How We B

We know the why, here's the how

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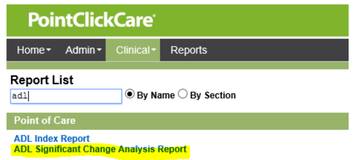
Purpose

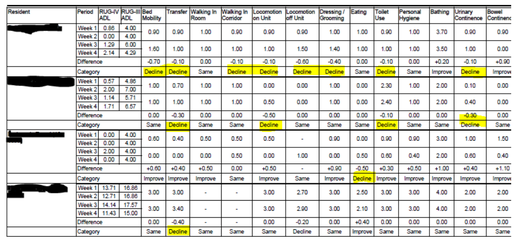
Guideline and instructions on ways to identify those long term care residents who could benefit from therapy to improve quality of life, decrease falls, improve strength, improve/maintain function, and ADL participation; consequently improving facility Quality Measures and Outcomes.

ADL Significant Change Analysis Report

PCC→Clinical→Reports

- You can pick up for declines AND improvements
- Verify the payer with Business office
- Caveats:
  - ✓ Some United plans require authorization.
  - ✓ Hospice TYPICALLY defaults to Part B. It's a misconception that if a patient has hospice you CANNOT do Part B. YOU CAN! Just make sure therapy and hospice are billing different codes.
  - ✓ Ensure there are no patient copays, and if there are, let the POA know up front.





Resident	Period	RUG-IV ADL	RUG-III ADL	Bed Mobility	Transfer	Walking In Room	Walking In Corridor	Locomotion on Unit	Locomotion off Unit	Dressing / Grooming	Eating	Toilet Use	Personal Hygiene	Bathing	Urinary Continence	Bowel Continence
[redacted]	Week 1	0.86	4.00	0.90	0.90	1.00	0.90	0.90	0.90	1.00	1.00	0.90	1.00	3.70	0.90	0.90
	Week 2	0.00	4.00													
	Week 3	1.29	6.00	1.60	1.00	1.00	1.00	1.00	1.50	1.40	1.00	1.00	1.00	3.50	1.00	0.00
	Week 4	2.14	4.29													
	Difference			-0.70	-0.10	0.00	-0.10	-0.10	-0.60	-0.40	0.00	-0.10	0.00	+0.20	-0.10	+0.90
	Category			Decline	Decline	Same	Decline	Decline	Decline	Decline	Same	Decline	Same	Improve	Decline	Improve
[redacted]	Week 1	0.57	4.86	1.00	0.70	1.00	1.00	0.00	0.00	1.00	0.00	2.30	1.00	2.00	0.10	0.00
	Week 2	2.00	7.00													
	Week 3	1.14	5.71	1.00	1.00	1.00	1.00	0.50	0.00	1.00	0.00	2.40	1.00	2.00	0.40	0.00
	Week 4	1.71	6.57													
	Difference			0.00	-0.30	0.00	0.00	-0.50	0.00	0.00	0.00	-0.10	0.00	0.00	-0.30	0.00
	Category			Same	Decline	Same	Same	Decline	Same	Same	Same	Decline	Same	Same	Decline	Same
[redacted]	Week 1	0.00	4.00	0.60	0.40	0.50	0.50	0.50	-	0.90	0.00	0.90	0.90	3.00	1.00	1.50
	Week 2	0.00	4.00													
	Week 3	2.00	4.00	0.00	0.00	0.00	0.50	0.00	1.00	0.00	0.50	0.60	0.40	2.00	0.60	0.40
	Week 4	0.00	4.00													
	Difference			+0.60	+0.40	+0.50	0.00	+0.50	-	+0.90	-0.50	+0.30	+0.50	+1.00	+0.40	+1.10
	Category			Improve	Improve	Improve	Same	Improve	Same	Improve	Decline	Improve	Improve	Improve	Improve	Improve
[redacted]	Week 1	13.71	16.86	3.00	3.00	-	-	3.00	2.70	3.00	2.50	3.00	3.00	4.00	2.00	2.00
	Week 2	12.71	16.86													
	Week 3	14.14	17.57	3.00	3.40	-	-	3.00	2.90	3.00	2.10	3.00	3.00	4.00	2.00	2.00
	Week 4	11.43	15.00													
	Difference			0.00	-0.40	-	-	0.00	-0.20	0.00	+0.40	0.00	0.00	0.00	0.00	0.00
	Category			Same	Decline	Same	Same	Same	Decline	Same	Improve	Same	Same	Same	Same	Same

