

Writing Evaluations:

In top gray part of the Smart eval on the desktop, you must:

- Enter MD names: Attending and Referring MDs are the same (MD at TCC)
- Change Certification Thru dates to one month (4 weeks) from date of eval. If it is a LTC pt being placed on program for positioning you may certify them for 1-2 weeks only (check with supervisor first)

Frequency/Duration:

- **All Med A ortho pts (joint replacements, fractures) get PT 6xwkx4wks. All Med A acute CVA or TBI pts get PT 6xwkx4wks. All HMO/managed care pts with lower extremity joint replacement or fractures get PT 6xwkx4wks. All other pts get PT 5xwkx4wks.** Please enter these correctly in both Sigma in the order and in Smart on the eval.

Goal Writing

- All STGs must be broken down into small areas, Strength and ROM should be set as goals and relate them to function.
- LTGs must be same as STGs but with less assistance required

Use of Standardized Tests

- Must use at least one standardized test per eval. Must document this and enter the results in eval.

****Evals must be completed first thing in the morning. When you complete an eval, please write a Y or N in the admission book to indicate YES you put the pt on program or NO you did not. This needs to be in the book so Resident Assessment nurses can check it daily****

Billing

- **Changes to Med A evals: bill for 30-45 eval min, whatever clinically appropriate. If the pt will be on PT 5xwk, you must do 72 min Tx day of eval. If the pt will be on PT 6xwk, you must do 60 min Tx day of eval.**

****This means your Med A evals will take you about 90 min each. I will plan the rest of your day accordingly.**

- All other insurances can be ~30 min eval min, ~30 Tx min- whatever is clinically appropriate.
- Med B's must be billed use 8 min rule. See attached.

Referrals/Consults

We are increasing our LTC program. We do not only have to justify PT using function anymore- we are now able to justify PT by treating the deficit (contracture, ROM, positioning, etc).

All falls and referrals/consults are full evals. If you truly feel it will just be a screen or that the pt is not appropriate to put on program please tell me first.

- Put all LTC pts (referrals, consults) on program. Most of these referrals are for, decline in ambulation, contractures, transfers, etc. The pts may be confused or total assist. Try different modalities, very small goals, high level goals .Justification for PT can be to prevent skin breakdown, ease of hygiene, to reduce burden of care on caregiver, etc. You can just put them on program for an eval and 2 Tx's. (Skilled PT services 2xwkx1 wk), for up to or less than 30 min. During CMI it must be 5xwkx1 wk.
- Do not file the original consult form after you complete it. Give it to me or Karen when you are finished.

Re-admissions

Must check orders in Sigma for previous nursing ed, transfers, FAP etc. If these are still correct leave them. If they are not appropriate anymore they must be D/C'd.

A full eval and 1 Tx must be done to inservice the nsg staff to follow these orders for adaptive feeding equipment, splinting, etc.

Billing/Documentation at Point of Service

- **All billing must be done at point of service. DO NOT BILL ALL YOUR PT TIMES AT THE END OF THE DAY. This is considered fraudulent. You must bill for all your pts as you go along. We can track this and will not tolerate it going forward.**
- All documentation must be done at point of service i.e. in front of the pt- daily notes, weekly notes, evals, and scheduled D/C's.

Supervising

- It is the PTA's responsibility to tell their PTs when their D/C's and UPOCs are due. THE PT MUST TX THE PT FOR AT LEAST PART OF THE SESSION ON THE DAY THE D/C OR UPOC IS DUE so they can write it at point of service. The PTA and PT must then switch pts.
- The PTA needs to inform the PT when STGs have been met, are not longer appropriate, need to be added, etc. The PT then needs to alter the STGs in a weekly note or UPOC.
- If an UPOC is due on a Saturday or Sunday it must be written on Friday. If you will be taking a day off you need to write any notes or UPOCs due on the day the day before. PTAs need to be checking for this so they can tell their PT.

****Do not be treating pts in areas there is no STG for. If you or the PTA is working on it, it must be written as a STG.**

Discharges

- D/C's must be written the day they are due- always the day before the pt goes home. If the pt goes to the hospital the D/C must be written the next day.
- The date of D/C is always the last Tx day.
- When you write a D/C you must print it and hand it in inside the chart with the outcome and documentation checklist.
- Outcomes need to be completed! All parts!
 - Eval date, D/C date, all scores (score only the areas in the STGs), Prior Residence, D/C Location, check Dx box
 - Be sure scores are correct
 - If the area has not been addressed on a STG do not score it. Enter zeroes in all areas not addressed during Tx.

****Documentation must be done on time i.e. the day it's due. Do not keep your own calendar of when notes are due because this often becomes inaccurate. Look in Smart every day at all your pts to see who has weekly notes and UPOCs due. Continuous late documentation will be a reason for termination****

Weekly Staff Meetings

I will be meeting briefly with one or two staff members at 1:30 each day (meaning I meet with everyone every other week) to quickly go over your caseload to discuss D/C dates, Tx times, issues, concerns, etc. This will be 15 min or less.

UNITS/MINUTES BREAKDOWN

Units = Minutes

1 = 8-22
 2 = 23-37
 3 = 38-52
 4 = 53-67
 5 = 68-82
 6 = 83-97

Total Minutes

Units

30 = 12/18 15/15 10/20 30
 2 1/1 1/1 1/1 2

40 = 20/10/10 15/15/15 25/15 40
 3 1/1/1 1/1/1 2/1 3

50 = 20/30 15/15/20 50
 3 1/2 1/1/1 3

60 = 30/30 15/15/15/15 45/15 15/15/30 60
 4 2/2 1/1/1/1 3/1 1/1/2 4

HP/CP not billable
 but should be included
 with "0" units; does not
 count towards total time

Any tx less than
 8 minutes does not
 count; "0" units

* Look at "units = minutes" grid at left to confirm
 correct # of units per TOTAL treatment time.
 These are just examples; you can use any numbers
 if they add up correctly.

Do not do:

60 mins = 20/20/20

4 units 1/1/1 = 3 (not enough units)

40 mins = 20/20

3 units 1/1 = 2 (not enough units)