

DMC

**Rehabilitation Institute
of Michigan**



Maximizing Efficiencies & Effectiveness in Meeting Intensity of Therapy

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October 14, 2010



DMCTM

DETROIT MEDICAL CENTER





Rehabilitation Institute of Michigan

Rehabilitation Institute of Michigan

Brasza Outpatient Center

Objectives

- Review the CMS policy on Intensive Rehabilitation Therapy
- Identify the challenges (including the outcome of benchmarking) in meeting the Intensive Therapy requirement
- Describe the strategies that the Rehabilitation Institute of Michigan (RIM) implemented to maximize efficiency & effectiveness to meet the Intensity of Therapy requirement (3 Hour Rule).

Clarification of the CMS policy effective January 1, 2010

Criteria for IRF Admissions to be considered Reasonable & Necessary

- Multiple Therapy Discipline
- **Intensive Level of Rehabilitation Services**
- Ability to Participate in Intensive Therapy Program
- Physician Supervision
- Interdisciplinary Team Approach to Care

(CMS November 2009)

Clarification of CMS policy effective January 1, 2010

IRF Admission criterion # 2: Intensive Rehabilitation Therapy

- Patient must be able to fully participate in and benefit from intensive rehabilitation therapy program prior to transfer from the referring hospital. (Not a “rule of thumb”)
- IRF demonstrates provision of therapies – at least 3 hours per day, 5 days per week. Required therapy must begin within 36 hours from midnight of the day of admission. Therapy evaluations “count” in demonstrating the intensity of therapy (IoT) requirement.
- Frequency and duration of treatment may be individualized to patient tolerance and spread over more days (Average of 15 hours over seven-day period) in exceptional circumstances
- Contractors are authorized to grant brief exceptions (not to exceed 3 consecutive days) to the intensity of therapy requirements. Example:
 - Bed rest due to signs of deep vein thrombosis (DVT)
 - Surgical Procedure
 - Extensive diagnostic test / procedures off premises
 - IV intervention

(CMS November 2009)

Intensity of Therapy (IoT)

- What percent of patients receive 3 hours of therapy 5 out of 7 days?
- Are all patients scheduled for 3 hours of therapy?
- Is the therapy provided primarily 1:1 or is group treatment a part of the intensity of treatment?
- How do you track / monitor the data?
- How do you staff especially on the weekend?
- What are the challenges / barriers in providing the IoT?



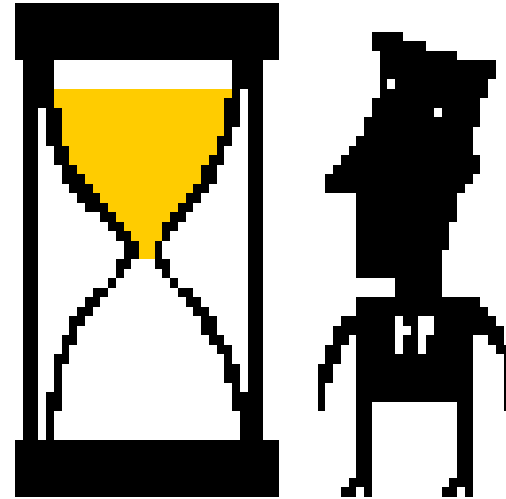
Challenges

- Staffing & vacancy factor
- Patient & staff schedule
- Patients not ready for therapy
- Lack of understanding of the patient & family on the IP Rehab expectations
- Lack of understanding regarding payer policies by the rehab team



Challenges

- Lack of interdisciplinary support & collaboration
- Therapy was focused primarily on quality and not necessarily on the required intensity of therapy
- Monitoring of data was cumbersome
- No “Real time tracking”
- Unable to readily verify accuracy of data



RIM's Strategies

- Assessed & revised staffing levels
- Implemented shifted schedules
- Educated staff on expectations & payer requirements
- Engaged the other members of the rehab team
- Developed monitoring tool



RIM's Strategies

- Minimized inefficiencies – automated patient scheduling, monitoring tool, & documentation
- Patient & family education of intensive therapy requirement
- Implemented ADL Program
- Increased staff accountability



RIM's Strategies

- Implemented the R & R plan
- Increased treatment modalities
- Increased communication & documentation
- Daily audit
- Weekly & monthly report to staff & senior management





