

The CPT Recruiter

Our mission: CPT will be the leader in rehabilitation services by focusing on learning, teaching, research, outcome studies and patient focused care involving all employees at all levels. We will foster a professional, ethical and legal environment for the practice of physical, occupational, speech and respiratory therapies, while promoting these professions as an essential component of health care.



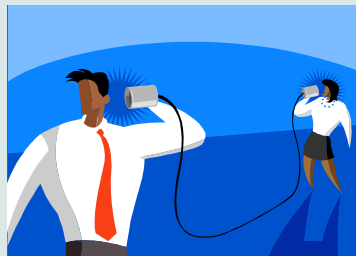
The CPT Difference

So what is it that makes CPT stand out from the rest? We listen. We listen to our employees, our agencies and our patients.

The last two years, CPT has conducted annual employee opinion surveys, which were sent to a third party to be read, tallied and summarized. The feedback has been used to make changes to not only help our employees function more efficiently, but to make them happier! Systems were changed, programs were implemented, and raises were given. Several examples include increased vacation time and an increase in the employer paid portion of health insurance.

This helped our employees not only enjoy their working environments and make their time more productive, but gave them a sense

of empowerment as they felt they had spoken and were heard.



Regular meetings with our agency partners helps us to stay on top of concerns that may arise, and implementing the newest technology available helps the whole process of treating patients run more and more smoothly. By sharing ideas, we create synergy for a better end product.

We have implemented several programs to ensure patient satisfaction in the past few years, including direct contact to determine patients' view of the care they received, and the outcome of their experience with our employees. This is

done via post discharge telephone survey. In addition, our therapists are provided with updated education so that they are able to implement new techniques.

We offer several seminars every year, which are paid for by CPT. Our therapists are even paid for their time to attend! We want our employees to be the best they can be, so they can treat patients using evidence-based practices.

Our managers hold weekly meetings to discuss current issues, strategies and plans. We feel that communication is key, so our management team is very accessible to each and every employee.

We want you on our team. Come experience the CPT difference! Contact Rosy or Heather in our Human Resources Department.



A Fellow's Impression

Written By Christine Fordyce, PT, who served a Clinical Fellowship with CPT during October 2006.

My name is Christine Fordyce. I am a physical therapist and I graduated from Daemen College in Amherst, NY in 2001 with my Bachelors degree. I enrolled at SUNY Upstate Medical University in the Transitional Doctorate of Physical Therapy (T-DPT) program in January of 2005. My anticipated graduation date is May 2007. Upon completion of the core requirements for the program, I have a few electives left to take before I graduate.

I am currently working for a large home care company full time. I have been in the field of home care for just over a year. Previously, I was working at an outpatient orthopedic clinic. I interviewed with the home care company I work for now initially for a per-diem position to help me pay for graduate school. I was offered a full time position with better benefits and I decided to leave outpatient orthopedic PT. I was initially very apprehensive about working in the field of home care because I thought that home care PT was probably going to be boring and I didn't think

that I would like it that much.

I took a full time job in home health care about 9 months after I started graduate school. I soon chose an elective that Dr. Dale Avers (director of SUNY Upstate Medical University's T-DPT program) was offering called Issues in Geriatrics Physical Therapy that focused on evaluation and intervention for older adults. I chose that class particularly because once I had



worked in home health for a month or so, I realized that I needed to learn a lot more about treating older adults given the complexity of most cases. That one class was life changing for me. Dr. Avers has inspired me to learn as much as I can about geriatrics. I now love working with older adults and I have developed such a respect and appreciation for those types of patients.

At the beginning of this year I went to Dr. Avers with

frustrations concerning the company I work for in regards to lack of evidenced based practice, management issues and policies that I don't necessarily agree with. I also expressed to her my desired to someday be in a position of management. I asked her if there was any home care agency out there that focuses on evidenced based practice and cares about the patient; she quickly referred me to Bob Tripicchio and CPT. Dr.

