

Eli's Rehab Report

Rehab Trends: Follow These SNF Providers' Lead to Keep Residents' Rehab Attendance on Track

Also: Watch out for this potential problem.

Sunshine Terrace Rehabilitation & Skilled Nursing Facility, which used to provide therapy six days a week, has hired two extra therapists so that it can provide therapy services on Sundays, reports **Konie Murray, RN, RAC-CT**, the MDS coordinator for the facility in Logan, Utah. "I think providing therapy seven days a week helps the patients," Murray says. However, "some patients will refuse therapy on Sunday and say this is my day of rest."

In addition, "we talk about the patients at a long weekly meeting and then briefly during a short daily meeting if the person is sick, etc.," Murray says. "If someone isn't feeling well enough to do PT, we may see if there's something OT can do to help them with getting in to the bathroom or toileting." She notes that "people get sick at home and have to learn techniques to deal with that at home."

Gina Henthorne, LPTATA, regional manager at Functional Pathways, a therapy company in Knoxville, Tenn., reports that "managers are being very aggressive with how they stagger therapists' schedules to make sure there are coverage opportunities on the weekends if patients miss therapy due to a doctor's appointment, for example."

"We also look at scheduling therapy around activities, physician appointments, etc., so that residents can attend both without disruption in the therapy treatment sessions," adds **Sheila Capitosti, RN-BC, NHA, MHSA**, compliance director for Functional Pathways.

Holbrook Nursing Home is having therapists come in on weekends to provide therapy for patients who were ill or unavailable for therapy due to an appointment, reports **Vera Farley, RN, BSN, RAC-CT**, care plan coordinator for the facility in Buckhannon, W. Va. "We also post the therapy patients' names for staff so they know who is on rehab and who to get to group, including Part B patients."

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Farley observes that CMS doesn't require SNFs to do COT OMRAs for patients receiving Part B therapy. "And we want to make sure that a Part B patient doesn't get bumped so the therapist can provide therapy to a Part A patient who missed therapy. That wouldn't be fair to other patients," she says.

"CMS has taken away a lot of our ability to be efficient with group therapy," observes **Jim Hendricks, RN, BSN, RAC-CT**, area director of clinical reimbursement for Extendicare based in Milwaukee, Wis. The changes overall "have created a lot more need for therapists, and I think it's a very real possibility that SNFs could look at their Part A people over Part B and Medicaid."