

# QualityWISE NEWSLETTER

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JUNE 2016

## Welcome to the Fourth Issue of the QualityWISE Newsletter

This month's edition of the QualityWISE Newsletter includes an overview of topics recently covered in the Fast Fact Friday educational releases, as well as a reminder about nominating outstanding caregivers for the Paul Diaz Caring Award.

### SLPs Role in Evaluation and Assessment of Cough Function

By assessing a patient's ability to cough, speech-language pathologists (SLPs) can gain valuable insight into the functions involved in airway protection during swallowing and speaking.

The three types of coughs defined by Lee, Cotterill-Jones & Eccles (2002) include (1) the voluntary cough; (2) the irritant-induced cough (which is preceded by an urge to cough), the origins of which involve the cerebral cortex; and (3) the reflex cough, which is brainstem-mediated.

Cough assessment and treatment is an exciting area that is being developed, and one that SLPs should consider helpful in collecting information. There are opportunities to gather measurable data both pre- and post-intervention. Clinicians are encouraged to further research this function, and to collaborate with their team members, especially respiratory therapists.

### New Clinical Programs: Selecting the Correct Clinical Program in SMART

The Primary and Secondary Clinical Program selection in SMART is designed to provide information on the breadth and specificity of clinical programs being used when treating our patients. The clinical programs are designed to address specific patient medical needs (i.e. cognition, wounds, ortho, neuro), not components of the treatment plan (i.e. ADLs, gait, transfers). This data further provides us information regarding the effectiveness of the respective clinical program, supported by outcome gains, rehabilitation length of stay, facility quality measures and five-star rating, and discharge locations and level of care.

#### Primary Clinical Program:

- This selection relates to where over 50 percent of the therapy effort for that discipline is focused, to include supporting standardized tests, evidence-based treatment interventions and functional outcome goals under that clinical "bucket."

#### Secondary Clinical Program:

- Selection relates to the second-highest focused effort of therapy for that discipline. Significant co-morbidities impacting therapy should be considered for this program selection. If only one clinical program is utilized, the primary and secondary programs will be the same selection.

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## Food for Thought: Starting and Ending with Regular Solids and Thin Liquids

When is it appropriate to treat a patient who already is safely consuming a regular solid and thin liquid diet? SLPs are encouraged to consider the following points in the clinical reasoning process when determining when it is suitable to treat a patient who is safely consuming the diet:

- Patient choice differs from SLP recommendation
- Early-stage neuro degenerative disease
- Unsafe eating behaviors
- Need for use of compensatory swallow strategies
- A solid reason for referral
- Is the patient completely safe on regular solids and thin liquids for all meals?

If the above points are not applicable, then SLP services may not be skilled in nature and are therefore not indicated.

## The Feelings and Emotions behind Dementia

Individuals with Alzheimer's disease (AD) do not think, understand, reason or rationalize the way that we do. The reason for this is that they live in their very own world within their dementia, and it can be a very different world from the one that we live in each day.

The goal of the care partner is to maintain the overall quality of life at the most optimal level, in conjunction with the expected overall changes due to the progression of the disease. A very large portion of this goal can be achieved throughout the course of AD by consistently creating and encouraging positive emotion, and by purposely avoiding all avoidable negative emotion.

Consider, recognize and utilize the EMOTIONS of dementia as a most significant care-partnering tool.\*

*\*Reference provided by: Mal Allard, Nurse, Dementia Consultant & Board Certified Alzheimer's Educator Mal © TheirRealWorld.com, 978-729-9198, www.TheirRealWorld.com*

## The Paul Diaz Caring Award – Call for Entries

The Paul Diaz Caring Award is presented annually to Kindred patient caregivers who demonstrate an extraordinary sense of compassion and empathy while caring for their patients or residents. These individuals approach their jobs not just as a means to a paycheck or the completion of their routine duties, but also as an opportunity to make an impact on the lives of those with whom they interact every day.

**Nominations for this prestigious award are open through July 31.** If you know someone who possesses a selfless concern for others, displays great respect for patients and family members, and serves as role models for their colleagues and peers, please consider nominating him or her for the Paul Diaz Caring Award.

You can find more information about the award, including who is eligible to be nominated, and complete a nomination form at <http://www.kindredhealthcare.com/employees/caring-award/>.

Thank you for helping us honor those caregivers who truly go above and beyond to deliver outstanding care to our patients, residents and family members.

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](mailto:RehabCareQualityWISE@rehabcare.com) or contact Kindred's Compliance Department at [compliance@kindred.com](mailto: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.

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