




# **Measure Up with Standardized Assessments**

*Presented by:*  
**HARMONY UNIVERSITY**  
*The Provider Unit of*  
**Harmony Healthcare International, Inc.**  
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## Measure Up with Standardized Assessments

**HARMONY UNIVERSITY**  
The Provider Unit of  
Harmony Healthcare International, Inc. (HHI)  
*Presented by:*  
**Deb Lee, OTR/L**  
Harmony Regional Consultant  
**Joyce Sadewicz, PT, RAC-CT**  
Field Operations

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## Speaker Bio (Debbie Lee)

- Regional Consultant for Harmony Healthcare International, Inc.
- Over 20 years of experience in the Long-Term Care
  - ◆ Specialty in training SNF to identify the unique and subtle barriers to overcoming independence.
  - ◆ OTR/L
  - ◆ OT/ Standardization
  - ◆ Advanced Treatment planning.
  - ◆ Standardized testing
  - ◆ Therapy Documentation/Rx
  - ◆ Case Mix (Specialty in State of Maine)

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## Speaker Bio (Joyce Sadewicz)

- Field Operations and Regional Consultant for Harmony Healthcare International (HHI)
- Education
  - ◆ Bachelor of Science in Physical Therapy from Russell Sage College and Albany Medical School
- Extensive knowledge in reimbursement and management of patient care
- Clinical Case Manager
- MDS and reimbursement in a PPS environment
- Knowledge of the RAI process in the Medicare PPS setting as well as the Case Mix setting
- Experience
  - ◆ Over 15 years of experience in Physical Therapy, working with neurologically impaired children and adolescents
  - ◆ Invaluable Physical Therapy experience working in acute care a city hospital with an active inpatient and outpatient program as well as a regional burn center and trauma unit
  - ◆ Manager of the Physical and Occupational Therapy Departments
  - ◆ Manager of the Work Tolerance Center, an outpatient work-hardening program
  - ◆ Manager of 40 rehab personnel with a combined budget of \$1.5 million in a 440 bed acute care setting with multiple outpatient sites
  - ◆ Rehabilitation Manager in a long-term care facility

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## Measure Up with Standardized Assessments

- **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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- **Presenter:**
  - Deb Lee, OTR/L
  - Joyce Sadewicz, PT, RAC-CT

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## Measure Up with Standardized Assessments

### Disclosure

Speaker:

- Deb Lee, OTR/L
- Joyce Sadewicz, PT, RAC-CT

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## Measure Up with Standardized Assessments

### 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 the Benefits of utilizing Standardized assessments
- The learner will be able to summarize appropriate use of standardized therapy assessments
- The learner will be able to detail the reasons standardized assessments can be used to evidence progress and support Medicare Part G-codes

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## Importance of Accurate Documentation



- Importance of Accurate Documentation
  - Therapist
  - Patient/Family
  - Legal

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## Importance of Accurate Documentation



- Payment Reviews
  - Medicare Part A Reviews are increasing
    - Objective data to support gains
  - Medicare Part B Reviews
    - Objective documentation to support Functional reporting of G-Codes
    - Pre and Post Payment
- Medicaid Audits for Case Mix

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## Scientific Basis



- Scientific Basis for Practice
  - Evidenced based
  - Supports medical necessity
  - Starting point for measurable goals

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## Standardized Testing



- What is a standardized test?
  - The procedure, apparatus and scoring are fixed
  - Uniformity each time it is administered
  - Instructions are clear, detailed and complete

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## Test Selection



- Test Selection
  - A test must be valid for the situation.
  - Can it be interpreted soundly?
  - Does the information serve the purpose?
  - Know the test and consider the patient.

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## Effectiveness and Efficiency



- Effectiveness and Efficiency
  - Are you testing what you think you are?
  - Time is short, can you administer the test efficiently?
  - How do you make it efficient?

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## Relevance of Standardized Tests



*Evidence based treatment is best practice and referrals are increasingly based on objective, value-based criteria including metric-driven rehabilitation performance, successful return to home rates, re-hospitalization rates and patient experience ratings.*

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## Selecting Standardized Tests



- Selecting appropriate tests and measurements can determine:
  - A patient's status on their initial therapy evaluation
  - An objective assessment of their particular strengths and needs
  - Along with interpretation of the data establish the baseline for the patient's status
  - Directs the development of the plan for therapeutic intervention to achieve the goals you set for the patient
  - Is critical for superior quality and results

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## Selecting Standardized Tests



- Essential to evaluate the effectiveness of your **treatment interventions**
  - How objective and accurate are your findings?
  - How reliable?
  - How valid?
  - How can you select the appropriate interventions for patients if assessments are vague?

