

ACT NOW - IMPORTANT BILL

As you all likely know, the extension of the Sustainable Growth Rate (SGR) and cap exception process are set to expire on March 31. This will put in place the SGR 21% reduction in Medicare payment rates, and Part B therapy caps will reset at \$1940, without the exception process that is currently used to exceed this amount. In prior years, Congress has annually created a funding patch to allow that exception process to continue and to prevent the full impact of the SGR.

The House has passed a bill that will address the punitive 21% cut, partially address therapy caps, and (to some degree) the onerous MMR (Manual Medical Review) Claims process. However, the Senate adjourned March 28, prior to addressing their bill. Thus, at this time, no temporary fix or patch is in place, and no Senate action was made. Because Medicare claims are paid no sooner than 14 calendar days following receipt of bill, the senate will have a brief window to address this issue when they reconvene.

We remain optimistic and hope that Congress will vote for the best interests of our patients. However, we must let our representatives (particularly our senators who are reconvening in early April) know the importance of providing funding for full Medicare services. We must also remind them that the SGR, the therapy caps and the MMR should be addressed now. This issue has been kicked down the road too many times.

If you have not contacted your congressional leaders regarding this, please do!

"This is the best therapy I have ever had...the private suites are so nice, and everyone that walks into my room has a smile on their face."

*- Patient, Phil Seaton,
Ouachita Nursing &
Rehab*

SPRING IS HERE!

After winter delivered a fierce February and March of punishing snow, ice and rain, spring has finally arrived! Thank you to all the employees who proved tough enough to withstand the onslaught; your teamwork and perseverance was inspiring to us all!

We also want to extend a hearty welcome to our newest ProCare team members!

WELCOME

Kevin Arrington, PTA Courtyard
Bryan Sledge, COTA So. Hills & St. Johns
Kathleen Shelton, OT Sheridan Healthcare
Megan Lee, COTA Rich Mtn.
Hunter Sexton, COTA Garland/The Pines
Loni Bohannon, PTA Rich Mtn.
Congratulations to Dominique Giles at Arbor Oaks new RD/PTA



Elizabeth Hudspeth, OT, Southern Trace
Roblyn Smith, SLP, Belle Meade

And a warm welcome to the entire team at Walnut Ridge!
Derek Manning, RD/PTA
Justin Jones, OT/R
Alyson Prichard, PT
Steven Salyards, SLP

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CLINICAL CORNER

AIREX PAD:

Many of you received an Airex Foam Balance Pad for your therapy gym. So....how often is that AirEx pad getting used?

It is likely that those of you with prior home health or acute care experience recognized the AirEx and have used it previously. For the rest of you....

Do you remember being an eager student, looking for creative methods to address total balance? Searching for methods that could address not simply the vestibular and visual systems, but also the somatosensory system and the critical micro-muscles of the ankles, as well as the neuromuscular components of weight shift? Right?

Well, this is the tool for you! The Airex Foam pad is an excellent tool that will challenge our elders in the area of balance and force neuromuscular and somatosensory adaptation. Balance is key to our elder's independence while performing all functional activities, from ambulation and bed mobility, to Activities of Daily Living, transfers and everything in between.

The following treatment ideas are helpful reminders of how to incorporate the balance pad into your treatments:

- Standing on pad during grooming at the sink

- Standing on pad during overhead reaching activities
- Balloon toss/bat while standing to incorporate reaching outside base of support
- Standing on one leg
- Incorporating upper extremity exercises while standing
- Side steps onto and off of the balance pad
- Beach Ball - bat while standing
- Standing on mat while performing ADLs

How do you use the Airex to challenge functional balance? Share with us by submitting your treatment ideas to Brian Brady, and any other favorite techniques.

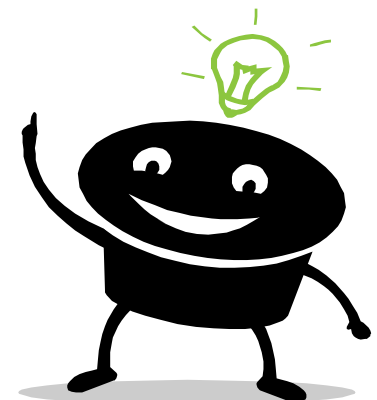
DIATHERMY:

Not all of you have access to diathermy machines for your patients. However, many of you have been fortunate to receive ACP diathermy units and special training, and you are using this with your patients with great success. We encourage you to remember that pain is a significant limiting factor to function, safety, and of course, quality of life. The proper use of this and other modalities can allow your patients to benefit more from your existing treatment, and/or tolerate needed intervention they otherwise could not receive, because of successful modality use.

