



Navigate your way to Data-Driven **SUCCESS!**

Broad River Rehab Puts Powerful Apps and Online Tools in the Palm of Your Hand and at Your Fingertips

PDPM Navigator

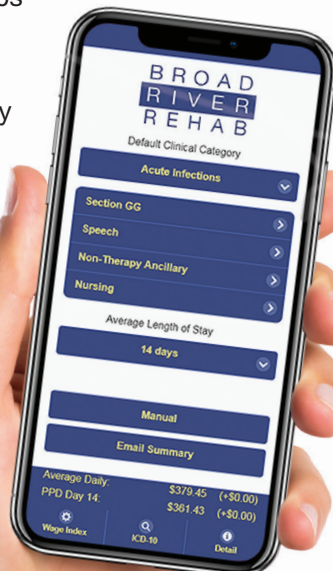
PDPM Navigator® is the most popular PDPM app in the country for skilled nursing! Its rich feature set makes it ideal for a wide range of use cases:

- Education
- Pre-admission estimates
- IPA checks
- Triple-Check
- Reference
- Clinical Pathways

Every aspect of PDPM is present so you can see the effect of changing any part of the assessment and understand how it impacts not only your HIPPS code, but also your pay for the entire country.

Our PDPM Navigator offers you unlimited value and benefits that will help you manage your business better than ever before:

- Flexibility, no matter your skill level
- Reference Material at your fingertips
- See any NTA and SLP ICD-10s with just one click
- Nine Clinical Pathways, including a Covid-19 Pathway
- Compare HIPPS Codes quickly and easily



Document Navigator

Imagine spending more of your time using your clinical judgment and less time reading hundreds of pages of documentation searching for relevant information.

Document Navigator™ (DocNav) is your new personal digital assistant for PDPM. It quickly and efficiently reads your incoming patient documentation and identifies conditions, procedures, medications and more. DocNav reads quickly, has an amazing vocabulary, works 24x7, knows ALL the ICD codes, speech co-morbidities and nursing conditions and will read multiple documents simultaneously.

It also uses the latest artificial intelligence and is continually getting better each time it reads a document. Once you start using DocNav, you'll quickly see that it's a game-changer based on its key benefits:

- **Is Simple to Use:** DocNav™ has a simple drag and drop interface, right in your browser. There is nothing to install and no updates to do.
- **Increases Productivity:** Within seconds, DocNav™ will automatically generate a list of findings from your document AND show you WHY. You can click on any condition and highlight just those words that caused the condition to trigger.
- **Keeps You in Control:** You can view your original PDF document with PDPM conditions highlighted in place so you can review information in context. You can also view a list of conditions and recommendations right in your original PDF document.
- **Is Powerfully Accurate:** You can quickly and easily find non-therapy ancillaries and important PDPM conditions related to nursing and speech. For ICD-10 based conditions, DocNav™ will give you the list of relevant codes, right in the output, when and where you need them.



Condition	Recommendation
Covid-19 Risk	Possible Increased Risk for contracting Covid-19 and poor outcomes
Cognitive Impairment	Possible Cognitive Impairment in section C - Cognitive Patterns, at MDS item C0500. (Possible Speech Comorbidity) (Possible Nursing Category = Behavioral/Cognitive)
CVA/TIA/Stroke	Possible diagnosis of CVA/Stroke in Section I - Active Diagnoses at MDS item I4500. (Possible Speech Comorbidity)
Dialysis	Possible indication of dialysis in Section O - Special Treatments, Procedures, and Programs, at MDS item O0100J2. (Possible Nursing Category = Special Care Low)
Diabetes	Possible diagnosis of diabetes in Section I - Active Diagnoses, at MDS item I2900. (Possible NTA = 2 points). (Possible Nursing Category = Special Care High when combined with both of the following: N0350A Insulin injections for all 7 days and Insulin order changes on 2 or more days (N0350B))
Cirrhosis of Liver	Possible diagnosis of cirrhosis of the liver in Section I - Other Additional Active Diagnoses, at MDS item I8000. (Possible NTA = 1 point) ICD-10
End Stage Liver Disease	Possible diagnosis of end stage liver disease in Section I - Other Additional Active Diagnoses, at MDS item I8000. (Possible NTA = 1 point) ICD-10
IV Fluids	Possible IV fluids for nutrition or hydration in section K - Swallowing/Nutritional Status, at MDS item K0510A1 or K0510A2. (Possible Nursing Category = Special Care High)
Wound	Possible wound of the following type has been identified, Arterial Ulcer, Diabetic Foot Ulcer, Severe Skin Burn or Condition, Stage 2, 3, or 4 pressure ulcer, Venous Ulcer, Open Lesion, Surgical Wound, Wound Infection and Open Lesion of the foot. Check triggers to identify specific type of wound

