PointClickCare

Use of AI in Nursing Homes

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Learning Objectives

1. **Identify core principles about the use of AI in health care.**

2. **Apply AI to produce accurate, real-time data and use it to identify QI opportunities, monitor patients, assess and address risks, and ensure accurate reimbursement that align with value-based care.**

3. **Understand how AI tools may intensify or promote structural inequities and racial biases and how to overcome these.**

4. **Use AI is a way that fosters public trust, protects resident privacy/rights, and aligns with applicable values, regulations, and laws.**

Fun Fact:

The term 'artificial intelligence' was coined in 1956 — the same year the first power lawn mower hit the market. Progress comes in all forms!

What is Artificial Intelligence?

Definition: The simulation of human intelligence processes by machines.

Core Domains:

- Machine Learning (ML)
- Natural Language Processing (NLP)
- Large Language Models (LLMs)
- Predictive Analytics

Brief History of AI

- 1950s: Birth of AI – Alan Turing proposes the Turing Test
- 1980s: Expert Systems – Rule-based decision aids in medicine
- 2000s: Machine Learning Boom – Data-driven predictive models
- 2010s: Deep Learning Era – Neural networks mimic human brain function
- 2020s: Generative AI – ChatGPT, medical note summarization, and more

Fun Fact:

The first AI program to diagnose illness was written in 1972 — it took 8 minutes to process one patient.

AI in Healthcare Today

Applications

- Clinical Documentation: Ambient scribing, structured note generation
- Predictive Analytics: Readmission risk, pressure injury prevention, Coding, Compliance
- Medication Management: Polypharmacy alerts, deprescribing assistance
- Workflow Optimization: Task prioritization, communication
- Resident Monitoring: Falls, sleep, cognitive changes

Common Myths About AI

Myth #1: AI will replace clinicians

Reality: It reduces cognitive load and documentation burden.

Beyond Myths: The Leaders Pushing AI Forward

- IBM’s CEO, Arvind Krishna, reported that while AI has replaced **several hundred HR roles**, the company has simultaneously increased hiring in areas like **programming and sales** that require **human judgment and creativity**.
- Salesforce has reallocated **500 employees to data-centric roles** due to **AI handling routine customer support tasks**.
- Nvidia CEO Jensen Huang **emphasized that individuals risk job loss** not to AI directly, but to peers who adeptly **utilize AI tools**.

The Real Story of AI in Action

When AI is introduced, many feared it would lead to sweeping job losses. But here's what actually unfolded:

- ✨ **The so-called "freed up" resources?**
- ✨ **The "extra capacity"?**
- ✨ **And those "redundant" roles?**

AI didn't replace people

The true risk isn't being replaced by AI—it's being left behind by those who know how to use it.

Myth #2 AI is error-free

Myth #2 AI is error-free

Reality: It learns from our biases and data gaps

Myth #3 AI is too expensive for PALTC

Myth #3 AI is too expensive for PALTC

Reality: Cloud-based tools are lowering the cost barrirer

Think of AI Like Your Favorite Intern

AI in Post-Acute & Long-Term Care

Applications:

- Chronic Condition Management: Predicting exacerbations
- Staffing Optimization: Scheduling to reduce burnout
- Quality Improvement: Trend analysis from MDS and EHR data
- Resident Safety: Fall detection, behavioral monitoring
- Education: Clinical decision support & just-in-time learning

Responsible & Ethical AI Use

Principles:

- Transparency: Know when AI is assisting
- Bias Mitigation: Reflect diverse populations
- Privacy & Security: HIPAA-compliant design
- Clinical Oversight: AI augments, not replaces, human judgment

AI should extend the clinician’s empathy, not erode it.

Accountable AI & Privacy

”It takes many good deeds to build a good reputation, and only one bad one to lose it”

- Benjamin Franklin

Accountable Artificial Intelligence and Privacy

- High Stakes in Healthcare
- Principles of Trust, Transparency, and Care Collaboration
- Reliable Partner

Care Collaboration

AI can be applied within existing clinical workflows:

- To augment and inform care throughout the patient journey
- To support EHR systems (PointClickCare and partners); and
- To improve care collaboration through the same data set that spans the continuum of care.

Value-Based Care

- AI enables risk-bearing entities to improve
- compliance with contractual obligations associated with VBC
- providing proper risk identification
- achieve better outcomes.

Efficiency & Empowerment

- AI helps deliver on the promise to help clinicians make appropriate care decisions at the right time for the highest-needs patients.

