

"A *Knowledgeable* and *Compassionate* partner"



We ***SUCCEED***  
together.



A Therapy Partner that brings amazing technology and actually uses it to produce meaningful **RESULTS**.

## Broad River Rehab Technology and Tools:

### DOCUMENT NAVIGATOR™

Document Navigator is a 24/7 front-end app which quickly and efficiently reads incoming patient documentation and identifies conditions, procedures, and medications.

DocNav™ reads quickly, has an amazing vocabulary, works 24x7, knows ALL the ICD codes, speech comorbidities and nursing conditions, and will read multiple documents simultaneously. DocNav™ uses the latest artificial intelligence and is continually getting better each time it reads a document.

Primary DX	SLP	Nursing	NTA	None
Anatomy	<p>Page 1 of 5 DOB Encounter Date: 09/08/2019 MRN: H&amp;P Date of Service: 9/9/2019 2:36 AM MD Hospitalist HPMC Hospitalist History and Physical Assessment/Plan: Principal Problem: GI bleed Active Problems: Hypertension Hypothyroidism (acquired) Fecal occult blood test positive Dementia CKD stage 4 due to type 2 diabetes mellitus (HCC) Acute cystitis with hematuria Cirrhosis (HCC) Hypoglycemia Acute-on-chronic kidney injury (HCC) Resolved Problems: * No resolved hospital problems. * is a 85 y.o. female with PMHx stage IV kidney disease, cirrhosis with known esophageal varices, multiple AVMs and diverticulosis with prior GI bleed as reviewed in the EMR that presented to HPMC with Chief Complaint Patient presents with Hypoglycemia Is being admitted with GI bleed 1. GI bleed with anemia. Hemoglobin 6.3, ordered to receive 1 unit packed red blood cells She is a known issue with GI bleeding secondary to AV malformations as well as multiple diverticuli Will transfuse, consult gastroenterology however I doubt that a colonoscopy or endoscopy would be beneficial 2. Hypoglycemia She is received 2 doses of dextrose and continues to drop, she is not on antidiabetic agents, will place on dextrose infusion for now 3. Acute kidney injury on chronic kidney disease: IV fluid hydration as above avoid nephrotoxic agents follow urine output renal function Continue bicarb 9/9/2019</p> <p>--- End of Page 1 ---</p> <p>Page 2 of 5 4. Acute cystitis Received Keflex emergency department, follow urine cultures continue antibiotics 5. Bilateral lower extremity ulcers present on admission: Left upper extremity skin tears will consult wound therapy for their assistance 6. Hypothyroidism unspecified: Synthroid Inpatient DVT prophylaxis: pneumatic compression device Anticipated disposition: To Skilled Nursing Facility Estimated discharge: 2-3 days Chief Complaint: Chief Complaint Patient presents with Hypoglycemia HPI: is a 85 y.o. female with PMHx stage IV kidney disease, cirrhosis with known esophageal varices, multiple AVMs and diverticulosis with prior GI bleed as reviewed in the EMR that presented to HPMC with Chief Complaint Patient presents with Hypoglycemia 85-year-old Caucasian female with the above history as well as dementia who</p>			
Conditions				
Medication				
PHI				
Procedure				
ALL				

### DocNav™ Benefits to Facilities:

- BRR does the “heavy lifting” for the facility staff
- Promotes higher appropriate reimbursement capture
- Eliminates tremendous amount of scanning time for MDS and Nursing, allowing more valuable time for clinical judgments
- Sets a new standard for IDT Meetings
- Secures Compliance
- Improves patient care leading to better outcomes
- Reduces hospital Re-Admits
- Improves hospital/physician/facility/therapy/patient/family collaboration



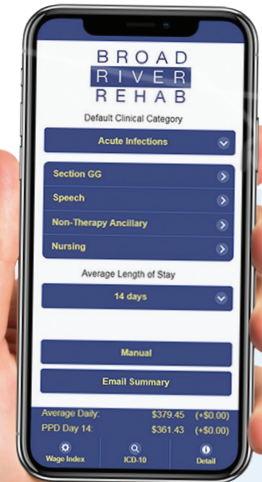
**BRR provides the way to find the golden “needles in the haystack” of documentation.**



**The DATA confirms Broad River Rehab's success. Allow us to show how your facility or facilities' compare in per-patient per-day reimbursement.**

## PDPM NAVIGATOR® APP

PDPM Navigator is the most popular skilled nursing app in the nation. Available on any mobile device, with no internet required. It works very well with Doc Nav™ to bring relevant patient conditions to the IDT.



### PDPM Navigator Benefits:

- Reclaim valuable time formerly spent researching 45,000 codes. Type in a partial word, and the system puts the right info in front of you immediately. The RAI manual references are right in the app.
- Even better, select a code and see what happens to reimbursement – upon selection! Every aspect of PDPM is present to see the effect of changing any part of the assessment.
- Speeds up and improves IDT conversations by removing the guesswork and uncertainty. The IDT Team is looking at the same information and no one is working from memory.
- Augments IPA checks, Triple-Check, References, and Clinical Pathways
- It is fast and simple enough to help make informed pre-admission decisions



**100% OF CLINICAL THERAPY DOCUMENTATION 365 DAYS/YEAR.**

Today, very few clinical notes are currently reviewed and analyzed for accuracy and quality. **DocAudit** analyzes 100% of the facility's clinical therapy notes every day to ensure a patient's care is properly and accurately documented and to ensure the provider is receiving accurate payments based on the care they deliver. At the end of each day, **DocAudit** uses Artificial Intelligence (AI) to analyze 100% of a provider facility's clinical therapy notes, sorting them into either "skilled" or "unskilled" categories. The "skilled" notes indicate they meet our higher pre-established accuracy and quality guidelines and thresholds, while the "unskilled" notes have not met our high-quality threshold measures (even though an auditor may find the notes satisfactory). Reports are generated and reviewed by our clinical experts, who use the data to mentor, train and improve the documentation performance of the rehab teams.

