Management of the Non-Traditional Rehabilitation Patient

Presented by:

HARMONY UNIVERSITY

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Harmony Healthcare International, Inc.

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Management of the Non-Traditional Rehabilitation Patient: How Do We Help?

HARMONY UNIVERSITY
The Provider Unit of
Harmony Healthcare International, Inc.
(HHI)
Presented by:
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Director of Rehabilitation & Reimbursement

Speaker Bio - Keri Hart

- 30 Years Experience in Long-term Care
  - Corporate Director of Clinical Reimbursement Services
  - MDS
  - Corporate Rehabilitation Director
  - Rehabilitation Director
  - SLP
- Cognition (Dementia and Head Injury)
- Head and Neck (Dysphagia and Voice)

Management of the Non-Traditional Rehabilitation Patient

- **Disclosures**: The planners and presenters of this educational activity have no relationship with commercial entities or conflicts of interest to disclose
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Disclosure

Speaker:
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Director of Rehabilitation & Reimbursement

- The speaker has no relevant financial relationships to disclose
- The speaker has no relevant nonfinancial relationships to disclose

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Management of the Non-Traditional Rehabilitation Patient
Criteria for Successful Completion

- Complete Sign-in and Sign-Out on Attendance Form
- Attendance for entire session
- Completion and submission of speaker evaluation form

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Objectives

- The learner will be able to identify underlying deficits leading to Behaviors
- The learner will be able to define interdisciplinary assessment techniques
- The learner will be able to identify Management Strategies

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The Ideal Therapy Patient

- A decline in function is noted
- A definitive prior level of function is addressed
- Good to excellent rehabilitation potential
- A reason for referral applies directly to skilled therapy
- The patient and the therapists goals are similar

The Non-Traditional Therapy Patient

- Deficits prior to decline
- Medically Complex
- Cognitive and Behavioral issues
- A reason for referral does not directly relate to skilled therapy (increase Behaviors)
- May not reach full prior level of function
- Progress may be hard to measure

Skills of a Therapist

- *"The deciding factors are always whether the services are considered reasonable, effective treatments for the patient's condition and require the skills of a therapist, or whether they can be safely and effectively carried out by non-skilled personnel without the supervision of qualified professionals"*

How Do We Help?
Vs.
Why I Can Not Treat

Attitude Change

Utilize your skills as a therapist to assess the whole patient and develop an individualized program of rehabilitation to meet the patients needs

Dementia Statistics

- The prevalence among elderly nursing home residents is estimated to be **60%-80%**
- Patients with dementia have a risk of falling that is **2 to 3 times higher** than that of cognitively intact elders
- The current annual incidence of falls for patients with dementia is nearly **60%**

Cognition

- General Knowledge
- Long-Term Memory
- Short-Term Memory
  - Working Memory
  - New Learning
- Orientation
- Judgment/Reasoning
- Problem Solving

Learning

- Identify Information
- Differentiate relevant versus irrelevant information
- Organize for Recall
  - Put it Somewhere you can find it
- Recall later

Learning

- Chunk Information into usable units
- Repetition
- Study
- Practice
- Consistency
  - Can't Change the Rules of the game or you will not learn the game!
- Cues
- Habituate

Findings on Function

- National Institute on Aging - Todd M. Manini
- Movement and activity is vital to longevity in elderly individuals.
- 20% - 40% of all elderly will experience functional decline during hospitalization

Findings on Function

- Contributors to functional decline during hospitalization:
  - Bed rest / immobility (even for one or two days)
  - Restriction of activity resulting from the use of physical restraints
  - Poor nutrition
- Seniors, who were most active, regardless of whether they exercised, were nearly 70% less likely to die during the six-year study period than those who were most sedentary

Treatment Strategies

- Treatment should be focused on three areas:
  - Restoration
  - Compensation
  - Adaptation

Restoration

- This applies to patients in the early to middle stage of dementia that can still learn/relearn information
- Physical functioning can improve.
  - Treatment includes the underlying impairments
- Learning requires repetition
  - Focus on organizational skills, problem solving, sequencing, attention, following directions