- AI supports risk assessments with the goal of improving clinical outcomes through predictive models, more efficient extraction of chart data, and bi-directional learning between human and technology, reducing administrative burden and enhancing care quality.

Trust & Transparency

- AI often requires large data sets that may include PHI.
- We need to remain dedicated to responsible AI practices, including rigorous testing and adherence to ethical standards and guidance created by credible third-party associations
- PointClickCare selects, adapts and integrates AI technologies using a cross-functional approach involving clinical experts, applied scientists, product development, designers and engineers to ensure solutions meet all expectations of our customers and industry best practices.
- Peer-reviewed research validates PointClickCare’s approach, due diligence and effectiveness of its AI model to empower clinical care teams and non-clinical staff. An example is the Predictive Return to Hospital (pRTH) model

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ELSEVIER

JAMDA

journal homepage: www.jamda.com

Original Study

Development of a Predictive Hospitalization Model for Skilled Nursing Facility Patients

Ben Kandel PhD [a,*], Cheryl Field MSN, RN [a], Jasmeet Kaur MS [a], Dean Slawson BS [a], Joseph G. Ouslander MD [b]

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[b] *Schmidt College of Medicine, Florida Atlantic University, Boca Raton, FL, USA*

Check for updates

ABSTRACT

Mismatch Between Capabilities and Expectations

- AI often marked by hype that doesn't reflect it's capabilities
- AI can make confident, but wrong predictions
- When users discover limitations (i.e., hallucinations in chatbots), it can feel as a betrayal of trust

Accountability

Lack of accountability creates legal and ethical challenges:

- When AI causes harm, who bears the responsibility?

The Road Ahead

Next-Gen Applications

- Personalized Care Plans
- Multimodal AI (EHR, voice, image data)
- Clinical governance for safe deployment

Your Role

- Embrace AI as a clinical partner
- Contribute data responsibly
- Stay curious and engaged

How to Get Started

- Identify pain points (documentation, meds)
- Pilot AI tools in low-risk workflows
- Train teams on responsible use
- Partner with vendors for integration

AI won’t replace clinicians – but clinicians who use AI will replace those who don’t

What can we do as leaders?

New Mandate for AI Transformation

How can leaders be successful in this transformation…

- Elevating your mindset
- See AI as a partner, not a threat
- Foster curiosity over fear
- Encourage experimentation over perfection
- Make space for reflection, learning, and growth

Practical Scenarios Using Copilot

- Demonstrate drafting constructive feedback with AI assistance.
- Show how AI can summarize leadership meetings quickly.
- Explore brainstorming techniques for development plans using AI.
- Prepare strategic narratives efficiently with AI tools.

Where in your leadership do you consistently find yourself operating in the weeds—where AI could help you rise above and focus on higher-impact work?

By 2030, AI may save U.S. healthcare up to **$150 Billion** annually

PointClickCare EHR for Practice Groups

AI ASSISTANT | PW 3.0 1601 | (train) FACILITY_12 (sound) | L

Dash | Patients | Sign | Reports | Billing | Settings

Search | Status: Active

- Abraham, Mary — 46E6D99E-, 418-C
- Ace, Michael — 2E63ECA4-, 208-B
- Acevedo, Inge — DCB3F0AD-, 323-A
- Acker, Ozella — 2E63ECA4-, 205-B
- Adam, Versi — 6AF931DD-, 112-B
- Adamsdaughter, Faustino — 2E63ECA4-, 209-B
- Addisson, Lincoln — 2E63ECA4-, 214-A
- Alaniz, Thero — 2E63ECA4-, 218-C
- Alarcon, Miranda

Abraham, Mary

DOB **Sep 25, 1960 (64/Female)** | Physician **Oliver, Jennifer** | Code Status **FULL CODE**