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## Why Not A Standardized Test?



- Reported reasons for not using standardized outcome measures:
  - Length of time for patients to complete them
  - Length of time for clinicians to analyze the data
  - Difficulty for patients in completing them
  - Performance based measures relevant for your patients in a skilled nursing center may not be part of a therapist's repertoire or easy to find

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*"Most people see what they want to, or at least what they expect to"*

-Martha Grimes

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## Key Factors



- Tests used most often:
  - Assessments that are familiar
  - Easily administered
  - Readily available in the clinic
  - Easily scored
  - Time efficient
  - Used to support Medicare Part B G-Codes

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## Key Factors



- Is the selection of a standardized test based on:
  - Availability
  - Ease to administer
  - To satisfy a manager requiring a set number of standardized tests ?

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## Key Factors



- Tests should be used based on appropriateness, or the quality of the services provided diminishes

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## The Benefits



- Those who do use appropriate standardized tests report:
  - Enhanced communication with patients and families
  - These tests helped direct the plan of care
  - Establishing incremental measureable, functional goals was easier
  - Documenting progress was facilitated by standardized testing

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## Implementing Effective Standardized Testing



- Testing Routinely and Effectively
  - Is your therapy department using standardized tests beyond the occasional Berg or Tinetti balance test?

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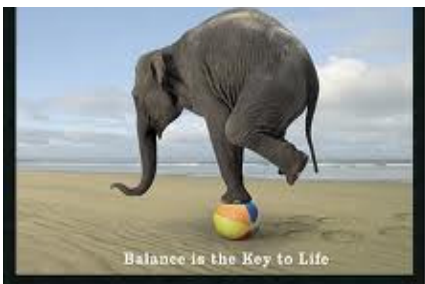
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## Balance is the Key to Life



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## How Do You Get It Done?



- Set a goal to learn a new test each month
  - PT, OT and SLP to pick a new test to learn
  - Trial administration to a specified number of appropriate patients
  - Review the results

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## How Do You Get It Done?



- Make the test readily available for use
  - Wall pockets to make it easy to “grab and go”
  - Hanging files
  - Plenty of copies

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## How Do You Get It Done?



- Set up the environment
  - Supplies for tests available
  - Measure out distances and mark walls or floor
  - Have the right equipment (Kettle test)

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## How Do You Document the Results?



### ■ Who does the Standardized Test?

- Registered Therapist versus Assistant?
- State Practice Acts
- Scope of Practice
- Medicare Regulations
- Payer Source

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## How Do You Document the Results?



### ■ When do you do the test?

- Initial Evaluation?
- The following treatment?
- When you need to identify a new deficit?
- When you need to highlight a deficit to support continued therapy?

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## How Do You Document the Results?



### ■ Where do the results actually go?

- Do you have space on the evaluation form or in the EMR for the information?
- Refer the reader to the location of the information
- Do your forms have room for further testing or re-testing?

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## How Do You Document the Results?



- Interpretation of the results
  - Validity for population
  - Demonstrating progress or decline
  - Practical application
    - Writing the goals

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## How Do You Document the Results?



- Writing the goals
  - Functional
  - As evidenced by ...
  - Measureable
  - Reproducible

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## How Do You Document the Results?



- When do you re-test?
  - When therapist available
  - Progress note
  - Recertification
  - Depending on patient's progress
  - At discharge

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## Types of Standardized Testing



- Gait Speed
- Timed Up and Go
- Brief Cognitive Assessment Tool
- Kitchen Picture Test
- Chair Stand Test
- Dynamic Gait Index

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## Types of Standardized Testing



- Functional Reach Test/Modified Functional Reach Test
- Balance Tests – Tinetti, Berg, Brunel
- Borg Rating of Perceived Exertion Scale
- Modified Borg Scale of Perceived Dyspnea
- Manual Ability Measure

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## Types of Standardized Testing



- Kettle Test
- Elderly Mobility Scale
- The ManageMed Screening
- Kitchen Task Assessment
- Executive Function Performance Test
- Barthel ADL Index
- Sitting Balance Scale

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## Gait Speed



### ■ Gait Speed

- Walking Speed or Gait Velocity
- Called the Sixth Vital Sign
- Is a Predictor and Outcome measure across multiple diagnoses
- Predicts post hospital discharge location 78% of the time
- Is easy to administer, easy to interpret