Avers contacted Dr. Tripicchio and asked him if he would be willing to mentor me for credit towards my DPT. The experience was and elective officially called a Clinical Fellowship. After many e-mails and phone conversations, Bob arranged a week long trip in Chicago, at CPT in October 2006, tailored to address my learning objectives. My learning objectives for the week were:

1. To learn the management process as it relates to employee reviews including discipline procedures.
2. To develop a better understanding of Medicare policy and procedures as they relate to reimbursement issues.
3. To learn how I may attempt to implement change in the large company that I work for to move towards using evidenced based functional assessment and inter-

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A Fellow's Impression—Cont.

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ventions, and to develop a vision for an optimal rehabilitation program.

4. To learn the process of motivating PTs to use evidence based practice and optimal rehabilitation.

On the first day at CPT, I sat in on a once a month executive leadership meeting with Bob Tripicchio, Dr. Curt Wegner, Kris Bykerk, Cathy Rothert, Nancy Rowan and Patricia Martin. They shared with me how they develop their business plan and the use of KRA's (key result areas). They were very interested to hear from me about what I wanted to learn for the week. Each person stressed the importance of communication in management. They also discussed their systems approach to patient care versus diagnosis based care and generic protocols, which is what the large company I work for does.

I spent the second day with Dr. Curt Wegner in a leadership course based on the teachings of Dr. Deming. It was the third day of a 4 day course. I learned a lot that day and would like the opportunity to someday be able to participate in all 4 days of the course. CPT incorporates Dr. Deming's teachings and management philosophy. The most important thing I learned that day was that when something goes wrong, the best thing for a man-

agement team to do first is to take a look at the process and see if there is a problem, instead of immediately blaming an employee. This is definitely something that I wish my company would use!

I spent the third day with Cathy Rothert and she talked with me about how she manages the home care PTs. We also discussed company process and employee discipline. She talked with me about how CPT values each employee and tries to facilitate a learning environment for each person. If an employee has a weakness or something that they need improvement with instead of disciplining or blaming that employee, CPT takes it upon themselves to take a look at the process and see if there is something that was missed that may have caused that error. CPT spends a lot of time and money educating their PTs with the most up to date evidenced-based physical therapy practice. They routinely offer training in various topics including functional assessment testing, patient goal setting and accurate OASIS documentation. I went with Cathy on a mentor visit of a staff PT.

I spent the fourth day with Nancy Rowan, in the morning I went with her to sign a contract with a new agency. In the afternoon we went one of the Alden SNFs and I spent about 20 minutes with the staff PTs and OT's asking them questions

(without Nancy). I asked them questions related to job satisfaction and company policies as well as management style (likes and dislikes). I asked all of the PTs and OT's to please speak freely on the subject because I was just there to learn about CPT. I did not hear one negative comment from any of them about their job. I was so impressed with finding PTs and OT's out there that 100% love their job and have nothing to complain about. Then Nancy came back and we went over a patient case with the PTs and OT's using the HOAC II model. I learned a lot from that and plan to start using the HOAC II model to set patient goals.

The last day I spent with Bob and Kris. They answered my remaining questions related to management style and implementing change. I asked Bob a lot of questions about how he started CPT and he shared a lot of information with me. I'm grateful for the time I was able to spend with him. He is a very approachable and dedicated to CPT and excellent patient care.

The experience in Chicago was one of the most beneficial pieces of earning my T-DPT. CPT inspires me to continue to use evidenced-based practice in my patient care, interventions and goal setting. I can only hope that one day Bob expands his practice to Upstate New York!



Who is CPT?

Community Physical Therapy & Associates is a therapist owned practice, founded in 1986 by Bob Tripicchio, PT, MS. CPT was devoted exclusively to the delivery of home care services until 1996 when we expanded to include an on-site, Medicare certified out patient clinic and a skilled nursing facility division. CPT has remained a practice which creates value for patients, payers and employees by creating new approaches to healthcare delivery which are based upon current knowledge and past experience. Currently, we employ a staff of over 350 therapists and 20 office support personnel to over 30 different home care agencies and 20 different SNFs. We would love to talk to you! To find out what we can do for you, please contact Rosy or Heather in the Human Resources Department.

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