CPT- Corporate Initiatives

March 2021

1

The CPT "Brand"

CPT has always tried to brand ourselves as a top-notch therapy provider, setting ourselves apart from our competitors by our corporate initiatives which are as follows:

- The OPN Method for patient-centered communication which is our defining initiative – our brand – what sets us apart from others
- The patient advocacy process
- Functional assessment testing and evidence-based practice
- Documentation and goal setting
- Dementia training (Allen and BCAT)
- Discharge planning process

2

When the CPT initiatives are fully applied:

- Achieve optimal outcomes
- Address all patient concerns and goals
- Minimize rehospitalizations
- Provide all medically necessary skilled care

3

Evidence Based Practice

- Dr Sackett (the Father of EBM) in 2000 defined evidenced based medicine as an integration of the best researched evidence with patient preferences (patient value) as well as professional or clinical experience.
- So, in addition to your clinical judgement skills eliciting patient concerns and goals (OPN) meets the Patient Preference or Patient Value indicator and the Functional Assessment Tests are the psychometric validated evidence in the literature used to predict function, falls, etc.

4

Evidence Based Practice and FAT's

How to effectively use FATS:

- Identify areas of the test that the patient did not score well in
- Hypothesize as to what is causing the deficit(s)
- Utilize your clinical reasoning to determine the underlying impairments causing the functional deficit
- Write goals (who, what, when, where, and to what degree)
- Develop specific goals related to the deficit areas in the FAT: Choose any of the next higher levels in each category (based on the appropriate level for the patient) and use that exact wording to write the goals.
- Decide on appropriate treatment interventions.

5

Dementia Training

Cognitive testing should be used to evaluate cognitive functioning where impairment is suspected and for any patient with known cognitive deficits to accurately discern the level of impairment. Establishing the patient's cognitive level allows for treatment interventions based on their best ability to function.

- Allen Cognitive Level
- Brief Cognitive Assessment Tool:
  - BCAT
  - BCAT-SF
  - BADS- Brief Anxiety and Depression Scale
  - Kitchen Picture test

6

OPN Method- Patient Centered Communication

Expectation is to have documentation for individual concerns and goals for ***Each and every patient***

7

OPN Method- Patient Centered Communication

- "What concerns do you have regarding returning home and functioning safely?"
  - Attempt to elicit at least 3. If less than 3, give multiple choice options to produce thinking and ensure the patient has thought of everything.
- "Do you have any concerns regarding safety, balance, mobility or activities of daily living?"
- "What goals do you have?"
  - Attempt to elicit at least 3. If less than 3, give multiple choice options to produce thinking and ensure the patient has thought of everything.

Document whenever possible the exact words of the patient and put them in quotes so we know it is coming from the patient.

Remember to ask permission as you move down the participation scale

8

Cognitive Scales and Communication Method CROSSWALK

Cognitive Stages	BCAT	Short BCAT	MMSE	GDS FAST	SLUMS	BIMS	MoCA	Allen Cog Level	OPN	COGNITIVE & FUNCTIONAL OVERVIEW
Normal	44-50	21 - 20	28-30	1-2	GradHS 27-30 NotGrad 25-30	13-15	26-30	Level 6 Planned Activity	Open Ended	No deficits, lives independently, may have subjective memory complaints but without objective evidence. If living in IL or AL may enjoy brain health therapy program
Mild Cognitive Impairment Or Very Mild Dementia	34-43	19 - 17	24-27	3 4	GradHS 21-26 NotGrad 20-24	12 10-11	25-24 23-22	Level 5 Independent Learning Activity HighLevel 4 Goal Directed Activity	Open Ended	MCI = Appropriate for Cognitive Therapy Generally functions normally but evidence of specific functional declines in IADLs. Subjective and objective memory deficits. Lower scores more suggestive of need for caregiver support / daily check-in if living alone
Mild / Mid Range Dementia	25-33	17 - 16	19-23	4	GradHS 1-20 NotGrad 1-19	9 - 10	21-19	LowLevel 4 Goal Directed Activity	Try Open Ended – Ans may Not be reliable If not …move To Multiple or Confirmed Choice	May benefit from Cognitive Therapy to express needs Has IADL 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 symptoms of speech / language deficits
Moderate Dementia	24-15	16 - 14	7-18	5	GradHS 1-20 NotGrad 1-19	8-9	18-17	Level 3 Manual Actions	Confirmed To Forced Choice	IADL impairment. ADLs require assistance, clear evidence of dementia. Requires 24 hour supervision or placement in Memory Care or SNF. May exp apraxia, Will exp aphasia or dysphagia, symptoms of speech language deficits. Cognitive therapy Not appropriate – modification training CG
Severe Dementia	14-8	13 and down	0-18	6	GradHS 1-20 NotGrad 1-19	1-7	16-0	Level 2 Postural Actions	Forced Choice	Pervasive functional deficits in ADLs. Marked deficits in memory. Psychological symptoms are common. Requires significant residential support. Will exp aphasia or dysphagia or swallowing / coughing / feeding issues. Cog re-training not appropriate
End Stage Dementia	7-0		0-18	7	GradHS 1-20 NotGrad 1-19	0	16-0	Level 1 Automatic Actions	No Choice	Requires assistance with all ADLs and functions of daily living. Requires complex care to meet all needs.

9

Discharge Planning Process

- Utilize patient-centered goal setting and treatment planning
- Utilize a variety of appropriate functional assessment tests (FAT's)
- Discipline Specific Pre-Discharge Checklist
- Home Pass (On hold during public health emergency **but** use of face time or other video means can be used instead)

10

DC Planning Process Verification Spreadsheet

Supervisors: For each patient below, please complete all columns with the required information EXCEPT for the column entitled "regional verification".
If you have any comments, you can add them in the appropriate column.

We have made a few changes and added some clarification:
The date columns have been added next to concerns column, home pass column and caregiver training column so that we are able to easily identify which note has the item

The cells have been set up to wrap text so you can type right in each of the boxes when completing the form and they will expand with additional words.

When completing the log for the FAT section, document only the test that contributed to your decision to recommend discharge. While Tinetti may be used throughout care we are asking for a higher FAT to be utilized whenever contemplating discharge - the date for that test should be 5 days prior to the DC date since it is being done to help decide on the DC

FAT Goal section: Did they write a goal for a FAT and incorporate the verbiage from the test in the goal?

The home pass should be offered just prior to the anticipated discharge date (the best timing would be the day before the NOMNC is provided). Documentation should include if you offered the pass or not; if you did what was the outcome and if you did not, why not. Marking the column yes would relate to the fact that there is documentation on the pass or not.

Building Location:

Patient Name	Treating therapist name	D/C date	Elicit patient concerns about going home	Date	Test	FAT	Date	FAT Goal yes/no	Date	Home Pass offered Yes/ No	Date	D/C checklist Completed Yes/No	Caregiver Training Done Yes/No	Date	Regional Verified yes/no	Comments

11

Patient Advocacy

- This is the process which is used when questions regarding length of stay or treatment arise.
- Therapists should be familiar with the document and incorporate the items into their daily treatment to avoid discharge discrepancies.
- This second opinion process is written in a 5-page document which is completed by the regional manager when the issues mentioned above arise to ensure that all necessary considerations /options have been examined.
- Appropriate feedback is given back to the treating therapists and any necessary adjustments made.
- **Aim**: To enhance a patient's quality of life and optimize outcomes, to the fullest extent possible, at their chosen transition destination.

12