

# Leveraging data to drive operational, quality, and patient outcomes

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Senior Director, Care Continuum

Tampa General Hospital

# Today's session

## Agenda

1. Presenter & organization information
2. TGH's PAC journey
3. Creating the structure for PAC engagement & success
4. Establishing real-time, data-driven performance networks & reporting structures
5. Leveraging WellSky data to drive clinical workflows, EHR optimization, and internal dashboards
6. Results following WellSky CarePort Connect implementation
7. Where are we going?

## Learning objectives

- How to develop PAC goals and identify key drivers to success
- How to create the structure for PAC engagement & success
- How to establish real-time, data-driven performance networks
- How to leverage CarePort data to drive operations

What type of organization do you work for?

# Bradford B. Barber, MSN, RN, CVRN

Brad holds his master's degree in nursing leadership management and a bachelor's in business management with a concentration in supply chain/logistics.

Brad has been working within the Tampa General Hospital (TGH) system for over 10 years. During his tenure with TGH, he has held many roles to support the organization including Clinical Administrator, Nurse Manager for the MSICU & COVID ICUs, and now, as the Senior Director of Care Continuum.

In his current role, Brad focuses on interconnecting patients within TGH's continuum of care and building innovative programs to support care coordination.



# Tampa General Hospital



- 1040-bed, not-for-profit hospital in Tampa, Florida
- Region's only Level 1 Trauma Center
- Regional Burn Center & Comprehensive Stroke Center
- A Top Transplant Center in the country
- Safety net hospital
- Magnet recognized Nursing for 19 years, recently received fifth designation

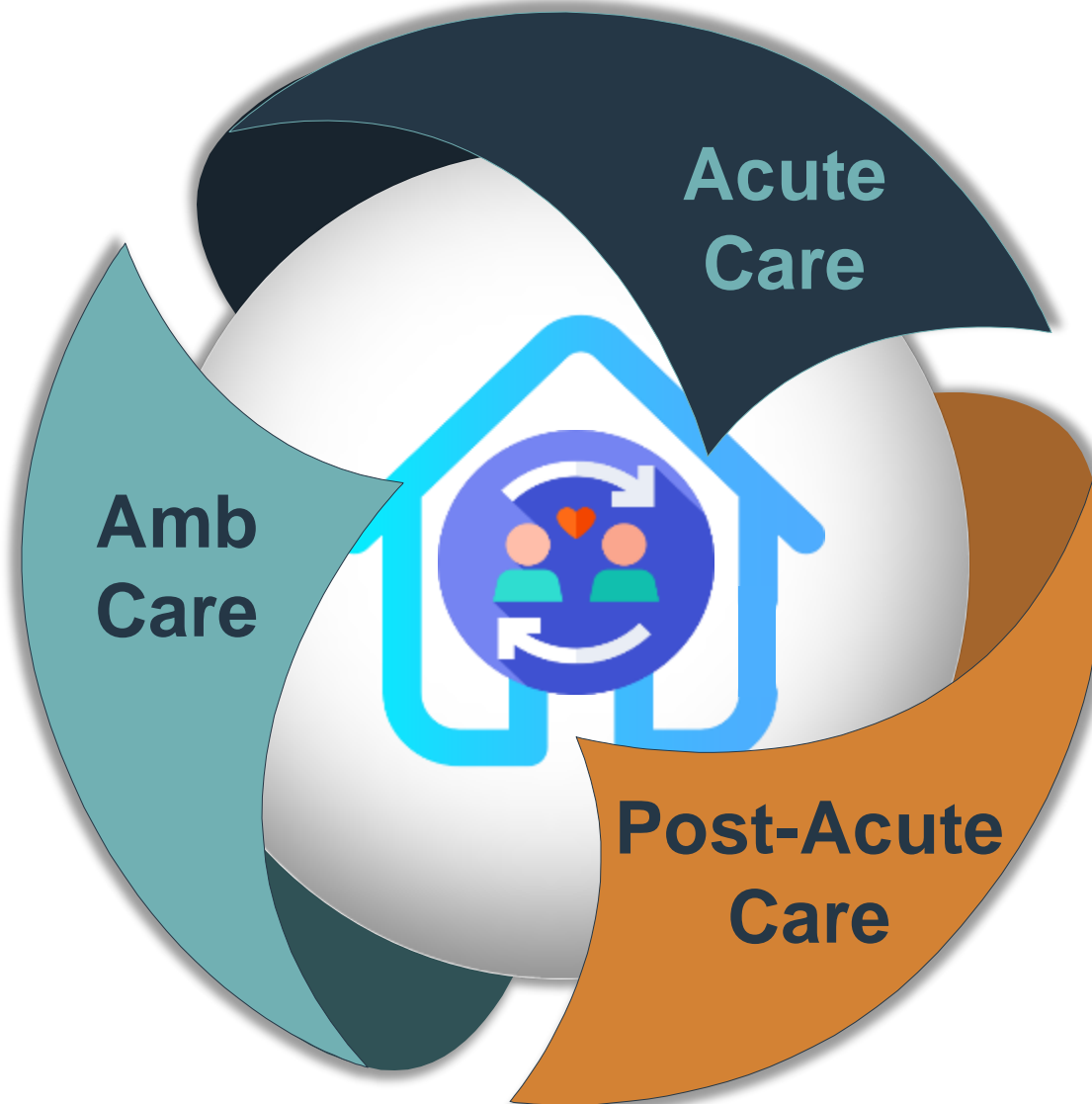
# Tampa General Hospital's post-acute care journey