Welcome



First Name	SVC CD	Add On	Floor	Bed #	DR	SEX	Arrival Time	INS	Source	RC #	Conf Cxd	Hold	Special need	Diet	Comments	Date
	SIO		0003	314-1	ALFONSO	F		BCBSM	MTCLE	MAW			(NA) 5'6; 234 lb; 4L-02		(Para)	04/14/2008
	BIO		0004	420-2	UNASSIGN	F		DMC CARE	HARPE	PAT			(NA) 5'5; 150 lb		(Brain Mass)	04/14/2008
	PMR		0004	420-1	HORN	F		BCBSM	DRH	SUE			(A) 5'6; 209 lb; Trach; PEG		(Myasthenia Gravis)	04/14/2008
	PMR		0007	716-2	DEAN	M		Clear	HARPE	VWG					Need PAF	04/14/2008
	PMR		0007	732-1	UNASSIGN	F		Clear	HARPE	VWG			(A) HT/WT?		(Debility)	04/14/2008
	PMR		0007	716-1	DEAN	M		Clear	HARPE	PAT			(NA) 6'2; 166 kg?		(Debility)	04/14/2008
	PMR		0007	716-3	DEAN	M		Clear	HARPE	VWG			6'2; 180 lb		(Debility)	04/14/2008
	ORT		0007	712	UNASSIGN	M		Coventry	HENRY	MLC			6'; 150 kg; Trapeze		(FX, GSW) PVT Room - MINOR	04/14/2008
	AMP		0007	736-2	GEFFRARD	M		Clear	DRH	SUE	Cxd		(NA) 5'11; 180 lb; 2L-02		R-MU (L BKA)	04/14/2008

2 | 1 | 2 |

LAST>>



Welcome



RIM - Patient Admission Report
04/11/2008

11 Records Found. Sort By: [Floor] Sort Print

Pat ne	First Name	SVC CD	Add On	Floor	Bed #	DR	SEX	Arrival Time	INS	Source	RC #	Conf Cxd	Hold	Special need	Diet	Comments	Date
NES		MCX		0007	710-3	DEAN	M		M'Care/ BC of Minnesota	TRIUM	MLC	Conf		(A) 5'9; 280 lb; Blind; HEMO	1:1 supv w/meals	(Debility) Amb PU@1:00.	04/11/2008
SUS	TOTAL			0008										Census: 3rd-15; 4th- 18; 7th-17 Tot.-50	D/C 4/11: 3rd-2, 4th-1, 7th-2	D/C 4/14: 3rd-, 4th-, 7th-	04/11/2008

Page 2 of 2 | 1 | 2 |

FIRST <PREV

3/04/08
11:58:59

REHABILITATION INSTITUTE
SCHEDULE MAINTENANCE MENU

SCHM022

FLOOR
NLEDES

- 05. Patient Weekly Schedule by Floor
- 14. New Admits Weekly Schedule
- 15. 1x Patient Daily Schedule Chg
- 16. Print One Staff Schedule
- 17. Print One Patient Schedule
- 24. Print Patient Weekly Schedule RPT
- 25. On line Therapist Schedule
- 30. 3 Year census
- 50. DISPLA MESSAGE
- 04. Active Floor Census
- 10. Staff Maint(Add/Del/Chg)
- 11. Patient Weekly Screen
- 12. Pat Weekly Scheduled Hours Rpt
- 19. RUN ONE FLOOR Schedule
- 27. 5 out 7 Day Analysis (EMR data)
- 28. D/C Pat Thrpy Hours (EMR data)
- 29. Monthly 5 out 7 Therapy (EMR data)
- 31. Day to Day
- 90. SIGNOF
- 32. Floor Census
- 60. SEN MESSAGE

Option:

==> _____

11/08
19:30

REHABILITATION INSTITUTE
PATIENT SCHEDULE LIST

SCHR122

PAT NO.: 000401106588 ANDERSON, [REDACTED]

ACT	STAF#	AREA	STAFF NAME	TIME		UNIT	M	T	W	T	F	COMMENT
				HR	MM							
	00009	OT	CVA AM ADL	7		3	-	-	-	-	-	
-	00002	TR	ANITA	9	45	3	X	X	X	X	X	TR
-	00024	SP	PATTY	10	30	3	X		X		X	441
-	00033	OT	CATHY	11	15	3	X	X	X	X	X	
-	00009	MISC	LUNCH	12		4	X	X	X	X	X	
-	00064	PT	THOMAS	13		3	X	X	X	X	X	
-	00066	OT	HERMAN	13	45	3	X	X	X	X	X	
-	00064	PT	THOMAS	14	30	3	X	X	X	X	X	
-	00010	MISC	DINNER	17		4	X	X	X	X	X	

1-EXIT Put A=ADD,D=DELETE next to record then ENTER
 C=Change then make changes+ENTER

