User Group Agenda
Thursday, May 10, 2018

7:00 a.m.–8:00 a.m.  Continental breakfast and registration
8:00 a.m.–8:15 a.m.  Overview and agenda
8:15 a.m.–9:00 a.m.  Building Census and Staff Engagement with Rehabilitation Specialty Programs
                      Brandi Damron, OT/L, MBA, Program Director, Inpatient Rehabilitation Unit, Norton Community Hospital, Norton, VA
                      Census development can pose a challenge for many inpatient rehabilitation facilities, as well as staff engagement and retention. This presentation will review two newly implemented inpatient rehabilitation specialty programs, The Inpatient Amputation and Prosthetics Program and The Inpatient LSVT Parkinson’s Program at NCH. Program planning, development and implementation strategies will be reviewed, as well as methods to promote continued quality and growth. Specifically, marketing strategies, team member and community providers education plan, identification of performance indicators and community outreach opportunities will be reviewed.
9:00 a.m.–9:45 a.m.  Shared Decision Making
                      Jennifer Ramona, National Director of Business Development, Homewatch CareGivers, Greenwood Village, CO
                      What is shared decision making? How does it differ from informed consent? How does your organization implement SDM? Does your organization utilize patient decision aids, and if so, what is their quality? The National Quality Forum (NQF) has endorsed three performance measures related to the process and outcome of SDM for specific clinical conditions. This session will provide insight into what is happening at the national level with regard to SDM within healthcare.
9:45 a.m.–10:00 a.m.  Break
10:00 a.m.–11:00 a.m. A Win in District Court: Leveraging the Cumberland County v. Price Decision in Your Appeals
                      Brigid Greenberg, PT, MHS, Manager of Postdischarge Services and Appeals, Business Development Advisor, UDSmr, Buffalo, NY
                      Two recent US District Court decisions (Cumberland County Hospital v. Price) will be analyzed for content that could be extrapolated for use in appeals of your denied IRF cases. Content differences between the Code of Federal Regulation and the Medicare Benefit Policy Manual will be highlighted, and the relative weight of both from a legal perspective will be discussed. Ideas for leveraging findings from the District Court decision for written appeals and ALJ hearings will be presented.
11:00 a.m.–11:45 a.m. Joint Commission Disease-Specific Care Certification
                      Laurie Garner, PT, MBA, Reviewer–Disease Specific Care, Certified Yellow Belt, The Joint Commission, Oakbrook Terrace, IL
                      The Joint Commission’s Disease-Specific Care (DSC) certification program ensures that the care being provided is grounded in evidence-based guidelines. Having a formalized structure and process provides an organization with the foundation for a systematic approach to care that reduces variation, increases consistency, and enhances the overall quality of patient care. This session will describe the process of seeking, obtaining, and maintaining Joint Commission DSC certification, the benefits of this certification, and the resources needed to achieve certification.
11:45 a.m.–12:00 p.m. Wrap-up
12:00 p.m.–1:00 p.m.  Lunch
User Group Agenda
Thursday, May 10, 2018

1:00 p.m.–1:45 p.m.  Development of an Interdisciplinary Stroke Wellness Program in Inpatient Rehabilitation
Denise Maillet, OTR/L, Director of Quality and Patient Safety, Memorial Rehabilitation Institute, Hollywood, FL

Our stroke specialty team developed a five-module, multidisciplinary education program named the S.W.E.E.T. program (Stroke Wellness and Education to Enhance Treatment). It focuses on lifestyle changes needed to decrease the potential of recurrent stroke. Topics for this presentation include understanding risk factors for recurrent stroke, stress-reduction techniques, healthy eating, and adherence to medication regimens. Initial data for those who participated in the S.W.E.E.T. program indicated a 4% decrease in readmissions for a recurrent stroke within thirty days of discharge.

