

Eli's Rehab Report

SNFs: 5 Ways to Keep Your Short-Stay Rehab Efforts Top-Notch

Plus, learn how to get a shot at a higher RUG score at the same time.

To provide top-notch post-acute rehab, a skilled nursing facility has to hit the ground running when patients are admitted to the facility. But a few strategic moves can make the difference between a thriving program and one with less than optimal outcomes.

1. Consider Offering Therapy 7 Days a Week

"A SNF that wants to build its census and develop a reputation ... as the facility that gets people rehabbed and back home needs to offer weekend therapy services," advises **Jane Belt, MS, GCNS-BC, RAC-MT**, consulting manager with Plante & Moran Clinical Group in Columbus, Ohio.

Real-world example: Benedictine Health System provides therapy seven days a week in its transitional-care unit programs for short-stay SNF rehab patients who would otherwise qualify for an acute rehab setting, says **Garry Woessner**, regional director of rehabilitation for the nonprofit organization headquartered in Cambridge, Minn. "We have full therapy on Saturday and only PT on Sunday since we are a faith-based organization and Sunday is an important church day."

If your SNF doesn't have the resources to provide therapy every day, at least complete the evaluation within 24 hours of admission, experts suggest. Just remember that doing so in a facility that provides therapy only five days a week may require a therapist to come to the SNF to do an evaluation on the weekend, says Woessner.

Beware: Provide therapy on the weekend to all patients who need it or to no one, in which case the therapist would just do evaluations on weekends, advises Woessner. "Otherwise, the SNF could be in danger of discriminating against patients for financial reasons; e.g., providing therapy to capture it on the MDS."

2. Stick to the Therapy Schedule

One way Benedictine Health System facilities' rehab departments avoid scheduling conflicts is by giving nurses a schedule each morning of when patients are supposed to go to rehab. But nursing isn't the only aspect that ties into maintaining a solid schedule.

Watch out for the 7 Bs: Woessner finds that a predictable list of activities interferes with rehab attendance and, if you don't watch out, can derail projected RUG placement. These include Bible classes/church, beauty shop, bingo, birthday parties, brunch, bath, and bowel and bladder programs. Pain can also interfere with a patient's progress in therapy. Thus, Benedictine's therapy department makes sure nursing gives rehab patients their pain medication before therapy, says Woessner. "If it's a PRN dose, we usually advise giving it a half hour before the patient comes to therapy."

Be holistic: Pain meds aren't the only ticket to keeping reluctant patients on their rehab schedule. Focusing also on rehab patients' psychosocial needs gives them the best shot for achieving their desired outcomes. "People, especially elders, undergoing rehab are apprehensive -- they know their age is working against them in terms of coming back from a fracture [or stroke], etc.," says attorney and SNF consultant **Loretta LeBar** in Salt Lake City. She suggests that SNFs offering intensive rehab provide a dedicated interdisciplinary team, including a social worker, and extra attention from the chaplain.

3. Watch Therapy Utilization After the Assessment Window

Benedictine facilities make sure residents don't receive less therapy after the assessment reference period unless it's

clinically warranted, says Woessner. "You always have to make sure you're doing things for the right reasons -- clinical need, patient expectations, and what's realistic based on the patient's prior level of function, goals, and circumstances."

Resource: See "Rehab Consistently Falling off After the MDS Assessment? Your Facility May Face a Compliance Tumble," in MDS Alert, Vol. 6, No. 2. If you do not subscribe, email the editor for a copy of the article at www.lindseyr@eliresearch.com with "MDS article" in the subject line.

4. Think Beyond Discharge

When you create goals in your care plan, think longterm. "Instead of treating to the point of discharge, our therapists treat to the point of [ensuring] maximum safety in the home long after discharge," says Woessner. And when therapists think that way, their goals often change, he says. "Sometimes we will keep someone a little longer in order to achieve a discharge goal of having the person function safely in his home setting."

5. Audit Your RUGs for QI Opportunities

This doesn't have to be fancy. Benedictine Health Center at Innsbruck does monthly corporate reviews involving four post-acute patients' charts. The audit team looks for ADL scores of six, for example, which would have kept someone out of rehab plus extensive services, says **Melanie Phillips**, occupational therapist and transitional care unit program/therapy director for the facility in New Brighton, Minn. The team also looks for "rehab minutes right on the cusp of a different RUG" -- or whether setting a different ARD or documenting ADLs better would have resulted in a different RUG score.

Example: Consider a patient who is scored as pretty independent with her ADLs who goes to chemo three times a week. "We know that people who get chemo usually need more help after the treatment," says Phillips. "So we look further to see whether that help was required and provided."

The organization uses the chart reviews to identify patterns and identify staff training needs, she adds.