Rehabilitation Institute of Michigan

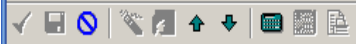


Weekend Activity Sheet Schedule Date: Saturday, April 05, 2008

Therapist: OT 00060

WEEKEND

Priority Codes	Hour		Patient #	Patient Name	Room	Units Scheduled	Units Missed / Unfilled	Reason for Missed Tx	Treatment Categories														Comments												
	OT Initial Eval 97003	Swallow Eval 92810							MBSS 92811	BADL / IADL 97536	Ther Activities / Transfers 97530	Ther Exercise 97110	Neuro Re-ed/Balance 97112	Comm Re-entry 97537	WC Mobility Train 97542	AT / WC access 97765	Home Eval 97535	Orthotic Training 97760	Prosthetic Training 97761	Swallow Treatment 92526	Hot/Cold Pack 97010	Paraffin Bath 97018		Manual Therapy 97140	Unattended E-stim 97014	Attended E-stim 97032	Biofeedback 92801	Ultrasound 97035	Whirlpool 97022	Group TX 97150					
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- Treatment
- ADL
- Functional Mobility/
 - Wheelchair Mgmt/Seati
 - IADL
 - Neuro Re-education
 - Balance
 - Balance Detailed
 - Posture
 - Therapeutic Exercise
 - Thermal Modalities
- Electrical Therapy
- Manual Therapy
 - Orthotics/Prosthetics Tr.
 - Wound Care
 - Incision/Wound Care
 - Aquatic Therapy
 - Group Therapy
- Assessment
- ✓ Goals
- Education
- Eating
- Grooming
- Bathing
- Dressing Upper

OT Charges

	Minutes	Units	Charge
Occupational Therapy Evaluation	<input type="text" value="Minute(s)"/>	<input type="text" value="Units"/>	<input type="radio"/> Yes
ADL Training	<input type="text" value="45"/> Minute(s)	<input type="text" value="3"/> Units	<input checked="" type="radio"/> Yes
Functional Mobility/Therapeutic Activity	<input type="text" value="10"/> Minute(s)	<input type="text" value="1"/> Units	<input checked="" type="radio"/> Yes
Wheelchair Management/Seating	<input type="text" value="Minute(s)"/>	<input type="text" value="Units"/>	<input type="radio"/> Yes
Neuro Re-education	<input type="text" value="Minute(s)"/>	<input type="text" value="Units"/>	<input type="radio"/> Yes
Therapeutic Exercise	<input type="text" value="Minute(s)"/>	<input type="text" value="Units"/>	<input type="radio"/> Yes
Manual Therapy	<input type="text" value="20"/> Minute(s)	<input type="text" value="1"/> Units	<input checked="" type="radio"/> Yes
Orthotics Management/Training	<input type="text" value="Minute(s)"/>	<input type="text" value="Units"/>	<input type="radio"/> Yes
Prosthetics Training	<input type="text" value="Minute(s)"/>	<input type="text" value="Units"/>	<input type="radio"/> Yes
Attended Electrical Stim	<input type="text" value="15"/> Minute(s)	<input type="text" value="1"/> Units	<input checked="" type="radio"/> Yes

View Help

Person Demographics

Person name: [redacted] Building: RIM Organization: Rehabilitation Institute of Michigan

RN: [redacted] Nursing station/location: RIM4 Financial class: Worker's Comp

PN: 401105887 Admt Dr:

Admit type: Inpatient-Active Room: 446

Charge Description	A	I	CDM	Reven	CPT-4	H	Qua	Price	Performing Location	Activity Type	Cost Center	Service I
Daily Note							1	See Expan		Patient Care		Thursday, Feb
Initial Evaluation							1	See Expan		Patient Care		Friday, Februa
Therapeutic Recreation Charges							3	See Expan		Patient Care		Friday, Februa
Bedside Swallow Evaluation							1	See Expan		Patient Care		Friday, Februa
Daily Note.							3	See Expan		Patient Care		Friday, Februa
Daily Note							2	See Expan		Patient Care		Friday, Februa
PT Evaluation							1	See Expan		Patient Care		Friday, Februa
Daily Note.							1	See Expan		Patient Care		Saturday, Febr
OT Therapeutic Exercise Units			84070697				1	\$0.00		Patient Care		Saturday, Febr
Therapeutic Activity Units			84070671				3	\$0.00		Patient Care		Saturday, Febr
OT Self Care Units			84070663				3	\$0.00		Patient Care		Saturday, Febr
Daily Note							3	See Expan		Patient Care		Saturday, Febr
PT Treatment							1	See Expan		Patient Care		Sunday, Februa
Daily Note							3	See Expan		Patient Care		Sunday, Februa
Daily Note.							4	See Expan		Patient Care		Sunday, Februa
Daily Note							1	See Expan		Patient Care		Monday, Februa
Daily Note							3	See Expan		Patient Care		Monday, Februa
Daily Note.							2	See Expan		Patient Care		Monday, Februa
PT Treatment							1	See Expan		Patient Care		Monday, Februa
Daily Note.							2	See Expan		Patient Care		Monday, Februa
Daily Note							3	See Expan		Patient Care		Tuesday, Febr
Daily Note							2	See Expan		Patient Care		Tuesday, Febr
Daily Note							1	See Expan		Patient Care		Tuesday, Febr