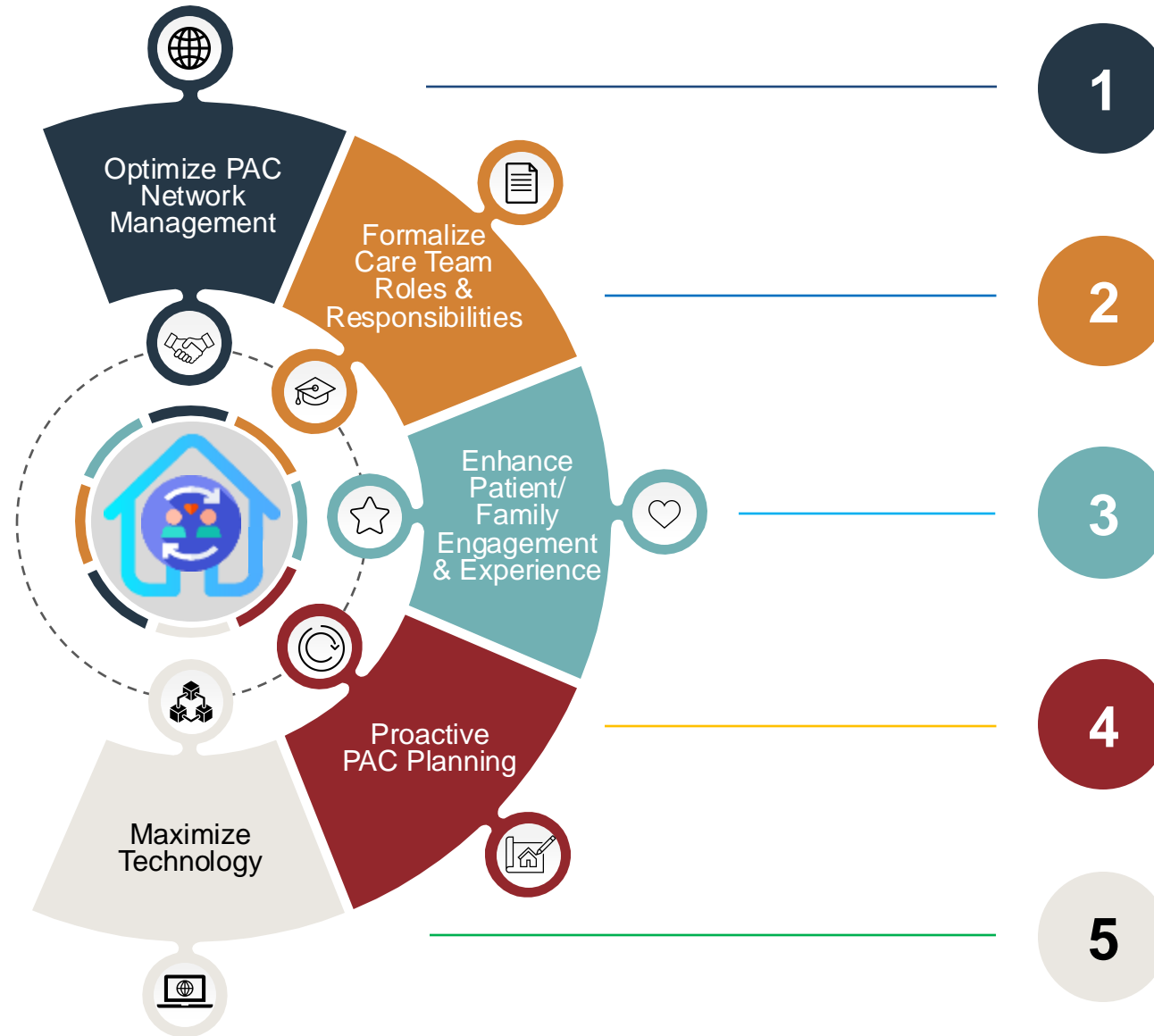


# Rethinking the continuum of care

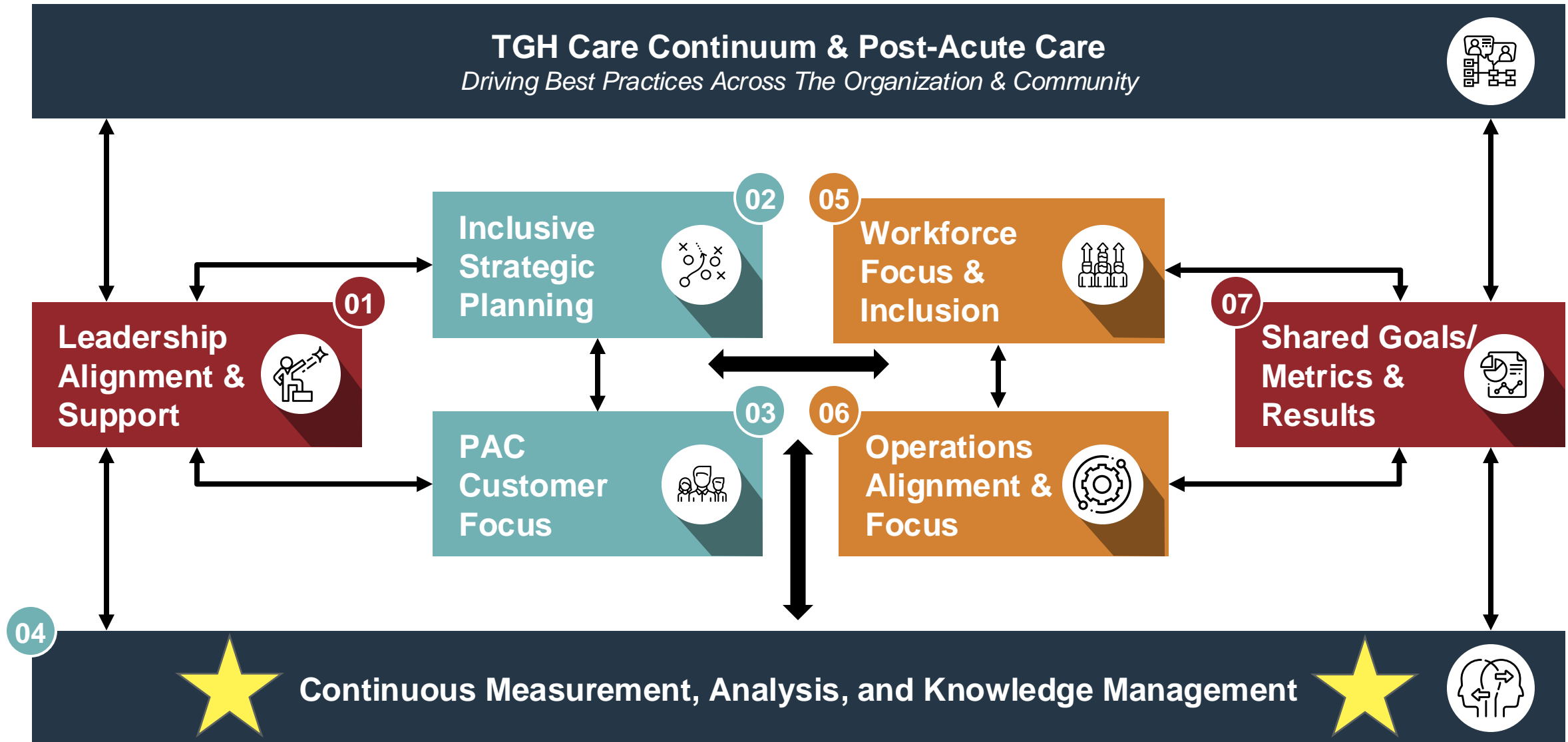




# Care continuum PAC goals



# Key drivers