

Med A Min per Patient per Day EOM SC Worksheet Tips

Provides info on how many Med A minutes per patient per day are being delivered overall for each month

Theory of Causes

- Census
- Missed minutes not being made up
- Change in acuity of patients
- Lack of communication by staff if they missed minutes
- Change in practice pattern on minutes that the evaluating therapist is recommending
- Failure to adjust minutes higher when the patient can tolerate more
- Unmet staffing needs
 - Therapists unable to do overtime to cover
 - No FTE or prn available to come in
 - Inability to make up missed minutes
- Lack of concurrent (CC can be used to provide more therapy when 1:1 tx time is over)

Reports for Data and Identifying Solutions:

RO Census Detail Report to compare census 1 month to the next

RO Projections: minutes scheduled vs minutes delivered

RO Productivity and Efficiency by Therapist Report (pick day that was short on coverage to show shortage of discipline compared to other days)

PCC Diagnosis Report – if you know of a new dx in the building like dialysis impeding ability to get minutes/ acuity change

BI Report: Productivity – Efficiency per Facility/Therapist Report – provides concurrent %

Charts – Treatment Minutes and Days

Possible Solutions:

- Adequate staffing to meet appropriate minutes
- Follow refusal process
- Make up missed min and visits

- Use Triage Process – cut min as last resort
- Assess if any appropriate services may be missing – i.e. modalities
- Check projections daily
- Utilize concurrent as appropriate
- Schedule shorter or more frequent sessions if the patient cannot tolerate longer sessions
- Ensure frequency is being set based on pt needs