3/04/08 11:06:44

REHABILITATION INSTITUTE
5 out 7 Monthly Analysis

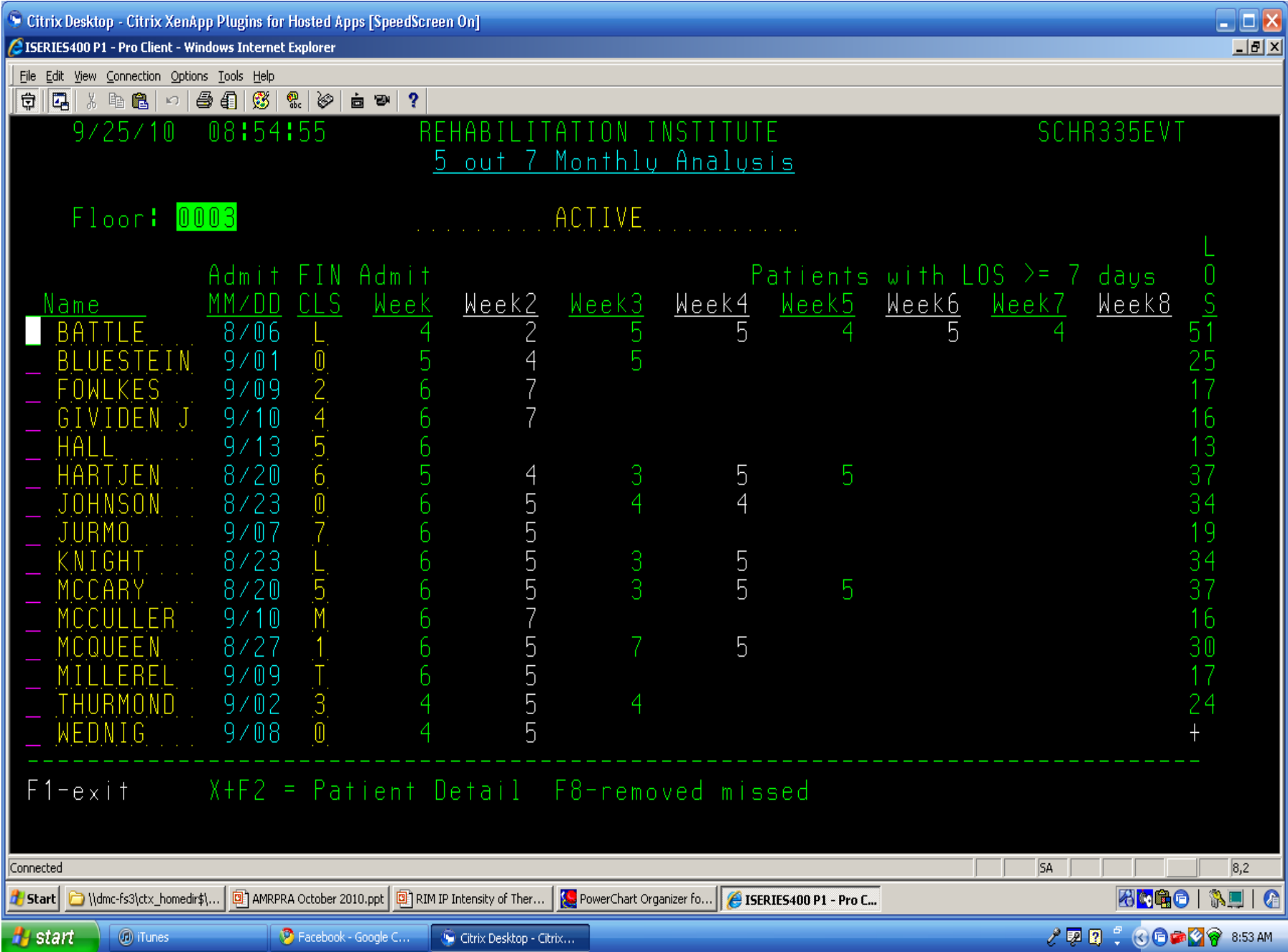
SCHR335EVT

Floor: 0004

Discharge for 02/2008.....