Compensation

- Compensatory strategies may be developed and utilized by the resident
  - Visual aids within the environment for redirection
  - Items for dressing set up in a specific order to promote independence
- Treatment may focus on altering the task for increased success
  - Without established strategies, there is a potential the patient might not be able to complete the task

Adaptation

- Changing of the environment and tasks to promote the resident's function
  - Eliminate visual, auditory distractions
  - Adaptive equipment during ADLs
  - Improve lighting
  - Visual cueing
  - Labeling
  - Eliminate clutter within environment

Sensory Changes

- Visual Deficits
  - Acuity and Perceptual
  - Ensure assistive devices are utilized
- Auditory
  - High Frequency Loss
  - Background Noise
  - Speak Clearly (no loudly)
  - Allow for Auditory Closure
  - Ensure assistive devices are in use

Advanced Dementia

- Advanced Dementia Patients Have 4 Key Problems
  - Getting started
  - Sequencing the steps in the task
  - Following directions
  - Stopping the activity when they are done
- Assess these areas on evaluation

Hand-UNDER-Hand Assistance:

- Used to effectively help someone stand, walk, and sit down
- First identify the person's dominant hand
- Always position yourself on that side. If they are right handed you will hold their right hand with your right hand.
- Approach the person from the front. Go to their preferred side.
- Lower yourself to their eye level by squatting, or kneeling
- Offer your hand to them palm up just like you are going to shake hands

Hand-UNDER-Hand

- Once their hand is in yours, slide your fingers up and around the base of their thumb
- You now have a secure, but comfortable grip
- Next position yourself facing the same direction as your patient and place your free hand on their back to further assist them
  - This grip allows control of movement of the wrist, forearm, elbow, shoulder, and trunk
  - It protects your fingers from over squeezing by the patient

Hand-UNDER-Hand

- With this hold you can guide and provide a sense of stability while you help the patient lean forward, position their weight on both feet
- And come to a full stand, without pulling on arms or arm pits

Following Directions

- Physical prompts with pushing or pulling results in resistance
- As language skills deteriorate, it becomes more difficult for people with dementia to understand words and instructions
- More words don't always help
- Stay on topic

Following Directions

- Concrete language
  - What we can see and touch
- Decrease non-essential words
  - Could you please **stand** up for me vs. stand
- Utilize writing cues
  - Decreases auditory stimuli
  - End stage dementia may retain ability to read basic words

Following Directions

- Allow additional time for response
  - Patience
- Break multiple step commands down to one at a time
  - Stand up and walk to the door
- Simplify complex commands
  - Before you stand you need to put your walker in front of you

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Following Directions

- Utilize gesture
- Provide a functional object cue
  - Visible Environmental Prompts
- Sometimes silence is Golden

Take Your Time

- Patience is a virtue
  - Allow additional time for the patient to respond

Visible Environmental Prompts

- Being able to see a destination is an effective cue
- Leaving the bathroom door open frequently initiates the steps necessary for the person to get up and go to the toilet
- In later stages demonstration or imitation can be a valuable aid

Familiarity

- Design a predictable environment that is familiar and comfortable
  - Walk in familiar places with familiar shoes and clothes
  - If the person comes from a culture in which body modesty is extremely important, having a male caretaker attempt to help a female patient with a bath, could result in problem behavior

Familiarity

- Routines are important behavior stabilizers for persons with dementia
  - Requiring a person to take a bath first thing in the morning when he/she has never been a morning person, and usually took one in the evening, may result in problem behavior
  - Asking a person to take a bath or shower rather than a sponge bath, when he/she has never taken a shower or bath due to fear of water from a near-drowning accident as a child is likely to result in problem behaviors

Environmental Modification

- Enhance the environment; create quiet, peaceful, warm surroundings
  - Avoid halls that are noisy with many distractions
  - Avoid "typical" rehabilitation gym with noise; overhead paging, much busy activity
  - Keep it functional