Location **46E6D99E-/418-C** | Admitted **May 23, 2005** | Status **Current**

OVERVIEW | VITALS | RESULTS | ORDERS | QM | NOTES | DOCUMENTS

Info: This resident has draft notes with today's date of service. SHOW NOTES

Patient Tags

EDIT

ACO | Hospice | Long-Stay | Podiatry | Psychiatry | Substance-Related Concerns

Problem List

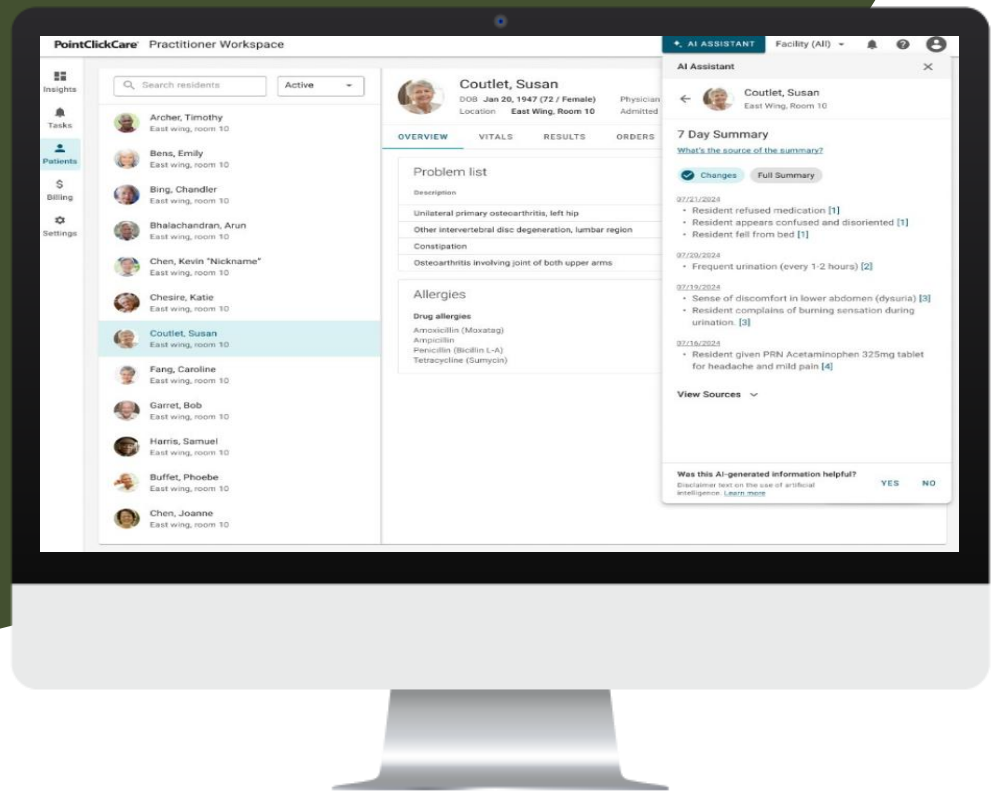
Active

ICD-10	Description	Last assessed
R60.9	EDEMA, UNSPECIFIED	Mar 14, 2025
I50.33	ACUTE ON CHRONIC DIASTOLIC (CONGESTIVE) HEART FAILURE	Mar 14, 2025
F32.A	DEPRESSION, UNSPECIFIED	Mar 14, 2025
Z13.31	ENCOUNTER FOR SCREENING FOR DEPRESSION	Mar 14, 2025
G47.25	CIRCADIAN RHYTHM SLEEP DISORDER, JET LAG TYPE	Mar 11