Jame	Admit MM/DD	FIN CLS	Admit Week	Patients with LOS >= 7 days								L S
				Week2	Week3	Week4	Week5	Week6	Week7	Week8		
SPANN	12/27	6	4	4	6	3	2					39
EARLS	1/11	1	6	5	6							25
BONATO	1/30	1	4									06
MAKLED	1/30	2	6									08
WALKER	1/16	1	5	7	5							23
MULLEN	1/17	1	6	5	5							22
STEFANKO	2/01	1	3									07
HOMSI	1/23	0	5	5								17
BRENNAN	2/05	M	5									07
JARRETT	1/30	1	6	5								14
ARMSTRONG	1/28	1	6	5								17
BELL	2/05	M	5									09
JENNINGS	1/15	3	6	5	4	5	5					35
HEISS	1/16	6	6	5	5	5	4					34
HAZZARD	2/13	1	6									+

-exit X+F2 = Patient Detail F8-removed missed F3= Active Patients



3/04/08 11:08:20

REHABILITATION INSTITUTE
Actual Therapy Hours

SCHR337DAY

401104468 WALKER, [REDACTED] FinCl: 1 Floor: 0004
Admit: 2008-01-16 DC: 2008-02-08 LOS: 23 HSrv: AMP

A	W/E	Srv Dte	-OT-	-PT-	-SP-	TOT HRS	-TR-	Missed Include
-		1/16/2008		.25		.25		.25
-		1/17/2008	2.50	1.75	.75	5.00		5.00
X		1/18/2008	1.75	1.50	.75	4.00		4.00
	S	1/19/2008	1.08	1.00	1.00	3.08		3.08
	S	1/20/2008	1.50	1.08	1.00	3.58		3.58
-		1/21/2008	1.25	.75	.41	2.41		2.41
-		1/22/2008	.75	.75	.75	2.25		3.00 45.00
-		1/23/2008	1.50	1.50	.75	3.75	.83	4.58
-		1/24/2008	2.25	1.50	.75	4.50		4.50
-		1/25/2008	1.75	1.50	.75	4.00		4.00
-	S	1/26/2008	1.50	1.50		3.00		3.00
-	S	1/27/2008	3.00		1.00	4.00		4.00
-		1/28/2008	1.25	.75	.33	2.33		3.58 75.00
-		1/29/2008	1.50	1.33		2.83		3.58 45.00
-		1/30/2008	3.00	.75	.50	4.25		4.25 +

F1=exit F2 = Print Pat Log MissTherpy added X>Show Charges



3/04/08 11:09:41

REHABILITATION INSTITUTE
Actual Units for day

SCHR337DAY

Patient: 401104468 1/18/2008
WALKER, [REDACTED]

EMR#	--Description--	Units	REA	Minute
0121887475	Speech/Language Tx Minutes. In SP			45
0121904903	OT Neuromuscular Reeducation M PT	1		15
0121904922	Therapeutic Exercise PT	1		15
0121904981	Therapeutic Activity OT	2		30
0121904981	Therapeutic Activity PT	2		30
0121904981	Therapeutic Activity OT	2		30
0121904997	Wheelchair Management PT	2		30
0122131399	OT Therapeutic Exercise OT	2		30
0122131399	OT Therapeutic Exercise OT	1		15

