PROCARE NEWS

ProCare Therapy Services Newsletter 1 3rd Quarter, 2014

Welcome

We introduce you to ProCARE NEWS! We are exited about this effort, and we hope that you will find some fun information, useful information and team updates in the proCARE NEWS. We want to increase communication among all of our ProCare family & friends. As we move forward, if you would like to communicate something with your proCARE family, feel free to email or call. We look forward to suggestions and would be thrilled to include ***you*** in the proCARE NEWS!!!!

Best of the Best:

Congratulations to….. The ARBOR OAKS ProCARE team has recently been voted BEST OF THE BEST REHAB TEAM in Hot Springs County. Team members are Jason Frisby, SLP, DOR,: Michelle Pankey, SLP; Candy Rowland,PT; Tiffany Frisby, COTA; Dominque Giles, PTA. CONGRATULATIONS!

SOUTHERN TRACE rehab team for winning A BEST REHAB team award. We did not have the details at publication date. Team members are Ashley Hilborn, SLP, DOR; Tandi Isom, COTA; Amanda Burson, PTA; John Montgomery, PT; Jennipher,Swilley, SLP; Amanda Burson, PTA; Lisa Beasley, OT. Congratulations!

The PINES in Hot Springs for receiving the TOP 3 NURSING HOMES READER'S CHOICE Award.
HEARTLAND Nursing and Rehabilitation for receiving the SAS Facility of the Year Award. CONGRATULATIONS ALL!

"The therapists here worked so hard to help me get back on my feet. These people here are such good people and they are the reason I feel as good as I do today..."

- Resident, Heartland Healthcare and Rehab

In This Issue

GOVERNOR'S Quality Award
CHALLENGE AWARD 2014

Rehab Realization:

Not-So-Fun Fact: Recent research of Medicare beneficiary SNF stays revealed that 22% of those discharged from a SNF returned to the hospital *within 30 days!* AND - Nearly 40% of those discharged from a SNF pursued acute care *within 3 months* of that discharge. (Research from Duke University, UNC Chapel Hill and the University of Pennsylvania.)

What does that mean? What questions should we ask? Rehabilitation must look at care plans and interventions from a fresh perspective. What is therapy's contribution to this unfortunate phenomenon? Remember, the therapy gyms and hallways are not "real-life" environments. What can *we* do to improve the stability of discharged patients? A significant percentage of these patients have diagnoses that include some sort of cardio or respiratory diagnoses. What does this tell us about patient discharge needs? How can we maximize their safety and ongoing performance potential?

***Consider**: What if you discharge before your patient is consistently performing at goal level?* Have you reached their maximum level of performance? Have we worked with the facility team to develop a coherent discharge plan? Do your discharged patients' levels of performance include safety, home adaptations, patient/caregiver instruction and real-life applications of performance? Are you discharging them at greater risk than necessary?

Has each discipline consistently addressed the patient's every-day needs?

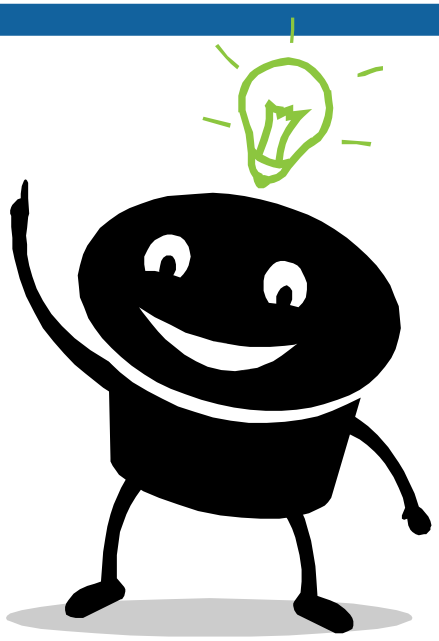
Doing any therapeutic intervention once or twice does not demonstrate consistency or safety—though it demonstrates good potential. In daily life, we must walk, cook, communicate, get up when we fall and toilet when we are fatigued. Have we provided patients the means to conquer their performance under varied circumstances? Do they have adequate endurance to complete the multiple tasks of living? Do they have strategies to recognize and address cardio-vascular and respiratory deficits that can impair their function? Do we?

Ask: Have we addressed walking in grass, steps, thresholds, rugs, bare floors, getting safely in and out of a car, true toileting, bathing, hygiene, cooking—and not simply slice and bake cookies. Can they get up from the floor? Have we performed a home visit? Are they functionally strong and coordinated enough to safely reach for pots and pans, pick up clothes, grasp towels or use toothbrush? Can they properly use assistive device in all environments, sequence real tasks (not just flashcards)? Can they use phonebook, computer/tablet, use cell phone, walk or wheel around and over obstacles? Do they communicate effectively with non-health professionals, tell time in relation to medication schedule, identify and prepare correct menus and nutrition?