to success



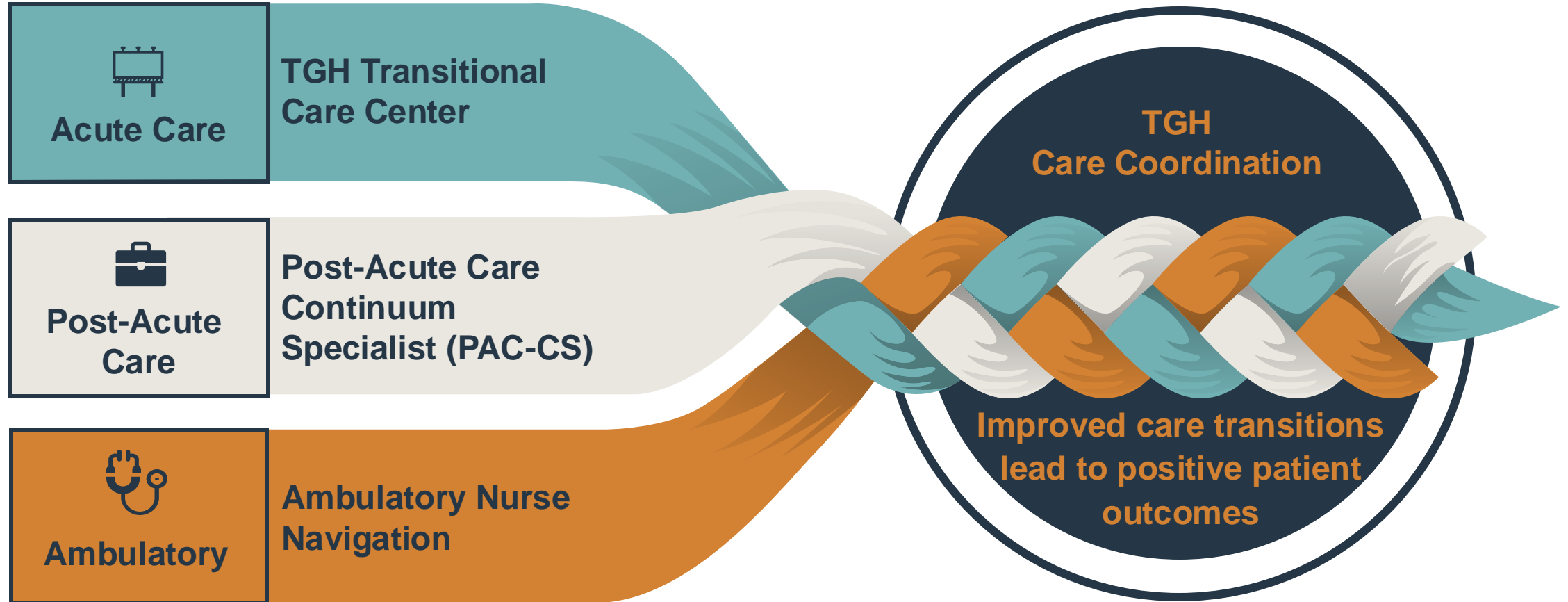
# Why improve?



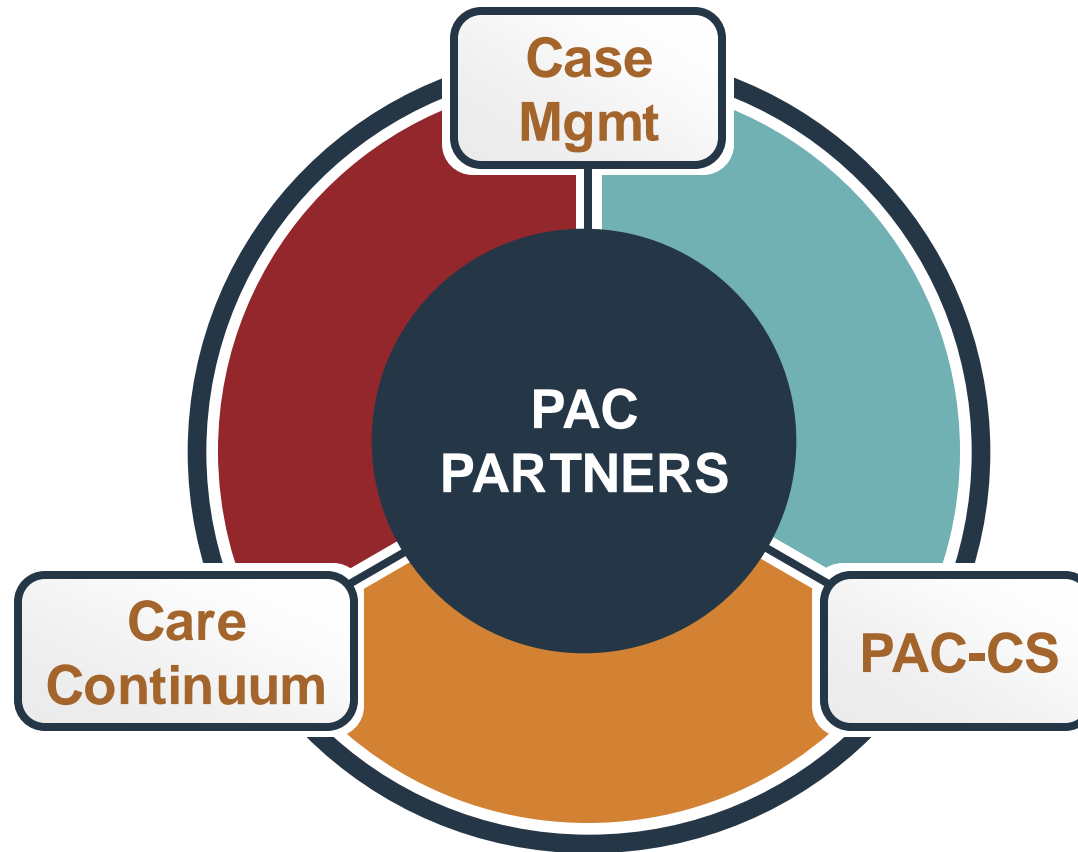
# Creating the structure for PAC engagement & success



