DOCUMENTING FOR SUCCESS

Topic: Lack of Progress

Per Medicare:
There must be significant progress in a reasonable, and generally predictable period of time.

BEST PRACTICE
After the first week of treatment, if the patient has made no progress, or very minor progress- it is a good idea to recognize it and address it. As a clinician, you should be concerned when your treatments are ineffective.

By the second week of treatment with no or minor progress the worst things you can do are:

- to not acknowledge it
- to indicate that the patient is progressing well toward goals
- to continue the plan of care
    - Why continue something that is not working? You have a product, a service, and if it is not effective, why keep pushing it. Try a different service which might provide better results.

SCENARIOS WITH NO OR MINOR PROGRESS

1. There is a temporary, evident reason- for example:
    - The patient was ill.
    - The patient's meds were changed and impacted the patient negatively (e.g. lethargy, behavior, sob, vomiting, etc.).
    - There was a death in the family

In these scenarios, the set-back is assumed to be temporary- illness will resolve, meds will be adjusted, the impact of the family death will lessen. Therefore, it is medically necessary to continue treatment, most probably the same plan of care.

2. There is an ongoing, evident reason- for example:
    - Negative patient behavior- refusals, combativeness, etc.
      OR
    - The reason is unknown.

These situations are a bit more challenging and will require ingenuity and creativity. Do not assume things will turn around next week without your intervention.
To find a reason, discuss with the patient, family, friends, nursing, and other therapy disciplines. One of them may suggest something that has worked well for them. Such as trying, AND DOCUMENTING:

- a different time of day
- a different therapist/ different personality/ different style
- a female vs. a male therapist or vice a versa
- a different treatment location- more private or with another patient who seems to have befriended your patient
- negotiation with the patient
- social service involvement to talk with the patient
- negotiation with the patient- find out what motivates them

- a change in treatment approach
    - learn what types of activities the patient enjoys and find a way to incorporate them in a meaningful way, i.e. that provides a different treatment approach to achieve the patient's goals
- etc.

3. There is an ongoing medical situation such as:
    - lethargy
    - medically unstable/fluctuating

These situations can also be challenging, as you have less control over them, but you might try, AND DOCUMENT:

- collaboration with nursing to learn if the clinical expectations of these conditions are to resolve or to continue
- a different time of day
- collaboration/coordination with other therapies and treatments the patient is involved in order to allow adequate rest time in between activities
- split treatment sessions. i.e. two shorter vs. one full session
- more *functional* treatment sessions
- instruction in energy conservation techniques so that the patient can "work smarter"
- arousal techniques
    - patient upright in sitting and out of bed
    - patient upright in standing
    - a more stimulating environment
    - family/friends present to engage the patient

Medicare might question the decision to provide services to a patient who is lethargic or medically unstable so if you feel strongly that the patient must have services for their well-being, in spite of these conditions you must document:

- potential negative consequences of not providing service
- smaller increments for goal progression/ task breakdown
- outlook for resolution, based on information from nursing

4. There was an expectation of slow, functional progress from the start.

If a patient experienced a massive stroke and a quick turnaround in functional status is not expected, state that. For example, a first week note might read: Patient made no measureable functional gains this week, which was expected. Gains were made in trunk control, in sitting, from dependent to Poor-. Until the patient achieves at least Poor+ trunk/postural control, no notable gains are expected/possible in the performance of ADLs or transfers. Patient is progressing toward goals as anticipated. Functional gains are expected with continued focus on trunk control.

5. Patient is nearing full independence or prior level of function.

It becomes more challenging to identify appropriate goals for the high functioning patient. The patient's discharge setting should be the driving force in establishing comprehensive goals as a patient should never have to attempt a task, for the first time after returning to their setting, on their own. If a patient has met or nearly met the basic goals, it is time to establish additional goals customized to the patient's challenges which they will encounter at discharge. Consider goals for:

- ambulating in a crowd- think Christmas shopping with arms full of packages, being jostled in a crowd

- navigating small/tight spaces
- ambulating on uneven surfaces including grass and cracked sidewalks
- boarding a bus
- car transfers
- up from floor transfers
- kneeling down and back up in church
- navigating in and out of an elevator or revolving door with or without an assistive device
- use of a cell phone or computer
- sequencing appliance use
- doing laundry
- cooking- microwave, stove, knife use
- cleaning- vacuuming, dusting, sweeping
- shopping including reading grocery ads, making lists
- making appointments over the phone- phone intelligibility, memory, etc.
- managing check book/bill paying
- managing meds- identification, sorting, reading labels
- problem solving emergency situations
- etc.

In summary, always recognize, acknowledge and address minor/no progress on a weekly basis, in your documentation.

- Note any potential causes
- Note your planned action to deal with the minor/no progress to support the medical necessity of continuing treatment possibly including
    - Changes to treatment approaches
    - Adjustment of goals