PROCARE NEWS

ProCare Therapy Services Newsletter 2nd quarter 2016

WELCOME TO SUMMER!

I hope you and yours enjoy a safe and wonderful summer. Happy Fourth of July!

. **EXTEND A SUMMER SPLASH to our newest team members!**

ProCare welcomes the newest additions to our ProCare family!

Please say hello! Mark Leon, PT, Southern Trace; Cheska Neal, SLP, Brookridge Cove; Lacie Canizares, OT, Premier; Brooke Terry, SLP, Premier; Melissa Bailey, SLP, Walnut Ridge; Amber Kirkpatrick, SLP, Rich Mountain; Jenna Jones, SLP, Garland; LaQuetta Daniell, SLP, Camden, St. Johns; Natalie Davis, OTA, Southern Hills; Karen Lewis, OTA, Wentworth Place; Megan Lee, DOR, Rich Mountain; Deanna Caldwell, PTA, Rich Mountain; Celino Reynales, PT, CS, Rogers, NW AR. AND, importantly, Elaine Swann joined us in the ProCare central office and was omitted last newsletter; Elaine handles us *all. Welcome aboard!*

"While completing my first rotation of fieldwork for occupational therapy assistant school with ProCare Therapy Services, I learned so much about the skilled nursing setting.

I really enjoyed my time spent with ProCare and felt like a part of their family for the entire eight week rotation.

I never imagined being truly sad to leave a fieldwork site, but I can honestly say that I never wanted my rotation with ProCare to come to an end." –

Andrea Welch OTA Student

Whitney Webb PTA; Andrea Welch OTA, student, Cary Evans OTA, RD —GREAT TEAM!

In This Issue

ProCare makes 6 under par for Willie Tate fund raiser!

QUALITY MEASURES:

Reminder: CMS/Medicare uses Quality Measures to assess the quality of certain categories of nursing home care. The data is gleaned primarily from the MDS and (in the future) from reported claims (the new QMs). These measures of care are called quality measures. The Five Star rating system relies upon these measures, as do CMS PEPPER reports and the CASPER reports generated at the facility levels.

QUALITY MEASURES & CASPER

Just what is CASPER?
Well, if you're my age, the first thought might be of "Casper the Friendly Ghost", a lovable cartoon character. Fortunately, CASPER is in fact a quite real and very helpful data gathering software system at many skilled nursing facilities. CASPER reports produce information to point you, the clinical provider, in the direction of the greatest clinical need. The Quality Measure information is generated primarily from MDS (Minimum Data Set) data.

What reports are generated?
Several different reports may be run, including reports that compare specific care categories to state averages and national averages. The reports include the Quality Measure/Indicator Comparison Report, The Quality Measure/Indicator Resident Report (Chronic Care Measures), The Resident Level Quality Measure Report, The Facility Level Quality Measure Report, and a Post-Acute Care Quality Measure Indicator Report.

How do CASPER reports help the clinician?
The CASPER reports of most interest to the direct care provider will be the resident level reports. The facility comparison reports will provide information regarding the categorical strengths and weaknesses of a facility. The resident level reports will provide information on the individual patient and resident, so the clinician may screen for specific need and intervention. The MDS Coordinator and RDO can provide these reports to you.

What Specific Categories are included on these reports?
Categories include: Mod/Severe Pain, Hi Risk for Pressure Ulcers, New or Worsening Pressure Ulcers, Physical Restraints, Falls, Falls with Major injury, Antipsychotic Medications, Antianxiety/ Hypnotic, Behaviors, Depression, Catheters, Bowl and Bladder/Incontinence, Excessive Weight Loss, Increased ADL Help. The Quality Measure/ Indicator Resident Report (chronic) has further details, including ROM decline, with 37 measures listed. The Post-Acute list is more abbreviated.