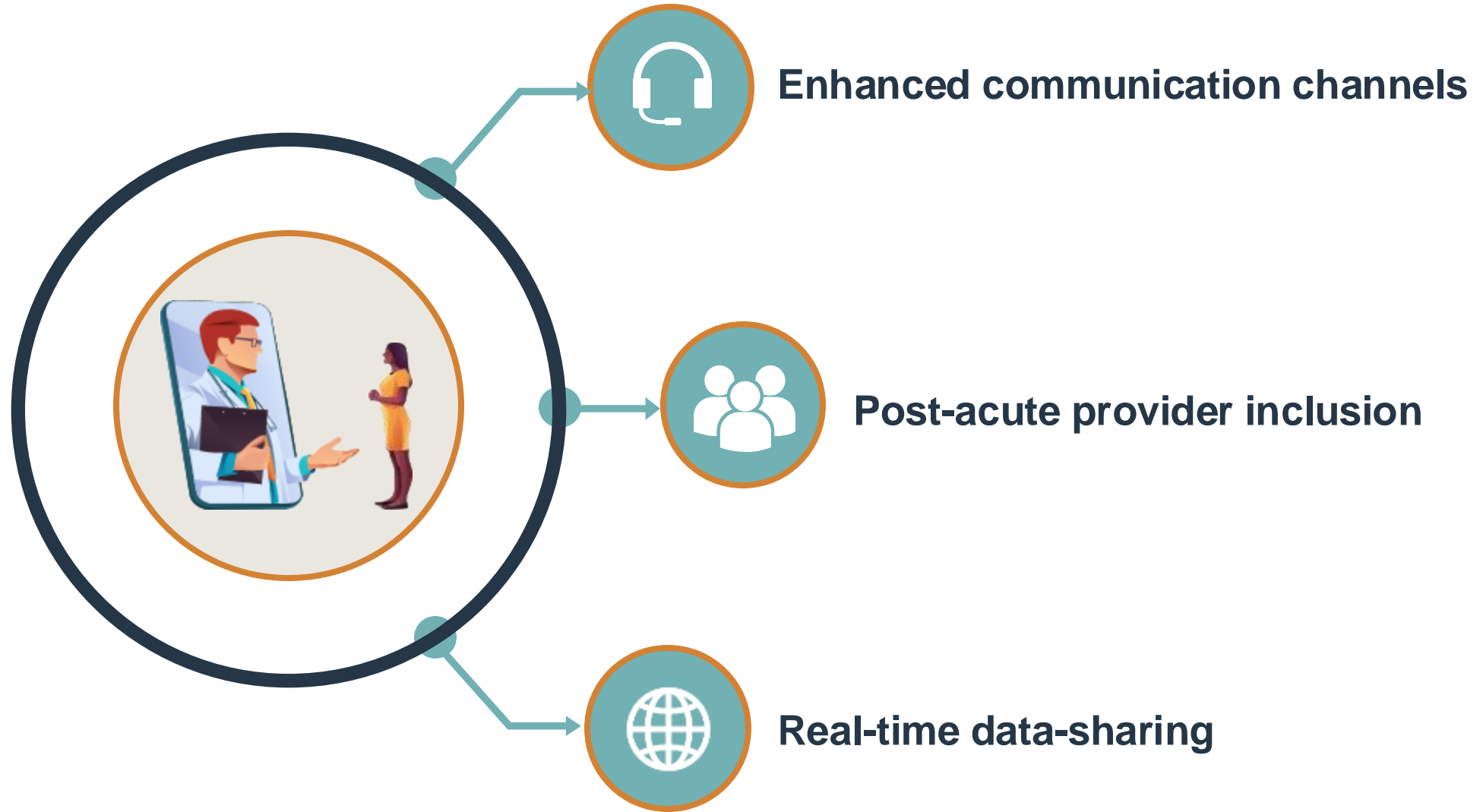
# Multidisciplinary team support



# Triad to manage PAC partners



# Driving PAC engagement



Establishing real-time, data-driven  
performance networks & reports



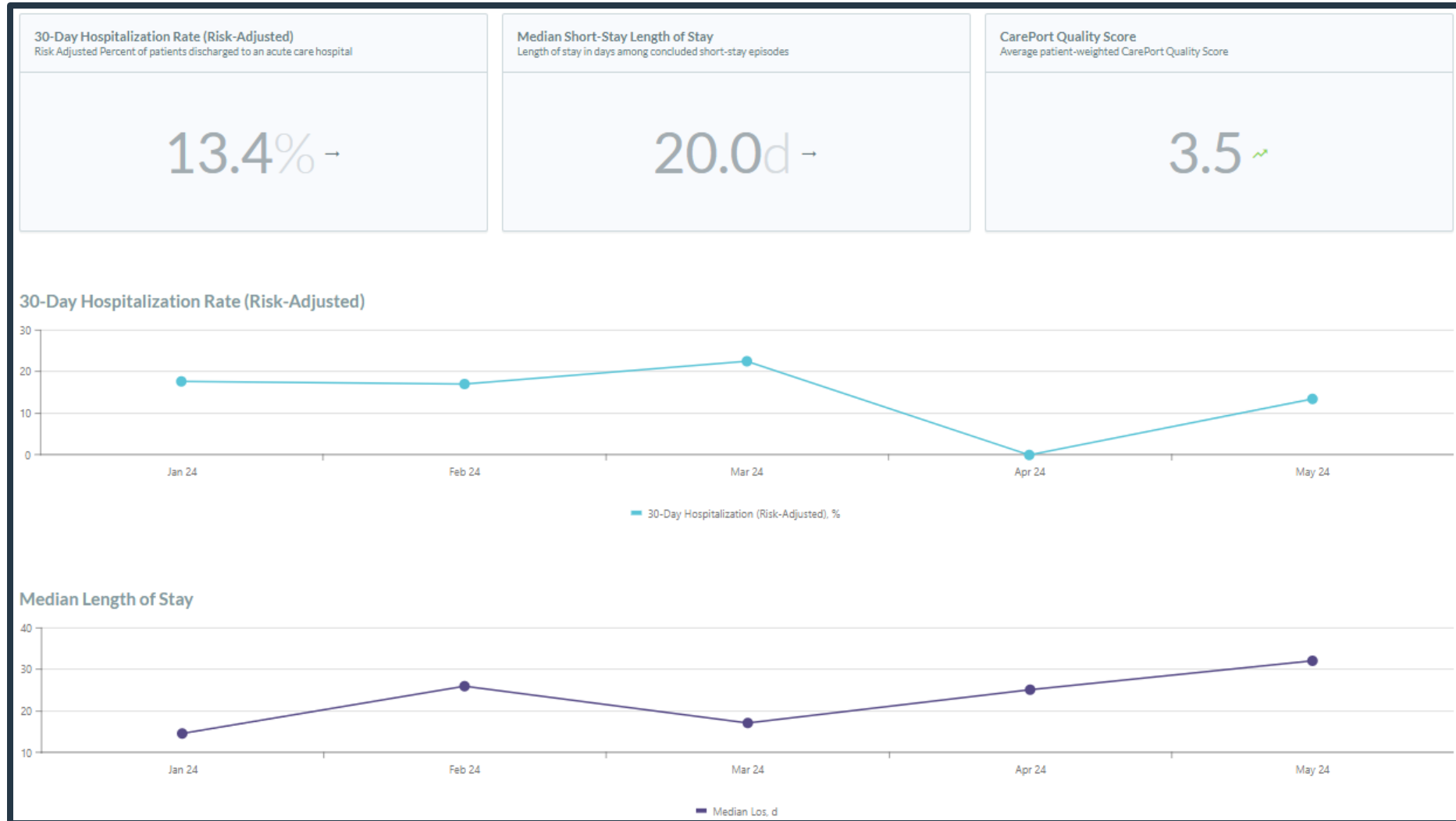
# WellSky data driving SNF PPN tiers

TGH TIER 1 PPN		TGH TIER 2 PPN	
CarePort Quality Score	$\geq 3$	CarePort Quality Score	3mo*
CMS Star Rating	$\geq 3$	CMS Star Rating	6mo**
ED Revisit Rate	$\leq 9\%$	ED Revisit Rate	3mo*
Readmission Rate <small>*Risk Adjusted</small>	$\leq 21\%$	Readmission Rate <small>*Risk Adjusted</small>	3mo*
Median LOS	$\leq 24d$	Median LOS	3mo*

# WellSky reporting & PPN management

Reporting Window & Quarterly PPN Cadence				
Hospital Discharge		Reporting Window		Quarterly PPN Meeting
12/1/2023	2/29/2024	1/1/2024	3/31/2024	May 2024
3/1/2024	5/31/2024	4/1/2024	6/30/2024	August 2024
6/1/2024	8/31/2024	7/1/2024	9/30/2024	November 2024
9/1/2024	11/30/2024	10/1/2024	12/31/2024	February 2025
12/1/2024	2/28/2025	1/1/2025	3/31/2025	May 2025
3/1/2025	5/31/2025	4/1/2025	6/30/2025	August 2025
6/1/2025	8/31/2025	7/1/2025	9/30/2025	November 2025
9/1/2025	11/30/2025	10/1/2025	12/31/2025	February 2026

# Monthly scorecards sent to PAC providers



# Increased market transparency

SNF Market Analytics

REPORTING DATE