Environmental Modification

- Environmental assessment
  - Create a supportive environment in which patient can function optimally
  - Home safety evaluation
  - Modifications – Signs posted to cue patients for safety, especially in the kitchen and bathroom

Environmental Modification

- PT: Assist with the non-pharmacological approach
  - Assess if the agitation could have been prevented or minimized with specific caregiver education or addressing untreated pain issues
  - Assess if there were problems with the transfer method, if improper communication was used by the CNA, or if the patient's exacerbating arthritic knee pain may have caused the agitation
  - This prevents the patient from being placed on inappropriate high risk medications that frequently contribute to falls

Is Your Patient in Pain?

Is Your Patient in Pain?

- Pain affects more Americans than diabetes, heart disease and cancer combined. The chart below depicts the number of chronic pain sufferers compared to other major health conditions.

Cost of Pain

- The total annual incremental cost of health care due to pain ranges from $560 billion to $635 billion (in 2010 dollars) in the United States, which combines the medical costs of pain care and the economic costs related to disability days and lost wages and productivity
- An estimated 20% of American adults (42 million people) report that pain or physical discomfort disrupts their sleep a few nights a week or more

Pain Frequency

- 138 elderly ambulatory visitors to a senior citizens club were asked to fill in a standardized questionnaire dealing with symptom pain
- 88% of those participating indicated that they experienced pain at least occasionally
- 50% admitted to experiencing pain on the day of the investigation
- Pain most commonly involved joints and legs
- 75% claimed that they use analgesics
- 80% admitted to taking painkillers at least once a week; 39% reported daily usage

Pain Management Program Development

- **Assessment Tools**: Numerical pain scale, Facial pain scale, Goniometry and Manual Muscle Testing and Sensory testing kits
  - MDS Section J Pain Interview
- Root Cause Analysis of Pain
  - Time
  - Activity
  - Motion
- Modalities

Pain Management Program Development

- Patients with cognitive-communication deficits may not effectively communicate they are in pain
- Socially the patient may feel it is not appropriate to communicate they are in pain

COPD

- The increasing burden of obstructive lung diseases, such as Asthma and Chronic Obstructive Pulmonary Disease (COPD) appears to be caused, at least in part, by the aging
- The World Health Organization estimates that between the years 2000 and 2050, the proportion of persons over 65 years of age is expected to represent up to 17% of the total world population
- In the case of asthma, the prevalence in the elderly is also high, affecting greater than 10% of patients over 60 years of age, while the estimated prevalence for COPD represents a 20% to 30% in patients greater than 70 years of age

Is Your Patient Breathing okay?

Is Your Patient Breathing okay?

- Shortness of breath or dyspnea is a frequently reported complaint in the elderly. Dyspnea is defined as a more limited or difficult respiration than expected given the current level of activity. In the literature, prevalence estimates in the elderly range from 20% to 60%.

COPD

- As COPD gets worse, you may be short of breath even when you do simple things like get dressed or fix a meal. It gets harder to eat or exercise, and breathing takes much more energy. People often lose weight and get weaker. Dyspnea occurs frequently in the elderly, is associated with poor health, and interferes with daily functioning. Results suggest that dyspnea contributes to mortality.

Early Detection

- More attention to dyspnea, including its early detection and management, may be important for a variety of reasons:
  - Dyspnea is a common complaint with a marked negative influence on daily functioning and quality of life
  - Acute or severe dyspnea requires prompt and adequate pharmacological intervention and it is an important contributor to mortality
  - Early evaluation of dyspnea can have a positive influence on the patient's functional condition, thus promoting and prolonging an active and independent lifestyle

Respiratory Assessment

- Enhancing respiratory assessment and treatment include:
  - Use of a dyspnea scale during assessment
  - Assess breathing pattern (diaphragmatic, purse lip, accessory, shallow, irregular, etc.)
  - Assess breathing ratio (ratio of inhalation to exhalation)
  - Assess abdominal muscles, chest movement during breathing, and strength of diaphragm
  - Monitor vital signs including 02 saturation during activity (at rest, during activity, immediately after activity, then at rest again)
  - Assess the patient's ability to coordinate speech and respiration
  - Assess inspiration with incentive spirometer