How Do These Reports Help Me as a Clinician?
A clinician must always ask the questions about quality measures triggered on these reports:
"Why?"
"What underlying medical and physical conditions forces contributed?" "What other complicating physical conditions are often seen concomitantly?"
"What secondary conditions may arise in the future as a result of this one?"
And, most importantly, **"How can I help?"**

SIX NEW Quality Measures

CMS has introduced six new QMs for use in Nursing Home Compare, the CMS web report comparing skilled nursing facilities according to specified data. They begin to be phased in this year, beginning July (with the exception of number six). The new measures are:

1. Percentage of short-stay (less than 101 days) residents who have an outpatient emergency room visit
2. Percentage of short-stay residents who were successfully discharged to the community, and did not die or were readmitted to a hospital or skilled nursing home within 30 days of discharge
3. Percentage of short-stay residents who were rehospitalized after SNF admission, including observation stays
4. Percentage o short-stay residents who made improvement in physical function and locomotion
5. Percentage of long-stay (greater than 100 days) whose ability to move independently worsened.
6. Percentage of long-stay residents who received an anti-anxiety or hypnotic medication

CLINICAL CORNER

Use E-Stim and Diathermy for post-surgical Hips and Knees.

E Stim and Diathermy are effective tools used by licensed therapists. These modalities have the potential to speed recovery time, decrease pain, increase patient compliance and improve outcomes. Understanding these resources and using them are vital.

KNEES

Diathermy: Diathermy produces gains in post-surgical knees by decreasing inflammation, treating muscle spasms, pain and managing range of motion and contractures. Range of Motion is a critical component of knee recovery that is targeted by diathermy. Diathermy works by stimulating the body to generate heat from within targeted tissue, rather than by applying heat to the body. As heat increases, it promotes blood flow, improves joint flexibility and connective tissue. This treatment is particularly significant for knee replacements.

E Stim: Neuromuscular Electrical Stimulation (NMES) is most frequently used on the quadriceps and hamstrings. Research demonstrates that patients receiving e-stim, usually NMES on the quadriceps and hamstrings, made significant gains when compared to patients without this intervention. The greatest gains were made when E-stim was used during the first month immediately following surgery. E Stim also assists with recovery via the "Gate-Control" Theory of Pain Management, and this is supported by evidenced based research. Gate Control method requires specific high or low frequency application to decrease pain and inflammation. This can be achieved by, but not limited to, IFC at the sensory settings.

HIPS

Diathermy: Muscle weakness and lack of ROM are major limitations with hip replacements. Diathermy is a tool that can be used to decrease pain, improve ROM and increase blood flow. Hip fractures benefit from the decreased inflammation, increased blood flow, joint flexibility and improved connective tissue produced by Diathermy heating to accelerate recovery and function. Decreased pain and inflammation also allow increased participation in therapy, decreasing recovery time.

E Stim:
A recent study investigating the low frequency electrical muscle stimulation in combination with physical therapy on elderly patients following Total Hip Replacement (THA) demonstrated an improvement in strength in the surgical leg and higher scores on the Functional Independence Measure (FIM) questionnaire. Low frequency electric muscle stimulation maintains and increases strength of the operated leg to achieve balance between lower extremities and to promote functional independence.
Another study investigated the effectiveness of electrical stimulation of quadriceps and hamstrings in adjunct with therapeutic exercise and demonstrated effective decrease in pain, and increase in strength, range of motion, and quality of life.

Research also demonstrates a rehabilitation program combined with electrical stimulation for patients after a hip replacement significantly reduced pain up to 95%. Electrical stimulation in addition to physical rehabilitation program was shown to be effective in restoring hip ROM, enhancing ADL performance such as walking or climbing stairs and in progression of muscle strengthening.

There are several contraindications and precautions with both NMES and diathermy. These modalities must be administered by trained therapists, and best clinical practice should be exercised at all times.

GOVERNOR'S Quality Award
CHALLENGE AWARD 2014

THE MEDICARE MINUTE

What is SNFVBP? Well, it is a very long acronym, and it stands for the Skilled Nursing Facility Value-Based Purchasing Program. In a nutshell, CMS is moving providers toward payment for outcomes and quality. Their goal is to tie 85% of Medicare payments to outcomes by the end of 2016 and 90% by 2018. Next year CMS will initiate the SNFVBP that is targeted for implementation in 2019. The program is intended to create payment systems based upon quality of care rather than quantity of services, offering incentives for outcomes, resident experience and discharge status of patients. The details of SNFVBP are not available, however the focus on resident-centered care and the need for in depth care planning across multiple providers, increased family involvement and increased efficiencies are clear.

Contact Us

Give us a call for more information about our services, more information about your facility... or more information about *you!*

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PROCARENEWS

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