

KanTime
How **better** happens.

DESIGNING CLINICAL WORKFLOWS THAT PREVENT ERRORS

MOVING COMPLIANCE UPSTREAM IN POST-ACUTE CARE

Post-acute care leaders nationwide are struggling with compliance.

But it's not because they don't care or don't try – they struggle because complexity has outpaced workflow design.

Over the past several years, documentation requirements have expanded. Payer scrutiny has intensified, and survey expectations have tightened. At the same time, agencies find themselves navigating staffing shortages, expanding service lines, and mounting pressure to deliver measurable outcomes.

Still, many agencies rely on downstream quality assurance (QA) teams to catch errors after visits are completed, notes are submitted, and claims are queued. That approach may have made sense when requirements were simpler, but it doesn't scale to meet today's demands.

This eBook will break down how post-acute care agencies can reframe compliance not as a department, but as a workflow design principle. A shift in operations designed to prevent documentation errors before they require correction can help improve patient care, reduce lost revenue, decrease audits, and lessen administrative strain.

PROACTIVE VS. REACTIVE COMPLIANCE: WHAT'S THE DIFFERENCE?

Traditionally, compliance management lived at the end of workflows. But today, the most resilient post-acute care agencies are moving it to the beginning.

While the **reactive compliance** of days past depends on correction, **proactive compliance** depends on design. In other words, it embeds compliance directly into workflows, striving to prevent errors right at the point of care.

The difference is both operational *and* measurable.





PROACTIVE COMPLIANCE

As its name implies, **proactive compliance** strives to get ahead of issues before they emerge in the first place. In post-acute care, proactive compliance is embedded directly into daily clinical workflows. In other words, compliance requirements and activities are built right into the systems that clinicians use to do their jobs.

As a result, a proactive approach to compliance typically involves:

- Required elements that are built into documentation templates
- Real-time prompts that can flag inconsistencies before submission
- Conditional logic, which adapts documentation requirements automatically
- Error prevention at the point of entry rather than downstream

Instead of relying on QA teams to fix charts, proactive systems put the power to solve problems in the hands of clinicians. It does so by reducing the number of fixable charts – or issues – to begin with.

Proactive models strive to make compliance part of how care is documented, not something to consider after the fact.

REACTIVE COMPLIANCE

In contrast, **reactive compliance** relies on retrospective action: chart reviews, manual audits, and rework. **In action, a reactive approach to compliance might look like:**

- QA teams reviewing completed documentation
- Notes returned to clinicians for correction or clarity
- Claims held until deficiencies are resolved
- Ongoing retraining to address recurring mistakes in documentation

While sometimes necessary, this model carries costs – many of which aren't apparent until they're already begun to compound, including:

- Labor spent correcting documentation instead of improving care
- Delayed billing and extended A/R cycles
- Increased audit vulnerability due to inconsistencies
- Clinician frustration tied to repeated back-and-forth revisions



The Operational Cost of Relying on Reactive Compliance

Estimates suggest that clinicians spend as many as ***125 million hours*** annually working on and cleaning up documentation outside office hours.[1] Labor isn't the only area where costs add up, though; delays and rework add up, too, with the average cost to rework or appeal a denied claim falling from approximately **$25 to $181** each.[2]

Overall, when agencies depend primarily on downstream correction, compliance becomes a never-ending session of reactive firefighting. And firefighting is expensive.

[1]Gaffney, A. et al. (2022, March 28). Medical Documentation Burden Among US Office-Based Physicians in 2019.
[2]Poland, R. and Harihara, S. (2022, April 25). Claims Denial:never-ending A Step-by-Step Approach to Resolution. AHIMA Journal.

BUILT-IN GUIDANCE OVER HUMAN MEMORY

Clinical teams operate under high pressure: high caseloads, evolving payer rules, and growing documentation expectations pile up. Relying on memory alone, even with training, introduces risk. After all, clinicians are only human – and policies change, requirements evolve, and details get missed.

Fortunately, there is a solution that can reduce that risk: smart workflow design that supports proactive compliance.



WORKFLOW DESIGN AS A SAFETY NET

The embedded guidance that proactive compliance provides replaces recall with structure and reduces dependence on retraining or policy memorization.