Effective Cough Production

- Determine whether the patient is able to produce a cough with the 5 phases of cough
  - Inspiration
  - Hold
  - Build up force with abdominals and intercostals
  - Expiration
  - Productivity

Effective Cough Production

- Patients with cognitive deficits may not be able to sequence the steps to an effective cough

Impact of COPD on Swallowing

- Poor coordination of breathing and swallowing can result in aspiration
  - Inspiration
  - Hold Breath
  - Swallow
  - Exhale
- Patient's with Chronic respiratory problems are at a higher risk of silent aspiration

Impact of COPD on Swallowing

- Invisible Signs of Dysphagia
  - Respiratory Pattern Changes During the Meal
  - Runny nose, watery eyes, throat clearing
  - Poor Intake
  - Weight Loss
- Poor nutrition can result in weakness and decreased activity tolerance

Respiratory Therapist

- PPS initiation in 1998 significantly impacted the provision of respiratory therapy in the Skilled Nursing Facility setting
  - How does oxygen dependency impact functional activities?
  - Are there other methods of Oxygen delivery that would reduce task complexity?
  - Who determines when a patient can wean from oxygen?

Why You Can Treat

- The skills of a therapist are required to assess and manage medical complexities to promote recovery
- Value your skills as a therapist to adapt rehabilitation management techniques to the medically complex patient
- Collaborate with Nursing to develop an individualized plan of care
- Focus on Function !

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Medical Management

- Pain: Modalities, relaxation techniques, medication scheduling
- Respiratory deficits: Breathing techniques, oxygen management, reduce work of breathing
- Weakness: Split sessions

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Team Approach

- How can we work together to provide medically necessary therapy?
  - PT
  - OT
  - SLP
  - Activities
  - Nursing Aides
  - Nursing
  - Social Services

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Identifying Barriers to Function

- Root Cause Analysis
  - Why? Why? Why?
  - Why is the patient unable to complete ADL? (pain)
  - Why does the patient have pain? (Decreased UE ROM)?
  - Why does the patient have decreased ROM?

Strengths and Weaknesses

- What are the patient's Strengths
  - What influences strong performance? (Time of day? Activities completed? Care Giver techniques?)
- What are the patient's weaknesses?
  - What influences poor performance? (Time of day? Activities completed? Care Giver techniques?)
- Can strengths be utilized to off set weaknesses?

Awareness of Impairment

- The patient may not be aware of their own limitations or impairments
  - You can not win the war on reality
  - Why would I need to use a walker if I walk fine?
  - Is there a safer alternative to an assistive device that will not be used?

Hand-UNDER-Hand Assistance:

- Used to effectively help someone stand, walk, and sit down
- First identify the person's dominant hand
- Always position yourself on that side. If they are right handed you will hold their right hand with your right hand.
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- With this hold you can guide and provide a sense of stability while you help the patient lean forward, position their weight on both feet
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Behavior Prevention

- Allow the patient to control the activity
  - Offer choices of activities
  - Be flexible
- Patience
  - Exude relaxation and participation
- Functional, Fun and Familiar activities
  - When is the last time you played with a Balloon versus put groceries away?

Behavior Prevention

- Establish Rapport
- Be prepared
  - What are your patient's hobbies?
  - What did they do for a living?
  - Where are they from?
  - Ask CNAs and activity staff what the patient likes to do or talk about
- Do the Activity Together
  - Modeling
- Smile
  - It's contagious

Dementia/Behavior Patients

- When a interdisciplinary approach is utilized there is a reduction in behavioral issues and a preservation of cognitive and functional abilities
- Numerous changes associated with aging can be attributed to sedentary lifestyles and social disengagement among others

