

Defensible Documentation for the Provision of Skilled Services

ACKNOWLEDGE AND ADDRESS

EVIDENT REASON (e.g. illness, family issues)



DOCUMENTATION

Acknowledge lack of progress and document the known reason to be a temporary situation.

MEDICAL SITUATION (e.g. lethargy, medically unstable)



DOCUMENTATION

Acknowledge the medical situation impacting progress and the plan to address it.

NOTE:

- Specific medical set-backs
- Potential negative consequences of not providing treatment
- Unique skills used to accommodate the situation

DOCUMENT A PLAN TO:

- Try treatment at a different time of day
- Collaborate/coordinate with other scheduled treatments/activities to allow adequate rest time in between activities
- Collaborate w/nursing to learn if the clinical expectations of the condition are to resolve or continue
- Split treatment sessions, i.e. two shorter vs. one full session
- Instruct in energy conservation techniques so that the patient can “work smarter”
- Use arousal techniques
 - patient upright in sitting and out of bed
 - patient upright in standing
 - a more stimulating environment
 - family/friends present to engage the pt
- Revise goals- smaller increments
- Revise treatment approaches
- Try more functional treatment sessions

UNKNOWN REASON



DOCUMENTATION

Acknowledge that the lack of progress is for an unknown reason and what you plan to do about it.

- Attempt to rule out if it is a medical situation, i.e. perhaps an evolving situation such as a UTI- How is patient feeling? What has nursing or others noticed?
- Try a different time of day
- Try a different therapist/different personality/style
- Try a different treatment location
- Change treatment approaches
- Learn what motivates the patient and incorporate into treatment as long as aligned with the POC
- Try more functional treatment sessions

ONGOING, ISSUE (e.g. negative behavior)



DOCUMENTATION

Acknowledge behavior, note planned actions to address it, for example.

- Discuss issue with patient, family, friends, other disciplines to determine cause and how they have successfully dealt with it
- Try a different time of day
- Try a different therapist/different personality/style
- Try a different treatment location
- Negotiate with the patient-what motivates them
- Ask social services to become involved
- Change treatment approaches
- Try more functional treatment sessions

Defensible Documentation for the Provision of Skilled Services

ACKNOWLEDGE AND ADDRESS

EXPECTATION OF SLOW, FUNCTIONAL PROGRESS



DOCUMENTATION

Acknowledge lack of progress and document the expectation, from the start, of slow progress and why.

Evidence to support expectation of slow progress:

- Neurological involvement (e.g. massive CVA) with a very significant decline from prior level
- Goals established in smaller increments, not just slower progress, for example, instead of a sit to stand goal, establish goals for:
 - Pelvic position in sitting
 - Trunk control in sitting
 - Ability to weight shift to scoot to edge of chair
 - Etc.- complete the task analysis for additional, sequential goals to achieve sit to stand

PATIENT IS NEARING FULL INDEPENDENCE OR PRIOR LEVEL



DOCUMENTATION

Acknowledge the patient's high level of function while also stating what remains to be addressed for safe return to prior setting. Challenges in the patient's discharge setting should drive the establishment of customized goals such as:

- 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.

ACKNOWLEDGE AND ADDRESS