1:45 p.m.–2:30 p.m.  IRF-PAI Coding and Case Coding Report: Helping You Help Yourself!
Ashlea Bade, HIM Coding Specialist, UDSmr, Buffalo, NY

It’s been more than two years since IRFs have entered the world of ICD-10, and specificity is still a hot topic. This presentation will explain how to utilize UDSmr® reports to identify areas of opportunity for providing more specificity in physician documentation. Attendees will learn how to use the Case Codes Report and the Etiologic Diagnosis by Impairment Group Code Listing to increase specificity, which can also improve compliance with the 60% rule and reduce the number of missed tiered comorbid conditions.

2:30 p.m.–2:45 p.m.  Break

2:45 p.m.–3:30 p.m.  Reducing Acute Care Transfers through Modified Early Warning Signs
Heather Norman, MSN, RN, CRRN, NE-BC, CNL, Chief Nursing Officer, HealthSouth Rehabilitation Hospital of Northern Virginia, Aldie, VA

This presentation will review strategies for reducing the probability of transferring patients to the next level of care by collaborating as an interdisciplinary team in order to promptly identify changes in patient conditions. When changes in condition are identified early, interventions can be initiated that may reduce or prevent further decline in the patient.

3:30 p.m.–4:15 p.m.  PPS Education Initiative: Physician Documentation Improvement—Using UDS-PRO® Case Listing Dynamic Exports for Tracking and Communicating Required Information
Randi Farkas, MA, CCC-SLP, Senior PPS Coordinator, Rusk Rehabilitation at NYU Langone Health, New York, NY

This session will provide an example of how to use your facility’s data at admission to communicate with the clinical team and to track physician documentation of the accurate impairment group code, etiologic diagnosis, CMG, estimated length of stay, active comorbidities (tiered conditions and 60% rule–qualifying conditions), as well as discharge planning.

4:15 p.m.–4:30 p.m.  Wrap-up

5:00 p.m.–7:00 p.m.  Networking reception
User Group Agenda
Friday, May 11, 2018

7:00 a.m.–8:00 a.m.  Continental breakfast and registration

8:00 a.m.–9:00 a.m.  Process Redesign: Innovations to Improve Community Discharge While Reducing Hospital Readmission

Staci Stone, MHA, OTR, Program Director, Kindred Hospital Rehabilitation Services, Windsor, CO

Acute rehabilitation units face unique challenges when discharging patients to the community. Ineffective discharges may affect patient satisfaction and result in costly readmissions. Clearly identifying the complexity of patient discharges and the role of each clinician improves the efficiency and effectiveness of the discharge planning process. This presentation will identify key factors needed to safely discharge patients home while minimizing the risk of readmission and strategies that may be implemented to improve these quality measures. Best practices and lessons learned from a successful process redesign will be discussed.

9:00 a.m.–9:45 a.m.  Documenting to Support IRF Tier Assignment

Timothy Brundage, MD, CCDS, Medical Director, Brundage Group, St. Petersburg, FL

Even after seventeen years of the IRF PPS, physicians may not fully understand the impact their documentation has on tier assignment that optimizes the CMG and supports the utilization of resources at the IRF level. This presentation will provide attendees with documentation tips for optimizing this level of care.

9:45 a.m.–10:00 a.m.  Break

10:00 a.m.–10:45 a.m.  Update on Implementation of the IMPACT Act

Troy Hillman, Manager, Analytical Services Group, UDSmr, Buffalo, NY

CMS, along with their contractor RAND, is developing standardized patient assessment data elements to meet the requirements identified in section 2(a) of the IMPACT Act of 2014. These data elements may be used to inform a number of important things, including case-mix adjustment, medical complexity, interoperable exchange, clinical decision support, and measure development. This presentation will also provide a review of the FY 2019 proposed rule.

10:45 a.m.–11:45 a.m.  Tracking IRF Quality Trends

Troy Hillman, Manager, Analytical Services Group, UDSmr, Buffalo, NY

CMS has implemented a number of quality measures as part of the IRF Quality Reporting Program (QRP) and to support the requirements of the IMPACT Act. This presentation will identify trends for IRF-PAI–based quality measures and will highlight UDSmr® reporting solutions that can help IRFs monitor their performance and identify opportunities for improvement.

11:45 a.m.–12:00 p.m.  Wrap-up