



Council on Post Acute Care Services

Voice of the Customer
4.12.23

 **South Dakota**
Association of Healthcare Organizations

Define the Customer

There is a big Spectrum of patients/residents on Medicaid

- In general:
 - TBI 20-50+ y/o
 - Challenging Behaviors-Psych 35-75 y/o
 - Mostly indigent
 - Dementia 75-100 y/o
 - Short term Rehab 65+ (post surgery)
 - Developmental disabilities
 - Transitional care – homeless, no money, higher acuity, bariatric and behaviors
 - Incarcerated (add pay)
 - Home-bound – elderly 80 y/o +
 - Social issues (substance abuse)
 - Safety issues – dementia, MS, disabled
- Other services provided:
 - Trachs
 - Dialysis (many from IHS)
 - Wound care
 - Ventilator (served out of state)
 - Hospice and end of life
 - Diabetes
 - Morbid obesity
- IHS is generally a younger resident, in nursing home with many conditions
- Families
- Veterans

We get many referrals that we are not able to care for – *mostly due to staffing*

Input /Referral Sources * Key Stakeholders

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- Case Management
 - Family
 - Providers
 - State DOH, DHS, DSS
 - Payor - DSS / payee services
 - Patient
 - State Parole Division
 - Other facilities
 - Indian Health Service
 - Guardians / Services / Courts
 - Clergy
 - Pharmacy
 - VA
 - Human Services Center (HSC)
 - Avera behavioral health
 - Sanford Psych
 - Home care providers
 - Hospice
 - ED Referrals
 - Community health workers
 - Community counseling services
 - Clinics
 - Physicians

Value= What are they willing to pay for Primary needs

- Safety
- Advocacy
- Peace of mind
- Hygiene
- Medication Management
- Therapy
- Nutrition
- Wound Care-IV's
- Medical Care
- Risk Management
- Housing
- Aging in Place
- Access to loved ones
- Preventative Care
- Respite
- Sustain independence
- Comfort
- Support
- Education
- Clergy / Faith
- Transportation
- Quality

Vision of Excellence – Resident of the Future Needs and Services

- Assisted devices- Tech
 - Remote patient monitoring
 - Telemed
 - Access for families – portals, transparency
 - Artificial intelligence
- Entertainment
 - Community Support
- Prev. Services (Chronic care management)
 - Education
- Privacy/ Rooms Spacious
 - Home Modification
 - Modern
 - Less institutional
- Transportation- Recreation or for purpose
- Enhance the visitor experience
- Specialized Care
- Volunteers (*points program to pay for future care?*)
- Lots of Capital needs
- Follow after discharge – community health worker
- Mental Health services (resident and staff)
- Risk Management
- CNA – centralize training, licensing
- Staffing
 - Uber model
 - Travel staff management
- Financial advisor
 - LTC insurance
 - Advantage plans

Improvement Strategies

Recognition of diversity in LTC

- \$ for Capital Improvement
- Incorporate LTC Services in Corrections
- CNA Training/ LPN Training in High School
- Palliative Care Definition
- Home based/team/ whole person care
- Hospice Education - saves \$
- Build off Hospital Community Assessments
- LTC insurance (State Policy?)
- State office of healthcare workforce Immigration
- Incentives for Quality and High performing (*no stick*)
- Community Enhancement Grant / Economic Development
- Sustainable Capital payment system
- Increase supply of nurses
- Huge Scope and Needs (targeted focus)
- The Free Market will sort this out

Other Thoughts/Comments

- Regionalization will be difficult
- One size does not fit all
- It's a "community"
- Importance of collaboration in the community
- Community Preservation
- \$300k per bed for new construction
- Need a map to overlay our State elderly population with nursing home providers
- We need to change our attitude towards the aging population
- Retired Nurses - Volunteer hours to Maintain License and possibly other incentives
- Hospital discharge pressures

Questions?

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