

IMPLEMENTING A CONTINUUM OF CARE DATA COLLECTION SYSTEM

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The benefits of understanding how CCRC residents move throughout the continuum of care are numerous. Future unit and bed needs, appropriate service provision (such as rehabilitation, hospice and home healthcare), operational and staffing efficiencies and the maximization of revenue all require the ability to forecast the typical movement of residents across levels of care. We know intuitively that as residents age, they tend to move from lower to higher levels of care, but how many move from independent living (IL) to nursing (NF) and back again and how many assisted living (AL) residents age in place and receive end of life services without utilizing the nursing facility? How many communities actually track this information on a broad basis in order to understand the bigger picture and the changes occurring throughout the CCRC?

Taking Measure

Performing this “internal trends” analysis by tracking movement across the continuum involves measuring occupancy, lengths of stay and turnover rates, transfers in (admissions) and transfers out (discharges) of each level of care and eventual discharge from the CCRC. Also tracked is the utilization of ancillary resources such as home healthcare, adult day care or hospice. These resources in effect, help the resident remain at a level of care that may otherwise no longer be manageable. Noting the source of payment (private funds, Medicare, Medicaid, veteran’s benefits or waiver programs) at various points in the continuum is also valuable. Knowing the source of payment may help to determine how well a Type A, B or C contract is performing, how many residents are insured for higher levels of care through long term care insurance or Medicare/Medicaid and whether or not enough benevolent funds have been set aside.

Collection Systems

Data tracking requires a consistent collection system across all levels of care. One data collection tool must be designed and implemented to track movement from independent to assisted living to nursing (and at times to the hospital). CCRCs should examine data systems that are already in place to determine how much and what data is routinely collected. Often, a business office software program can identify residents that are moving through the continuum by looking at charges that vary for each level of care (this obviously is most relevant to a Type B or Type C contract). If there is no system in place, a simple system can be developed in-house. An effective *resident based tool* asks specific information about the origination of the resident, the date of transfer (or discharge), the location of transfer, the specific service and payment the resident is utilizing and the length of stay. An effective *level of care based tool*, aggregates admissions to, discharges

from, lengths of stay and services utilized at a particular location (IL, AL or NF). Ideally, only one staff member is responsible for data collection across all areas. However, using one staff member is not always practical. When more than one staff member collects the data, an effective training program must be in place to ensure that data are collected reliably. Without such training, information is often collected haphazardly and is less useful.

Pitfalls

The pitfalls of a faulty system are most often found at the point when the data is analyzed by management. A haphazard collection system (most often through a retrospective review of medical records) produces incomplete data. This may lead to information that is not consistent across levels of care. For example, when types of care used within the IL, AL or NF location (rehab, dementia or hospice) are not appropriately defined and tracked, the data is not detailed enough to be of much value. In this case, the data collected only provide information about the level of care and not the specific services utilized. In another case, the number of discharges to the assisted living (collected from the IL and NF) may not match the number of admissions to the assisted living (collected by the AL). These errors which are easily spotted when examining the data across levels of care can raise a red flag regarding data integrity.

Long Term Benefits

Examining the data helps identify aggregate trends by month and later by year. Over time, CCRCs can visualize how their population is aging and which services and levels of care are most often utilized and for how long. As a planning tool, aggregate data is invaluable in repositioning a campus to meet future needs that can now be predicted. For example, in aging CCRCs, IL occupancy is seen to decline, while occupancy in AL and NF is elevated. This may prompt a meeting of the planning committee to assess the need for additional AL or NF beds or to provide additional intensive services in AL so as not to overwhelm the NF. Often, the number of NF rehab admissions from the IL and AL trend upward and plans must be made to increase the number of dedicated rehab beds. In another case, vacancies in AL and full occupancy in IL may indicate unwillingness on the part of residents to transfer to AL (perhaps to an aging facility that is no longer desirable). Upon further investigation, residents are found to be hiring in-home healthcare or even moving out of the CCRC to a free-standing AL or CCRC with an updated AL. Also, knowing the rate of readmissions to the hospital can assist in determining if some discharges are unnecessary or inappropriate and what services are needed within the CCRC to improve care.

The process of quantifying and then analyzing these internal trends assists management in their planning. Quantifiable data supports requests to the Board for additional services, units or beds or requests to take units or beds off line as the community ages. This trend data does not stand alone and should be cross referenced with internal safety and incident reports (to help determine the reason for falls and other injuries) and financial data to assess performance at each level of care. Internal trends can also be compared to national and regional trends providing valuable insight into the CCRC's existing structure. A strong data collection system across the continuum is a beneficial planning and operational tool which can ensure the continued successful positioning of all levels of care.