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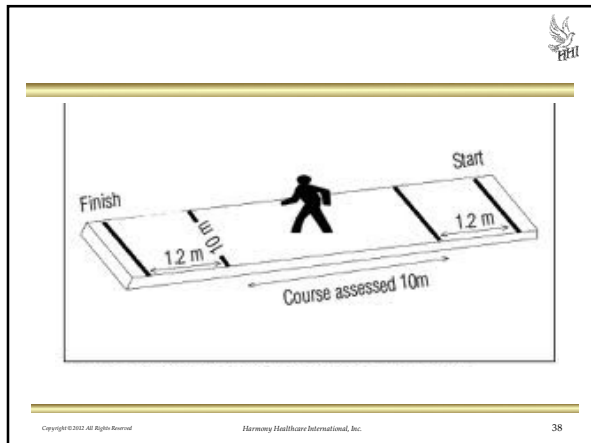
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## Types of Standardized Testing



### ■ Brief Cognitive Assessment Tool

- Administered in 10 -15 minutes
- Has a "cut" score separating dementia from mild cognitive impairment (MCI)
- Has score ranges for MCI, mild dementia and moderate dementia
- Predicts diagnosis, functional status and Instrumental Activities of Daily Living (IADL)

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## Kitchen Picture Test



- Kitchen Picture Test
  - Visually presented test of practical judgment.
  - Illustrates a kitchen scene with 3 dangerous situations unfolding.

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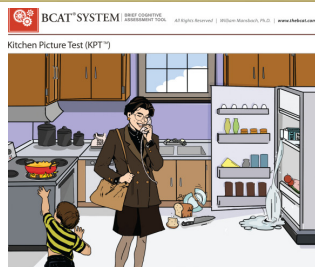
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## Kitchen Picture Test



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## Chair Stand Test



- Assesses leg strength and endurance
- Requires a straight back chair 17 inches high and a stopwatch
- The number of complete chair stands (up and down is one chair stand) without using arm rests completed in 30 seconds is counted

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## Chair Stand Test



- Tables show average, above and below average ranges for male and female age groups
- Repeated testing can show small incremental gains not evident with manual muscle testing

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## Chair Stand Test



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## Functional Reach Test



- Is administered standing
- Takes about 5 minutes
- The Modified Functional Reach Test adapted for patients unable to stand, is administered sitting
- Research data, norms for Frail Elderly, Parkinson's and Stroke patients

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## Functional Reach Test



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## Manual Ability Measure



- Easy to use and practical rating scale for 20 common hand tasks
- Takes 15 minutes to administer
- Task oriented
- Psychometrically sound
- Overall manual ability change can be compared or change at an item level assessed

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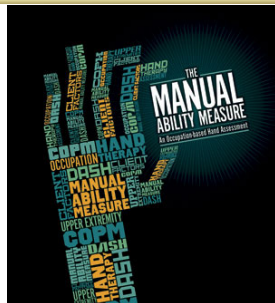
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## Manual Ability Measure



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## Kettle Test



- Assesses cognitive functional performance including attention, working memory, executive function
- Patient prepares two hot drinks.
- 10 – 30 minutes to administer test
- Need electric kettle, ingredients for beverages on a tray with other ingredients that are “distractors”

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## Kettle Test



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## Elderly Mobility Scale



- 7 item performance based test includes transfer, gait and balance tasks essential for basic ADLs.
- 15 – 20 minutes to administer
- Can be used for assessment and as an outcome measure
- Need stop watch, access to a bed and chair, space for a 6 meter walk

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## Elderly Mobility Scale



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## Brunel Balance Assessment



- Assesses functional balance for patients with a wide range of abilities
- Hierarchical series of functional performance tests
- Test has three sections:
  - Sitting
  - Standing
  - Stepping

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## Brunel Balance Assessment



- Sections are divided into several levels
- Each level has a score, allowing for gains within a level to be identified even if the patient does not progress to the next level
- Testing can start at a level that is reasonable for that patient
- Reliable, valid and sensitive to change

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## Brunel Balance Assessment



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## Barthel ADL Index



- Assesses the ability of a patient to care for themselves
- 10 items measure performance in ADL areas
- 5 minutes or less to administer
- Used in 16 major diagnostic conditions