SHOW MORE

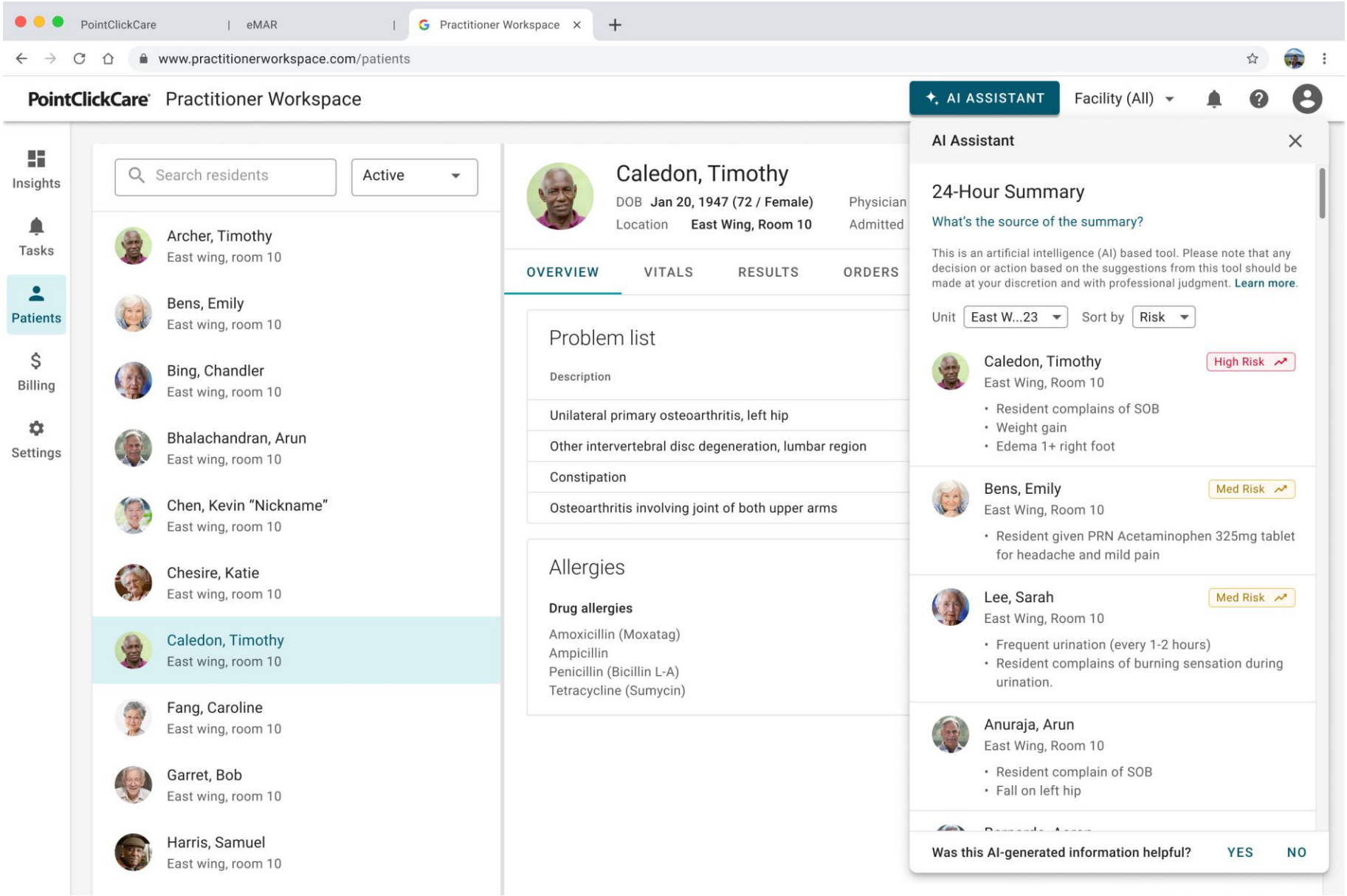
CREATE NOTE

AI Assistant

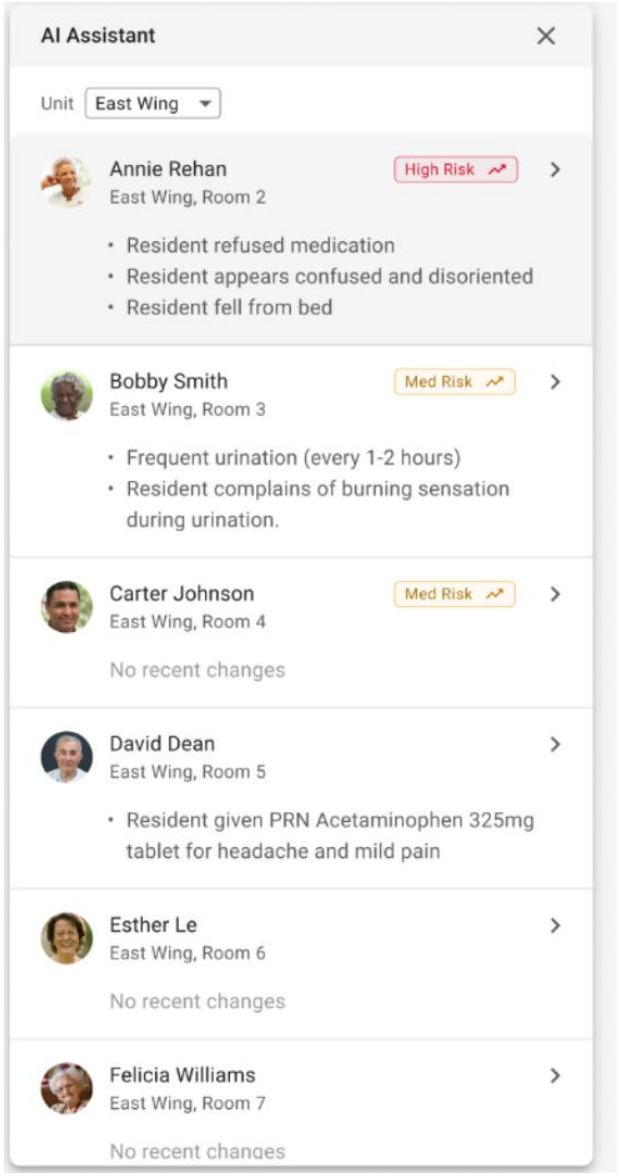


