WHAT ARE YOUR BIGGEST CLINICAL CHALLENGES?

In the wake of COVID-19, clinically overworked and understaffed nursing facilities nationwide are struggling. Though rebuilding qualified and thorough care teams is top priority, it is also one of the most significant challenges faced by the Long-Term Care (LTC) community. **The solution is Virtual Rounding from AMS.**

AMS doctors, RNs, DONs, and LPNs, all with extensive LTC and Infection Prevention and Control experience, join your clinical care team virtually. No extra work or special software is required - call today to start "virtual rounds" tomorrow.

VIRTUAL ROUNDING IS SIMPLE TO START AND MAKES A SIGNIFICANT, IMMEDIATE IMPACT.

HERE'S HOW IT WORKS:

1) We access your Electronic Medical Records

2) AMS clinicians review every patient's medical record every 24 hours. From there, we:
   - Compare recent vital signs to historic vital signs
   - Analyze recently prescribed antibiotic orders to ensure regulatory compliance is met
   - Review recent labs to ensure antibiotic effectiveness in relation to antibiotic resistance gene
   - Ensure documentation to support antibiotic therapy is present

3) Residents who trigger an infection risk are elevated to you

4) Our clinicians follow up within 3 days with you to ensure staff responded

5) Critical issues are immediately brought to the attention of administration

Virtual Rounding integrates with any EMR and is completely independent of any analytics platform you may have.

Virtual Rounding by AMS is about the people, not the platform. We are clinicians first, that interpret the data, documentation, and algorithms of long-term care EMRs for you. Using science, technology, and compassion, our care team identifies residents in need of clinical prioritization and makes realistic care plan recommendations.

SAMPLE REPORT RECOMMENDATIONS:

"Resident with resistant gene to Tetracycline, please be aware that resident may have decreased therapeutic response to currently prescribed Doxycycline."

"Resident with new C.Diff diagnosis. Upon EMR review, no documentation noted of resident being placed in isolation. Also, please remind staff that ABHR is an ineffective method of hand hygiene for C. Diff. Please ensure proper isolation and hand hygiene measures are in place to prevent transmission."

"Resident recently prescribed Doxycycline for infection. This order is missing an appropriate diagnosis and duration."

"Trend alert: 4 residents prescribed an antibiotic for UTI within prior 24 hours. 3/4 residents treated for E. Coli. All residents residing on same hall- in close proximity. Trends of this nature often indicate the need for staff education/ competency check-offs for peri care."

HELP YOUR HEALTHCARE HEROES AND ADD VIRTUAL ROUNDING TO YOUR TEAM
CALL US TODAY TO GET STARTED TOMORROW

info@amsonsite.com | **888.213.0002** | **amsonsite.com**

The AMS clinical practice combines science, technology, and compassion to provide effective Infection Surveillance programs to Long-Term Care facilities nationwide.