Brain-storm with your team. Plan complete discharge agendas, treat to a level of safe performance, and provide complete and coherent discharge education to patients and caregivers. Let's do our part to reduce those statistics!

September, your ProCare Leadership Team held Speech Therapy fall workshops covering lots of important information. PT/OT Fall workshops are coming soon in October. These will include documentation, clinical reasoning skills, clinical skills and overall clinical policies.

Remember to keep an eye out for upcoming dates.!



Send us information about you and your team!!!!

proCARE NEWS is looking for fun and exciting information about you and your team. If there is anything you would like to share with our proCARE family, please send us an email.

This information could be a birth announcement, wedding date, or any type of exciting event in your life. Or, it may also include something new about your team. Did your team earn an award in your community recently? Let us know, we want to share your exciting news.

Email to:
bbrady@procaretherapy.net

What is IMPACT?

The Improving Medicare Post-Acute Care Transformation Act of 2014. IMPACT seeks to create uniform language and measurements for rehabilitative quality. Currently, there is a multitude of different weights and measures, complicating the understanding of information that is vital to Medicare, post-acute health providers, legislators and families.

"Assessing improvement in areas such as functional outcomes, pressure ulcers, dementia, etc., goes a long way toward improving the health and well-being of our patients," AHCA/NCAL President and CEO Mark Parkinson said in a letter to congressional leaders earlier this summer.

The Medicare system reimburses each type of post-acute provider according to different measurements and payment methodologies. This effort would hopefully move Medicare reimbursement and information to a more site-neutral methodology.

A GREAT ATTITUDE IS YOUR GREATEST ASSET

What usually separates the best from the rest? Have you ever thought about that? What separates the gold medalist from the silver medalist in the Olympics? What separates the successful entrepreneur from the one who doesn't make it? What makes it possible for one person to thrive after a debilitating accident while another gives up and dies? It's attitude.

As Denis Waitley said in *The Winner's Edge*, "The winner's edge is not in a gifted birth, a high IQ, or in talent. The winner's edge is all in the attitude, not aptitude. Attitude is the criterion for success. But you can't buy an attitude for a million dollars. Attitudes are not for sale."

For years I have tried to live by the following statement: I cannot always choose what happens to me, but I can always choose what happens in me. Some things in life are beyond my control. Some things are within it. My attitude in the areas beyond my control ***can*** be the difference maker. My attitude in the areas that I do control ***will*** be the difference maker. In other words, the greatest difference my difference maker can make is within me, not others. That is why your attitude is your greatest asset or liability. It makes you or breaks you. It lifts you up or brings you down. A positive mental attitude will not let you do ***everything***. But it can help you do ***anything*** better than you would if your attitude were negative.

John Maxwell—*The Difference Maker*

SO, WHAT KIND OF ATTITUDE WILL YOU HAVE TODAY? REMEMBER, THE PERSON THAT MAKES THAT CHOICE IS IN THE MIRROR…

Thank You & CONGRATULATIONS… TO US ALL!

ProCare Therapy (yes, that's YOU) has won the "Governor's Quality Award; Challenge Award 2014." We may be a newer company, but we are INSPIRED! The award was presented by Governor Beebe at the Quality Award Banquet, September 15, 2014.

Governor's Quality Award
Challenge Award 2014

MDS Minute

The Centers for Medicare & Medicaid Services (CMS) recently published its fiscal year (FY) 2015 final rule for the skilled nursing facility prospective payment system (SNF PPS) and consolidated billing in the August 5th Federal Register. In this final rule, there is a rule change to the COT OMRA (Change-Of-Therapy Other Medicare Required Assessment). This revision to the COT OMRA policy, unlike many other policy changes from CMS, is a favorable decision for long-term care providers.

The long and short of it: Patient's that fall out of a Rehab RUG into a Nursing RUG will not always have to wait until the next scheduled assessment, which could be up to 30 days, to regain a Rehab RUG. (Scheduled assessments are the 5, 14, 30, 60, 90 day MDS assessments.) If a patient that is ACTIVELY receiving therapy misses the RUG because of abbreviated time or a missed day, and they need to remain on rehab, this will be very helpful!

The EOT and EOT-R remain: We WILL NOT be able to use this update to re-establish a therapy RUG for patients who miss 3 consecutive days and causes an end of therapy (EOT). This process will still be either an EOT, EOT-R (resumption) or discharge, re-evaluate, and perform a start of therapy (SOT).

The Medicare environment is continually changing. Many of these changes, especially over the last several years, have not been in favor of providers. It is nice to see a policy change that positively affects this industry.

PROCARENEWS

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