

Quality**WISE** NEWSLETTER

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NOVEMBER 2016

Don't forget to complete your General Compliance Training and/or CIA-required training by December 31, 2016

Welcome to the Ninth Issue of the QualityWISE Newsletter

Conducting a screen from a referral is critical in identifying whether or not a patient has had a change in condition – be it improvement or decline – that is affecting his/her cognition, communication, swallowing, gait, balance, performance of functional activities or ability to perform self-care needs. Therapists must consider several indicators of change to proceed to a thorough evaluation of skilled physical therapy, occupational therapy and speech-language pathology care.

Basic Elements of a Screen

- The screen is a brief, hands-off professional review of the patient by a therapist through observation, review of the medical record and interview of the patient, family member, nurse and other interdisciplinary team members. Screens may be performed upon admission, re-admission, change of condition, or annually, depending on your facility policy.
- An assistant may collect objective data related to the patient and contribute this data to the screening form; however, the therapist determines patient need related to therapy (dictated per specific state practice act).
- The screen typically will not exceed 15 minutes in duration and should ultimately answer the question, “Is there a problem that can only be addressed with skilled therapy?”
- The screen is not billable and may lead to a request for a MD/NPP order for an evaluation and treatment.
- All referral/screen forms must be completed in full, signed with professional designation, dated and filed in the medical record upon completion.

What to Look for When Completing a Screen

Therapists must consider the individual patient and decide to evaluate and/or treat on a case-by-case basis. Below is an early warning tool referred to as **“STOP AND WATCH”** for you to use in identifying changes that might warrant further identification, evaluation and/or treatment:

- S...Seems different than usual**
- T...Talks or communicates less than usual**
- O...Overall needs more help than usual**
- P...Pain – new or worsening; participated in activities less than usual**
- A...Ate less than usual (not because of dislike of food)**
- N...Needed some type of medication change**
- D...Drank less than usual**
- W...Weight change**
- A...Agitated or nervous more than usual**
- T...Tired, weak, confused or drowsy**
- C...Change in skin color or condition**
- H...Help with walking, transferring, toileting more than usual**

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Please review the **October 14 issue of Fast Fact Friday** where you will find discipline-specific identification considerations to use when addressing a change in the patient's functional status, including example questions to answer during the screening process. You also can find additional information by reviewing the RehabCare policy 03.17, "Rehabilitation Referral/Screen" and form.*

Remember, every issue of the *QualityWISE Newsletter* is archived at <http://www.rehabcare.com/employees/qualitywise/>, along with helpful FAQs. If you have any questions or concerns related to quality, compliance or the CIA, you can email RehabCareQualityWISE@rehabcare.com or contact Kindred's Compliance Department at compliance@kindred.com. And you can always contact the Compliance Hotline at 800.359.7412 to report suspected violations of any federal healthcare program requirements or Kindred's policies and procedures.

*Please note the Fast Fact Friday issue is hosted on Knect, so you will need to be connected to the Kindred network to access these links.

Thank you for everything you do to ensure exceptional outcomes for our patients and partners.