



Therapy Department Patient Surveys
September 2022

1

CPT Therapy Department Patient Survey

Each facility will have their own unique link to access the the patient survey for their site

There are 2 surveys per facility:

- Short Term Rehab Patients
- Custodial- for Long Term Care residents
- (Sites that offer outpatient therapy will also have a separate Outpatient Survey)

4



CPT Vision statement

“To work together as a team, providing and stimulating improvement of the whole, while fostering individuality and professional growth”

2



WHO-WHAT-WHERE-WHY-WHEN

5

CPT is introducing Patient Satisfaction & Readiness Surveys 2022

Feedback obtained via surveys will provide:

- ✓ Increased opportunity for CPT to work together as a team.
- ✓ Provide improvement for the whole system
- ✓ Foster growth for individuals, departments, and company

3

Who will be responsible to ensure the patient will complete the survey?

- The therapist completing the Discharge Note will ensure that a survey is completed at the time of d/c from therapy.
- Each Department can determine a system that works best for their team- suggestion is to alternate the responsibility per month or per quarter for the discipline completing survey.
- ex. Short Term Rehab patient that are on all disciplines- PTs complete in Jan / OTs complete in Feb
- If only on one discipline- will complete at d/c (ex. Only on ST)

WHO (Staff)

6

WHO (Patients)

A survey should be completed for ALL alert and oriented patients for a planned Discharge.

The link to the survey may be shared with family/caregivers if the patients prefer, or if the patient is unable.

If patients are not able to complete – there is a link to a “NO Survey Completed” for the following 2 reasons:

- Impaired Cognition
- Patient Refused

(no survey completed will be reviewed later in presentation)

7

WHY?

GROWTH	Foster growth for individuals, departments, and company
TEAM	Increased opportunity for CPT to work together as a team with our customers: Excellent survey results can be shared for marketing purposes
STAFF	Staff satisfaction- receive recognition for efforts
BEST PRACTICE GERIATRICS	Being person-centered is evidenced based and one of the 6 principles in delivering the highest quality care to the geriatric patient

10

WHAT

What is included in the survey?

- If their goals and concerns were asked and incorporated into their treatment sessions (OPN- CPT initiative!)
- Readiness for discharge
- Perception of Customer Service
- An opportunity to share any comments, concerns, and compliments!

8

WHEN



Upon completion of discharge session with the discipline as scheduled per department supervisor

11

WHERE

Where should the survey be provided?

The therapist can access the survey via the facility specific link on a therapy or facility desktop computer, laptop, chromebook, iPad.

Please provide privacy for patients so they can provide unbiased opinion by drawing a curtain, or in an area where the screen cannot be read by passersby.

If necessary, a paper survey may be provided then answers may be entered by therapist, supervisor, or rehab aide as determined by the supervisor. (paper survey not recommended)

9

SURVEY CONTENT



12

1. PATIENT NAME
(optional)

When setting up the patient to complete the survey, please inform that any question with an asterisk * is a required question.

There are 2 questions that are NOT required

Name is NOT required- patients can choose to anonymously complete the survey if they choose

13

6. The therapist asked me for my personal CONCERNS (problems/worries) about what I believe is important to accomplish in therapy.

7. Have all of your concerns been addressed? (long answer)

The purpose is to ensure that the patient perceived that their own personal CONCERNS and GOALS were asked throughout the duration of their care.

As a reminder, person-centered communication- OPN method- is CPT's defining initiative- our brand, what sets us apart from other therapy companies

16

2. Person filling out this form

OPTION 1: I am the patient

OPTION 2: I am a family member of the patient:
If patient is not able to complete the survey, the survey link may be shared with a family member to answer on behalf of the patient.

14

8. I was asked for my own GOALS related to my most important concern

9. "My personal goals and concerns were the focus of my therapy treatment plan"

YES/ NO Question

The purpose is to ensure that if their concerns and goals were asked, then were their personal goals the focus of their treatment

OPN method is to attempt to elicit at least 3 goals, document in the patient's exact wording, and to use the patient participation scale. The patient should specify their most important goal, and then elicit results achieved upon follow up.

If OPN process was followed, the patient should agree that their own personal concerns and goals were the focus of their treatment plan

17

4. Why do you think you are being discharged from Therapy?

5. Do you agree with your d/c date (long answer)

- All of my goals were met
- Most of my goals were met
- Insurance cut off further treatment
- Per Doctor recommendation
- Per my own request
- I am going to transfer to another facility
- I am not sure
- Other (please provide details in comments below)

15

10. I believe the number of therapy sessions I received was adequate to address my needs

YES / NO

If no, the patient is asked to provide details in the comments section.

18

11. AGREE - DISAGREE

This section includes 7 questions that are to be rated on a scale:

AGREE – Somewhat Agree – Neutral – Somewhat disagree – Disagree

1. My therapists were courteous and professional:
2. My therapists were engaged during my therapy sessions
3. I feel that my condition has improved as a result of my participation with the rehabilitation program:

19

13. Additional Comments

Optional

“Long Answer”




22

11. (cont.) AGREE - DISAGREE

4. I would recommend this therapy service to my friends and family:
5. I feel physically ready to be discharged from therapy (if disagree provide details in comments):
6. I am confident I can manage my condition with help as needed (if disagree provide details in comments):
7. I have knowledge of the resources I need to succeed after being discharged from therapy (if disagree provide details in comments):

20

ACTUAL PATIENT COMMENTS

- "I cannot say enough about my therapists for without their special care I wouldn't be going home. Their advice is invaluable, everyone is very helpful and concerned, I see how everyone treats their clients with compassion and concern. I looked forward to each day for their help. I would certainly recommend their therapists.
- "I like it when the "Alexa" is playing my favorite music."

23

12. "I felt safe during my therapy sessions"

YES/ NO Question

If NO: please provide details in comments section

21

PATIENT REFUSED

or

UNABLE TO COMPLETE

There will be instances when patients are either unwilling or unable to complete a survey upon discharge.

In those cases, therapists will be **REQUIRED** to log when surveys are **NOT** completed on a form via this link:

<https://forms.office.com/r/juYMqnpFBq>

24

PATIENT REFUSED

or

UNABLE TO COMPLETE

1. Patient Name
2. enter DATE
3. CHOOSE SITE
4. Patient Unable to complete survey due to impaired cognition.
 - Allen Cognitive Level < 4
 - BCAT < 25
 - Crosswalk Cognitive Scale scored > Mid Range, Moderate, Severe or End Stage Dementia* (assessment documented in NetHealth)
5. Patient Refused
 - REFUSED
6. COMMENTS

25



28

Cognitive Stage	BCAT	Short BCAT	MMSE	GDS FAST	SLUMS	BIMS	MoCA	Allen Cog Level	OPN	COGNITIVE & FUNCTIONAL OVERVIEW
Normal	44-59	21-20	28-30	1-2	Good 27-30 Satisf 25-26	35-15	26-30	Level 4 Directed Activity	Open Ended	No deficits. Tests independently; may have subjective memory complaints but without objective evidence.
Mild Cognitive Impairment or Very Mild Dementia	34-43	19-17	24-27	3	Good 21-25 Satisf 20-24	32	25-24	Level 3 Independent Limited Activity	Open Ended	Minimal deficits overall; but evidence of specific functional deficits in ADLs. Subjective and objective memory deficits. Loner scores most supportive of need for caregiver support; daily check-in if living alone.
Mild / Mid Stage Dementia	25-31	17-16	19-23	4	Good 15-20 Satisf 11-15	10-11	23-22	Level 2 Directed Activity	Try Open Ended - Jot new info for relative that any change or confusion or change in chronic concerns/pain with family and caregiver	ADLs deficits. Typically requires residential support services and daily monitoring. ADLs show signs of declining ability. Clear objective evidence of memory and other cognitive declines. May start to show signs of aphasia or dysphagia, or evidence of gait, incontinence deficits. Discuss with the patient, family or caregiver to obtain concerns and gain their perspective.
Moderate Dementia	24-15	16-14	7-18	5	Good 11-20 Satisf 1-19	8-9	18-17	Level 1 Minimal Activity	Confused or Fused Choice	ADLs impairment. ADLs require assistance. Clear evidence of dementia. Requires 24-hour supervision or placement in Memory Care or SNF. May not respond to verbal or physical symptoms of speech/language deficits. Dialogue with the patient's family or caregivers to obtain concerns and gain their perspective.
Severe Dementia	14-8	11 and down	0-18	6	Good 1-20 Satisf 1-19	1-7	16-0	Level 0 Minimal Activity	No Choice	Severe functional deficits in ADLs. Marked deficits in memory. Physiological requires attention. Requires significant residential support. Will not respond or respond with family or caregivers to obtain concerns and gain their perspective.
End Stage Dementia	7-0		0-18	7	Good 1-20 Satisf 1-19	0	16-0	Level 0 Minimal Activity	No Choice	Requires assistance with all ADLs and functions of daily living. Requires complete care to meet all needs. Dialogue with the patient's family or caregivers to obtain concerns and gain their perspective.

26

Each facility will receive their unique survey link emailed to the supervisor and department email accounts as well as sent to the NetHealth messages to all staff that have access to that particular site.

Please save the link in all device "Favorites" for easy access

SURVEY LINKS

27