February 2024

REGIONS

6 FL - Clearwater, FL - Hudson, FL - Lakeland, FL - O...

COLLABORATIVE NETWORK

Collaborative Network

PROVIDER NAME

Select Facilities

NOTICES

Include facilities with data notices

Applied Filters: 

FL - Clearwater X

FL - Hudson X

FL - Lakeland X

FL - Orlando X

FL - St. Petersburg X

FL - Tampa X

SEARCH

DOWNLOAD CSV

PROVIDER	MARKET CHARACTERISTICS					ADT DERIVED METRICS		CAREPORT AND CMS RATINGS					PAYROLL BASED STAFFING		STATE SURVEY REGULATORY		SHORT STAY R	
	COLLABORATIVE NETWORK	BED COUNT	OCCUPANCY RATE	ADMISSIONS IN LAST 12-MONTHS	PERCENTAGE OF ADMISSIONS ASSOCIATED TO YOUR ORGANIZATION ↕	ADJUSTED 30-DAY HOSPITALIZATION RATE	ADJUSTED ALOS TO COMMUNITY	CAREPORT QUALITY SCORE	OVERALL	SURVEY	QUALITY	STAFFING	ADJ RN HPRD	TOTAL NURSING HPRD	SURVEY CITATION POINTS	SPECIAL FOCUS FACILITY	PERCENTAGE OF PATIENTS W/ IMPROVED MOBILITY	RATE OF SUCCESSFUL DISCHARGE TO COMMUNITY
Market Benchmark	0.0%	119	86.0%	414	3.4%	14.1%	22.9d	3.0	2.9	2.5	4.0	2.9	0.7	3.8	68.9	2.96%	81%	49%
	No	117	77.0%	265	34.3%	13.2%	25.1d	3	2	2	4	2	0.5	3.5	65.3	No	74%	58%
	No	80	93.1%	133	30.8%	12.7%	27.7d	4	5	5	4	4	0.7	4.1	10.0	No	52%	38%
	No	160	92.4%	395	22.0%	18.4%	24.6d	2	2	2	4	3	0.6	3.6	56.7	No	70%	35%
	No	120	96.5%	231	15.2%	16.5%	36.8d	2	4	3	5	3	0.9	3.4	28.0	No	89%	43%