Screens

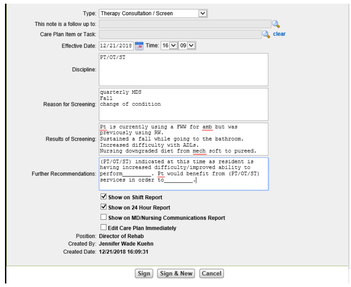
- Clinicians will perform routine and requested screens/consultations received verbally, in writing or based on an assessment schedule (MDS, Care Plan, etc.) The clinician will document the results of the screen/consultation and provide feedback to referral sources. –*Screens Postette*
- Consultations should have documentation in the clinical record to support the need for a therapy consultation (i.e. change in condition).

Rooms	Q1 (Jan, Feb, March)	Q2 (April, May, June)	Q3 (July, Aug, Sept)	Q4 (Oct, Nov, Dec)
MCU (801-809)	Katie	Allie	Caroline	Kinga
MCU (810-817)	Caitlin	Kinga	Allie	Caroline
MCU (818-826)	Emelee	Katie	Kinga	Allie
*Longs (713-730)**	Anthony	Sarah P.	Caitlin	Katie
Ruby (700-708)	Frankie	Emelee	Sarah P.	Caitlin
Ruby (709-712) & MV (742-746)	Sarah P.	Anthony	Emelee	Sarah P.
MV (734-741 AND 761)	Caroline	Frankie	Anthony	Emelee
MV (731-733) and RB (747-752)	Kinga	Caitlin	Frankie	Anthony
Rainbow (753-760)	Allie	Caroline	Katie	Frankie
*larger due to skilled rooms				

Screens in PCC

PCC→Resident→PR→New→Therapy Screen

- ➢ Therapists can screen for ALL 3 disciplines (PT/OT/ST)
- ➢ Get input from nurses/CNAs but also lay eyes on the resident
- ➢ Look for self isolation, decreased participation in meals/activities, and ROM



- ➢ Screens should ONLY take 5 minutes to determine YES/NO for therapy so there SHOULD NOT be an impact on productivity
- ➢ Financial opportunity for reimbursement

Where else to Look?

- Referrals from Nursing staff
- Risk Management
- Skins and Weight: weight loss, positioning
- QAPI meetings: B&B, falls, weight loss...
- Restorative Nurses
- Change of condition note/e-interact
- Social Workers: sometimes families will request therapy in care conferences
- Other disciplines in therapy: encourage open communication between therapists to refer to each other!

Pitfalls

- "They were just on therapy" or "therapy can't do anything"
- They have dementia...
- We did that, they never got better
- "That's just how they are"
- Eval only
- No buy-in from staff members
- They are on hospice

How to Avoid Pitfalls

- ✓ Get the right people, on the right seat
- ✓ Communicating between management AND floor staff
- ✓ Floor staff to floor staff communication
- ✓ It's not about getting them to their prime, it's about aging with dignity
- ✓ Have a CLEAR vision
- ✓ Does your staff have the tools to do their job?
- ✓ Get buy in from the WHOLE facility!
- ✓ Try again, and again, and again... Then try something else.
- ✓ Motivating factors for the patient AND staff: Food? Compensation? Competition? or Compassion?

Impact on QMs and Financals

Revenue	Part B	Total
July 1-Dec 31 2017	$319,439	$518,711
July 1-Dec 31 2018	$477,023	$826,774
Percent growth	149%	159%

Measure Description	2016	2018
SR Mod/Severe Pain (S)	63	57
SR Mod/Severe Pain (L)	43	26
Hi-risk pressure Ulcer	52	23
Falls with major injury	64	50
Antianxiety/Hypnotic Prev	58	24
Anxiety/Hypnotic %	18	3
Behav Sx affect others	54	42
UTI	27	0
Catheter insertion/Lft bladder	40	0
Increased ADL Help	78	40