

## Long-Term Care Survey Alert

### Care Planning: Rehab Your Therapy Program Before Your Survey Record Needs Rehabbing

**Take this quick test and shore up your program if it's on the track to F tags.**

If your facility has a pattern of residents not meeting their therapy goals, its care delivery may need a check-up and care plan. Use this checklist of questions and suggested proactive strategies to make sure your rehab care is up to par.

Does the facility have a solid interdisciplinary process that catches residents in real time who aren't progressing in therapy or who might benefit from therapy? If a facility is using an interdisciplinary care planning process, it should pick up on a resident who isn't making headway in therapy, observes **Janet Feldkamp**, a nurse attorney in Columbus, OH. But facilities that don't have that in place "may have a situation where nursing and other team members aren't really aware of that -- or involved in supporting the therapy of plan of care."

Communication shortfalls can occur in the therapy department when aides who provide the majority of hands-on therapy don't give the therapists a heads up that the patient isn't progressing, says **Shehla Rooney**, a speech and language pathology therapist and president of **Premiere Therapy Solutions** in Cookeville, TN. Or therapists sometimes view a change in the resident's status as a "nursing problem," adds **Pauline Franko**, a physical therapist and consultant in Tamarac, FL. "But if the patient suddenly can't do what he was doing previously -- therapy needs to notify nursing. The person could have an infection brewing, such as a UTI," Franko says.

Restorative nursing should give therapy a heads up when a patient's status "either improves or deteriorates while he's receiving restorative services," says Rooney. If the person had previously plateaued on therapy, for example, that information assists therapy to determine if the patient might need re-intervention, she says.

**Proactive strategy:** To get nursing and therapy on the same page, assign a nursing representative and a rehab team member to make weekly walking rounds to discuss all residents' changes in status for better -- and worse, suggests **Donna Senft**, a physical therapist and attorney with **Ober/Kaler** in Baltimore.

**Does the therapy staff or nursing and therapy prioritize and sequence goals based on the patient's immediate and emerging needs?** When you have all of the disciplines working with the resident at once, he may not be able to tolerate that much intervention simultaneously, says Franko. For example, if the person isn't eating, speech therapy should be working with the person initially, she says.

**Example:** The focus of care for a patient with a traumatic brain injury might start out with a goal of providing nursing care to stabilize the person medically, says Rooney. Speech therapy might also work with the patient to establish a "safe oral diet," she adds. As the patient progressed, the focus would then shift to occupational therapy for self-feeding, grooming and hygiene. Physical therapy would then pick up intensity to address mobility issues, Rooney adds.

**Does the facility have a model that integrates rehab concepts into daily care?** The new activities survey guidelines talk about activities being a facility-wide responsibility, notes Senft. Facilities could apply that same model to rehabilitation care "where everyone does what it takes to keep the resident as independent as possible." For example, facilities can train all of the CNAs to have a "rehab mindset" in integrating restorative into their daily care. CNAs have to buy into how to help the patient do more for himself, says Senft. CNAs need to think along the lines of "How do I spot and supervise a transfer rather than picking the person up and moving him to the chair? How do I get the person to put on her sock or walk a few more feet to the dining room?"

Consultant **Patricia Boyer, RN, NHA**, agrees. "Direct-care staff should understand it's going to take some time to get a resident from A to C" in terms of doing more for himself. But once a number of residents become more independent in their ADLs, CNAs will have more time for residents' overall care, notes Boyer, president of **Boyer & Associates** in Brookfield, WI.