# PAC attending provider scorecards

Attending	Pts	Readmits	Total %	Dec %	Jan %	FEB %
	21	1	4.8	0	16.7	0
	7	1	14.3	0	0	20
	4	3	75	NA	50	100
	1	0	0	NA	0	NA

Leveraging WellSky data to drive  
clinical workflows, EHR optimization,  
and internal dashboards

# CarePort Connect driving BPCI attribution

AC

CarePort (Notifications)

Posts

Files

Notes


+

🗨️

⌵

⋮

🔍



noreply@extendedcare.com via email

Wednesday 6:17 AM


To: 23f1078a.TampaGeneral.onmicrosoft.com@amer.teams.ms

**zBPCI Cardiac Arrhythmia Pending- Final DRG Post Discharge Notification : Assigned**


CarePort Note from Tasking: Assigned:

**\*\*HIGH PRIORITY\*\*** patient identified after Discharge


zBPCI Cardiac Arrhythmia Pending- Final DRG Post Discharge Notification



[see more](#)



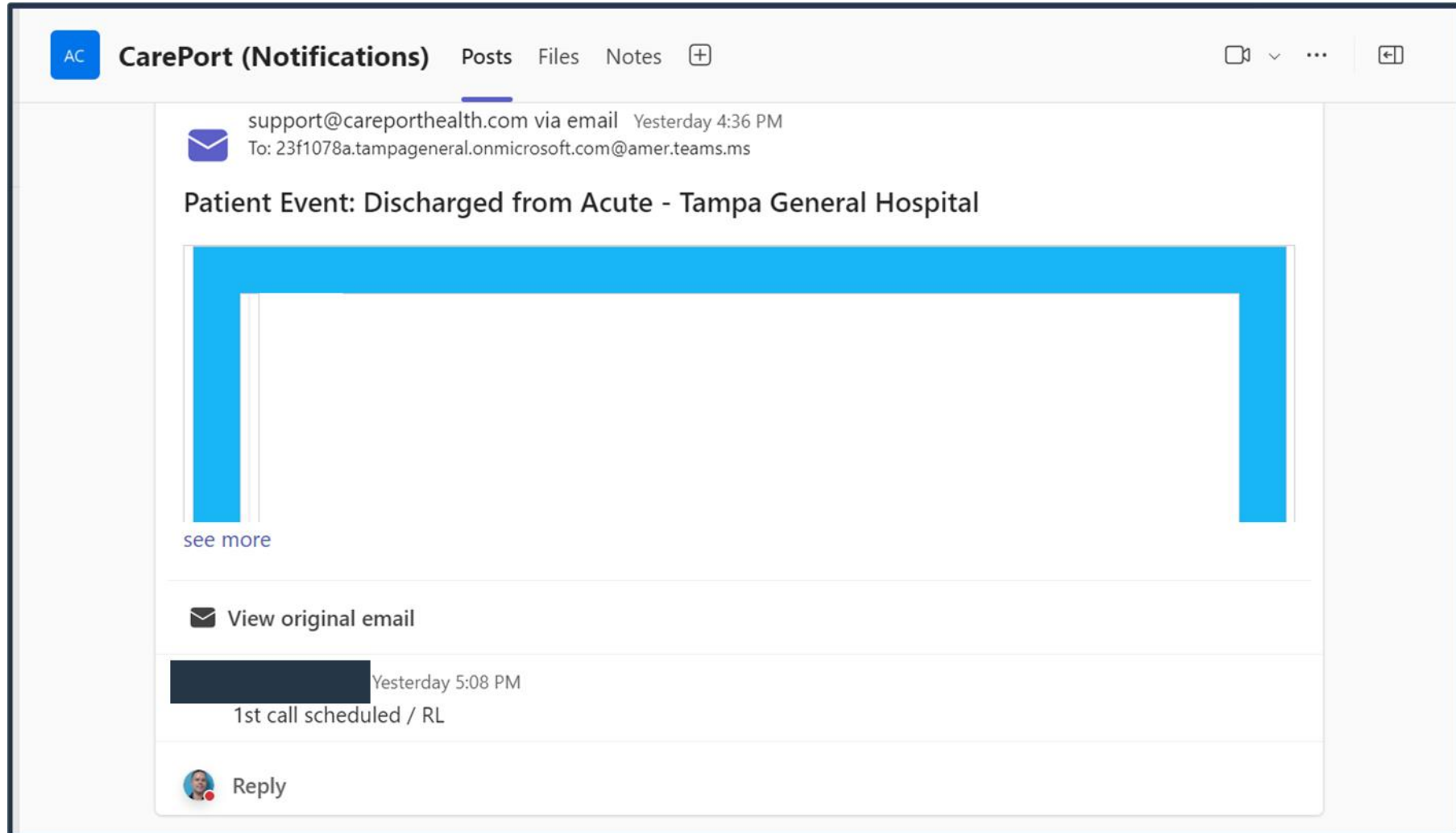
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Wednesday 8:01 AM

Noted, scheduled 1st call with PAC team. RC

# CarePort Connect notifications driving workflow





# VBC attribution & system awareness



1

## What is the goal of attribution awareness?

- Coordinate better care for value-based patients
- Successful transitions to high-quality providers and home
- Driving the most appropriate level of care



2

## Why is this important for TGH?

- Augmenting our team with added support to coordinate care for attributed patients
- Improve length of stay
- Reduce readmissions
- Remove barriers to discharge

