

Message

From: Duprey, Heather M. [/O=PROD ISHEALTH MESSAGING/OU=PROD ADMINISTRATION/CN=RECIPIENTS/CN=DUPREYH]
Sent: 10/19/2012 2:49:57 PM
To: Lynett Kibler (Rehabcare) [/O=PROD ISHEALTH MESSAGING/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=LynettKibler]
Subject: RE: eval ?

He does not do evals in the gym usually. I usually schedule 90 minutes-30 eval, 60 tx. I would say your talk didn't help, I asked them how they felt on Wednesday. Their response was, it's the same info just coming from someone else. We heard what she had to say, and she heard us, nothing's really going to change. I can tell you they have been driving me and Theresa crazy this week, they have been demanding and disrespectful. I'm hoping to take them down a few pegs at lunch today.

I also just spoke with Bruce, he's equally demanding and disrespectful. Apparently his expectation is that I meet with the business office each month to go over the invoice. He has no idea what he's paying for. I explained that we did sit down with Yvette, and I was not aware that it was to be an ongoing theme. When I stated that I thought our 46% RU for Sept was pretty good, and that we always do what's clinically appropriate. He rebutted that he's done it a 1,000 times, and my staff must be missing things, there is no reason that we can't hit those numbers. I didn't really want to get into a back and forth about the admissions we've been getting lately, so I didn't even offer it as part of the issue. I also spoke to the part B revenue that he would like to see, bringing up our ALF. He acted surprised to hear that we were not treating them. "Who the heck told you that you couldn't see those residents?" I wanted to say YOU!!!! I was good and I didn't, I told him how it was articulated to me when I started here, and the reasons why being cash flow. He said starting Tuesday we will have full rights to those residents.

I think that's all for now, hopefully the rest of the day goes smoothly...

From: Lynette Kibler [REDACTED]
Sent: Friday, October 19, 2012 10:16 AM
To: Duprey, Heather M.
Subject: Re: eval ?

It's an INITIAL eval. The minute he starts ANY instruction he is moving into treatment. Every other therapist in the world is doing this in 40. I have some doing it in 15, which I think is way too short personally. Does he eval in the rehab room? If he does, I would actually monitor him without his knowledge to see how long the eval is actually taking. You can also do the schedule in a way to accounts for the evals. For example- schedule the time for 75 minutes- 30 minute eval and 45 minute treat. Let me see what I can do about getting someone from clinical in there to work with the staff. Obviously my talk didn't help.

On Fri, Oct 19, 2012 at 8:00 AM, Duprey, Heather M. [REDACTED] wrote:

Good morning! What is the golden rule for eval time? Ive always been told 30 min is ideal. My staff likes to do 45-60 min evals, stating they can't do it in 30.

I've explained its an untimed code, when we put hands on or begin to give education and strategies that is no longer an eval. Aaron told me this morning " I really don't care what the standard is, I'm never going to be able to do it 30 min" I love starting my day this way. Any suggestions?

Heather Duprey MS, OTR/L

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Dedicated to Hope, Healing and Recovery.

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*Lyn Kibler, MPT
Area Director of Operations*
*Rehabcare

[REDACTED]

[REDACTED]

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