Defensible Documentation

Practical Strategies

Denials and Audits

- We are all too often ready to blame the type of tools we are required to document from.
- Whether it be the electronic medical record program our facility is using, or the paper forms we are required to use that are facility specific.
- We should not hold those programs accountable for <u>our lack of good</u> <u>documentation</u>.
- No one program will "fix" the problem, let alone make auditors happy.
- We MUST get back to the components of good documentation, focusing on the content, including subjective information, objective data, utilizing tests and measures to enhance outcomes, with an emphasis placed on patient response and functional performance.
- This MUST be "driven" by you the clinician and not the forms.
- Your clinical decision making skills can never replace a documentation "tool"

The Role of Occupational Therapy Practitioners

Reduce or minimize the impacts disease and disability have on an individual's participation in their Activities of Daily Living and Valued Activities.

As Occupational Therapy Practitioners, we know how important these areas are to our patients.

Our Goal as Occupational Therapy Practitioner's

■ To provide <u>skilled</u> treatment that will assist the patient in gaining an increased level of functional activities in his or her setting.

Our Distinct and Unique Value

We Are Experts In...

- Management of Acute and Chronic Conditions
- Activity/Task Analysis
- **■**Environmental Assessment
- **■**Equipment Adaptation and Modification
- Ergonomics/Positioning

Tell Me Something I Don't Already Know!

How Does All of this Translate into Good Documentation?

I'm Glad You Asked

Very Simply Put....That Answer Has to Come From You!

YOU must use your clinical decision making skills

Are You Utilizing Your Distinct OT Skills?

Documentation is not an "extra step"

It is an integral part of the services we provide.

We advocate for our patients by providing quality documentation.

We must document <u>medical necessity</u> and skilled services-convincing payers of the need for therapy services to improve our patient's abilities and quality of life.

Completing correct, accurate and thorough documentation is the responsibility of every therapist!

Don't Be Afraid!

You Need To...

NO

You Are Expected To...

Utilize Your Distinct OT knowledge and skills to:

Assist your patient in gaining an increased level of functional activity and safety in their specific setting.

Reduce or minimize the impact disease and disability have on an individual's participation in their Activities of Daily Living and Valued Activities.

Document Your Skill &

Support Medical Necessity

It is important that you document a baseline of performance for your patient.

Document in each visit how the patient is performing the activity.

Document progress/lack of progress and what is your <u>"indispensable</u> <u>disruption"</u> that is needed for you to skill your patient.

Good documentation shows evidence to support continued skill and medical necessity

When documenting on the skilled interventions that you provided, remember:

If you did not do it, do not document on it.

However MORE importantly if you did it you need to document it!!

Give your self the credit that you and your patient deserves!

Make sure that when you make a statement, back it up with "as evidenced by"

"Tell the story, paint the picture"

What is Medical Necessity

- Medical Necessity, simply put, shows evidence in your documentation of your justification for the need for your skilled therapy services, including your interventions and goals:
- Justification of WHY we are providing skilled services
- Justification of WHY our Skilled vs Unskilled clinical expertise is required

"Indispensable disruption"

In other words what is reasonable and necessary for your patient

Ask Yourself: Am I Doing the Right Things for My Patient?

Am I Focusing on Best Practice?

Was my treatment based on just "reimbursable treatment skills"?

Am I neglecting to include, patient and family support, leisure and recreational activities?

Am I too "leery" about documenting activities that encourage positive and independent attitudes?

Am I only documenting on skills for which progress can be readily shown?

Was I hesitant in documenting how I helped my patient cope with their current situation, and how that gave them a sense of self confidence, and accomplishment?

Ask Your Self

- Did I effectively assess and identify co-morbitites that may impact and or hinder my patient's functional performance.
- Examples:
 - Changes in mobility
 - Functional activities and ADL performance due to musculoskeletal and connective tissue degeneration
 - Chronic pain
 - Poor nutrition
 - Other disease processes

Did I Do a Thorough/Comprehensive Assessment?

What tools do you utilize?

Occupational Profile Template

AOTA OCCUPATIONAL PROFILE TEMPLATE

"The occupational profile is a summary of a client's occupational history and experiences, patterns of daily living, interests, values, and needs" (AOTA, 2014, p. S13). The information is obtained from the client's perspective through both formal interview techniques and casual conversation and leads to an individualized, client-centered approach to intervention.

Each item below should be addressed to complete the occupational profile. Page numbers are provided to reference a description in the Occupational Therapy Practice Framework: Domain and Process, 3rd Edition (AOTA, 2014).