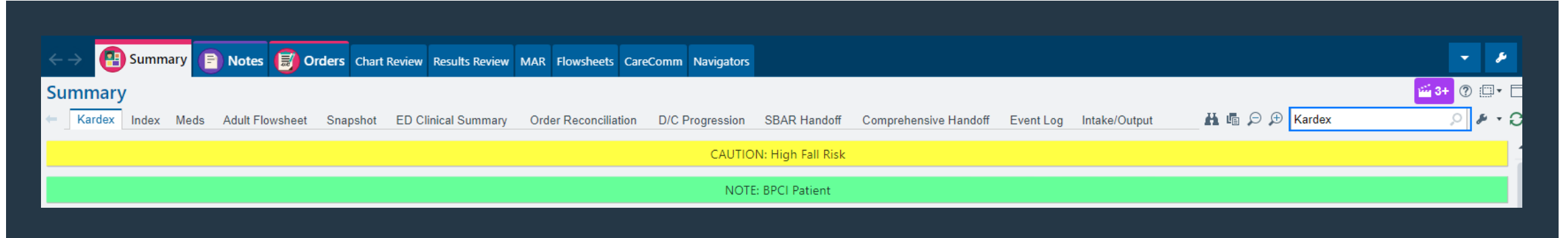


3

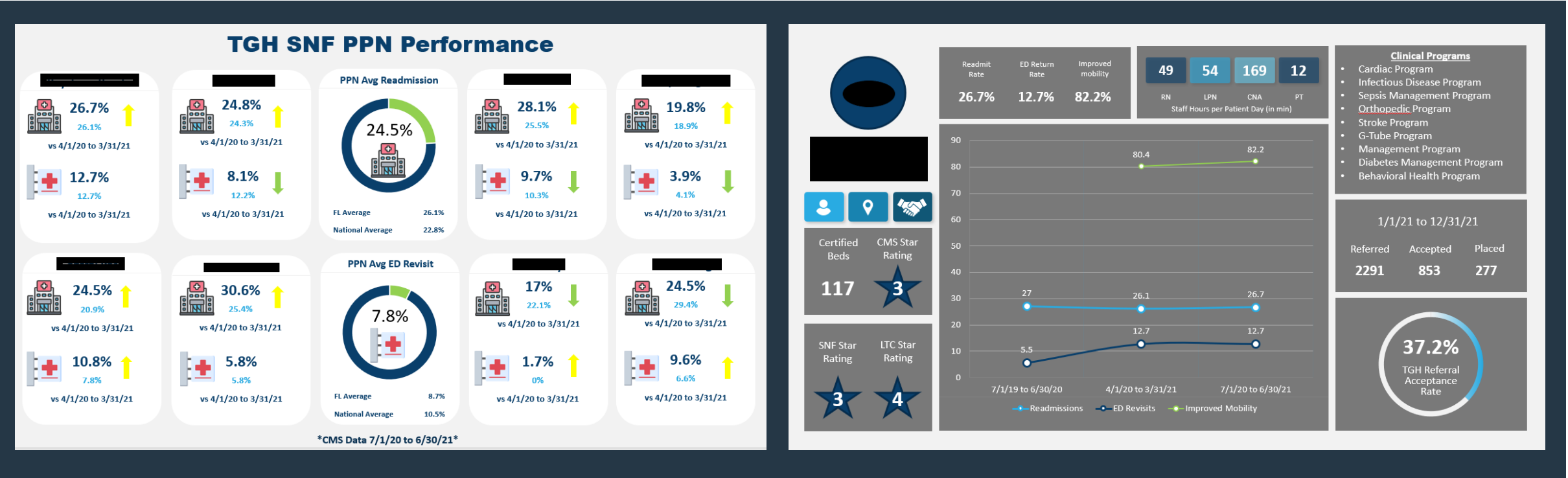
## How will we achieve our goal?

- Bringing Attribution tags into EPIC EHR
- Developing awareness around these patients through the full care continuum
- Deeper partnerships to support the management of our patients

# Attribution tags driving into EHR



# Historic data & manual dashboards



24.5%

20.9%

↑

vs 4/1/20 to 3/31/21

10.8%

7.8%

↑

vs 4/1/20 to 3/31/21

30.6%

25.4%

↑

vs 4/1/20 to 3/31/21

5.8%

5.8%

↑

vs 4/1/20 to 3/31/21

PPN Avg ED Revisit

7.8%

FL Average 8.7%  
National Average 10.5%

17%

22.1%

↓

vs 4/1/20 to 3/31/21

1.7%

0%

↑

vs 4/1/20 to 3/31/21

24.5%

29.4%

↓

vs 4/1/20 to 3/31/21

9.6%

6.6%

↑

vs 4/1/20 to 3/31/21

\*CMS Data 7/1/20 to 6/30/21\*

Readmit Rate

26.7%

ED Return Rate

12.7%

Improved mobility

82.2%

49

54

169

12

RN

LPN

CNA

PT

Staff Hours per Patient Day (in min)