Total Units:		13		240

+

F1=exit F2 = Print Pat Log MissTherpy added X>Show Charges

DATE 4/11/2008

REHABILITATIONINSTITUTE OF MICHIGAN

CACR065

PAGE 1

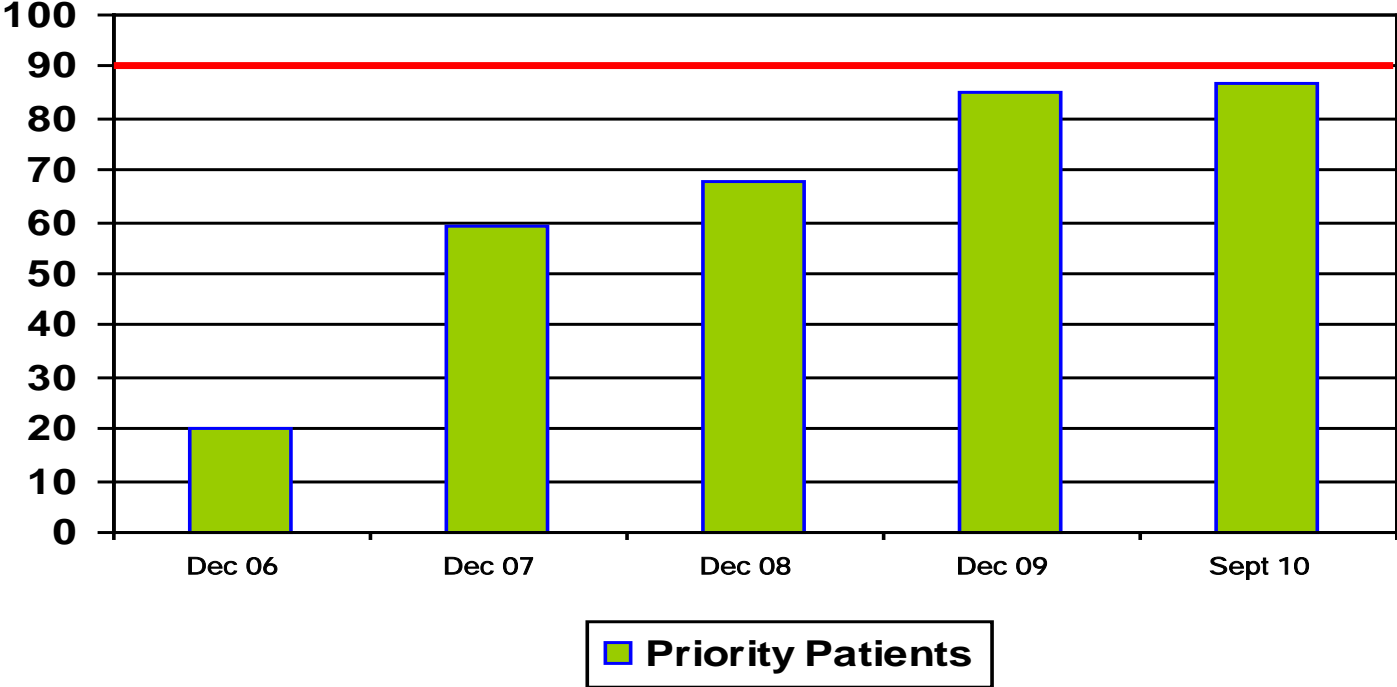
Service to: 2008-04-10

Ser Date	PT Dept				OT Dept				SP Dept				TR Dept				-TOTAL-
	NEURO	PMR	SCI	TOT	NEURO	PMR	SCI	TOT	NEURO	PMR	SCI	TOT	NEURO	PMR	SCI	TOT	
2008-04-01 Qty:	80	65	119	264	95	90	129	304	14	4	5	23	44	40	27	111	702
49 DOL\$	5959	4234	8436	19529	6835	6330	8694	21859	1995	1140	1451	4586	2558	3000	1725	7283	52257
\$/Cen	119.6	96.4	172.2	378.1	139.5	129.2	177.4	446.1	40.7	23.3	29.6	93.6	52.2	61.2	35.2	148.6	1066.5
2008-04-02 Qty:	79	84	106	268	95	109	105	298	19	6	12	36	52	29	33	113	715
50 DOL\$	6217	5196	6980	18293	6369	7462	5816	19647	4522	855	855	6232	3208	1725	2400	7333	51495
\$/Cen	124.3	103.7	137.6	365.7	127.4	149.2	116.3	392.9	90.4	17.1	17.1	124.6	64.2	34.5	48.0	146.7	1029.9
2008-04-03 Qty:	82	81	113	276	95	103	108	306	24	6	10	40	19	49	26	93	715
50 DOL\$	6398	4455	7387	18240	7234	7139	6547	20920	4656	794	855	6295	1872	3810	1425	7107	52562
\$/Cen	128.0	89.1	147.7	364.8	144.7	142.9	130.9	418.4	93.1	15.7	17.1	125.9	37.4	76.2	28.5	142.1	1051.2
2008-04-04 Qty:	99	81	92	271	107	90	105	302	19	4	8	30	27	13	40	643	
51 DOL\$	6959	5711	6048	18617	7618	6699	6844	21161	3499	784	570	4852	1900	300	2100	46730	
\$/Cen	134.5	112.0	119.6	365.0	149.4	131.4	134.2	414.9	68.6	15.4	11.2	95.1	35.3	5.9	41.2	916.3	
2008-04-05 Qty:	31	26	36	93	72	66	55	193	12	4	8	24					310
50 DOL\$	2555	2446	1303	6304	4795	5030	2175	12000	3284		712	3996					22300
\$/Cen	51.1	48.9	26.1	126.1	95.9	100.6	43.5	240.0	65.7		14.2	79.9					446.0
2008-04-06 Qty:	61	57	36	154	72	74	42	188	16	1	4	21	35			35	398
