

# PointClickCare

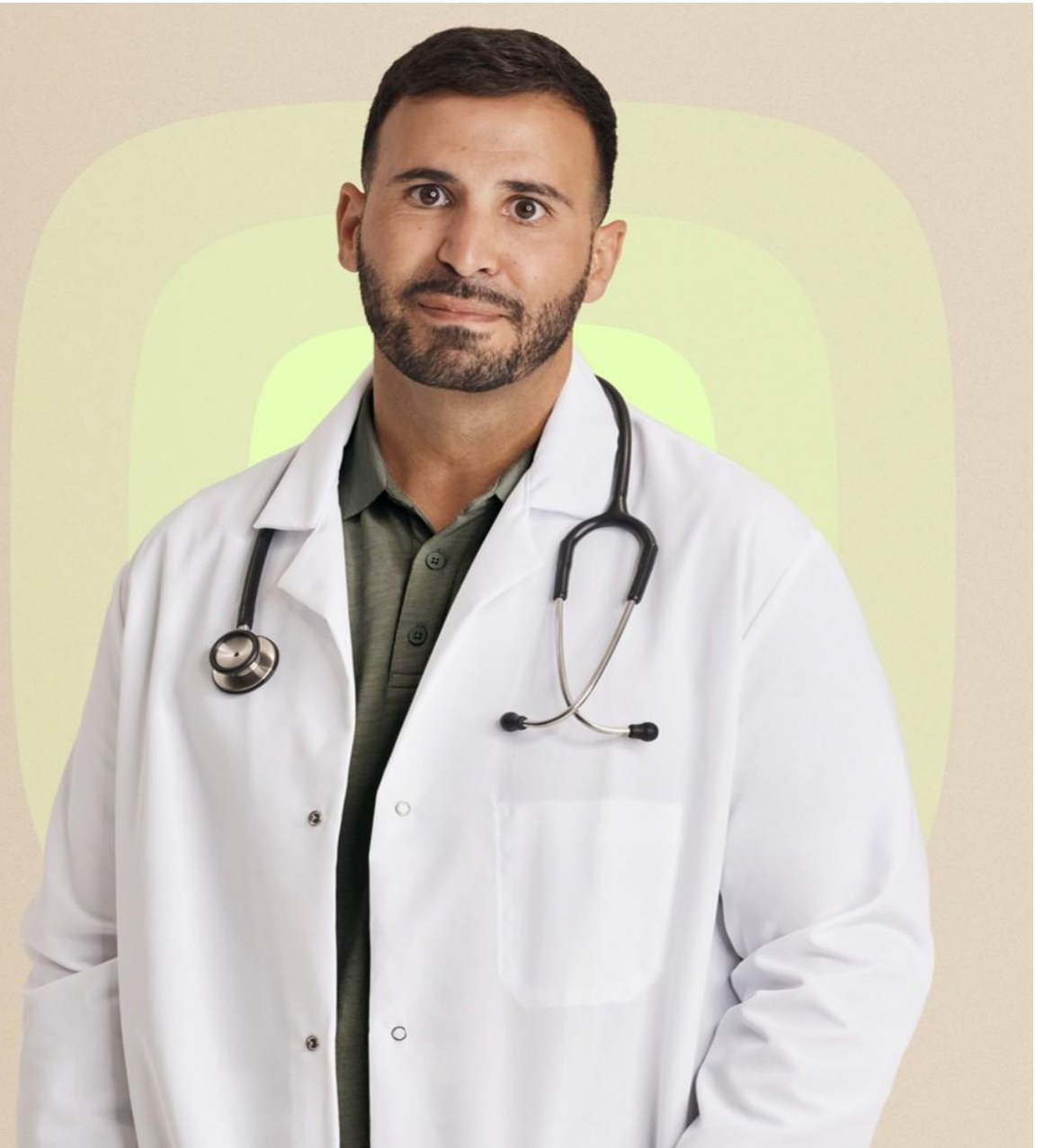
## Use of AI in Nursing Homes

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backed by PointClickCare



# 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 in 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 barrier

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





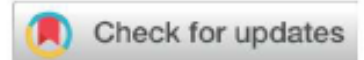
JAMDA

journal homepage: [www.jamda.com](http://www.jamda.com)



Original Study

# Development of a Predictive Hospitalization Model for Skilled Nursing Facility Patients



Ben Kandel PhD<sup>a,\*</sup>, Cheryl Field MSN, RN<sup>a</sup>, Jasmeet Kaur MS<sup>a</sup>, Dean Slawson BS<sup>a</sup>, Joseph G. Ouslander MD<sup>b</sup>

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## A B S T R A C T

# 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







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)

