EncoreKeynote

May 2022

Encore Rehabilitation's monthly publication, designed to give you updates on trends we are seeing in the Post-Acute Care industry.

2022 Better Hearing & Speech Month

May is Better Hearing & Speech Month!

What do YOU know about Speech Therapy? There are Speech-Language Pathologists in various settings—even yours! Have you ever wondered what SLPs really do in your facilities?

We use the month of May to bring awareness and knowledge to what Speech-Language Pathologists (or Speech Therapists) do and how they can benefit your Residents and your facilities overall.

In skilled nursing facilities, SLPs are the experts in swallowing function and communication. Their scope includes evaluating swallowing disorders and assessing communication in both speech production, language skills, and cognitive abilities. SLPs provide interventions and techniques to increase function in these areas and lesser-known areas of voice, which can affect the speech intelligibility of our Residents.

Within the geriatric population, SLPs focus on function while incorporating patient preferences to increase Quality of Life.

- Dysphagia – analyzing diet/liquid levels, modifying textures for increased swallow safety, training staff on feeding techniques for increased intake and decreasing the risk of aspiration, therapeutic exercises, and care planning on diet levels for patient preferences
- Speech – assess speech intelligibility following CVA, with dx of MS or Parkinson's Disease and provide techniques and exercises for increased speech production and communication•
- Language – treatment approaches for increased auditory comprehension of simple instructions for independence with care tasks, expressive language techniques to facilitate expression of basic wants/needs
- Cognition – includes assessing cognitive status in the areas of memory, problem-solving, safety, reasoning to increase independence in the environment, training staff on techniques for cueing and decreasing behaviors as well as assisting in the process of safe discharge to another environment

If any of your Residents would benefit from any interventions Speech-Language Pathologists can provide, please be sure to check in with your therapy department. They can help identify resident needs and provide clinical programming and education.

Speech-Language Pathologists strive to incorporate patient-specific outcomes to better our Residents' quality of life and overall satisfaction while residing in our SNFs.

Speech Therapy – Nursing Assistant Coaching Collaborative

An interprofessional, relationship-building, research study in skilled nursing facilities is underway. Speech therapists and certified nursing assistants (CNAs) are collaborating in a cross-disciplinary collaborative coaching program.

Encore Rehabilitation and Central Michigan University have partnered together in a study funded by the American Speech-Language-Hearing Foundation to enhance interprofessional communications to enrich the lives of individuals residing in skilled nursing facilities. Over the past six months, CNAs, speech therapists, and persons living with dementia (PLWD) have been working through a 6-session communication skills coaching program to help PLWD communicate more successfully and to support person-centered care.

Central Michigan University, Susan Browning, M.S., SLP, and Encore Rehabilitation have enrolled close to 15 PLWDs, 6 Speech Therapists, and 10 CNAs across 6 SNF locations in this research study. In prior work, this program has helped people living with dementia reduce repetitive questioning, increase oral food intake, and participate in meaningful, purposeful activities.

While the 6-program sessions focus on communication strategies, the program also includes the provision of necessary vision and hearing supports, external memory aids, focus on resident-centered activities, and resident routines. The secret sauce to the success of this collaborative is in the nursing assistants, speech therapists, and persons living with dementia as they learn and grow from one another. This teamwork leads to the success of the coaching collaboration study. Both the nursing assistants and speech therapists are learning from one another, creating positive outcomes that the participating residents are benefitting from.

At Encore, we are proud to contribute to the evidence base on person-centered care and the benefits of turning research into clinical practice. We are making a difference in the lives of our seniors by enhancing communications and promoting interprofessional collaboration. Stay tuned for more results from our study!

ADL Documentation: Accurately Identifying and Communicating Resident Needs

Nursing documentation of residents' ADL performance is important to communicate the level of assistance provided when caring for each patient on every shift. This information is analyzed during state surveys, audits, and legal actions to support reimbursement data. Though an integral component of the medical record, ADL documentation has been widely known to be prone to error and is a frequent reason for denials and takebacks when the record is incomplete or insufficient to support the level of assistance billed. To accurately code ADLs on the MDS, sufficient correct information must be present in the medical record.

Because documenting can sometimes be time-consuming among completing other important shift tasks; in haste, it can be unintentionally omitted altogether or entered on autopilot with rote information or general phrases that don't clearly reflect the care provided. Entries of "Assist x 1" are not sufficient to describe the level of assistance provided. In this case, the level of assistance provided is unclear and will not be considered during an audit.

The MDS coordinator may also consider information from staff interviews or resident observation to code the MDS. However, suppose the documentation of the level of assistance provided is not present in the medical record within the lookback period. In that case, it cannot be coded on the MDS.

Sometimes habit is to follow what other shifts document. However, it is expected that residents can perform at various levels of dependence depending on multiple factors, including the time of day, mood, health condition, and medication effects, to name a few. When the resident's abilities vary during a shift, the highest level of support provided should be communicated. Especially in long-term care settings, residents' characteristics can become so familiar to staff that their "usual" performance may be documented without considering each new care episode to re-evaluate the actual level of assistance provided at each encounter.

Case Example: *Perhaps Ms. Jones can independently dress herself, but today, she is fatigued following an outing. Staff assist Ms. Jones to finish dressing by guiding her arms through the sleeves of her shirt and buttoning the front.*

When making a medical record entry later that shift, it is important to recall that though the resident is usually independent, today, limited assistance was provided. The intent of ADL documentation is to capture what actually occurred, not what the resident is capable of or has the potential to do.

Information about ADL function can help to illustrate the patient's clinical course by showing improvements or declines. Accurate documentation is essential to identify changes in function to take timely action to address it, which may include initiating appropriate referrals. If a referral to therapy is indicated to address potential areas of concern, a therapy screen can be conducted. Therapy completes screens by gathering information from the medical record, nursing staff, patient, or family members. Nursing documentation to reflect the reason for referral supports the medical necessity of care.

To facilitate communication of a request for therapy to participate, Encore has available forms for communication, per the following:

> **Nursing to Therapy Communication**
> **Therapy Screen Request**

To accurately represent the care provided each day, ADL documentation first has to be present and also has to be accurate. Reflecting, the accurate level of assistance provided in the nursing documentation can assist in identifying changes in function to address the patient's needs timely and appropriately. Ensuring accurate documentation is present can also help to mitigate denials or takebacks.

Rehab Roundtable: Telehealth in the SNF Setting

Objective:

> What does Medicare say?
> Telehealth software technology considerations
> Telehealth's impact on SNF residents
> The future of telehealth

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