Welcome to the Seventh Issue of the QualityWISE Newsletter

This month we focus on developing a patient-centered therapy treatment plan and review some of the philosophies and practices that are key to RehabCare’s approach to patient care.

**Developing a Patient-Centered Therapy Treatment Plan**

The following are several points that are integral to RehabCare’s clinical philosophy and approach to patient care. Please review these points carefully, always remembering that the clinical needs of the patient determine the intervention that is provided.

1. Assessing patients and determining therapy needs is a team activity – this will include nursing, therapy, social work/discharge planning, the patient and family members or caregivers. The patient should always be included in this team when possible.

2. Following the patient assessment and collaboration with other team members, the therapy treatment plan should be developed based upon the deficits and strengths that have been identified. The treatment time required to achieve the patient goals will directly determine the RUG levels in which the patient will fall. A RUG level for a Medicare Part A patient is determined based on the goals and tolerance level of the patient.

3. Each RUG level has an associated number of minutes that are required to attain that particular level. This number should not be considered “assigned minutes” – the number is a guideline for what is anticipated at that particular level of care. The therapist continues to be clinically responsible for determining the amount of therapy the patient receives. Therapy is not treated by a “number;” clinicians provide treatment that is clinically indicated and will assist in meeting the needs of the patient.

4. The RUG system is designed in such a way that the patient may move between levels during the course of therapy. For example, a patient may start at an RU because that is what the clinical team thinks the patient needs and can tolerate, but they find out in the first few sessions that this is too intense and that modification is needed.

5. Therapy delivered to our patients must be determined to be medically necessary, have realistic and measurable functional goals and be provided only with the appropriate physician-signed order in place.

6. Therapy for long-term care patients is designed to deliver skilled therapy to a patient so the patient can achieve the highest level of functional independence in their environment. The therapy treatment plan should clearly designate short- and long-term, measurable goals and be delivered under the direction of a physician order for the appropriate amount of time to achieve the desired outcomes. Documentation should always support the medical necessity of the patient. The longer the patient is on caseload, the more important it is to clearly state the patient’s skilled needs.

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7. Accurate and complete documentation is a vital component to therapy treatment. Treatment is not complete until the documentation is finished. Documentation should be completed at the point of service to increase accuracy and competence of documentation, to encourage review of the plan of care with the patient and to improve the comprehensiveness of the note. Only documentation completed with the patient may be included when calculating therapy minutes. It is unacceptable to have no documentation in a patient record. As documentation audits are conducted to ensure the completeness of a record, it is the responsibility of each manager to ensure that documentation is accurate, complete and filed.

Remember, every issue of the QualityWISE newsletter is archived at [http://www.rehabcare.com/employees/qualitywise/](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.

**Thank you for everything you do**

to ensure exceptional outcomes for our patients and partners.