

Eli's Rehab Report

IRFs: Inject Prowess and Productivity Into Your Team Conferences

Show your Medicare payer the good work your team is really doing.

Last month you read about avoiding key mistakes in your inpatient rehab facility's team conferences. With the troubleshooting under your belt, now get tips to make your meetings flow even more smoothly.

Focus on Progress in Your Questions

The main point of having a team conference is to evaluate patient progress, so most of your discussion topics should stick to that theme. "To ensure that staff focus on the important issues, I recommend they use a set of questions aimed at producing documentation that indicates progress," says **Fran Fowler, FAAHC**, principle of Fowler Healthcare Affiliates in Marietta, Ga. Your questions should include the following, she says:

- Is this patient making progress to goal as compared to admission evaluation (or compared to the last meeting)?
- What are the facts that support the above statement? (Get input from all therapy disciplines and nursing staff.)
- Is the patient's progress at the point we projected for this time in the IRF stay? If yes, what's the clinical evidence? If no, what barriers are interfering with progress, and what can we do differently to improve the course and the outcome? "Barriers could include medical, motivational, psychosocial, and physical factors," Fowler says.
- Is the progress leading to useful gains for the patient? "If yes, document the gains in laymen's terms," Fowler recommends.

Make the Most of Everyone's Presence

Everyone at the meeting should have something important to share so you can create a big-picture report. "We truly use a multidisciplinary approach," says **Laurie Martin, OTR/L, MSHS**, senior director of rehabilitation services at Beaufort Memorial Hospital in Beaufort, S.C.

"Everyone who works with the patient has the opportunity to express information," points out **Kathy Campbell, RN**, program director of Beaufort Memorial Hospital's rehabilitation unit. "We include a MSW, nutritionist, pharmacist, and a diabetic specialist, in addition to nursing and therapy services." Occasionally, the team may even include a recreation therapist or wound care specialist, she adds.

Campbell leads the meeting, the physician clarifies questions as needed and offers the opportunity for further education. Then, the team as a whole decides on a discharge date or a plan for continuing care. "It is very interactive," Campbell confirms.

Perk: During the team meeting, members have the opportunity to clarify discharge plans, family support, and FIM scores, which "helps in supporting the accuracy and quality of patient needs and outcomes," Campbell says.

5 Ways to Sharpen Your Team's Decisions

The Centers for Medicare & Medicaid Services declared that it is looking for the quality of information and decision-making from the team conference, not the actual meeting structure itself. Try these suggestions to come to a conclusion that's best for the patient -- and best for your records should you be reviewed:

1) Develop a checklist that addresses the scope of changes the team expects for the patient, and use the checklist to ensure that all areas that need to be addressed are addressed, Fowler suggests. "This checklist does not become part of the patient chart but, rather, serves as an aide to the team participants."

2) Don't just focus on functional status. "Add documentation to support that adequate discussion occurred in relation to the individual's problems impeding progress [and] possible resolutions to such problems," says **Ann Lambert Kremer, OTR/L, MHSA, CPC**, with Beacon Rehab Solutions in Portland, Maine. Then reassess the validity of the initial rehab goals.

3) Compare the patient's current status to an earlier time frame to show progress in the areas you're addressing, Fowler suggests.

4) Stay away from using only numbers or "mid, max and mode" figures to document patient status, Fowler adds.

When it's all said and done, don't let your team's hard work go to waste. "Make certain the changes you've noted during the team conference are also reflected in changes to the plan of care," Fowler emphasizes.