Location 46E6D99E-/418-C

Physician Oliver, Jennifer

Admitted May 23, 2005

Code Status FULL CODE

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

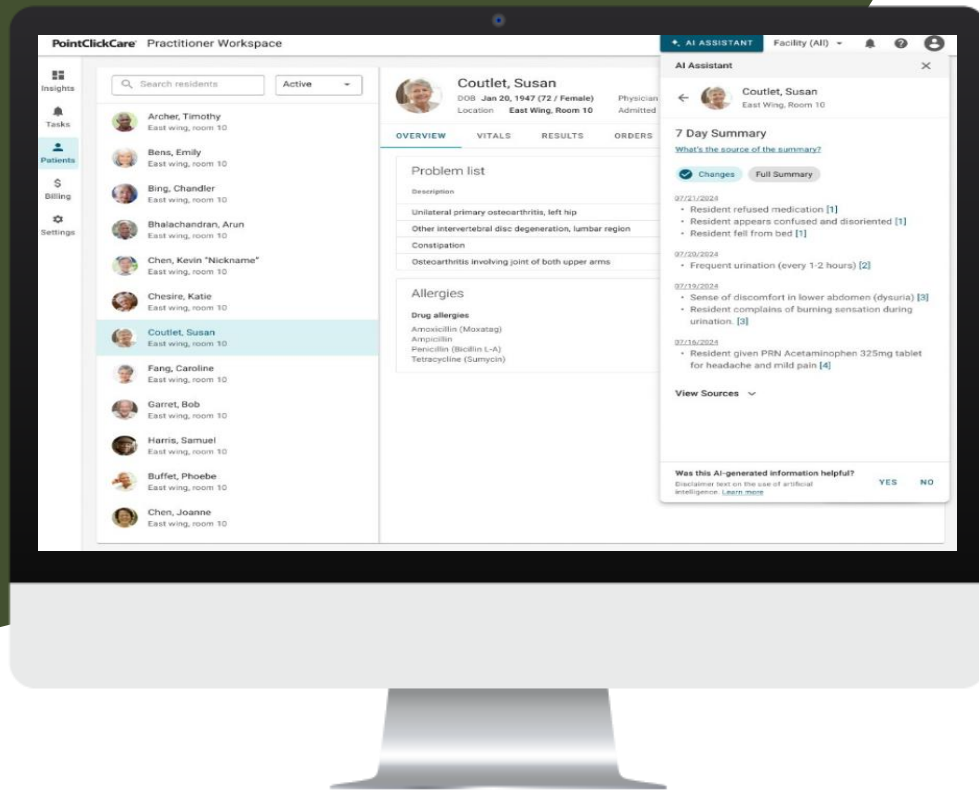
CIRCADIAN RHYTHM SLEEP DISORDER, JET LAG TYPE

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

The screenshot displays the PointClickCare Practitioner Workspace interface. The browser address bar shows the URL `www.practitionerworkspace.com/patients`. The interface includes a sidebar with navigation options: Insights, Tasks, Patients (selected), Billing, and Settings. The main content area is divided into three sections:

- Search Residents:** A search bar with the text "Search residents" and a filter dropdown set to "Active". Below this is a list of residents, with "Caledon, Timothy" highlighted.
- Patient Profile:** A detailed view for Timothy Caledon, DOB Jan 20, 1947 (72 / Female), located in East Wing, Room 10. The profile includes tabs for Overview, Vitals, Results, and Orders. The Overview tab shows a problem list with conditions like "Unilateral primary osteoarthritis, left hip" and "Other intervertebral disc degeneration, lumbar region". It also lists allergies, including "Amoxicillin (Moxatag)", "Ampicillin", "Penicillin (Bicillin L-A)", and "Tetracycline (Sumycin)".
- AI Assistant Panel:** A sidebar panel titled "AI Assistant" showing a "24-Hour Summary" for Timothy Caledon. It includes a disclaimer about the AI tool's limitations and a list of residents with their risk levels. Timothy Caledon is marked as "High Risk" with a red upward arrow. Other residents like Bens, Emily and Lee, Sarah are marked as "Med Risk".


At the bottom of the AI Assistant panel, there is a feedback question: "Was this AI-generated information helpful?" with "YES" and "NO" buttons.



# AI Assistant – Predict

AI Assistant


Unit East Wing

 **Annie Rehan**  
East Wing, Room 2

High Risk

>


- Resident refused medication
- Resident appears confused and disoriented
- Resident fell from bed

 **Bobby Smith**  
East Wing, Room 3

Med Risk

>


- Frequent urination (every 1-2 hours)
- Resident complains of burning sensation during urination.

