

Efficiency EOM SC Worksheet Tips

How Efficiency is Calculated (basic definition):

*All billable therapy minutes (**not including** Med A, MCA Med A Replacement eval minutes) / Therapist + Assistant + Therapy Aide work hours*

Theory of Causes

- Change in Productivity and Efficient use of time during the day
 - Concurrent (if clinically appropriate) usage change
 - Focused Med A, MCA, Med A Replacement Evaluations (not confusing evaluation time with treatment time)
 - Point of Service Documentation usage change
 - Billable vs Non-Billable Case Conferences
 - Staying longer than needed after all skilled services have been provided
- Donning / Doffing PPE
- Cleaning PPE / equipment / frequent touch areas or surfaces
- Any NPC Time: Meeting time, Screen time
- Aide Hours (an increase in Aide hours can result in a lower efficiency)
- Evaluation minutes (an increase in NB eval minutes will decrease efficiency)

Reports for Data and Identifying Solutions:

BI report: Productivity – Efficiency per Facility / Therapist

- Choose the time frame (usually need to compare month to month)
- Provides each individual's prod and efficiency as well as a department total.
Issue: If you have an aide their hours are not being counted so efficiency totals currently will not be correct for your facility.
- Provides you with a total of Med A eval minutes and how many eval min each therapist is billing
- Provides you with total Concurrent and Group minutes and % for each therapist as well as a department total

RO Prod and Efficiency by Therapist Report

To examine data chose: time frame

- Omit NPC time

- Can choose employee type FTE, PTE, PRN, contract
- Report groups by discipline and lists each therapist so you can chose the therapist or disciplines to look at
- Run same report again with NPC time included to assess if amount of non-billable hrs have changed over time to affect productivity
- Aide hours (look at change in hours over time/ month to month)

RO Service Code Usage Report

Report Parameters

- Payer Type: Choose Medicare part A, Managed Care Part A, Commercial Insurance
- Service Date range: Look at month to month comparison

Look for Eval codes for each discipline

Divide the minutes by the units (units are # of patients on this report because there is always 1 unit per eval) to determine how much NB evaluation time on avg is being recorded

RO NPC Details Report

Shows which staff are putting in for NPC time and for what reason

Possible Solutions:

Address evaluation minutes (if increasing – why)

Try to make case conferences billable

Address productivity barriers