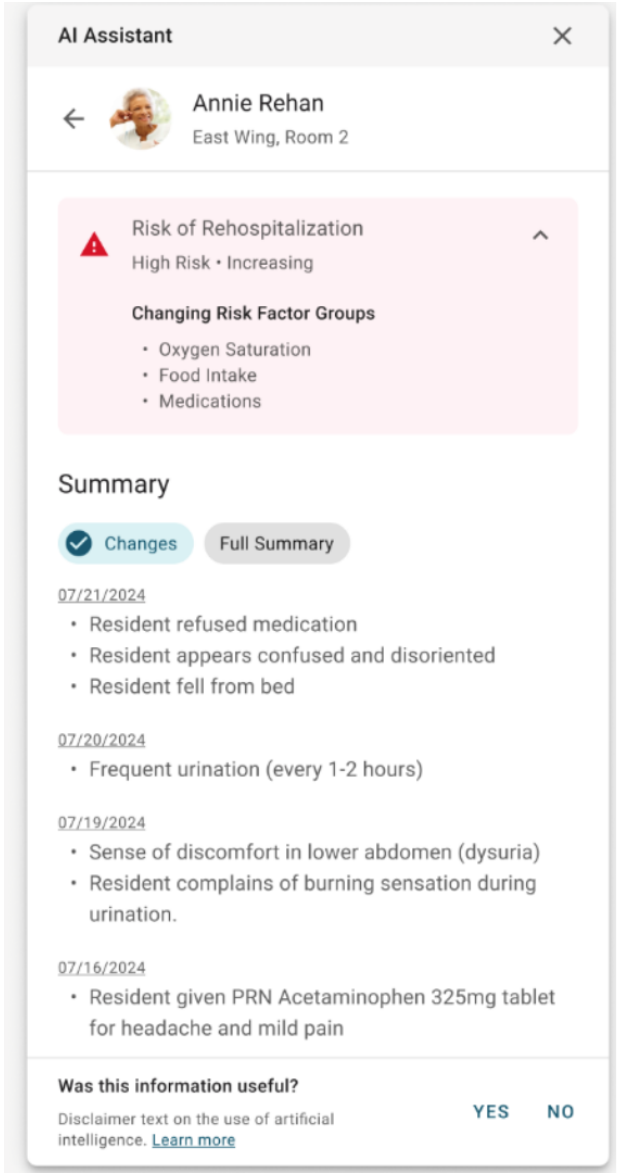
- Summary- “Catch me up”
- Search- “Help me with my task”
- Predict- “Guide my priorities”

