



Respiratory Assessment

Transforming Respiratory Outcomes with Early Patient Identification, Data-Driven Care, and Robust Documentation

Accelerated Care Plus (ACP) implemented the all-new ACPlus Respiratory Assessment (ARA) in skilled nursing facilities to help clinical teams proactively identify patients with pulmonary dysfunction and provide them with the care they need. ARA's objective data helps clinicians build an effective treatment plan while providing robust documentation needed to justify respiratory care.

ACPlus® Respiratory Assessment (ARA) Implementation Results

Inpatient Results

ACP introduced ARA at two locations of a skilled nursing operator in their respective inpatient rehabilitation programs. Respiratory-trained clinicians at both facilities assessed patients' respiratory status through breathing evaluation, oxygen saturation level (SpO₂), and medical record review.

- **Facility A** implemented ARA in their nurses' workflow to accurately measure the efficacy of care provided to patients and support reimbursement after experiencing denials for some respiratory services.
- **Facility B** had two respiratory therapists (RTs) on staff and was already serving a high volume of patients with respiratory deficits when it implemented ARA. After being denied reimbursement several times for respiratory therapy, Facility B sought more robust data to support this service.

KEY FINDINGS:

- ARA improved their evidence-based practice with fast and efficient standardized assessment.
- ARA is an asset in identifying respiratory deficits in undiagnosed patients and justifying respiratory services.
- ARA helps establish a baseline for respiratory deficit upon admission.
- ARA eliminates the wait time associated with external Pulmonary Function Tests (PFTs).
- ARA has been integral in effectively reducing re-hospitalizations.



60% of patients assessed with ARA improved their Forced Vital Capacity (FVC) and 51% improved their Forced Expiratory Volume in 1 second (FEV₁).



36% reduction in re-hospitalizations since implementing ARA.



1 overturned insurance denial for respiratory therapy based on ARA and proper documentation.



20% of patients' care plans were adjusted based on ARA reassessment.

Patient Success Story

PRE-ARA

A patient with a lower limb prosthesis was admitted for PT/OT rehab. The therapy team noticed the patient had shortness of breath during therapy. The patient was assessed using ARA and found to have a respiratory deficit, but the payor initially denied respiratory therapy.

POST-ARA

After receiving the denial, the therapy team submitted the ARA results to the payor. Within 24 hours, the denial was overturned based on the ARA data provided. The patient started on a treatment plan of albuterol therapy and incentive spirometry, with continued follow-up assessment conducted using ARA. As a result, the patient made significant gains in therapy and reported feeling less shortness of breath.

Comparison of patients pre- and post-ARA implementation.

Contract Respiratory Therapy Company Results

ACP introduced ARA to a contract respiratory therapy company providing RTs to multiple facilities in a mid-sized metro area.

Their goals in implementing ARA were to provide objective outcomes data to their contracts to justify partnership, build the clinical case for new contracts, and add additional hours with existing contracts.

In addition to ARA, the RTs used the ACPlus EHR integration feature to search patients medical record information and identify patients for further assessment.

KEY FINDINGS:

- ARA's objective data showed measurable results for the contract RT services, enabling them to secure additional patient hours in facilities.
- ARA's data enabled the RT to make effective recommendations for patient medication changes.
- ARA saved costs associated with sending a patient to an external pulmonologist for a PFT.



37.5% of patients assessed with ARA improved their FVC.



50% of patients assessed with ARA improved their FEV1.



Increased RT's patient care time in buildings from 12-24 hours to 240 hours quarterly.



Reduced RT's time spent on screening from 20 hours to 1-2 hours quarterly (utilizing the ACPlus® EHR integration feature).

Patient Success Story

PRE-ARA

A patient was repeatedly hospitalized for COPD exacerbation and was found to be taking 10 different medications for respiratory illness. An assessment using ARA confirmed the patient had a respiratory deficit.

POST-ARA

Based on the data provided by ARA, the RT recommended CPAP/BIPAP treatment for the patient. With ARA's documentation, the patient's insurance company was convinced to increase their length of stay (LOS) until they were medically stable.

Comparison of patients pre- and post-ARA implementation.

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Outpatient Results

ACP introduced ARA to the speech therapy team at a skilled nursing facility's outpatient rehabilitation program with a rolling census of ~20 patients per month. The program, which had already implemented OmniFlow®, was interested in managing a caseload for patients with respiratory deficits and reporting results to the referring pulmonologist. At the outset of the pilot, their primary goal was maintaining or improving patient Forced Expiratory Volume (FEV₁).

KEY FINDINGS:

- ARA's PFT data showed improvements in FEV₁ that could be attributed to the results of effective SLP interventions, as reported by the pulmonologist.
- The PT/OT team reported that ARA paired with OmniFlow improved patient endurance levels during exercises.
- The referring pulmonologist has found ARA data valuable and has expressed interest in adding ARA at his clinic.



44.44% of patients assessed with ARA improved their FVC.



44.44% of patients assessed with ARA improved their FEV₁.

Comparison of patients pre- and post-ARA implementation.



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