NAVION
SENIOR SOLUTIONS

From Reactive to Proactive

Leveraging AI with eMAR/EHR Data to Drive Predictive Clinical Operations

Olivia Jenkins, RNC-AL, MSN
Vice President of Clinical Services
Navion Senior Solutions

CASE FOR CHANGE

The Why Behind This Change

We moved from retrospective clean-up to prospective operational control.

Clinical leadership is not replaced; it gives clinical leadership earlier signals, cleaner benchmarks, and a consistent operating rhythm.

THE OLD STATE

Reactive operating model

- Few consistent medication administration benchmarks
- Issues surfaced after errors or resident impact
- Follow-up depended on manual review and local visibility

AI-Enabled Signal

eMAR data is converted into patterns, trends, and exceptions leaders can act on sooner.

THE NEW STATE

Proactive support model

- Standardized measurement across communities
- Earlier risk identification before metrics escalate
- Actionable insights for regional and community leaders

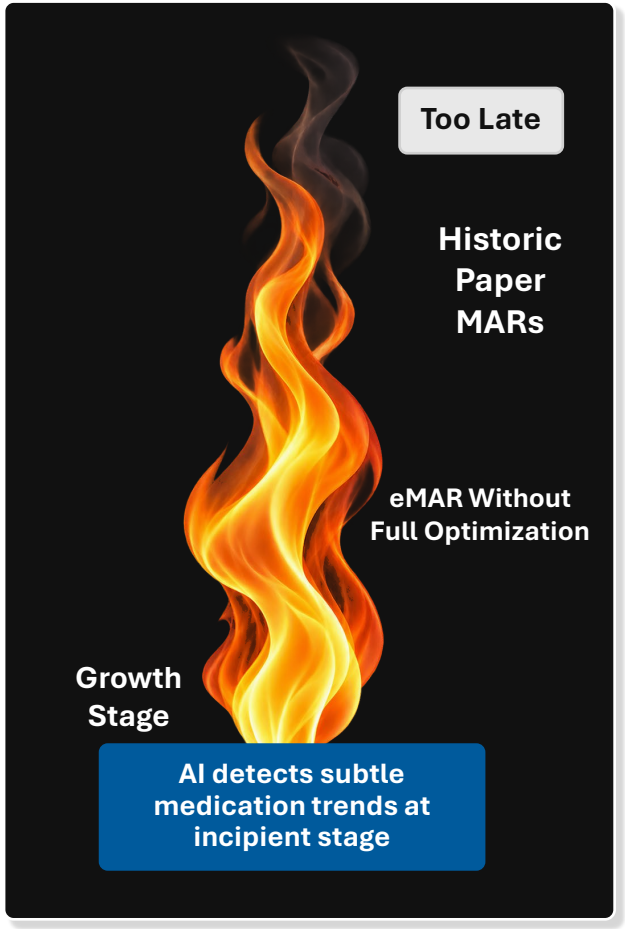
Why it matters for operators

See what is changing early. Focus support where risk is rising. Validate that interventions are working.

The result is a repeatable operating system, not a one-time clean-up project.

REACTIVE → PROACTIVE

From “Firefighting” to Early Intervention



The proactive model helps identify “smoke” before it becomes a medication administration fire.

Data Driven Framework

A connected operating model turns data into insight, insight into action, and action into measurable outcomes.

1. Data Collection

Monthly BI report automatically pulls eMAR data.

2. Scorecards

Regional Nurse and community views create one clear picture of performance.

3. Insight

Identify trends, prioritize communities above threshold, and understand the why.

4. Action & Follow-Up

Implement focused action plans and follow up until results are sustained.

2026 Threshold: >3% Requires Focused Action Plan

The tighter threshold is possible because the system shows where, when, and why performance is drifting — so teams can intervene earlier.

Early Visibility

Spot risks before they escalate.

Targeted Support

Focus resources where they matter most.

Smarter Decisions

Act on facts, not assumptions.

Better Outcomes

Consistent systems support safer care.

FRONTLINE ENABLEMENT

Simulator Training: Competency Before Independence

METRIC	1 WEEK PRIOR	30 DAYS POST	% CHANGE (VS. PRIOR)	60 DAYS POST	% CHANGE (VS. PRIOR)
Not Charted Medications	524	325	▼ 38%	671	▲ 28%
Late Medications	13,387	14,772	▲ 10.3%	12,703	▼ 5.1%
Meds Not Available	607	64	▼ 89.5%	651	▲ 7.2%

Team members train before independent med administration

Leadership validates competency before go-live

Performance measured at baseline, 30 days, and 60 days

Training impact is not assumed. It is measured.

