

FW: action plan

Stacy Shull

Sent: Wednesday, January 19, 2011 11:49 PM**To:** #Operations Area Stacy Shull

would like all of you to see what I forwarded Rona tonight and what I committed our area to.

Remember KPI goals for the whole region:

part A util are 1.1

rug distrib RU 60-70%

part B adc- 25% of part B eligible

PD pcr minimum 40%

Building pcr minimum 85%

group- 20%

I will forward you all times for call in tomorrow; we will not have our noon call tomorrow due to our call today. Remember for those of you who are fixing discharge destinations on your trend reports I need this done by end of day tomorrow- please send me an email when you are done so I know when I can print off the new report for the meeting on monday...

If you will notice- I did comment on some really great progress you guys have shown in PCR, both facility and PD over the past 2 weeks. I wanted you to know I NOTICE this and am really appreciative of the focus that you are already putting into this...

Thanks

Stacy

Stacy Shull, M.S., CCC-SLP
Director of Operations-RehabCare

From: Stacy Shull

Sent: Wednesday, January 19, 2011 10:48 PM

To: Rona Wiedmayer

Subject: action plan

Here is some of the specifics I have been working on this month:

Part B program development

Current caseloads:	Needham	14 people on caseload (22% of part B eligible)
	Sudbury	4 people on caseload (8% of part B eligible) 5 evals pending (would bring to 19% of part B eligible)
	Haverhill	19 people on caseload (30% of part B eligible) 1 eval pending
	Brighton	14 people on caseload (23% of part B eligible) 2 evals pending
	Lowell	6 people on caseload (10% of part B eligible) 2 evals pending (would bring to 13% of part B eligible)
	Andover	10 people on caseload (16% of part B eligible) 2 evals pending (would bring to 19% part B eligible)

Reading 5 people on caseload (8% of part B eligible) 7 evals pending (would bring to 20% part B eligible)
North Oaks 14 people on caseload (14% of part B eligible) 11 evals pending (would bring to 25% part B eligible)

(numbers based upon part B eligible worksheet that identifies current part B eligible numbers for each program- Pds have to update and fill out and send to me by 5th of every month- their target goal on worksheet is based on 25% OF PART b eligible- I know this is high but i always refer to it as a pinnacle benchmark)

Sudbury- have been focusing on program development this month for restraints, transfers, communication with SLP; also hired new PT to start next week that has many years of experience with part B programming in SNF so they are going to assign her as part B specialist to further develop these programs in this building long-term; have already identified significant number to pick up; pending facility approval to initiate evals

Lowell- admits they are struggling with part B identification as a whole- cites good restorative follow-through with long term residents; will discuss with Larry Baider to provide additional part b program development training with ppat; completed rounds this week with nursing staff to identify needs; will reintroduce cqi screen rotation program and assist facility with identifying specific screens for each area of program development assigned monthly per this program; staff is very receptive to suggestions

Andover- identified needs to improve part B program development; facility had to reschedule part B ppat training and support session with Larry Baider till first week in Feb due to incimate weather this week; staff very receptive to ideas; PD met with MDS coord this week to set up system of identifying triggers and notifying therapy on quarterly and monthly changes with MDS scores to better identify needs; focused on w/c positioning screens this week as area of focus

Reading- admits they are also struggling with part B identification as a whole- will discuss support from Larry Baider as well; PD is reviewing cqi screen rotation program and will followup to set a specific screen area from this program each week to focus on B program development screening topics;

North Oaks- PD has done a stellar job of identifying patients to pick up- 11 evals pending but have been waiting for facility authorization and approval for up to 2 weeks; facility is having some internal hullabaloo about doing these approvals (how to do them, who is going to do them, etc...) PD has had experience verifying insurance as she used to own her own practice so she has actually sat down with the social workers and shown them the websites and how to do this very quickly to verify benefits- there has been little direction from administration on this- we are trying to provide as much support as possible but they have been dragging their feet quite a bit; the administrator and director are aware and Larry and I have both been involved in communicating with them to offer support and make this process run more smoothly...

part A utilization- you already got an action plan from me on specifics for each building, but definitely a big issue in my wingate buildings going over part A minutes on 5 day (using day 8 as ard) because they loaded up to get a 14 day rug using day 11 as 14 day ard... they are all adjusting their 14 day ard and moving them out to days 13 or 14 to give them more time to meet 14 day and less chance of overlapping assessment period minutes and having overages as a result; we also talked about doing a better job of picking an appropriate rug on the more medically complex patients some of them have been getting in their buildings to up part A census so they dont overshoot and end up losing rugs because these folks just are too sick to participate in RU minutes...

rug distributions- Haverhill UH was down due to significant very severe stomach flu rounds in the facility that quarantined them for about 4 weeks. that has now resolved. Lowell also had the stomach flu hit their building badly which impacted them significantly the end of december and first of january resulting in 4-5 people missing RUs that they were shooting for. that has now resolved. Needham RU down first of December due to some significant decreases in census and admissions to fill beds much more medically complex and census recovered. Also has suffered some serious staffing issues this month with PD having back injury out for almost 2 weeks unable to treat and an OT resignation. Then in addition, the normal storm issues really affected this building seriously because of their already existant holes in coverage. We have added one OT contractor and hired a new