Please address the pain of our elders, **and share your stories with us!**

Congratulations to all of you for completing the CARE Tool Training program! This is a very important measuring system initiated by our friends at CMS.

Both the Functional Outcome measures and the Clinical Outcome measures are becoming steadily more critical. Health professionals must measure what they do and strive for continual improvement!



What is QAPI?

If you have heard the acronym QAPI, more than likely it is related to efforts your healthcare facility is making to implement QAPI at the direction of CMS. But, *what is it?* And does it have anything to do with rehabilitation?

The short answer is that QAPI is the merger of two methods of improving quality, Quality Assurance (QA) and Performance Improvement (PI). And yes, it does apply to rehabilitation departments. QAPI is referred to as a data-driven, proactive approach to improving the quality of life, care, and services in nursing homes. So, what does this mean for rehabilitation vendors and contractors?

Well, there are 5 key elements to QAPI. They are divided into 1. Design and Scope, 2. Governance and Leadership, 3. Feedback, Data Systems and Monitoring, 4. Performance Improvement Projects and 5. Systematic Analysis and Systemic Action.

The first element, Design and Scope, says that the activities of QAPI involve **members at all levels of the organization** to identify opportunities for improvement; address gaps in systems or processes; develop and implement an improvement or corrective plan; and continuously monitor effectiveness of interventions. We rehabilitation vendors should actively make efforts to self-improve and to assist the facilities with quality improvement.

- QA is a process of meeting quality standards and assuring that care reaches an acceptable

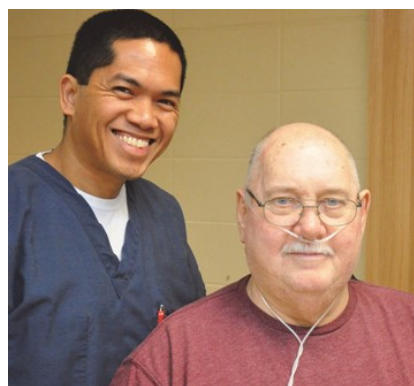


level. Nursing homes typically set QA thresholds to comply with regulations. They may also create standards that go beyond regulations. QA is a reactive, retrospective effort to examine why a facility failed to meet certain standards. QA activities do improve quality, but efforts frequently end once the standard is met.

- PI, Performance Improvement, (also called Quality Improvement - QI) is a pro-active and continuous study of processes with the intent to prevent or decrease the likelihood of problems by identifying areas of opportunity and testing new approaches to fix underlying causes of persistent/systemic problems. PI in nursing homes aims to improve processes involved in health care delivery and resident quality of life. PI can make good quality even better.

A QAPI plan necessarily focuses on gathering data about performance and systems, identifying areas for targeted improvement and implementing and adapting systems to maximize quality standards and healthcare. The data that we in rehabilitation gather within our clinical outcome measures, functional outcome measures and general documentation are an important tool to assist facilities in evaluating our services, their own services, and refining facility systems.

GOOD WORK! Pictured: Phil Seaton, Former Camden Fire Chief, and Jess Galimba, Physical Therapist



1st quarter 2015 PC

What is the “5 Star” Rating System?

The Five Star system is a government mandated and managed system for rating Skilled Nursing Facilities. The rating system is based upon specific categories. They consist of the Overall Rating, the Health Inspections, Quality Measures (such as, Antipsychotic Medications, Pressure Ulcers, Pain, ADL Decline, Catheter, Falls with Injury, Physical Restraints, UTIs), and Staffing levels. The categories are not equally weighted. This February, 2015, CMS changed the metrics of this rating system, decreasing the probability of getting 5 stars for many facilities.

A common misconception regarding this system is that the ratings are uniform and applied equally across facilities. In fact, the government has assigned a specific, maximum allowable percent for each category. For instance, only the top 10% may receive a five-star rating, approximately 23% may receive a 4 star rating, and the bottom 20% will receive a one-star rating.

The February change in metrics negatively impacted the scores of many facilities. Many believe that limiting the stars assignments to percentages does not allow accurate reflection of SNF performance and improvements. Also, because of the positive trends in care, including antipsychotic reduction and infection reduction, many believe these new metrics do not accurately reflect the gains being made within the skilled nursing facility community.

Congratulations to the most recent Five Star facilities that we serve: Arbor Oaks Healthcare & Rehab, Brookridge Cove Rehabilitation & Care, Belle Meade Rehab & Guest Care, and Sheridan Healthcare.

PROCARE**NEWS**

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FOR: