## **EOM Assessments**

And Daily Logs
Part 1

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## Aim & Objectives

- Aim: Each Supervisor will be able to Independently complete the daily log and the EOM assessment
- Objectives for Part 1:
  - Understand the new method to respond to EOM charts
  - Understand the new operational definitions used to describe each metric
  - · Understand what is required in each metric cell on the daily log
  - Understand what is required in the Gross Margin Action Plan Cell on the daily log

#### **Previous Method**

- When you received your EOM Metrics via email you identified any special causes (including new means) and trends as well as any recent mean changes that were negative.
- You then responded to the email with your assessment.

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#### New method

- Once you assess the charts and identify your special causes, trends,& recent mean changes, you will NOT email your response. You will instead go to the daily log and update each metric box with your assessment
  - View daily log
- To help us identify that you actually did update your assessment, please put the metric month in the first metric box on the daily log
  - Gross Margin box
  - We are now in September but you are assessing metrics for Aug so please put August in the box

## **Operational Definitions**

- We have noticed that each of you describe the metrics in a variety of ways
- Our goal is to have each of you use the same verbiage when describing your special causes, trends and mean changes
- Therefore, we have developed new operational definitions and terms for you to use. Nothing more, nothing less
- These new definitions have been added to the EOM Reports Defined document on the manuals page of the website (www.cptrehab.com/manuals) under Supervisor manual
  - Also located on the webinars page of the website (www.cptrehab.com/webinars) under the link for this webinar

#### End of Month Reports Defined - Review

- End of Month Reports Defined
- Information:
- · Mean: the current average
- Upper and Lower control limits: The standard deviation set by the data to determine normal variation range.
- · Normal variation: Any data points that are moving within the upper and lower control limits
- Special Cause:
- 1. When a data point falls outside the normal control limits either above the upper control limit or below the lower control limit. This is something to respond to since it is outside the "norm". The idea is to look into the data behind the point to determine possible causes. If this is a positive change, can things be changed in the system to reproduce this change and keep it going. So, when we know why, can we keep it going. If this is a negative change, can things be changed in the system to avoid this from happening again. Once we know why, can we stop it.
- happening again. Once we know why, can we stop it.

  When the mean changes due to 7 data points in a row being above the mean or 7 data points in a row being below the mean. When the mean changes what was the cause? We want to identify why and if it is a positive, what can be done to keep it. If it is a negative, what can be done, if anything, to change it back. It can be hard to identify a new mean so always count the # of dots in a mean. If 7, then there was a new mean set and that is a special cause
- Trend: 5-6 data points in a row either above the mean or 5-6 data points in a row below the mean. This is a trend that can lead to a special cause (mean change) because 7 data points in a row will lead to the mean change. So, we want to identify a possible mean change before it occurs try to figure out why and if it is a positive can we keep that going or if it is a negative can we do something to combat it.

#### Metrics:

- Productivity: All therapy minutes provided to patients (including eval min) / Therapist and Assistant staff hours (no aide)
- Efficiency: All billable minutes provided to patients (therapy minutes minus Medicare A, Managed A and Med Replacement eval minutes)/ All department staff hours (including aides)
- Labor rate: The average rate per minute for entire department staff The cost of the labor (how much they are getting paid per minute). If it is trending higher or a Special Cause above UCL, then the cost of labor has gone up. It may be due to increase in prn hours compared to other months, increase in therapist vs assistant hours, increase in contract hours, etc or a decrease in aide hours (aide rate brings overall rate down since paid less so if they decrease hours, the overall rate will go up because you are left with more costly labor). If it is trending lower or a SC below LCL, it may be due to less prn hours compared to other months, less therapist hours vs assistant hours, less contract hours or more aide hours (aides cost less so with them added into the mix, it will bring the overall rate down)
- Gross Margin: This is a wrap up of all the charts. It is a percentage. When identifying why there are changes, you want to look at the other charts to determine what could be impacting the Gross Margin in a positive or negative direction.

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#### End of Month Reports Defined - Review

- Census Med A: The average # of Medicare Part A pts on therapy per day per month. Divide the # on the left side of the chart by the # of days in the month to get the average census. The higher the #, the higher the census.
- Census Med A Replacement: The average # of Medicare A Replacement policy pts on therapy per day per month. Divide the # on the left side of the chart by the # of days in the month to get the average census. The higher the #, the higher the census.
- Med B Revenue: The total revenue for Med B for the month. This can be affected by the # of units, units/visit, the type of units, and how close to the next unit you are, # of disciplines per patient, and % of Therapists treating the patients vs Assistants. If the revenue is trending or a Special cause, look at changes to these areas to determine reasons.
- Overtime: The higher the # the higher the overtime. This chart is <u>NOT MONTHLY</u>, it is **weekly**. So, when analyzing the EOM charts, you need to look at the last 4-5 weeks to assess any trends or special causes for the current month.
- Med A Minutes per patient per day: The overall average daily minutes provided to the Medicare A patients for all disciplines combined within a month's time. This # does take non-treating days into consideration. Therefore, if you on average schedule 70 min for PT and 75 for OT Mon thru Fri and no min on Sat or Sun, the average min per day would **not** be 145 min but instead (145 x 5 = 725, 725  $\div$  7 =) 104 min / day. By monitoring this metric, you are examining if there is a change in practice patterns over time.

#### When reporting on Metrics please use the following terms:

{Key: (-): Negative; (+): Positive}

- SC (-) above UCL: Current month is above UCL and it is a bad thing
- SC (+) above UCL: Current month is above UCL and it is a good thing
- SC (-) below LCL: Current month is below LCL and it is a bad thing
- SC (+) below LCL: Current month is below LCL and it is a good thing
- SC (–) New mean: current month has set a new mean for the worse
- SC (+) New mean: current month has set a new mean for the better
- 5 or 6 month (-) Trend: 5 or 6 months in a row either above or below the mean that is a bad thing
- 5 or 6 month (+) Trend: 5 or 6 months in a row either above or below the mean that is a good thing

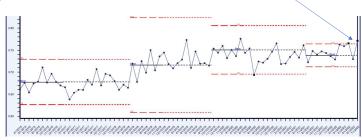
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## End of Month Reports Defined - New

#### When reporting on Metrics please use the following terms:

{Key: (-): Negative; (+): Positive}

 SC (–) above UCL: Current month is above UCL and it is a bad thing Labor Rate Chart

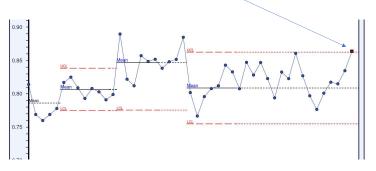


#### When reporting on Metrics please use the following terms:

{Key: (–): Negative; (+): Positive}

• SC (+) above UCL: Current month is above UCL and it is a good thing

**Productivity Chart** 



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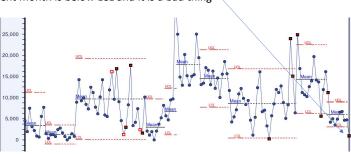
# End of Month Reports Defined - New

#### When reporting on Metrics please use the following terms:

{Key: (-): Negative; (+): Positive}

• SC (–) below LCL: Current month is below LCL and it is a bad thing

Med B Revenue Chart

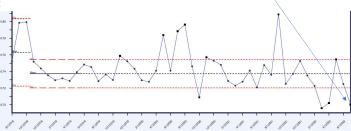


When reporting on Metrics please use the following terms:

{Key: (-): Negative; (+): Positive}

 $\bullet~$  SC (+) below LCL: Current month is below LCL and it is a good thing

Labor Rate Chart



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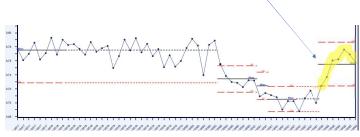
# End of Month Reports Defined - New

When reporting on Metrics please use the following terms:

{Key: (-): Negative; (+): Positive}

• SC (–) New mean: current month has set a new mean for the worse

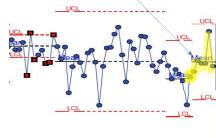
**Labor Rate Chart** 



When reporting on Metrics please use the following terms:

{Key: (-): Negative; (+): Positive}

• SC (+) New mean: current month has set a new mean for the better Efficiency Chart



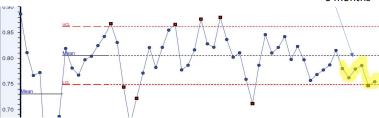
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# End of Month Reports Defined - New

When reporting on Metrics please use the following terms:

{Key: (-): Negative; (+): Positive}

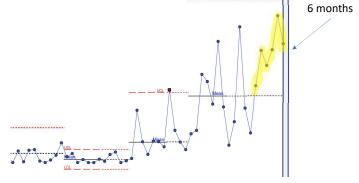
• 5 or 6 month (–) Trend: 5 or 6 months in a row either above or below the mean that is a bad thing Efficiency Chart 6 months



When reporting on Metrics please use the following terms:

{Key: (-): Negative; (+): Positive}

• 5 or 6 month (+) Trend: 5 or 6 months in a row either above or below the mean that is a good thing Med B Revenue Chart 6 months