50 DOL\$	4184	3496	2736	10416	4792	5169	2588	12548	2708	285	971	3964	3124			3124	30052
\$/Cen	83.7	69.9	54.7	208.3	95.8	103.4	51.8	251.0	54.2	5.7	19.4	79.3	62.5			62.5	601.0
2008-04-07 Qty:	99	80	103	282	125	101	97	323	22	5	9	35	34	18	3	55	695
53 DOL\$	6164	4684	7792	19640	8664	6920	6808	22392	3420	855	1425	5700	2814	900	225	3939	50671
\$/Cen	116.3	98.4	147.0	351.7	163.5	130.6	128.5	422.5	64.5	16.1	26.9	107.5	53.1	17.0	4.2	74.3	956.1
2008-04-08 Qty:	104	82	102	288	122	103	100	325	13	6	12	31	24	50	32	106	750
56 DOL\$	7379	6308	7730	21417	8547	8152	7892	24581	3660	1529	1503	6692	1932	3450	1425	6807	59497
\$/Cen	131.8	112.6	139.0	392.4	152.6	145.6	140.8	439.9	65.4	27.3	26.9	119.5	34.5	61.6	25.4	121.6	1062.4
2008-04-09 Qty:	99	100	104	303	121	126	116	363	26	4	10	40	58	22	37	117	823
54 DOL\$	7357	6999	6960	21316	9072	9115	7568	25755	4541	998	1852	7391	4144	1350	2745	8239	62701
\$/Cen	136.2	129.6	128.9	394.7	168.0	169.9	140.1	476.9	84.1	18.5	34.3	136.9	76.7	25.0	50.8	152.6	1161.1
2008-04-10 Qty:	106	65	116	287	136	118	82	336	16	3	7	26			2	2	651
50 DOL\$	6987	4419	7416	18722	8827	8002	4412	21241	2494	596	570	3660			150	150	43773
\$/Cen	137.7	98.4	148.3	374.4	176.5	160.0	88.2	424.8	49.9	11.9	11.4	73.2			3.0	3.0	875.5

Qty:	938	721	927	2486	1020	979	939	2938	179	43	84	306	266	233	173	672	6402
DOL\$	59859		62688		72753		59334		34778		10764		19652		10395		472038
0513 \$/Cen	116.7	93.4	122.2	332.3	141.8	136.5	115.7	394.0	67.8	15.3	21.0	104.0	38.3	31.3	20.3	89.8	920.2

IP Therapy Services: Intensity of Therapy

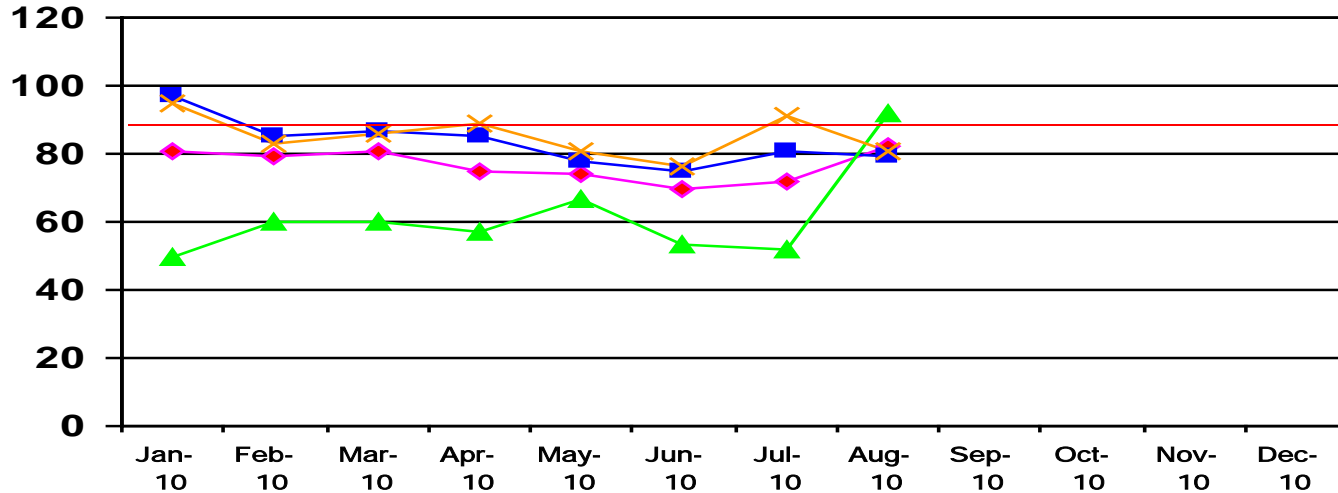
Percent of Patients Receiving 3 Hours of Therapy 5 days out of 7