AI Assistant – Summary & Search



AI Assistant – Predict





SNF Stay Summary Notification

Collaborative Partner of

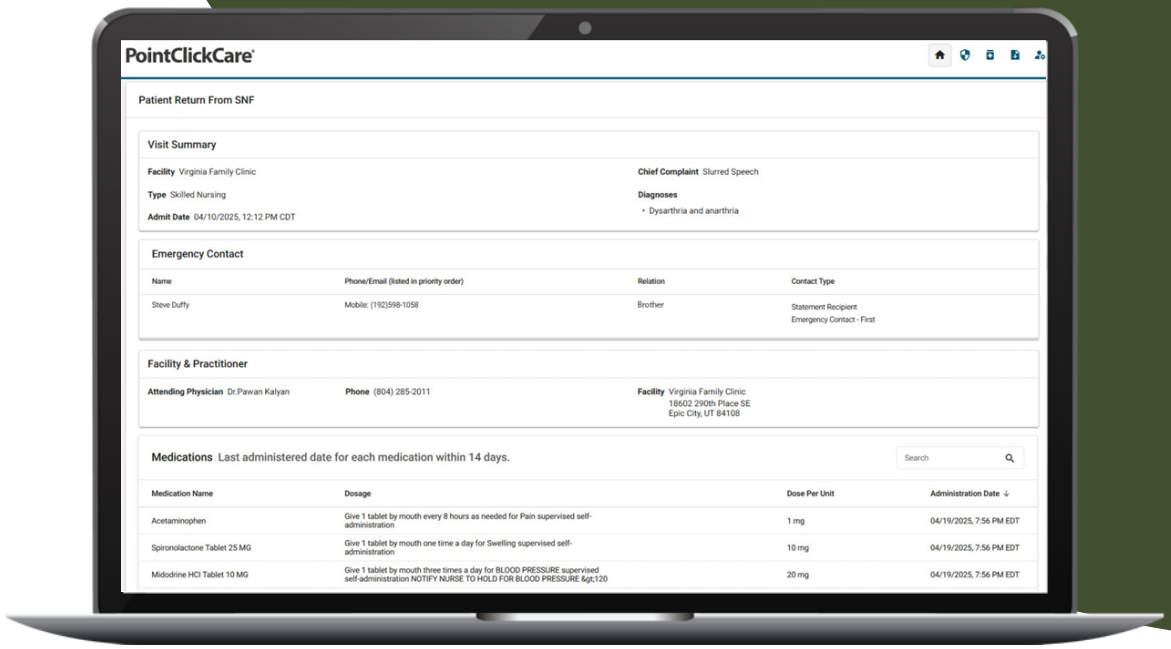
American College of Emergency Physicians®

ADVANCING EMERGENCY CARE

Promotes faster evaluation, stabilization, admission or return to SNF

A summarized view of the SNF stay and transfer data including:

- SNF admission date, time and diagnoses
- Facility and practitioner name
- Emergency contacts
- Resuscitation preferences
- Last 14 days of administered medications, dosages, dates, and times
- Transfer insights from the SNF EHR, informed by our proprietary **Reason for Transfer AI Model**



ED Optimization

Collaborative Partner of

American College of Emergency Physicians®
ADVANCING EMERGENCY CARE

Improve ED Point of Care Decisions

Enable faster, more informed and collaborative care with real-time, information integrated into their workflow.

Enhance Care Delivery for High-Priority Populations

Provide patient-centered, quality of care for high-risk, complex and vulnerable patients driving utilization or requiring other care coordination.

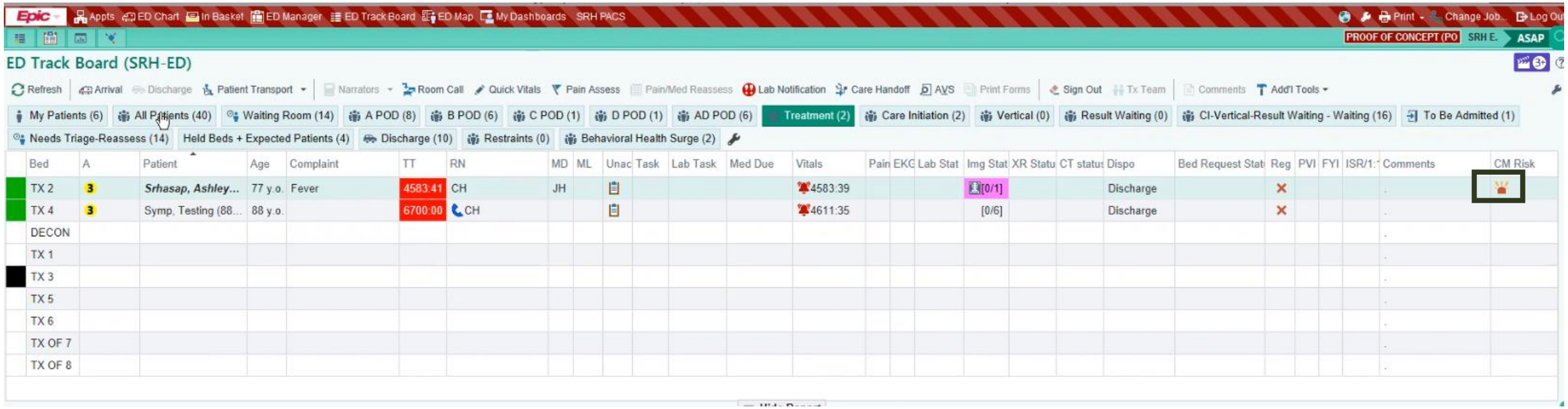
Improve ED Efficiency, Throughput, and Outcomes

Real-time notifications and actionable clinical insights help improve responsiveness and patient outcomes.

