



Tis' the Season!

Yes, it is the Holiday Season. The season of family, food and friends, and the season to be grateful for all our blessings. The ProCare Therapy leadership team certainly considers our employees, our client facilities and our elders among our blessings.

It is also the season for traveling, unpredictable weather, flu and other illnesses. Be careful, out there! Act with forethought, stay healthy, and remember to care for your elders during this time.

Count your blessings and endeavor to be counted as a blessing to those around you!

Fa-la-la-la-la!



FACILITY NEWS:

Congratulations to the many client facilities out there with special achievements. ProCare gives a special shout-out to POCAHONTAS HEALTHCARE & REHABILITATION CENTER.

The American Health Care Association and the National Center For Assisted Living recognized Pocahontas Health and Rehab with a November Press Release. Pocahontas Healthcare and Rehabilitation was the only Arkansas facility recognized nationwide for achieving one or more of AHCA/NCAL's Quality Initiatives goals. Pocahontas actually has the special distinction of achieving ALL FOUR GOALS, only accomplished by 151 facilities nationwide!

WELCOME OAKRIDGE NURSING & REHAB CENTER to the

ProCare Family! This is a super facility with supportive administration and enthusiastic rehab team, and we look forward to a great year!

"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

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THE MEDICARE MILE

A New Bill is Introduced:

Over the last several years, several bills have attempted to address thorny Medicare issues impacting seniors and the healthcare industry supporting them. These bills have previously failed, whether bipartisan, democrat or republican sponsored. There is now a new draft bill put forth by Rep. Kevin Brady (R-TX, chairman of the Ways and Means Subcommittee on Health.) We are all responsible for learning about this bill and others, and for writing our representatives to support our seniors' ability to access their benefits—all of them.

Previous bills have attempted to find permanent solutions to issues such as the “exception” provisions to Medicare Part B therapy caps, the therapy cap itself, the Medicare Sustainable Growth Rate (SGR), and importantly, the characterizing of overnight hospital stays as “observation days” rather than inpatient days. Disallowing “observation” overnight hospitalization days as qualifying stays prevents Medicare recipients from accessing their Medicare Part A benefits.

This bill, the Hospital Improvements for Payment Act of 2014, addresses many of these same issues. It proposes that all hospital overnight stays be counted toward Medicare A qualifying days, for post-acute services, whether the hospitalization is considered “observation” or inpatient. The bill also addresses hospital short stay reimbursement issues, calling for an overhaul of the current PPS system by 2020. The Recovery Audit Contractor (RAC) would also be limited in its ability to audit hospital short stays, and it would reduce the allowable RAC audit look-back period from four to three years.

This bill is in draft form, and The House Ways and Means Committee and representatives are asking for thoughtful



commentary and feedback. Let's give them that feedback!

A hospital night is a hospital night; observation days should not be punitive. The therapy exception process and the therapy caps themselves are a burden that prevents our seniors from easily accessing the care that they need. The back-log of RAC audits, the automatic RAC audits at predetermined dollar amounts, and managing the audits themselves are a barrier to placing caregiver attention on clinical needs. Constantly expanding paperwork and regulations require clinicians to manage formula and paper rather than manage patients.

Write your representatives and go online to your professional association's website (AOTA, APTA and ASHA) for continued updates, as well as for automated links to respond to your representatives.

DID YOU KNOW?

What is the SGR? The SGR stands for the Medicare Sustainable Growth Rate. The current SGR formula was created in 1997, and it was intended to control Medicare spending on physicians and others providing direct services (such as therapists) to seniors. (The Balanced Budget Act of 1997 also introduced the Prospective Payments System “PPS” that is used today for Part A Medicare services.) Annual updates to the physician fee schedules are tied to the SGA formula. As a practical matter, the formula was deeply flawed, and Congress has been required to pass “fixes”, typically limited to one year, in order to provide adequate reimbursement for services vitally necessary to our seniors.

This year, a 24% cut in reimbursement rates would have been triggered without yet another annual funding patch to the SGR formula. Bills that seek to provide permanent solutions to the SGR and other flawed Medicare programs have previously failed, though usually they have bipartisan support. The population continues to age, even as physicians continue to reduce their Medicare practice or drop out of the Medicare provider system. A permanent solution targeting this and other profoundly inadequate systems is overdue.

REHAB REMINDERS

Let's Talk!

Effective communication is one of the most important skills necessary for providing good patient care. Effective communication requires understanding, patience, and most of all, a genuine desire for equal interaction with others. Teams that communicate well do so with deliberation and a positive outlook.

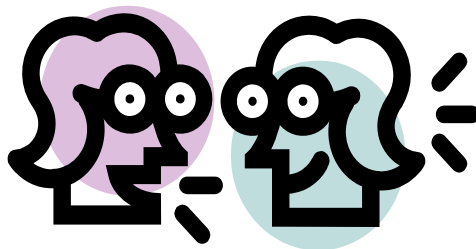
Therapists are on the front line of direct care, spend quality one-on-one time with patients, and they often have untapped information about patient capability, needs, personality and abilities. Unfortunately, clinical skills and communication skills do not always go hand in hand. Communication problems can be fostered by interdisciplinary departments that under-communicate or actively disagree with one-another. Foster agreement and cooperation!