Team Approach

- An SLP Evaluation and development of plan to identify the patients cognitive and communication strengths and weaknesses for effective therapy provision
- An OT Evaluation and development of plan to identify sensory deficits impacting performance
- A PT evaluation to identify respiratory management techniques

Goal Writing

- Individualized plan of care
- Long-Term Goals
  - Level you expect patient to be at discharge (or in 4 wks)
- Short-Term Goals
  - Incremental steps toward the long term goals
  - Think beyond transfers, ambulation, and ADLs

Therapy Documentation

- Be Descriptive
- Focus on Function
- Focus on your skills as a therapist
  - Assessed for…
  - Developed…
  - Educated…

Document Management Plan

- Incorporate into the patient's Plan of Care for the specific problem:
  - Specific Strategies
  - Adaptive equipment
  - Environmental Modifications
  - Strengths and Weaknesses
- If your services focused on development of a management plan it must be evident **in the medical record** !

Management Plan

- **Problem:** High Falls Risk related to balance deficit and reduced visual acuity
- **Goal:** The patient will not have a fall for 90 Days
- Interventions:
  - Encourage patient to sit in chairs with arms
  - Bed in low position to facilitate ease of transfer
  - Keep laundry basket elevated in closet
  - Elastic shoe laces
  - Large Print label on bathroom Door "Toilet"

Care Plan Development

- Plan of care must be implemented consistently as written
  - Must be realistic
  - Resident Rights
- Work with caregivers to ensure the plan is able to be successfully implemented
  - Change the plan as indicated
  - Document re-assessment of plan and changes
- Review action words
  - Encourage versus Ensure if compliance is an issue
  - Frequently versus at scheduled times

The Importance a Skilled Maintenance Plan

- The development of a plan of care constitutes a skilled service when because of the patient's physical or mental condition the involvement of technical or professional personnel is required to meet the patients needs, promote recovery, ensure medical safety and/or prevent or slow further deterioration in his or her clinical condition
- Jimmo settlement extends coverage to rendering care
- This must be supported by documentation of the need for a therapist's skilled hands

The Importance a Skilled Maintenance Plan

Jimmo Fact Sheet

- CMS: " While an expectation of improvement would be a reasonable criterion to consider when evaluating, for example, a claim in which the goal of treatment is restoring a prior capability, Medicare policy has long recognized that there may also be **specific instances where no improvement is expected but skilled care is, nevertheless, required in order to prevent or slow deterioration and maintain a beneficiary at the maximum practicable level of function."**

What is a Skilled Maintenance Plan

- Skilled Therapy :
  - The patient's special medical complications require the skills of a therapist to perform a therapy service that would otherwise be considered non-skilled

    OR
  - The needed therapy services are of such complexity that the skills of a therapist are required to perform the procedure

How to Write a Skilled Maintenance Plan

- Document:
  - The patient's special medical complications
  - Level of complexity of the procedures being performed (not repetitive exercises)
  - Assessment and outcome of trials and modifications to the treatment plan
  - Risk factors associated **without** services provided by the licensed therapy professional
  - Adjustments to the plan of care

Examples of a Skilled Maintenance

- The patient is at an increased risk of further contracture given limited hand mobility, current shoulder contracture complicated by his Diagnosis of Multiple Sclerosis
- Aggressive and Progressive ROM is warranted given…
- **Goal:** Maintain 90 Degrees of Lateral External rotation of the Shoulder to allow UB dressing, and axial cleaning without pain or injury

Closing Thoughts

- **R**ight to access services
- **E**nhance Quality of Life
- **S**kills of a Therapist
- **P**erson Centered **RESPECT**
- **E**valuate
- **C**an Do attitude
- **T**ender Loving Care

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Questions/Answers

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Harmony Healthcare International

Have you Considered a Customized Complimentary HARMONY(HHI) MEDICARE PROGRAM EVALUATION

or

CASE MIX ANALYSIS

for your Facility?

Perhaps your facility has potential for additional revenue

Assess your facility against key indicators and national norms

Email us at for more information

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Analysis is cost & obligation free