	NTA	Nursing	SLP	All 3	None
Anatomy					
Conditions					
Medication					
PHI					
Procedure					
ALL					

Page 1 of 5 DOB Encounter Date: 09/08/2019 MRN: H&P Date of Service: 9/9/2019 2:36 AM MD Hosp
 PHMIC Hospitalist History and Physical Assessment/Plan. Principal Problem: **GI bleed**: Active Prob
Hypertension **Hypothyroidism** (acquired) **Facial/oculocardiac reflex** positive **Dementia** **CKD** Stage 4 due to **D**
Diabetes mellitus (HCC) **Acute episode** with **hematuria** **Cirrhosis** (HCC) **Hypoglycemia** **Acute** on chronic **R**
equity (HCC) **Resolved Problems**: "No resolved hospital problems" "is a 85 y.o. female with PMHx sta
History **Diabetes** **Control** with known **hypertension** **varicose** **multiple** **ROM** and **Shortness** with prior **GI**
 as reviewed in the EMR that presented to PHMIC with Chief Complaint Patient presents with **Hypoglycemia**
 being admitted with **GI bleed** 1 **GI bleed** with **anemia** Hemoglobin 6.3, ordered to receive 1 unit packed
 blood cells She is a known issue with **GI bleed** secondary to **AV malformation** as well as multiple **bleeds**
 Will transfuse, consult gastroenterology however I doubt that a colonoscopy or endoscopy would be bene
 2 **Hypoglycemia** She is received 2 doses of dextrose and continues to drop, she is not on anti-diabetic ag
 will place on dextrose infusion for now 3. **Acute kidney injury** on chronic **kidney disease** IV fluid hydrate
 above avoid nephrotoxic agents follow urine output renal function Continue **br** 9/9/2019
 --- End of Page 1 ---
 Page 2 of 5 4. **Acute cystitis** Received Keflex emergency department, follow urine cultures continue anti
 5. **Bilateral lower extremity edema** present on admission. Left upper extremity joint tears will consult
 therapy for their assistance 6. **Hypothyroidism** unspecified. Synthroid Inpatient **DVT** prophylaxis: pneu
 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 sta
History **Diabetes** **Control** with known **hypertension** **varicose** **multiple** **ROM** and **Shortness** with prior **GI**
 as reviewed in the EMR that presented to PHMIC with Chief Complaint Patient presents with **Hypoglycemia**
 year-old Caucasian female with the above history as well as **anemia** who currently resides at Westchest
 Manor who is presenting with **acute kidney injury** Patient is not able to provide much information given
 mental status, at baseline. History is obtained from her daughter who is also present at bedside. Daughter
 states that she knows her room was more **bloody** today and seemed **confused**. On EMS arrival she is four
 be **Hypoglycemia** blood glucose of 36. After glucose has improved she is now back at her baseline mental
 status. Her daughter states that the patient is often **confused** and sometimes refuses to take her medication.
 She has not eaten very much today but typically **ate well**. She is uncertain if any further complaints occur

Med A Census Navigator

Census Navigator™ is an app that allows you to search for any hospital in the United States and see how many Medicare Part A discharges that hospital had AND which skilled nursing facilities those patients went to. But that's not all.

Census Navigator™ will help you answer these questions:

- What percentage of a hospital's Part A discharges actually end up in a skilled nursing facility?
- Specifically, which SNFs get those Part A admissions?
- Do the SNFs with the highest star ratings get those admissions?
- Do the closest SNFs tend to get the Part A admissions?
- Which hospitals send Part A patients to SNF XX? (ANY SNF in the United States that accepted Med As.)
- Why does that 2 star SNF that's 10 miles further away from my 4 star SNF get more Part A admissions than me?! (Well, it won't help you answer that question, but it will start you asking the right questions.)