 **Carter Johnson**  
East Wing, Room 4

Med Risk


>

No recent changes

 **David Dean**  
East Wing, Room 5


>

- Resident given PRN Acetaminophen 325mg tablet for headache and mild pain

 **Esther Le**  
East Wing, Room 6

>

No recent changes


 **Felicia Williams**  
East Wing, Room 7


>

No recent changes

AI Assistant

<

 **Annie Rehan**  
East Wing, Room 2

 **Risk of Rehospitalization**  
High Risk • Increasing

**Changing Risk Factor Groups**

- Oxygen Saturation
- Food Intake
- Medications

Summary

Changes

Full Summary

07/21/2024

- Resident refused medication
- Resident appears confused and disoriented
- Resident fell from bed

07/20/2024

- Frequent urination (every 1-2 hours)

07/19/2024

- Sense of discomfort in lower abdomen (dysuria)
- Resident complains of burning sensation during urination.

07/16/2024

- Resident given PRN Acetaminophen 325mg tablet for headache and mild pain

Was this information useful?

YES NO

Disclaimer text on the use of artificial intelligence. [Learn more](#)

# SNF Stay Summary Notification

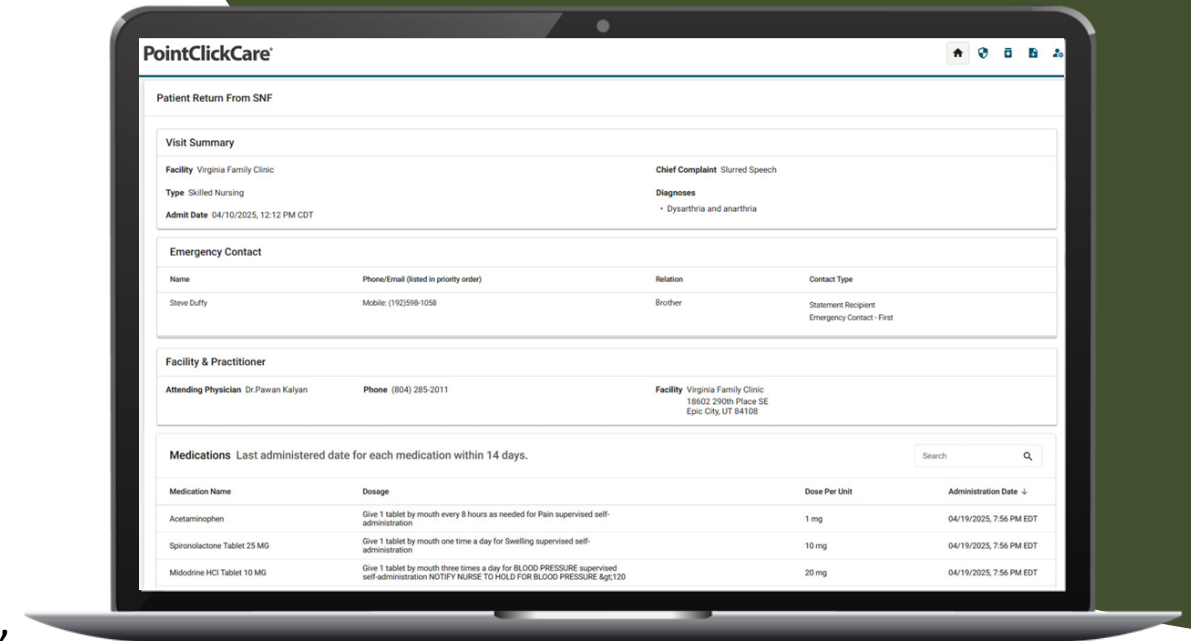
Collaborative Partner of



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**



The screenshot displays the 'Patient Return From SNF' summary page in the PointClickCare system. The page is organized into several sections:

- Visit Summary:** Includes Facility (Virginia Family Clinic), Type (Skilled Nursing), Admit Date (04/10/2025, 12:12 PM CDT), Chief Complaint (Slurred Speech), and Diagnoses (Dysarthria and anarthria).
- Emergency Contact:** A table listing contact information for Steve Duffy, Brother, with a mobile phone number (192)598-1058. The contact type is listed as 'Statement Recipient' and 'Emergency Contact - First'.
- Facility & Practitioner:** Lists the attending physician as Dr. Pawan Kalyan, with a phone number (804) 285-2011, and the facility as Virginia Family Clinic, 18602 290th Place SE, Epic City, UT 84108.
- Medications:** A table showing the last administered date for each medication within 14 days. The table includes columns for Medication Name, Dosage, Dose Per Unit, and Administration Date.

