

Overview of the Therapist Readiness Tool:

The tool was designed by rehabilitation therapists with both therapists and therapy/therapist assistants in mind. On October 1, 2019, the Patient Driven Payment Model (PDPM) will replace the Resource Utilization Groups, Version 4 (RUG-IV) as the Medicare Part A Skilled Nursing Facility Prospective Payment System (SNF PPS). PDPM is poised to be the greatest change to the skilled nursing facility in 20 years. Therapists and therapist/therapy assistants working in SNFs today may have no experience in working in any other setting or payment model except one driven by intensity of therapy services.

Since the PDPM shifts the focus away from the volume of service provided to the patient's characteristics, it will require therapists and therapist/therapy assistants to also shift their focus away from "How many minutes do I deliver?" to "What does my patient need?" to achieve a satisfactory outcome.

Each of the questions in this tool is designed to assess a clinician's skillsets in examination, evaluation, coding, documentation, communication and interprofessional collaboration – all important elements for success under the new PDPM model. Success in delivering effective care, success in collaborating with other health professionals, success in accurately coding to ensure the patient's case-mix component is accurate, success in achieving quality outcomes, and success in achieving patient satisfaction. It can be used by individuals and/or team leaders to assess their own/their teams' strengths, weakness, and areas of potential growth.

Directions for using the Therapist Readiness Tool:

1. Commit to being honest in filling out the form. This is not a test. The tool has not been scientifically studied. The scores are intended to be informative and guide therapists in seeking additional opportunities that will enhance their clinical skills in a value-based payment model, as well as facilitate evidence-based clinical practice.
2. For each item, consider your confidence level that you are currently or could, if asked today, to perform the task/item listed.
 - a. 4 – You are **very confident** your practice currently reflects the task/item or you could begin immediately if asked.
 - b. 3 – You are **somewhat confident** your practice currently reflects the task/item or you could begin immediately if asked.
 - c. 2 – You are **slightly confident** your practice currently reflects the task/item or you could begin immediately if asked.
 - d. 1 – You are **not at all confident** your practice currently reflects the task/item or you could begin immediately if asked.
3. For each item that you scored yourself a 1, 2 or 3 in – provide any details and/or information that would help you or a mentor to find resources and information for additional learning opportunities.

PDPM Clinician Readiness: PHYSICAL THERAPY	4 Very	3 Somewhat	2 Slightly	1 Not at all	Resources <i>For each area scored <4, identify improvement strategies</i>
Communicate with physicians and interdisciplinary care team members about a patient's reason(s) for admission.					
Communicate verbally and via documentation and coding to the interdisciplinary team patient progress in objective terms consistent with the Minimum Data Set-Resident Assessment Instrument (MDS-RAI) Manual.					
Ability to discuss with a patient their expectations from therapy and identify realistic achievable goals.					
Ability to identify patient characteristics that will affect a patient's rate of recovery and appropriate plan of care.					
Use a stethoscope and sphygmomanometer to measure heart rate/sounds and blood pressure.					
Review a patient's list of medications and understand which ones may impact a patient's evidence-based exercise prescription or their response to it.					
Identify the patient's primary reason for requiring physical therapy during the SNF stay after completing a PT examination.					
Incorporate the MDS Section GG mobility items into an evaluation period and during the first 3 days of a patient's stay as feasible; and collaborate with nursing.					
Develop an evidence-based exercise prescription for strengthening.					
Progress an evidence-based exercise prescription in intensity or difficulty on a daily basis or as frequently as appropriate.					
Develop an evidence-based exercise prescription for aerobic conditioning.					
Identify when group treatments are a viable and effective treatment option.					
Progress therapeutic activities in intensity or difficulty on a daily basis or as frequently as appropriate.					
Gait train using attentional capacity.					
Measure a person's gait skills in at least 3 ways that are not dependent on distance or assistance provided.					

PDPM Clinician Readiness: PHYSICAL THERAPY (continued)	4 Very	3 Somewhat	2 Slightly	1 Not at all	Resources <i>For each area scored <4, identify improvement strategies</i>
Identify when concurrent therapy sessions are a viable and effective treatment option for therapeutic exercise and functional activities.					
Supervise therapy aides in unskilled exercise and/or activities.					
Assess a patient’s cognitive abilities to learn new information and follow directions.					
Recognize when a Restorative nursing plan can supplement skilled PT programs					
Assess etiology of musculoskeletal pain and conduct a musculoskeletal exam.					
Assess pain in a cognitively impaired person.					
Measure endurance without using activity tolerance or distance walked.					
Identify ‘red flags’ or signs of a worsening condition.					
Identify signs of a swallowing difficulty and communicate those to the interdisciplinary team.					
Develop Maintenance or Restorative programs for specific facility populations, including during an ongoing Part A stay.					
Monitor the effectiveness of a Maintenance or Restorative program with objective measures.					
Taper a skilled physical therapy program in preparation for transition to next level of care.					
Communicate with anxious family members or patients.					
Differentiate between a patient’s long-term goals, and the goals needed to reach the next level of care.					
Plan an individualized dosage of PT (time, frequency, intensity) per day and per week to achieve realistic goals.					
Communicate to the next level of care patient’s abilities and remaining impairments using standardized post-acute care (PAC) terminology and assessment coding.					
Conduct follow up calls post-discharge to assess function at home and risk of re-admission.					
SUBTOTAL: Sum of each column					<i>For scores <75% clinicians should seek out training opportunities</i>
SCORE: Sum of columns ÷ 128 = %					