Ready to Navigate Your Community to Data-Driven Success?

All of our apps and online tools are built on the breadth of knowledge and compassionate care that we deliver every day. That's why they are included as part of every contract with our provider clients; however, some of our tools are free to any provider and can be found on our website, www.broadriverrehab.com.

Please contact us today to start a strategy session with us. We're ready to help you make positive changes in your community! Call us at **800.596.7234**.



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Phone: 800.596.7234 or 828.774.5222

Fax: 828.774.5254

Search for a Hospital	Hospital Detail	Search for a SNF	SNF Detail
Select a State: North Carolina	CHARLES A CANNON JR MEMORI... 434 HOSPITAL DRIVE LINVILLE, NC	Select a State: North Carolina	ACCORDIUS HEALTH AT ASHEVILLE 500 BEAVERDAM ROAD ASHEVILLE, NC
ALAMANCE REGIONAL MEDICAL CENTER 1240 HUFFMAN MILL RD, BURLINGTON, NC Discharges: 1,453 To SNFs: 235	Part A Discharges Q3 2019 Q3 2018 Total To SNFs: 5 9 14 Overall: 47 58 105	ABBOTTS CREEK CENTER 877 HILL EVERHART ROAD, LEVINGTON, NC Beck: 64 Part A Admissions: 52	Part A Admissions Q3 2019 Q1 2019 Total From Inpatient: 6 3 11
ALLEGHANY COUNTY MEMORIAL HOSPITAL 610 DOCTORS STREET, SPARDA, NC Discharges: 54 To SNFs: 19	LIFE CARE CENTER OF BANNER ELK 189 NORWOOD HOLLOW ROAD BANNER ELK, NC (5.6 miles) *****	ABERNETHY LAURELS 108 LEONARD AVENUE, NEWTON, NC Beck: 175 Part A Admissions: 117	MEMORIAL MISSION HOSPITAL AND ASHPVILLE SURGERY CE 608 BILTMORE AVE ASHEVILLE, NC (4.8 miles) *****
ANGEL MEDICAL CENTER 120 RIVERVIEW ST PO BOX 12008, FRANKLIN, NC Discharges: 343 To SNFs: 87	THE FOLEY CENTER AT CHESTNUT RIDGE 621 CHESTNUT RIDGE PARKWAY BLOWING ROCK, NC (14.2 miles) *****	ACCORDIUS HEALTH AND REHABILITATION 38 GARTERS ROAD, GATESVILLE, NC Beck: 70 Part A Admissions: 32	HAYWOOD REGIONAL MEDICAL CENTER 282 LEROY GEORGE DRIVE CLYDE, NC (24.7 miles) *****
ASHBURN MEMORIAL HOSPITAL 250 HOSPITAL AVE, JEFFERSON, NC Discharges: 287 To SNFs: 62	GLENNBRIDGE HEALTH AND REHABILITATION CENTERS 211 MILTON BROWN HEIRS ROAD BOONE, NC (16.8 miles) *****	ACCORDIUS HEALTH AT ABERDEEN 915 FREE BEE ROAD, ABERDEEN, NC Beck: 90 Part A Admissions: 29	ACCORDIUS HEALTH AT ASHEVILLE 500 BEAVERDAM ROAD, ASHEVILLE, NC Beck: 77 Part A Admissions: 13
ATRILIUM HEALTH ANSON 2301 US HIGHWAY 74 WEST, WADESBORO, NC Discharges: 81 To SNFs: 14	WILKES SENIOR VILLAGE 204 OLD BRICKYARD ROAD	ACCORDIUS HEALTH AT BREWARD 115 N COUNTRY CLUB ROAD, BREWARD, NC Beck: 147 Part A Admissions: 3	
ATRILIUM HEALTH CLEVELAND 201 E GROVER ST, SHELBY, NC Discharges: 1,961 To SNFs: 1			