Medication Name	Dosage	Dose Per Unit	Administration Date
Acetaminophen	Give 1 tablet by mouth every 8 hours as needed for Pain supervised self-administration	1 mg	04/19/2025, 7:56 PM EDT
Spirinolactone Tablet 25 MG	Give 1 tablet by mouth one time a day for Swelling supervised self-administration	10 mg	04/19/2025, 7:56 PM EDT
Midodrine HCl Tablet 10 MG	Give 1 tablet by mouth three times a day for BLOOD PRESSURE supervised self-administration NOTIFY NURSE TO HOLD FOR BLOOD PRESSURE <=120	20 mg	04/19/2025, 7:56 PM EDT



## ED Optimization

**Collaborative Partner of**



### **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

Epic

ApptsED ChartIn BasketED ManagerED Track BoardED MapMy DashboardsSRH PACS

PrintChange JobLog Out

PROOF OF CONCEPT (PO)SRH EASAP

ED Track Board (SRH-ED)


RefreshArrivalDischargePatient TransportNarratorsRoom CallQuick VitalsPain AssessPain/Med ReassessLab NotificationCare HandoffAVSPrint FormsSign OutTx TeamCommentsAdd'l Tools

My Patients (6)All Patients (40)Waiting Room (14)A POD (8)B POD (6)C POD (1)D POD (1)AD POD (6)Treatment (2)Care Initiation (2)Vertical (0)Result Waiting (0)CI-Vertical-Result Waiting - Waiting (16)To Be Admitted (1)

Needs Triage-Reassess (14)Held Beds + Expected Patients (4)Discharge (10)Restraints (0)Behavioral Health Surge (2)

Bed	A	Patient	Age	Complaint	TT	RN	MD	ML	Unac	Task	Lab Task	Med Due	Vitals	Pain	EKG	Lab Stat	Img Stat	XR Statu	CT statu	Dispo	Bed Request Stat	Reg	PVI	FYI	ISR/1:	Comments	CM Risk
TX 2	3	Srhasap, Ashley...	77 y.o.	Fever	4583.41	CH	JH						4583.39				[0/1]			Discharge		X					
TX 4	3	Symp. Testing (88...	88 y.o.		6700.00	CH							4611.35				[0/6]			Discharge		X					
DECON																											
TX 1																											
TX 3																											
TX 5																											
TX 6																											
TX OF 7																											
TX OF 8																											

# Smart on FHIR Trackboard View



Ruby Valley Medical Center

PointClickCare

ED Notification

AD POLST?AD

Pain Agreement

EKG

Bed	Patient	Age	Gender	Complaint	Alerts
ADULT B34	Young, Patricia	68	F	Fall	
ADULT A09	Croxtan, Sally	37	F	Altered Mental Status	
ADULT A10	Patel, Ramesh	88	M	Shortness of Breath	
EMS HALL	Smith, Barbara	70	F	Fever	
ADULT B20	Nolin, Jack	78			
ADULT A12	Baker, Charlie	37	M	Fall	
ADULT A12	Tyler, Bill	19	M	Intentional Self-harm	
ADULT A11	Wallace, Alfred	25	M	Nausea	
ADULT A20A	Harding, Vivian	61	F	Dizziness	
ADULT A15	Walters, Noel	19	M	Earache	
ADULT A19B	Cruz, Oswaldo	27	M	Headache, Nausea	
ADULT A12	Bazzani, Albina	24	F	Back Pain	

PointClickCare

Nolin, Jack

CCD

Address

4701 Cozy Forest  
Lone Pine, VA 23244

Phone

(571) 555-6321

DOB

07/15/1939 (85)

MRN(s)

Gender

Male

MDRO

Fall Risk

High Risk Group

High-Utilization

Criteria Met

No criteria were met in the last 24 hours.

Security & Safety

Showing 2 of 2 Results

View All

Date	Location	Type	Details	Additional Details
12/27/2024, 5:35 AM EST	John Barker	Physical	Patient threatened to assault another patient.	
09/21/2017, 2:19 PM EDT	Madeline's Skilled Nursing	Elopement	Patient LAMA	Patient eloped before treatment completed.

Encounters

Search Encounters

1 Selected

Admit Time	Location	Type	Major Class	Diagnosis or Chief Complaint
06/02/2025 @ 07:00AM	Ruby Valley Medical Center Galax, VA	Emergency	Emergency	Diagnoses: Chest pain, unspecified
05/09/2025 @ 11:59AM	Madeline's Skilled Nursing Alexandria, VA	Skilled Nursing	Post Acute Care	Diagnoses: Acute diastolic (congestive) heart failure

100

120/80

Obs

# 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!