Client Report	Reason the client is seeking service and concerns related to engagement in occupations	Why is the client seeking service, and what are the client's current concerns relative to engaging in occupations and in daily life activities? (This may include the client's general health status.)
	Occupations in which the client is successful (p. S5)	In what occupations does the client feel successful, and what barriers are affecting his or her success?
	Personal interests and values (p. 57)	What are the client's values and interests?
	Occupational history (i.e., life experiences)	What is the client's occupational history (i.e., life experiences)?
	Performance patterns (routines, roles, habits, & rituals) (p. 58)	What are the client's patterns of engagement in occupations, and how have they changed over time? What are the client's daily life roles? (Patterns can support or hinder occupational performance.)

Occupational Profile Template

		Supports to Occupational Engagement	Barriers to Occupational Engagement
Environment	Physical (p. S28) (e.g., buildings, furniture, pets)		
	Social (p. S28) (e.g., spouse, friends, caregivers)		
Confext	Cultural (p. 528) (e.g., customs, beliefs)		
	Personal (p. S28) (e.g., age, gender, SES, education)		
	Temporal (p. 528) (e.g., stage of life, time, year)		
	Virtual (p. S28) (e.g., chat, email, remote monitoring)		
Client Gosls	Client's priorities and desired targeted outcomes: (p. S34)	Consider: occupational performance—improvement and enhancement, prevention, participation, role competence, health and welfness, quality of life, well-being, and/or occupational justice.	

Occupational Profile Template

- ADDITIONAL RESOURCES
- For a complete description of each component and examples of each, refer to the Occupational Therapy Practice Framework:
- Domain and Process, 3rd Edition.
- American Occupational Therapy Association. (2014). Occupational therapy practice framework: Domain and process (3rd ed.).
- American Journal of Occupational Therapy, 68, \$1-\$48. https://doi.org/10.5014/ajot.2014.682006
- The occupational profile is a requirement of the CPT® occupational therapy evaluation codes as of January 1, 2017.
- For more information visit www.aota.org/coding.

Baseline of Performance:

It is important that you document a baseline of performance for your patient Interventions should include comparative statements that answer questions such as the following:

How did the amount of teaching compare with the prior visit?

How much did the patient do today compared to the prior visit?

What problems did the patient have today compared to the prior visit?

What do the comparisons suggest about the patient's progress toward

his/her functional goals?

Remember Your Roots: A,E, B's and SOAPE's

When you make a statement, back it up with a, e, b.

"As Evidenced By"



Subjective, Objective, Assessment, Plan (Evaluation)

(Don't be confused if your notes are more "narrative" in nature.

The specific SOAP criteria can be applied in any type of note)

SOAP(E)

- Subjective:
- Objective:
- Assessment:
- →Plan:
- **■**Evaluation:

Tell the Story, Paint the Picture

Documentation of skilled care is greatly enhanced by recording answers to the following questions for <u>each</u> intervention provided

1. What did you teach?

What instructions were given to enhance the effectiveness of the intervention?

Quality, speed, frequency

What instructions were given regarding safety?

Positioning, breathing

What instructions were given regarding the <u>purpose</u> of the intervention?

Relationship to functional deficits

When you make a statement, back it up with a, e, b. "as evidenced by"

Tell the Story, Paint the Picture

2. What did the patient do?

This should include a <u>detailed</u> description of the intervention provided.

Patient positioning, resistance, reps, distance, time, activity performed

Did you document the functional component of your treatment interventions

Description should be specific enough to enable another clinician to easily reproduce the same intervention during a subsequent visit.

Tell the Story, Paint the Picture

3. How did the patient respond?

Percentage of verbal cueing

Pain Level pre and post intervention

Performance limitations

Pain, fatigue, shortness of breath

Vital signs pre- and post activity, impact on activity

What was the Functional performance/Activity

A Word About Tests and Measures

- Functional tests can aid in justification of and continued need for skilled therapy services.
- We must look at Evidence Based validated tests, to determine which tests are appropriate for our patient population.
- Document the type of test provided, the test results/scores and how these results are applicable to your patient's plan care.
 - For Example: We do not want to read how a patient scored on a specific test without explanation of what that means to your patient and how you will apply this information to the functional treatment of your patient.
- Re-assessment is important to show progress/lack of progress but numbers alone do not suffice.
 - All too often therapist will document the type of test given to a patient, what they scored then make a statement that the patient has made "good progress" without any evidence to support what they were able to functionally perform.

Documentation is Your Professional Responsibility

Achieving consistency in documenting skilled therapy will have a significant impact on the justification of services provided and the receipt of appropriate reimbursement for those services.

Documentation is not an "extra step"

It is an integral part of the services we provide.

We advocate for our patients by providing quality documentation.

We must document medical necessity and skilled services, convincing payers of the need for therapy services to improve our patient's abilities and quality of life.