EXAMPLE OUTPUT

Community Scorecard: Detail That Drives Action

COMMUNITY SCORECARD

Comm: [redacted]

Month: July 2025

			Curr vs Prior Mo		NSS	
Total Census EOM	67		#	%	Avg	Bldg R
Total Falls	13	19%	12	18%	29%	18
Falls with Injury	9	69%	8	-31%	27%	45
Falls with ER/Hosp	-	0%	-	0%	4%	1
Falls resulting in Death	-	0%	-	0%	0%	1
Falls without Injury	4	31%	4	31%	42%	19
Falls Observed on Floor	-	0%	-	0%	27%	1
New Pressure Ulcers	-	0%	-	0%	0%	1
ER Visits	-	0%	-	0%	0%	1
Hospital Admissions	-	0%	-	0%	0%	1
Total Meds Scheduled	20,050		1,000			
Med Errors	-	0%	-	0%	0%	1
Not Charted Meds	-	0%	-	0%	0%	1
Late Meds	47	0%	47	0%	5%	4
Meds Not Available	25	0%	13	0%	0%	20
Total ADLs Scheduled	5,948		(66)			
Not Charted ADLs	15	0%	(42)	-1%	9%	17
Total Incident Reports	17		15			
Finalized Reports	17	100%	15	0%	89%	1
Total Post-Fall Invs	13		12			
Finalized Reports	1	8%	-	-92%	67%	40

AI

SCORECARD

AI integrates multiple data sources into one clear, community-level scorecard.

T3

TRACKS T3, T6 & T12 TRENDS

Measures performance over 3, 6, and 12 months to identify what is improving, what is declining, and why.

PREDICTIVE ANALYTICS

Uses historical and current trends to identify risk areas before they escalate.

EARLY INTERVENTION

Helps teams step in with targeted support before challenges get out of control.

A scorecard turns data into early, targeted action.

We see what is happening, predict what is next, and step in before challenges get out of control.

EXAMPLE OUTPUT

Regional Scorecard: Accountability at Scale

Regional leaders can see the same metrics across every community, then prioritize support where the data shows the highest risk.

Regional Nurse
Compare across regional teams

Community
Performance within each community

State
Benchmarking across the state

Benchmark Regional Teams

Compare performance across regions to share best practices, celebrate wins, and drive continuous improvement.

Bird's-Eye View for RDCS

Gain a clear view of the entire region to focus on systemic challenges, not just individual communities.

Smarter Support. Better Travel.

Data-driven insights lead to more intentional onsite support visits and travel that maximizes impact.

One source of truth creates consistent expectations and cleaner follow-through.

REGIONAL SCORECARD

RDCS [redacted]

Month: July 2025

			Curr vs Prior Mo			
Total Census EOM	**289**		**(40)**		NSS Avg	Reg Rank
			#	%		
Total Falls	**56**	**19%**	*(9)*	*0%*	29%	1
Falls with Injury	21	38%	*10*	*21%*	27%	4
Falls with ER/Hosp	5	9%	*(1)*	*0%*	4%	4
Falls resulting in Death	-	0%	-	*0%*	0%	1
Falls without Injury	18	32%	-	*4%*	42%	1
Falls Observed on Floor	12	21%	*(18)*	*-25%*	27%	2
New Pressure Ulcers	-	0%	-	*0%*	0%	1
ER Visits	-	0%	-	*0%*	0%	1
Hospital Admissions	-	0%	-	*0%*	0%	1
Total Meds Scheduled	**108,821**		1,789			
Med Errors	-	0%	-	*0%*	0%	1
Not Charted Meds	14	0%	*(3)*	*0%*	0%	1
Late Meds	2,642	2%	*(123)*	*0%*	5%	1
Meds Not Available	211	0%	*(19)*	*0%*	0%	2
Total ADLs Scheduled	**37,951**		554			
Not Charted ADLs	857	2%	*470*	*1%*	9%	1
Total Incident Reports	**64**		(8)			
Finalized Reports	57	89%	-	*10%*	89%	3
Total Post-Fall Invs	**56**		(9)			
Finalized Reports	32	57%	*(8)*	*-4%*	67%	3
RDCS Ranking:	**1 of 4**					

We benchmark to learn, not to rank. Stronger together.
Shared goals. Shared wins. Better outcomes for our residents.