DocAudit™ Daily Summary			Total	Skilled	Unskilled
Facility	Discipline	Signer			
Facility A	OT	James Michaels, COTA	21	19	2
		Ronald Dawson, PT	19	6	13
	PT	Phillip Smith, PTA	5	3	2
		Sarah Richards, PTA	21	15	6
	SLP	Jordan Williams, SLP	3	3	0
Facility B	OT	Lori Philemon, OT	10	9	1
		Sue McDermont, COTA	11	9	2
		Tammy Powers, COTA	13	10	3
	PT	Gloria King, PTA	16	6	10
		David Helms, PTA	21	12	9
		Rebecca Cardley, PT	16	15	1
	SLP	John Sisner, SLP	16	16	0
Facility C	OT	Autumn Liles, OT	12	11	1
		Robin Turner, COTA	6	6	0
	PT	Angel Boggs, PT	14	10	4
	SLP	Victor Hernandez, SLP	5	5	0

### Clinical and Operational Benefits:

- **Documentation Efficiency & Accuracy:** Accurate clinical therapy documentation = optimized reimbursements
- **Compliant Data:** Thorough analyses per each Current Procedural Terminology® (CPT) code = accuracy based on local determinations
- **Personalized Training and Focused Education:** Ongoing training and documentation education = high-quality clinical therapy notes

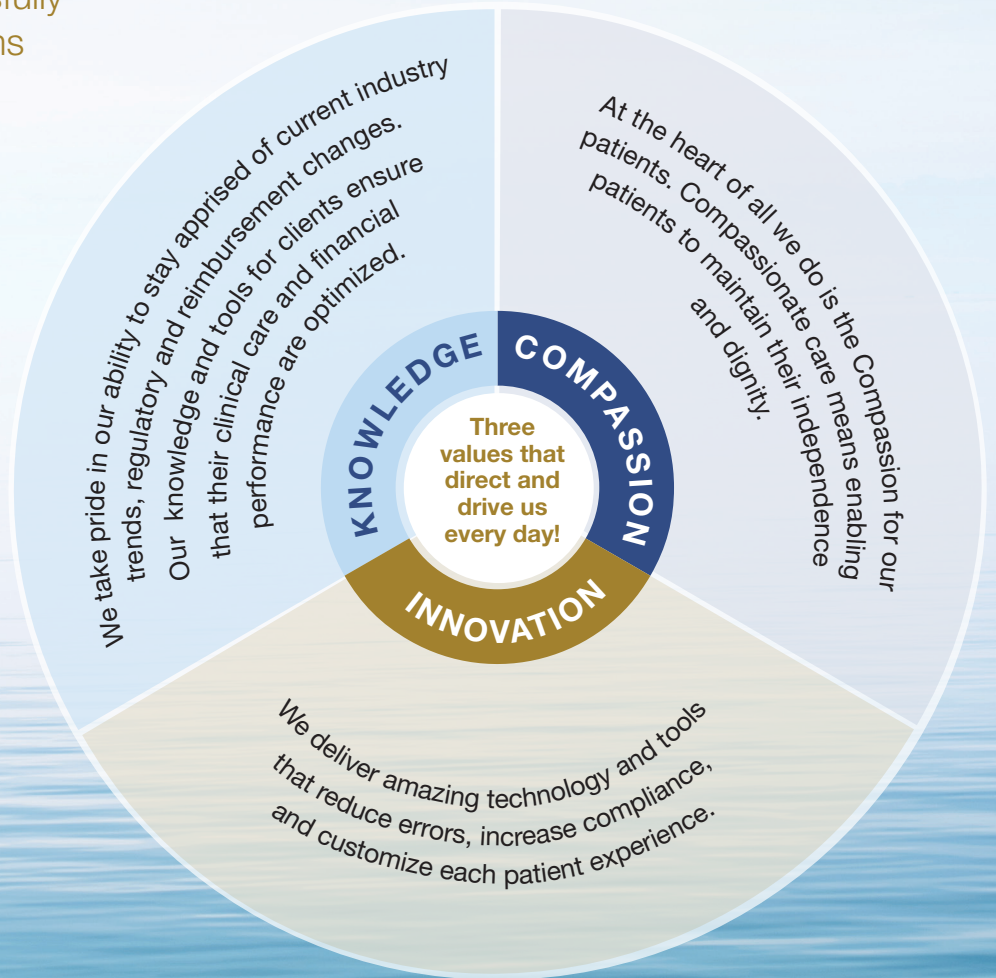


"A Knowledgeable and Compassionate partner"

Broad River Rehab is a therapy provider committed to successfully navigating the changing streams of healthcare for the benefit of those we serve.

**WE ACCOMPLISH THIS BY:**

- Being **compassionate** about our patient population and the care we provide to them.
- Creating strategic and philosophical alliances that yield excellent outcomes.
- Maintaining a commitment to continuous innovation and adaptation.
- Utilizing the **knowledge** we possess to improve lives.



**Our SNF University is an educational platform with three tracks:**

1. **Broad River Reflections** is monthly Webinar series focused on clinical and regulatory updates.
2. **Data Speaks** is a national platform where we partner with organizations like AAPACN to talk about the practical, operational use of data.
3. **National Speaking Engagements** brings BRR experts to the national forum, engaging healthcare associations and private organizations with a variety of "best-practices" opportunities.

**Contact us today** to find out how our expertise can assist you in navigating the changing streams of healthcare.

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