OTR that both started mid month- Tina and Ashley have been working furiously on finding floating staffers to help cover the needs there but it has been tough- there have been alot of people floating from other programs to help- this has added significant travel time which has negatively impacted pcr. Tara is working also very hard on these positions and has been cold calling and sending out numerous mailers without alot of response...

pcr-

area has made some good progress on this the last couple weeks- we have been really focusing on it-

andover	mtd	85%	pcr	(12-19th 87%)
brighton	mtd	87%		(12-19th 89%)
haverhill	mtd	85%		(12-19th 86%)
Lowell	mtd	79%		(12-19th 87%)
Needham	mtd	82%		(12-19th 89%)
Reading	mtd	78%		(12-19th 79%)
Sudbury	mtd	78%		(12-19th 75%)
North Oaks	mtd	45%		(12-19th 51%)

numbers pulled from MTPR

Reading- we had significant staffing meetings last week to address facility issues with affected their numbers; have two specific therapists who are now on action plans due to not meeting personal pcr goals- have identified poor use/efficiency with itouch devices as significant barriers for these two therapists- PD is working diligently on re-training to increase point of service and efficiency with their use to eliminate this as a barrier to performance; OT overstuffed- this has also been impacting overall pcr- have discussed with PD and will be eliminating OT FT position to a prn/part time position.

Sudbury- have had 2 new full time staff people start in the first two weeks of January, and has an additional new full timer starting next week. This is main factor in declining pcr again this month with increased training time needed to get these folks up and running; but we have really been kicking it to get the contractors out of there, and as of now, we only have one contractor OT left in the program so this will all turn right side up.

North Oaks- significant training time first half of month with itouches and new PD setting up new systems in facility; have reduced one contractor PT; have found another site to share contractor PTA with as well until new evals pending are approved; PD is doing daily schedule sheets with all staff; sending home part time staff when caseload completed

PD PCR-

this area has also made some really good progress in the last couple weeks as we have also been hitting this hard-

andover	mtd	32%	pcr	(12-19th 36%/42% pt. plus- travel time with home evals)
brighton	mtd	44%		(12-19th 50%)
haverhill	mtd	23%		(12-19th 28%)
lowell	mtd	36%		(12-19th 46%)
needham	mtd	79%		(12-19th 92% - has been so high due to PT staffing issues)
reading	mtd	23%		(12-19th 28%)
sudbury	mtd	17%		(12-19th 18%)
north oaks	mtd	18%		(12-19th 23%)

numbers pulled from MTPR

Haverhill- has been meeting facility goal overall- we talked about additional opportunities to increase overall performance with improving PD pcr even though building is meeting overall goal; PD is now scheduling specific

groups for herself 3 days a week; is sole caseload provider for PT on Mondays; doing all new evals)

Andover- has been working diligently to improve personal pcr; discussed ways this month to organize time better by flexing in/out times to allow for more quiet productive PD time; is setting 3.5 hours of mandatory tx time for herself each day.

Reading- has been really spending alot of time this month in management and wingate meetings addressing facility issues identified there last month- have reviewed and discussed specific duties she is doing that are to be turned over to tech to assist her; setting 3.5 hours of mandatory tx time for herself each day; using group and concurrent as a support

Sudbury- as discussed above, has had significant down time this month training new employees. Have set specific daily tx goals with 3.5 hours of mandatory tx time for herself each day; assigning all managed care residents with increased use of concurrent and group as well as a strategy to support time management; admits this is her weakest area and very receptive to support and ideas/suggestions

North Oaks- spend the first two weeks on the job training and setting up new systems to get things running smoothly there- has spend a HUGE amount of time on phone with IT dealing with itouch issues and scheduling dsl connection issues; has identified significant ST caseload for herself- will significantly increase PCR once these evals are approved by facility; also has developed a relationship with a sister facility nearby to go and treat at their program as needed to help reduce down time in facility when needed;

Overall: Have discussed some additional supports with PDs- will be having a 3 hour meeting next tuesday with group as a whole to review income statements for the year; budgets; and reviewing kpi targets again as well as establishing focuses for each building to achieve budgeted goals; also PDs have agreed to have a daily call with a 5 minute scheduled individual call-in time with me each day to have tcmt and mtrp pulled and ready to report on and review for daily targets and focuses- we will do this temporarily for a while until things show steady and sustained improvement; will discuss the areas of support on program development needed with Larry Baider for additional support as needed;

The few facilities that had to finish entering in part B discharge destinations for the trend reports are completing by tomorrow and I will bring those updated sheets to the meeting on monday.

Please let me know if you would like any additional info or clarification on anything above. I welcome your feedback and suggestions.

Stacy

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