themselves that they could connect with a physician within minutes. They could text, share photos, and video chat with physicians. And with the PointClickCare integration, all notes and orders were readily available in the EHR following each encounter.

Each center has a dedicated Third Eye Health Care Coordination Manager whose day begins at the end of day-shift by receiving a report from the center informing Third Eye Health of high risk patients, new admissions or any pertinent information the Third Eye Health physicians may need, should they be called. Bringing the care full-circle, the Care Coordination Manager reviews each encounter and sends a summary immediately following a coverage period ensuring proper attention continues once the primary provider returns the next day.

Outcomes

Once implemented, utilization of Third Eye Health’s services created an immense impact on ITEX patients, providers, and clinical staff.

For patients, they could be seen by physicians with access to their medical records at any time, day or night. They were being treated in place, often preventing further complications to their condition and better clinical outcomes. Overall, 4384 consults have occurred during the lifetime of the project with 95% Treat in Place Rate. As patients were able to see a physician when needed, patient satisfaction levels rose even higher.

Treat in Place by Encounter Type

100% Treat in Place Rate for TOP 10 encounter types.

The exception: high acuity conditions that should warrant a transfer to the ED in many cases, such as:

- ◆ Fall with Injury: 84%
- ◆ Hypoxia: 59%
- ◆ Chest Pain: 65%

Nurses had access to Third Eye Health physicians through easy-to-use mobile technology. They were no longer waiting for physicians to call back, or for orders to be signed. Third Eye Health physicians answered consultation requests, on average, in under two minutes. Physician notes and orders were available directly through their EHR. Administrators and Directors of Nursing benefited from the quality assurance of the Care Coordination Manager reviewing each encounter and from the detailed analytical reports made available through Third Eye Health’s technology. For them, there was an extra set of eyes looking out for regulatory matters and reducing risk.

For ITEX, more patients being treated in place meant that fewer patients were returning to the hospital. More beds were full and the amount of mandatory bed holds decreased. Less transfers to the ER meant fewer unnecessary readmissions, and a lower probability of patients being discharged elsewhere. And as clinical outcomes improved, they were regarded highly by local health systems in their ability to provide high quality care, deeming them a leading partner for post-acute care.

The provider groups serving ITEX also experienced a higher level of satisfaction by no longer taking calls. They were able to take much needed time to focus on their own health and well-being, and in turn, found themselves able to perform better at the bedside. Their Medical Director (who had been with ITEX for over 30 years) valued these benefits and used them as a large recruiting tool for the provider group, promising nights, weekends, and holidays off – an anomaly when it comes to post-acute medicine.

Challenges and Pitfalls to Avoid

- ◆ Make sure the technology is easy to learn and use. Make resources and round-the-clock support available to the nurses using the technology, so that there are no barriers to care.
- ◆ Ensure all devices are fully charged at the end of the day shift.
- ◆ Establish strong Wi-Fi/data connections throughout the center to minimize disruptions in connectivity.

Lessons Learned

- ◆ Having the support and buy-in from Medical Directors and Directors of Nursing is key to the success of a telehealth program.
- ◆ Giving providers their time back on nights, weekends, and holidays improves their overall satisfaction and reduces burnout.
- ◆ Physician satisfaction greatly impacts the quality of patient care and interactions with the nursing team.
- ◆ Treating patients in place reduces unnecessary hospital admissions/ readmissions, maintains physician-patient relationships, and improves clinical outcomes.
- ◆ Supporting the nursing staff, especially during a pandemic, when human capital is scarce, reduces stress and reduces delays in care.
- ◆ Communication and care coordination are essential to care continuity in a post-acute care setting.

Advice to Share with Others

Finding a telehealth solution that is easy to implement that doesn't disrupt existing workflows is imperative to success. This includes honoring existing protocols and best practices that exist within the center.

For additional information please visit:
<https://thirdeyehealth.net/itex/>