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IP Therapy Services: Intensity of Therapy

Percent of Patients Receiving 3 Hours of Therapy 5 days out of 7

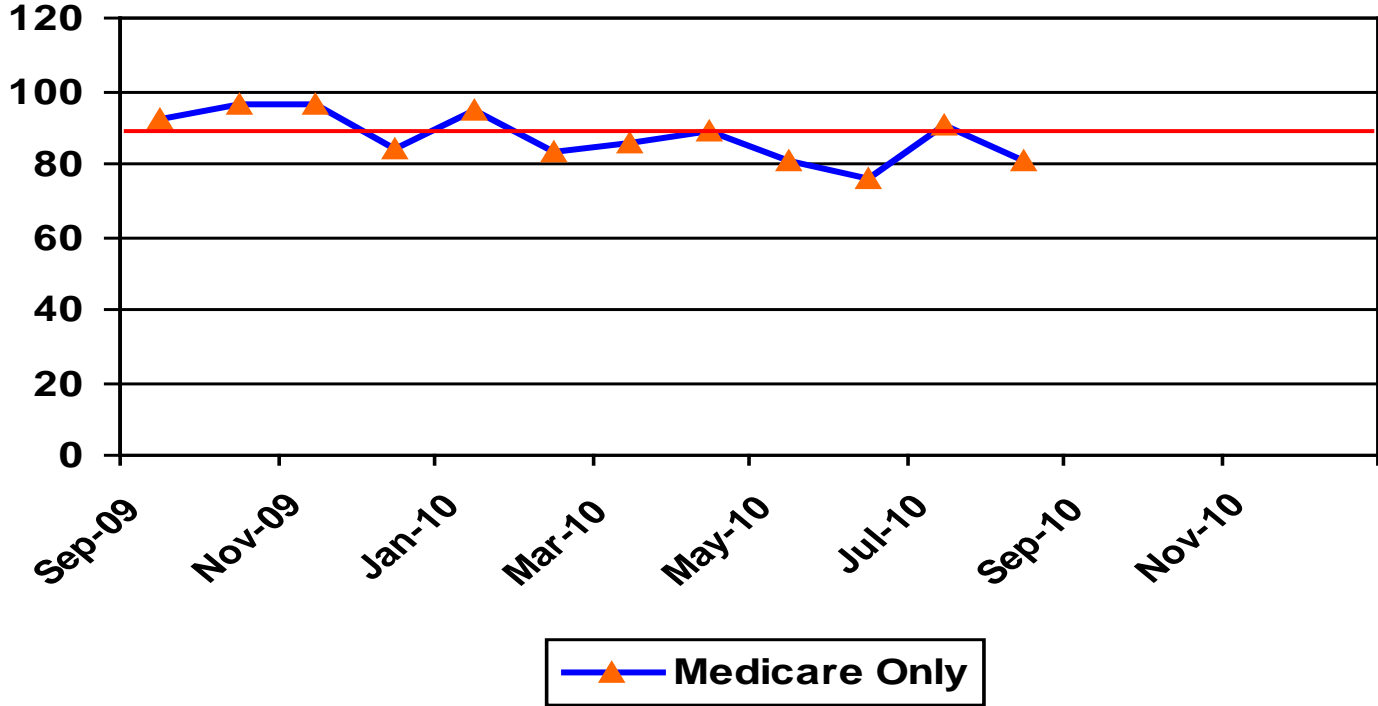


◆ % ALL pts
 ■ % Priority
 ▲ % Other Ins
 × Medicare Only

Priority includes: FIN Class 1 (Medicare), 2 (BC/BCN), 3 (Medicaid Straight), L (HAP) & M (Medicare Advantage) Data was based from the 2nd week of IP stay.

IP Therapy Services: Intensity of Therapy

Percent of Patients Receiving 3 Hours of Therapy 5 days out of 7



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Ongoing Challenges / Areas for Improvements

- Staffing
- Team conference held during therapy sessions
- Consistent physician support & documentation
- System / Technology Hiccups
- Enhancement of EMR documentation
- Enhancement of tracking tool / reports

Any Questions?

Thank you

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(313) 745 - 9829