Do you talk to each other at initiation of treatment, specifically and with clinical intent?

First, therapists must communicate with each other. Therapy teams must discuss patient goals, abilities and deficits with one another. This allows therapists to ensure that their interventions are complimentary and not repetitive, and that goal and outcomes are related to shared discharge plans within their own department. Potential patient issues will then be identified, and patient information will be correct and coherent prior to sharing with the other team members (Nursing, Activities, Social Services, and Dietary).

Do you use clear communication methods?

Medicare meetings, stand-up meetings and department meetings should be scheduled and routine. Communication should be written, using a specific communication form, not post-its. Copies of communication and meeting notes should be kept. Follow-up to communication should also be documented and reported.



What happens when therapy and nursing (or any other discipline or caretaker) perspectives and opinions do not appear to agree with one another?

Clarity benefits all. Assessed and objective status inconsistencies can be easily clarified by repeat testing, observation and treatment. Subjective goals and perspective disagreements are more problematic and can result in conflict. Prevent conflict by assuming the good intentions of all parties, actively listening, being service-oriented, and by displaying a readiness to adjust treatment according to patient and family needs.

Avoid Assumptions.

Effective communication and best care practice requires assumptions to be swept aside; all parties must be willing to modify their perspective. Perspective seldom has a "right" or "wrong." More typically, different pictures of the patient are painted according to time of day, activity, medication schedule, family presence, personalities involved, to name only a few factors. All parties gain by integrating information from all sources into patient treatment plans. When the entire team *truly* knows the patient, the best clinical outcome and professional satisfaction is possible.



Good interdisciplinary communication is achieved only when all interested parties and caregivers approach patient care openly. Convey this with words, body language, facial expression, listening skills, and by displaying a willingness to communicate in an easy, non-defensive and non-accusatory manner. The best direct care providers of any discipline provide diligent and individualized patient treatment, value the input of others, and consistently and effectively communicate from a positive outlook.



October, ProCARE Physical and Occupational Therapists held separate therapy workshops in Little Rock.. The ProCare Leadership Team, CeCe, Billy, Brian, Donna, and Brandon enjoyed seeing so many talented ProCARE therapists in one place!

Therapy and... Hydration?

Therapists are familiar with facility programs created by combining skills and communicating across department lines. Some examples include Walk to Dine Programs, Restorative Programs, and Cooking Programs. Clinicians can easily imagine those programs, even when our facility does not have them. So, who can imagine a Hydration Program?



Hydration? Therapists? Surely I must be referring to a Speech swallowing program! Well... not exactly.

Why is hydration so important? Lack of optimal hydration and/or actual dehydration contributes to or is responsible for many problems that face our Elders. A few of the more common issues include: incontinence, impaction, poor skin Integrity, difficulty with wound healing, urinary tract Infections, cardio-pulmonary compromise, electrolyte Imbalances, and balance and confusion problems related to electrolyte imbalance or UTI.

As therapists, we see our patients during the day, when they are typically more alert and active. We must also know the medical status and limitations of each patient that we treat. That same knowledge can also be used more broadly, to positively impact the health and function within the context of that patient's daily life in the facility. Hydration is a perfect example.

How? Rehab departments can work with their facilities to sponsor a "ProCare Café" or "Therapy Bar" within the gym. Decorate a hydration cart or a specific space in the rehab kitchen and designate it a Café or H2O Bar. This is a wonderful way to support hydration, communication and positive patient interactions. Skills and abilities such as coordination, communication, swallowing techniques, sit<->stand with secondary movements and balance can be addressed during this real and medically important activity.

What do you need to know? The team must know individual patient contraindications and precautions related to intake. Does the elder require thickeners or have swallowing limitations? Does the elder have diabetes or other medical conditions affecting appropriate food and liquids? What deficits and abilities can be treated within the context of a hydration bar? Pour while standing? Grasp? Reaching across midline from sit and from stand while performing an activity? Swallowing precautions? Memory and cognition tasks related to what they drank yesterday or how to make coffee? Some elders may simply have a cup of coffee or water while resting. These are only a few ideas.

What does the facility and nursing need to know? The appropriateness of including a potential patient and relevant goals should first be discussed between therapy and the Medicare Nurse or other appropriate staff. Specific dietary recommendations and instructions should be provided to rehab, by the facility. Rehab should give the patient participation list to nursing, at the weekly rehab meeting, providing names of those who participated and approximately what they consumed.

What are your ideas? We must care about hydration and the overall well-being of our elders. How can we make this a priority in your facility and rehab department? Share! The best ideas come from *you!*



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