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MDS Alert

MEDICARE: 5Ways to Keep Your Short-Stay Rehab Program From Falling Short

Put your post-acute rehab on sure footing in the clinical, fiscal, and compliance realms.

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

Strategy #1: Consider offering therapy seven 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 non-profit organization headquartered in Cambridge, Minn. "We have full therapy on Saturday and PT only 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," he says.

Strategy # 2: Stick to the therapy schedule. One way Benedictine Health System facilities' rehab departments avoid scheduling conflicts is to give nursing a schedule each morning so they are aware of when the patient is supposed to go to rehab. 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 "seven Bs" include Bible classes/church, beauty shop, Bingo, birthday parties,brunch, bath, and bowel and bladder programs.

Pain can also interfere with a patient's willingness to participate and 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: Focusing on rehab patients' psychosocial needs can help them overcome emotional obstacles to 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.

Strategy # 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,"he adds.

Resource: See "Rehab Consistently Falling off After the MDS Assessment? Your FacilityMay Face a Compliance Tumble,"

in MDS Alert, Vol. 6, No. 2, available in the Online Subscription System.

Strategy # 4: Think beyond discharge. "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. In fact, "when therapists think that way, they change their goals," he adds. "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."

Strategy # 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: A patient scored as pretty independent with her ADLs 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 staff training needs, she adds.