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#### End of Month Reports Defined -New

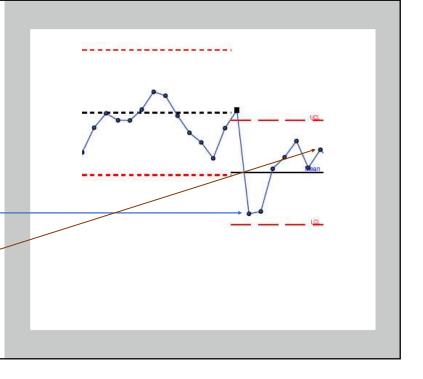
Recent Mean Change vs Stable:

it is vital to understand the difference between when the change begins for a new mean and when the new mean is actually set

Mean change actually began here

Mean change was not set until here

In this example: 7 mo in a row below the previous mean



The difference between a recent mean change and a mean that is stable is based on when the latest mean change was **SET**,

**NOT** when the change began.

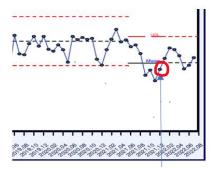
Recent Mean change is one that was SET in the last 12 months (excluding the current month)

Stable Mean is one that was SET 13 months ago or prior

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## End of Month Reports Defined - New

Recent Mean Change vs Stable: To check if a mean change is recent, count the 7 points all above / below the previous mean. Circle that data point. Count all the data points after that month. If there are 12 points or less, this is a recent mean change. If there are more than 12 points, this is stable.



Remaining Terms to Define are Recent (-) mean change

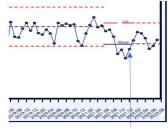
Recent (+) mean change

Stable

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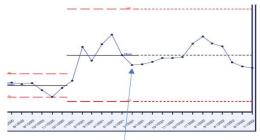
## End of Month Reports Defined - New

Recent (–) Mean Change: Any mean change that was set within the last 12 mo, excluding the current month, that got worse. For example, if this is July 2022 EOM metrics, it is a recent negative mean change if the last mean was set any month from July 2021 thru June 2022 and it was a bad thing.



Mean change was set in December 2021 for Gross Margin (Dec is the 7th month below the previous mean and there are 7 points after that)

Recent (+) Mean Change: Any mean change that was set within the last 12 mg, excluding the current month, that got better. For example, if this is July 2022 EOM metrics, it is a recent positive mean change if the last mean was set any month from July 2021 thru June 2022 and it was a good thing.

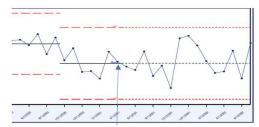


Mean change was set in July 2021 for Med A census (July is the 7th month above the previous mean and there are 12 pts after that)

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# End of Month Reports Defined - New

Stable: if the last mean change was set 13 months ago or prior. For example, if this is July 2022 EOM metrics, it is only stable if the last mean was set prior to July 2021. If the mean changed effective July 2021 or after it is not stable.



Mean change was set in April 2021 (April is the 7<sup>th</sup> month below the previous mean and there are more than 12 data pts after that)

Revised 3/8/19; 8/26/22

#### Back to the Daily Log

- Once you have updated the cells for the EOM you do not have to alter these cells because everything stays the same for the month
- Just copy and paste day to day
  - View daily log
  - Vital that each box is filled in daily Dreama will now be copying and pasting your daily log into a master for Upper Management vs Regionals. Dreama will not know what to add in if something is forgotten

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### Back to the Daily Log

In addition to the metric verbiage being placed in the box, we also want to identify each metric that is part of your Gross Margin action plan.

You all have a written action plan

If it was determined that Med B was an item for growth to ultimately improve Gross Margin, place \*AP ITEM in the Med B box and **bold** out what is in the box

view daily log

### Back to the Daily Log

- Gross Margin Action Plan Update
  - Once a week at a minimum, you will be filling this box out
  - Monday is the day to complete it, to describe what was done the previous week
  - When completing, ask yourself, what action steps (which are in your action plan) did you do in the past week to help move the metrics forward
- Example:
  - If your action plan to improve GM involved Med B. And an action step to improve Med B
    was to schedule all Med B pts with the disciplines identified on the Long-Term Discipline
    Recommendation Form, and you were successful with that last week, we want you to
    describe that in this box

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#### Thank you!

This is the conclusion of Part 1

We hope you have achieved the learning objectives

- Understand the new method to respond to EOM charts
- Understand the new operational definitions used to describe each metric
- Understand what is required in each metric cell on the daily log
- Understand what is required in the Gross Margin Action Plan Cell on the daily log