117

3

Certified Beds

CMS Star Rating

3

4

SNF Star Rating

LTC Star Rating

27

26.1

26.7

5.5

12.7

12.7

7/1/19 to 6/30/20

4/1/20 to 3/31/21

7/1/20 to 6/30/21

Readmissions

ED Revisits

Improved Mobility

2291

853

277

1/1/21 to 12/31/21

Referred

Accepted

Placed

37.2%

TGH Referral Acceptance Rate

Clinical Programs

Cardiac Program

Infectious Disease Program

Sepsis Management Program

Orthopedic Program

Stroke Program

G-Tube Program

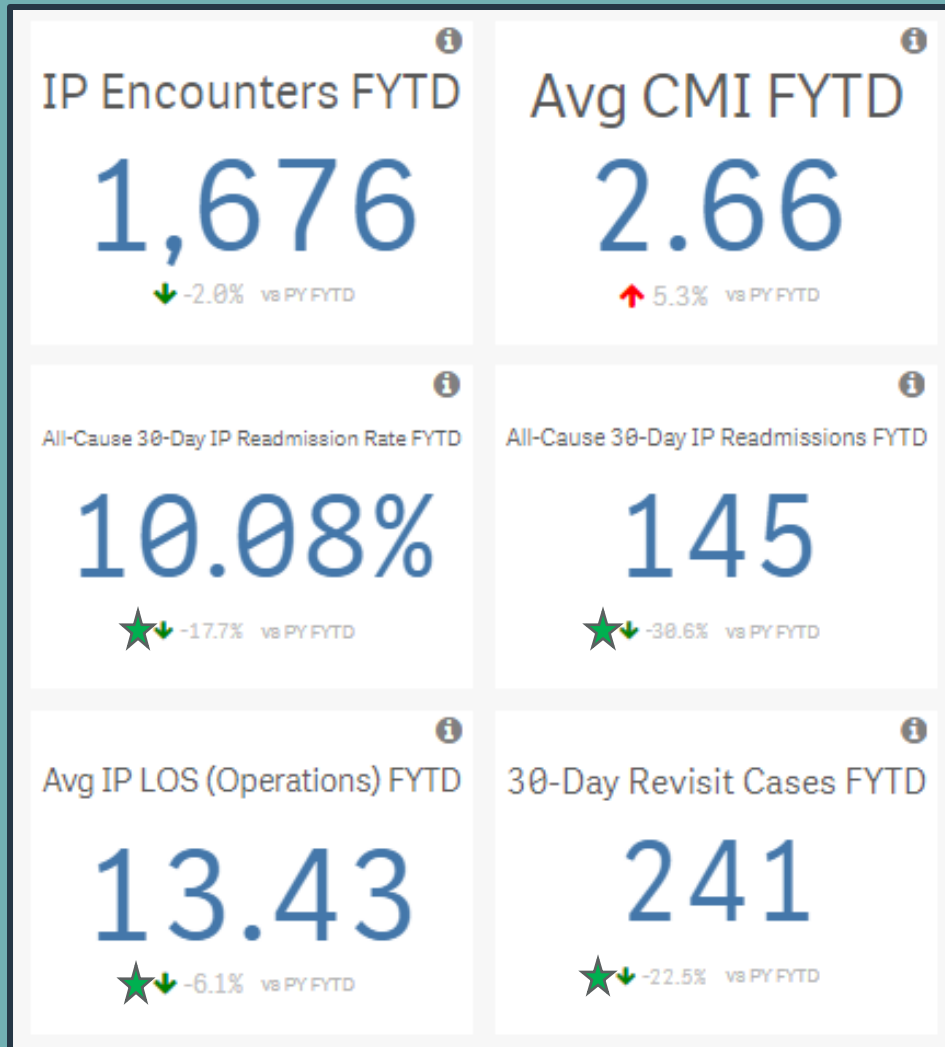
Management Program

Diabetes Management Program

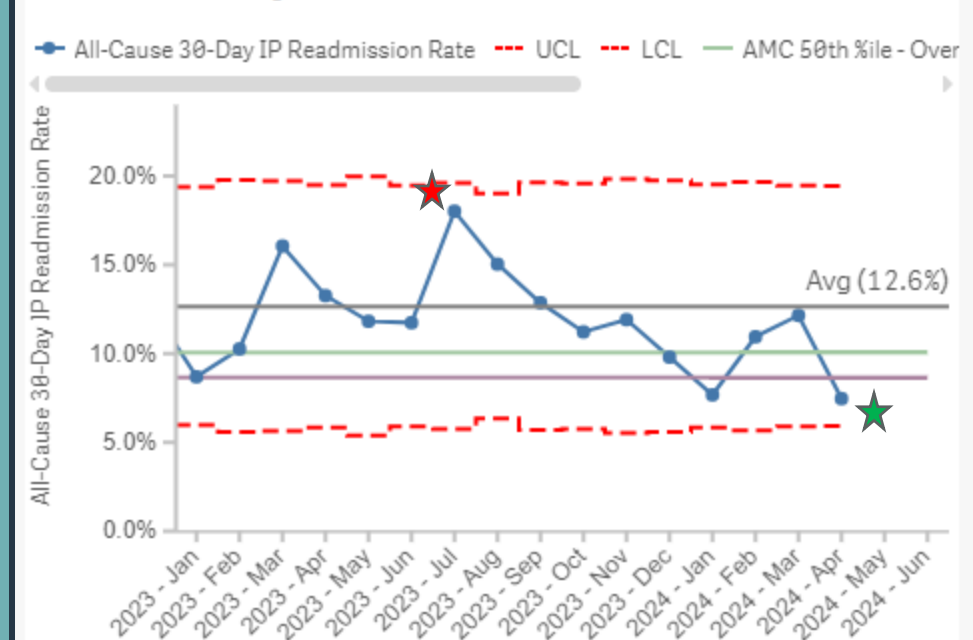
Behavioral Health Program

# Tampa General Hospital's results following CarePort Connect implementation

# Our results: Skilled nursing facilities



All-Cause 30-Day IP Readmission Rate - P Control Chart



PAC-CS & CarePort in July 2023

July 2023 = 18.0%

April 2024 = 7.4%

58.9% Decrease in SNF Readmissions to TGH

# Where are we going?

# Next steps

1

## Continue building WellSky connections

- Onboard additional SNFs
- Onboard additional HHCs
- Establish IRF connections with HIE/CarePort
- Establish LTACH connections with HIE/CarePort

2

## EHR attribution tags & partner support

- Continue surfacing Attribution tags within Epic
- Leverage Attribution tags to further partner with care coordination teams
- Continue improving system awareness of VBC patients

3

## Leverage data to drive outcomes across Florida

- Supporting FHA & FHCA to advance FL SNFs to the nation's "Gold Standard"
- FHA & leveraging data to reduce readmissions for patients discharged to PAC
- FHA & FL HIE to standardize data transfer (hospitals/PAC)



Where is your organization in adopting technology to track patients and collaborate across the continuum?

Q&A



Stop by our VBCExhibitHall.com Virtual Booth:



[Visit the WellSky exhibit booth](#)

# Thank you.

## Contact us:

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Connect with Brad  
on LinkedIn