Eli's Rehab Report

IRFs: Crank Your Team Conference Quality Up a Notch

Updating your team conference documentation template can make all the difference.

Having a rough ride with your team conferences since the new inpatient rehab facility coverage requirements went into effect? Catch the common bumps in the road now so you're not paying later when your claims go under the microscope.

Avoid These 5 Mistakes

Getting all your team members in the same place at the same time --\" and on time --\" is only the start. What you discuss, document, and decide for the patient is key to a successful case and successful reimbursement. But many IRFs are falling short. Some of the biggest issues consultant **Fran Fowler, FAAHC,** managing director of Health Dimensions Group in Atlanta, has noticed are:

1) Forgetting the big picture progress. Too many times, IRF team members use the conference to report where the patient is but not the progress the patient has made (or not made). And "CMS is looking for both the status and the progress of the patient," Fowler says.

2) Misuse of FIM scores. "Teams often use FIM score numbers to document status with little regard to how the current functional level relates to the plan of care that is in the chart," Fowler says.

3) Putting medical issues on the back burner. Frequently missing from the team conference note is how the patient's medical conditions are impacting his progress, Fowler points out. Likewise, the notes often fail to list ways in which the rehab team will address the medical issues and produce better progress.

4) Critical documentation voids. Many teams produce limited to no documentation that notes a change in plans to improve the patient's progress, Fowler notes. And similarly, teams often fail to document whether the plan of care is improving the patient's ability to function during activities of daily living.

5) Nursing and therapy disconnect. "Often team conference notes show no correlation between the nursing and therapy input," Fowler says. And each team member can shed valuable light to one another that could change the course of a care plan.

Along the same lines, don't exclude your therapy assistants from the team conferences. Assistants cannot attend in the place of the therapists, but that doesn't mean assistants can't attend with the therapists. "The physician and the entire team benefit most from hearing directly from the person providing therapy on a daily basis," says **Ann Lambert Kremer, OTR/L, MHSA, CPC,** with Beacon Rehab Solutions in Portland, Maine. "Also the assistants grow and improve by hearing input from the rest of the team."

Give Your Form a Makeover

Don't let the laundry list of mistakes above get too overwhelming. A manageable remedy is revising the form you use to document your team conferences.

A good starting point is to change the name of your form from "team conference" to "integrated plan of care updates," Fowler recommends. This gets everyone in the mindset of tracking progress and changes made instead of just describing the patient status.

Try this: Create a space to compare the information from the last team meeting to the current team meetings," Fowler suggests. In addition, create an entry where you integrate the information presented by all disciplines, "as opposed to

each discipline reporting on a different aspect of patient progress," she adds.

Another idea: "Consider combining the team conference form with the interdisciplinary plan of care so that the plan of care is updated by the team on a weekly basis," Kremer suggests. Just don't forget the 72-hour deadline for your first team conference.

Above all, make sure your new form documents:

- progress towards the goals from conference to conference,
- barriers to discharge or progress (including medical) and how to address them,
- how the nursing plan of action dovetails with therapy; and
- changes needed to the plan of action to produce a usable outcome, Fowler says.