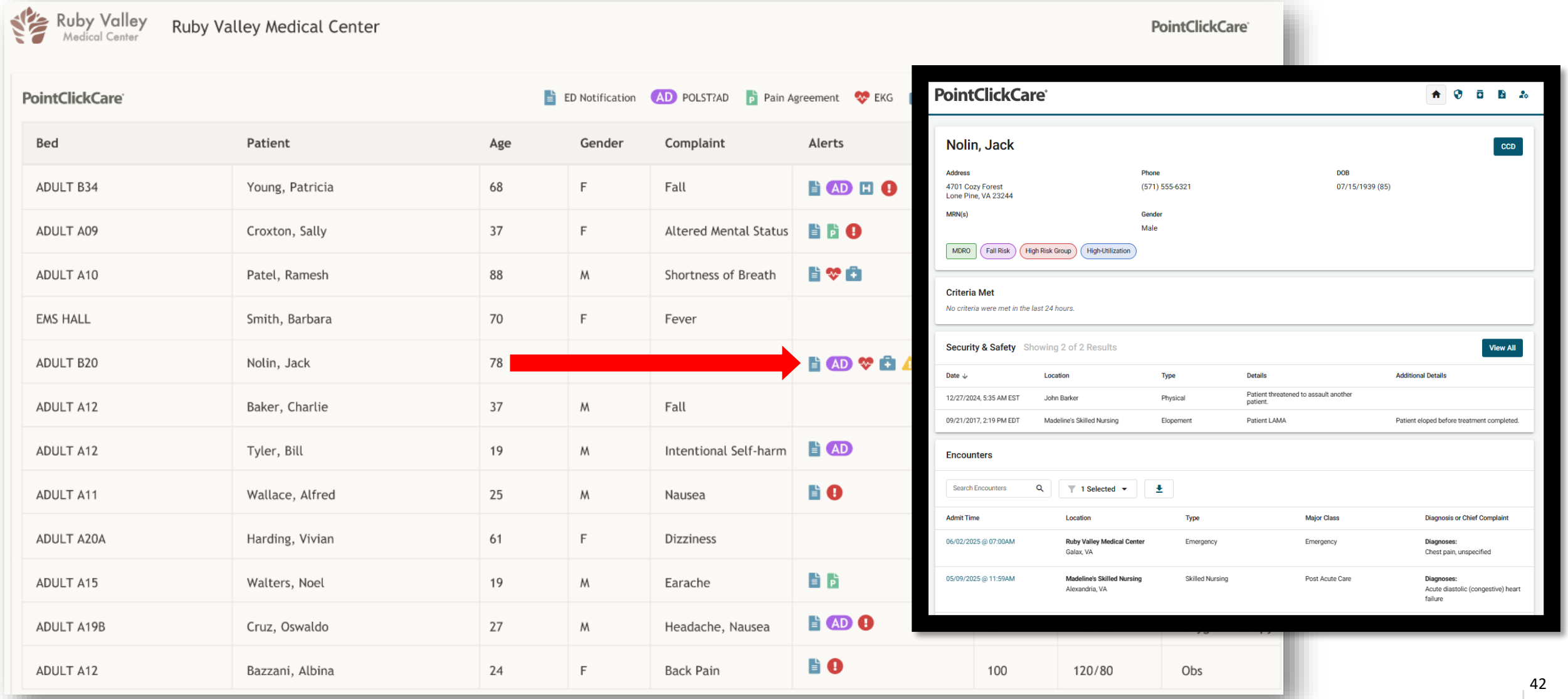
Top Insights Delivered to the ED

1. Patterns of High ED Utilization
2. Mental and Behavioral Health Events
3. Substance Use Disorder or Overdose Events
4. History of Violence/Safety and Security Events
5. Recent Post-Acute Discharge or Transfer from SNF
6. Acute Readmission Risk
7. Social Determinants: Housing insecurity
8. Traveling Patients
9. Documented Individual Care Plans
10. PDMP data

Epic Trackboard Integration



Smart on FHIR Trackboard View



Closing Thoughts

- AI represents the next wave of clinical transformation in PALTC
- It’s not about replacing compassion – it’s about amplifying it through data
- Ask yourself, what kind of leader of Tomorrow do you want to be?

Thank you!