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## Barthel ADL Index



ACTIVITY	BARTHEL SCORE			
	0	5	10	15
Feeding	Unable	Some help required (e.g. needs help cutting, spreading butter etc.)	Independent	
Bathing	Dependent	Can use a bath tub, shower or take a complete sponge bath unaided		
Grooming	Needs help with personal care	Independent (facial hair/ teeth/shaving (implements provided))		
Dressing	Dependent	Needs help but can do at least half unaided	Independent (excluding buttons, zips, laces etc.)	
Bowels	Incontinent (or need to be given enemas)	Needs help with an enema or suppository	Can use enema or suppository independently	
Bladder	Incontinent or catheterized and unable to manage store	Occasional accidents or can not wait for the first signal to the toilet in time	Can control bladder day and night	
Toilet use	Dependent	Needs some help, but can do some things alone	Independent (can get on and off, dress and wipe unaided)	
Transfer (bed to chair and back)	Unable, no sitting balance	Major help (can sit up alone but needs to be lifted out of bed)	Minor help or supervision	Independent
Mobility (on level surfaces)	Immobile or <50 yards	Wheeled chair independent, including corners; >50 yards	Walks with little help; >50 yards	Independent (but may use an aid e.g. walking stick); >50 yards
Stairs	Unable	Needs help or supervision	Independent	

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## ManageMed Screening



- Standardized functional screening to determine if a patient can manage a moderately difficult medication routine - 3 different medications with 3 different schedules and doses.
- 15 – 20 minutes to administer
- Test group was elders 65 and over

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## ManageMed Screening



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## Kitchen Task Assessment



- Measures the support needed for the patient to prepare cooked pudding from a commercial package
- Components such as initiation, organization and safety scored on a scale from 0 – 3
- Standardized on patient's with Alzheimer's disease

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## Kitchen Task Assessment



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## Executive Function Performance Test



- Patients complete these tasks (in order)
  - ◆ Hand washing
  - ◆ Oatmeal Preparation
  - ◆ Telephone
  - ◆ Taking Medication
  - ◆ Paying Bills

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## Executive Function Performance Test



- 30 – 45 minutes to administer
- For Geriatric, Stroke and Multiple Sclerosis patients
- Determines capacity for independent functioning, which executive functions are impacting function and the amount of assist needed to complete the task

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## Executive Function Performance Test



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## Borg Scale for Rating of Perceived Exertion



- Measures perceived exertion (how hard you feel your body is working) on a scale of 6 – 20
- Multiplying the score by 10 in a healthy adult is expected to coincide with the heart rate so a perceived exertion of 12 would equal a heart rate of roughly 120 beats per minute

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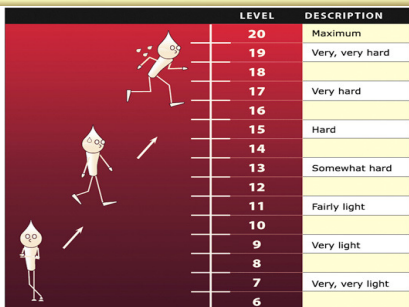
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## Borg Scale of Perceived Exertion



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## Modified Borg Scale for Perceived Dyspnea



- Subjective scale that measures how hard you are breathing on scale of 0 to 10
- As strength and activity tolerance improve with exercise, feelings of breathlessness and patient's score on this scale decreases

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## Modified Borg Scale for Perceived Dyspnea



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## Timed Up and Go



- Assesses mobility, balance, walking ability, and fall risk in older adults.
- Takes less than 3 minutes to administer
- Need a standard armchair and a stopwatch
- Standardized for many populations including Frail Elderly and Community Dwelling Older Adults

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## Timed Up and Go Test



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## Time to Try It Out



- Look at your playing card now
  - Are you a diamond or a heart?
  - If you are a diamond, meet Deb on the right side of the room
  - If you are a heart, meet Joyce on the left side of the room

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## Time to Try It Out



- Deb will take you through the Manual Ability Measure and the Functional Reach Test
- Joyce will take you through the Gait Speed Test and the Chair Stand Test
- Now is your chance to write the goals related to the results of the test

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## Evaluate Where You're At



- "Change is the only constant." – Heraclitus, Greek philosopher
- Open an honest dialogue about what's happening in healthcare, why we need objective testing
- Convince therapists that change is necessary

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## Evaluate Where You're At



- Put in place the structure for change and continually check for barriers
- Set achievable goals, consider trying one new test every month
- Celebrate success! Share examples of how testing is facilitating better treatment and easier documentation

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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?**

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Email us at for more information  
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