Completing correct, accurate and thorough documentation is the responsibility of every therapist!





Self-Feeding Instruction/Education

OT Self-feeding instruction

Documented skill for that day:

"Patient instructed in self feeding activities"

Does this "paint the picture and tell the story"?

What else would you need to know?

Self-Feeding Instruction/Education

- What was the specific "self-feeding instruction"?
- Did you instruct/educate on utensil use, hand grip ability, use of adaptive equipment or modification to the utensil. (spell out, exactly what you said and or did)
- What were the limitations that this patient had to lead you to this intervention/education, instruct?
- Are they unable to bring hand to mouth.....
- Was the patient able to perform?
- Was the patient successful in their attempts?

Self-Feeding Instruction/Education

- Did you modified, and if so, what was the specific modification?
- Did the modification work?
- If so how, and if not, what did you do at that time to "intervene", modify and or adapt? (what was your unique skill)
- How did the patient perform and or adjust to the education/instruction that you provided. (this is your skill, your unique ability)
- What type of assist? (Spell this out)
- What were they eating?

"Tell the story, paint the picture"

Upper Extremity Range of Motion Exercises

Teach Pt / Caregiver UE ROM Active

Documented skill for that day: "patient performed UE exercises 2 sets x 10 reps"

Does this "paint the picture and tell the story"?

What else would you need to know?

Upper Extremity Range of Motion Exercises

- Did the patient perform R.L or Bilateral UE exercises?
- How did this patient perform the HEP? Standing, Sitting, Lying?
- Did the patient require any type of assist/skill from you when performing the HEP? (this is what makes you unique)
- Did you give any education, instruction, guidance, verbal and or physical instruction?
- If so, what was it? (Specify)
- For Example: Repositioning, showing them the proper technique, giving reminders to count, breathe keep body in position.
- Was this Verbal or Physical demonstration or both? (spell it out).

Upper Extremity Range of Motion Exercises

- Was this patient able to perform the HEP "Independently", and if so, did you tag this goal as met?
- Did you upgrade the POC as appropriate?
- Did this patient use theraband, and if so, what color?
- Did they progress from what color to what color?
- Did this patient use weights, and if so how many pounds?
- Did they require rest breaks, how often, for how long?

AND MORE IMPORTANTLY, IS THIS ALL YOU DID WITH THE PATIENT?

HOW DID YOU APPLY THIS TO ACTUAL FUNCTIONAL PERFORMANCE

<u>DEMONSTRATE WHY IT WAS IMPORTANT FOR THE PATIENT TO PERFORM THESE</u>

<u>"EXERCISES"</u>

Validate and Rationalize the functional outcomes!

Safety Instruction/Education

OT Safety instruction

Documented skill for that day: "Patient instructed on safety this date".

Does this "paint the picture and tell the story"?

What else would you need to know?

Safety Instruction/Education

- There are so many areas of "safety" and each patient is different.
- Think: What was the <u>specific</u> safety instruct for this particular patient.
- For Example: What does this patient need instruct with?

Removal of throw rugs, reducing clutter in home/pathways.

Safe transfers, emergency procedures i.e., recommend Life Alert? (Spell this out,)

"Tell the story, paint the picture"

Safety Instruction/Education

- Did you recommend DME for safety, shower/tub/kitchen/home safety?
- What was the DME you recommended?
- Did you need to modify and or adapt their environment to make them safe?
- If so what was the modification, how did the patient respond? This is your "unique skill"
- How does the patient adhere to the safety instruct, (document what they do or do not do)
- How does this affect their overall performance and or ability to remain safe in their home?
- Did you need to educate family/caregiver etc.? If so what was that education/instruction?
- How did they respond and or adhere to the education and or instruct?

Transfer Training/Instruction/Education

OT Transfer training Shower/Tub

Documented skill for that day: "patient min assist with transfer"

Does this "paint the picture and tell the story"?

What else would you need to know?

Transfer Training/Instruction/Education

Where was the patient transferring in out of?

Tub/Shower.

- How did the patient perform this activity (spell it out)
- What type of assistance did they need? Verbal guidance, physical assistance and at what level, mid, mod...
- Did you instruct/educate, what was the instruct/education that you provided (This is your skill)
- How did the patient adhere/or not to your education/instruction?

"Tell the story, paint the picture"

Transfer Training/Instruction/Education

- What did you do to recommend, suggest, modify the environment for safe transfers in our of shower/tub.
- Does the patient have DME? If so what do they have, and do they use it?
- If they had a shower chair or tub bench, did you need to adjust, how did they do after that, did it make a difference??
- Did you recommend DME, what was the DME you recommended.
- Did they adhere to the recommendations?

"Tell the story, paint the picture"

Questions?

References

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