

Suggested Initial Teaching Notes and Sequence
Rehab Directors
Module III

- I. **Impersonation** – You may “impersonate” other staff in order to enter missing information in the computer (see “impersonate” for selection at the bottom right of the screen. Leave impersonation by selecting a different resident at which time you will return to yourself.
- II. **Setting the ARD** - Refer to **“Quick Card” pg 5**. Set the ARD and plan the treatment minutes (see planner) in advance so that your expectations for the RUG level will be printed onto the therapy schedules. When you set the ARD and the desired RUG level, the program will automatically adjust the RUG minutes needed which are shown to the staff during the assessment period.
- III. **Set Skip Day for MDS** – Refer to **“Quick Card” pg 5**. There are occasions when a day may need to be skipped in the Medicare A day count. For instance, when a patient is out at the hospital over midnight but is not admitted to the hospital. You must speak to your MDS nurse and be coordinated when this occurs.
- IV. **Planner** – Refer to **“Quick Card” pg 12**
 - a. Allows review of minutes, plan for the future and another location to set the ARD. The Planner is used by the Rehab director or designee only: read only for other therapists
 - b. Planned minutes will display on therapist schedule and input screen.
 - c. Plan and update all Med A and Med B patient minutes as accurately as possible to reflect which days they will receive treatment and the expected treatment length. You may plan the Med A patient minutes manually or by using the RUG planner. The Med B patients must be planned manually at 25, 40, 55 or 70 min (23, 38, 53, 68)
 - d. Use the yellow boxes to help indicate when a COT is to be completed or reviewed.
- V. **Scheduler** – Refer to **“Quick Card” pg 13**. All of our sites should be utilizing a schedule for the department and for the facility.
 - a. Assign minutes
 - b. Assign therapists – Consider the need for re-certifications, progress notes etc. when assigning therapists. The Documentation Schedule report will show you when recerts, progress notes, are due. (once your facility has converted to paperless documentation)
- VI. **Alerts** – Refer to **“Quick Card” pg 17**. These alerts should be reviewed and when appropriate, resolved daily. The computer reviews for alerts 1-2 times per day. Any

corrections you make will remain in the alert section until the next report run time. The time of the last alert run time is posted just above the alerts.

VII. **Reports** – There are a wealth of reports available. Listed below are several reports that you will find helpful.

a. For Reports under “Tx” and “Resident” Tabs

- i. ARD Report. (off tx resident report#5, set payor report off tx resident #2, or on planner3 and do set ARD and print report from that pop up screen)
- ii. Progress Note Report. Allows you to see which daily notes are due (in resident reports, choose a week).
- iii. Service Log Batch. Look at billing for the month at a time (this is for the whole facility: monthly double check)
- iv. Service Log. Allows you to see billing for a certain resident for that time period.
- v. Planned/Scheduled/Actual Minutes. Allows you to see the weekly minutes for the week, who is on what day, etc. Helps tell Dave how much staff needed
- vi. Therapist Summary. Who was seen today, who was over or under compared to the day/week for any time frame
- vii. For Reports under “Report” Tab. Run reports by selecting what you want and move over to the right, then click next, set your parameters and run report. The reports available will be listed; highlight and review the desired report.
 1. Labor: Productivity Report (therapist productivity vs facility productivity reports)
 2. Alert reports (under Tx, Resident, located on the bottom of the screen)
 - * These reports only run 3 times a day so the time may affect who is on the list. The billing reports will never go away, so you need to address them
 - a. Missing payors: need to fill in to know how to bill
 - b. Missing RUG: need to know how to set an ARD
 - c. Missing ARD: set an ARD date
 - d. Missing treatment: didn’t meet their frequency (more than 3 days missing), like is due to not doing a discharge. This is informational only: why are they there, try to fix

- e. Part B Missing Minutes: who is missed by 5 or less minutes in billing (will drop off after about 30 days) Everyone can see this list who has access to the building
- f. Documentation Alert: what are overdue and what is coming up
- g. Cap Med B Warning: who are within 80% of the cap; notify for ABN needed
- h. Missing Medical Necessity: fix this in the eval/discipline plan of care.
- i. Missing Physicians
- j. Other areas help you look but are sometimes just distracters: COT review, documentation, Lookback week
- k. Med A not on caseload: forgot to change payor or are still on nursing RUG. If on nursing RUG, be sure to enter non-rehab RUG on appropriate date.

VIII. Printing: To print daily notes each Monday to put on the chart

- a. Resident
- b. Resident reports
- c. Facility: Progress Notes Batch
- d. Click on the Sunday of the week before
- e. Discipline: All
- f. Payor: All
- g. leave all the rest NO and print. This will print all daily notes for everyone in ABC order from the prior week to be filed.

IX. Documentation Schedule: print to know what progress note, recerts are due for the time period chosen

a. Report

b. Run Report

c. Resident tab

d. Documentation schedule

e. move over, next

f. select location

g. select dates. Usually this report is run on the thurs or friday for the next week, to allow RD to look at what notes are done to schedule staff, adjust schedules, etc. Run for one week

h. At the mid month and end of month, Run the full monthly to that date (mid or end of month) to see if anything was missed. Anything incomplete will appear in bold

i. You may choose to skip a document, for example you may skip a progress note due if a discharge is being completed the next day. This progress note will not delete until the patient is discharged and readmitted, however we know we don't have to do both.