PROOF POINT

National Recognition: Medication Documentation Performance

2025 Medication Mastery Award

Medication Mastery Award!

Recognition validates the outcome; the bigger win is the repeatable operating system behind it.

#1 Scheduled Meds Charted

Highest percentage of scheduled medications charted

#1 Med Errors per 100K

Fewest med errors per 100,000 medications

#2 PRN Follow-up Completion

Strong completion of PRN follow-up documentation

Metric	Navion	Peers
Meds Charted	**99.9%**	96%
Med Errors	**0.5**	1.5
PRN Follow-up	**97.4%**	91.5%

*Q4 2024

A repeatable operating system turns measurement into mastery.

Shared data. Focused support. Safer documentation habits.

WHAT CHANGED

Medication Administration Success Story

From reactive follow-up to focused early intervention

Helped us see patterns early, tighten expectations, and focus support where the data showed the highest need.

13% → **2.39%** → **3%**

Baseline | **Company average** | **2026 benchmark**

~10 communities currently above 3% receive focused follow-up.

13%
Late medication baseline
Reactive model

2.39%
Company average
Current performance

3%
2026 benchmark
Tightened goal

~10
Communities above 3%
Focused follow-up

Revealed a process problem, not a people problem.

Cart patterns
Which carts had the highest late meds

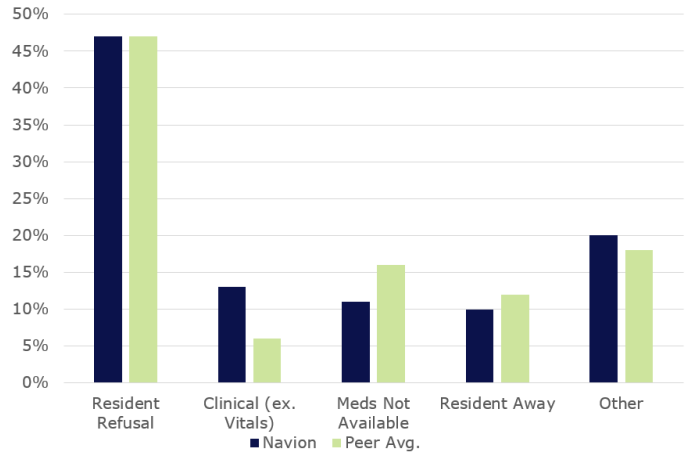
Resident impact
Which residents were most affected

Medication timing
Which medications were most often late

Workflow reality
Whether task expectations were achievable

DATA-INFORMED OPPORTUNITY

Benchmarking Medication No Pass Performance



Medication No Pass

Reason	Navion	Peer
Resident Refusal	46.8%	47%
Clinical (ex. Vitals)	13%	6.4%
Meds Not Available	10.6%	16.2%
Resident Away	9.6%	12.4%
Other	20%	18.2%

*Q4 2024

Key insight

The largest difference is clinically-driven no passes. This can signal stronger safety protocols and a quality opportunity to standardize documentation around holds, vitals, and clinical decisions.

Navion performs better on several no-pass reasons, and we can identify which ones remain a focused coaching opportunity.

How We Got Here: Proactive vs. Reactive

A proactive operating rhythm turns signals into targeted support before medication challenges escalate.

REACTIVE: Respond after the issue is visible → *shift the work upstream* → **PROACTIVE: Act while the trend is emerging**

1 See

Flags communities, carts, residents, and medications where risk is rising.

2 Prioritize

Focus follow-up on communities above the 3% benchmark and the highest-risk patterns.

3 Act

Build specific action plans: cart adjustment, med timing, staffing rhythm, or training support.

4 Validate

Use follow-up scorecards to confirm the intervention worked and results are sustained.