When documentation requirements are integrated directly into workflows, clinicians no longer have to remember every regulatory nuance. Instead, the system reinforces those nuances in real time.

A well-designed workflow can act as a “safety net” that supports clinicians without slowing care delivery.

Workflows should function as guardrails that help:

01
Prevent submission of incomplete notes

02
Guide clinicians through required elements based on visit type

03
Adjust expectations automatically when payer or discipline changes

04
Surface discrepancies before they reach or affect billing

It's crucial that this guidance does not hinder care delivery or create new burdens, though; instead, it should reduce rework across teams and support clinicians rather than policing them.



Clinicians
document things correctly the first time



QA Teams
review for quality, not repair



Billing Teams
receive complete, compliant records

WORKFLOW GUARDRAILS IN ACTION: CONCRETE EXAMPLES

Proactive compliance may sound great on paper, but it's not just theoretical; it's an operational shift that can transform how your teams approach documentation.

Let's look at some practical, real-world examples of guardrails that prevent errors before they move downstream.



EXAMPLE #1:

Required fields prevent incomplete documentation

The Situation: A clinician completes a visit note but attempts to submit it without documenting all required assessment elements.

In a reactive model...

QA identifies the omission days later. The note is returned. The clinician must reopen the chart, locate the missing element, and resubmit it, even after moving on to other patients.

In a proactive model...

The system prevents submission until required fields are completed.

In this case, a proactive model ensures that the error never leaves the workflow. The correction happens immediately, not days later.

EXAMPLE #2:

Real-time validation that flags inconsistencies

The Situation: A plan of care indicates a specific visit frequency, but documentation reflects a deviation.

In a reactive model...

The discrepancy goes unnoticed until QA review or billing preparation. Claim submission is delayed, and QA must follow up with the clinician for clarification.

In a proactive model...

Real-time validation flags the inconsistency immediately, allowing the clinician to correct or clarify before the record advances.

A proactive model ensures that revenue and compliance remain aligned, preventing unnecessary billing delays and rework.

EXAMPLE #3:

Conditional logic aligns documentation with regulatory needs

The Situation: Documentation requirements differ across home health, hospice, and payer types.

In a reactive model...

Clinicians rely on memory or reference materials to determine which elements to apply. Mistakes are discovered later during QA review or, worse, during an audit.

In a proactive model...

Conditional workflows automatically adjust requirements based on visit classification, discipline, payer guidelines, and assessment types.

A proactive approach in this case reduces manual interpretation and ensures that documentation aligns with the specific regulatory context. Errors are prevented by design rather than caught by review.

THE **RIGHT TECHNOLOGY** ENABLES PROACTIVE COMPLIANCE

The most successful post-acute care agencies know that preventing errors upstream requires more than just policy; it also requires infrastructure.

While technology can sometimes introduce its own complexity, it can also be used to align it. However, because technology can either amplify rework or reduce it, agencies are tasked with choosing the right tools – that is, those with systems designed for proactive compliance.

Validation and guardrails should be embedded directly into clinical workflows without creating friction or undue administrative burden. Otherwise, your technological infrastructure may be harming your compliance approach more than it helps.





HOW **KANTIME CAN HELP**

KanTime supports proactive compliance by integrating safeguards into the documentation process itself. With the help of features like real-time validation, conditional logic, and flexible workflows that adapt to agency operations, KanTime ensures documentation is complete and aligned before it reaches QA or billing.

Because KanTime is optimized for home health and hospice enterprises, workflows can easily be tailored to discipline, payer, or operational structure – all without compromising compliance integrity.

Rather than relying on memory, retraining, or downstream correction, KanTime helps agencies build compliance right into their daily processes. Clinicians are supported at the point of care, administrative burden is reduced, and patients receive better quality care.



IT'S TIME TO
MOVE COMPLIANCE UPSTREAM

Compliance doesn't have to depend on catching mistakes after they happen and before they wreak havoc. When workflow design prioritizes prevention over correction, agencies reduce rework and ease burdens on both clinical and operational teams.

Proactive compliance is about building smarter systems, not adding oversight. With the right tools, you can create a more reliable, sustainable approach to compliance in post-acute care.

Connect with KanTime today to discover how you can redesign your clinical workflows to prevent errors before they happen.