Detailed plans + consistent follow-up = measurable results

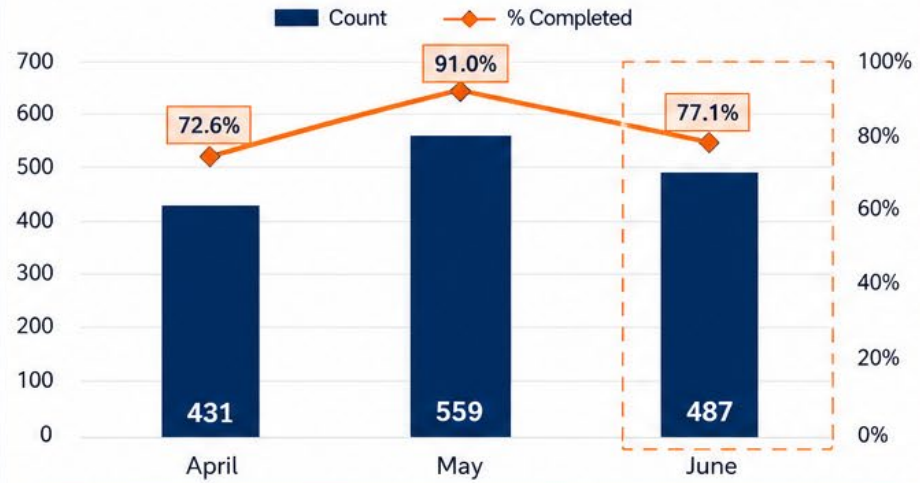
Same metrics | **Targeted support** | **Sustained results**

BEYOND MEDICATIONS

The Data Tells a Clear Story

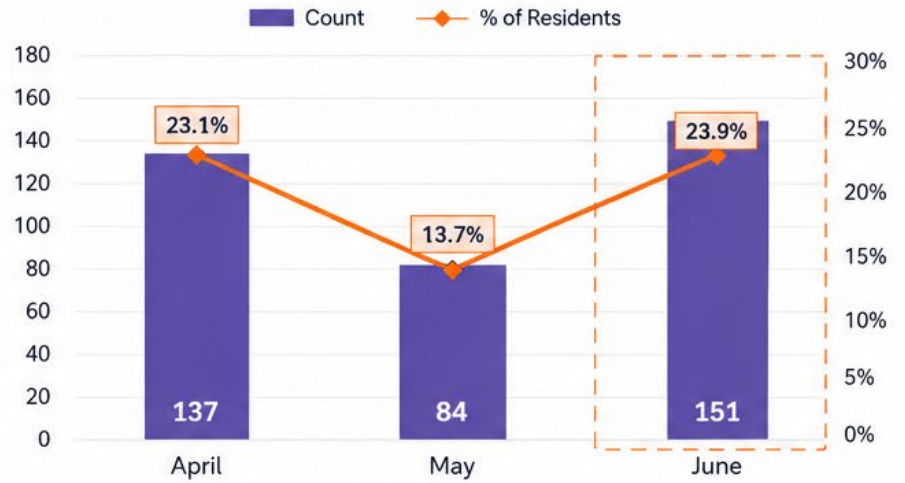
When Post-Fall Investigations are not completed,
Falls with Injury increases — the trend almost mirrors investigation completion.

Finalized Post-Fall Investigations
(Count and % Completed)



Drop in completion rate
from 91.0% in May to 77.1% in June.

Falls with Injury
(Count and % of Residents)



Falls with injury improved in May
but rose sharply in June as investigations declined.

KEY INSIGHT

Our predictive index shows that incomplete post-fall investigations are a **leading indicator** of increased risk. When our completion rate drops, **falls with injury rises**—often the very next month.

Complete investigations. Learn the cause. Prevent the next fall.
Consistent follow-through drives safer outcomes.

WHAT LEADERS CAN USE IMMEDIATELY

Operator Takeaways

AI is not the operating model. It gives leaders earlier signals; the operating discipline turns those signals into safer, more reliable outcomes.

1

Own the metrics

Designate clear ownership for reviewing scorecards, interpreting trends, and ensuring follow-through.

2

Create one source of truth

Use the same scorecard views and thresholds across regionals and communities.

3

Prioritize where risk is rising

Focus support on communities above the established benchmark.

4

Validate and sustain results

Close the loop with action plans and leader accountability until the outcome holds.

The technology creates visibility. Operational discipline creates the result.

Closing Thought

“AI doesn’t replace clinical judgment — it enhances it by focusing teams where it matters most.”

Olivia Jenkins, RNC-AL, MSN
Vice President of Clinical Services