

# Bringing Back the SOAP Note:

## Objective Data

*Practical Strategies for  
Defensible Home Health Documentation*



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## Series Objectives

- Define and apply the terms skilled, reasonable and necessary in the context of clinical documentation.
- Identify two strategies for collecting both subjective and objective information.
- Integrate “professional opinion” into initial assessments and routine visits to support clinical decision making.
- Formulate goals that meet the expectations of measurable and meaningful.




## Series Overview

- Subjective
- Objective ✓
- Assessment
- Plan



## Session Objectives

- Discuss core quantifiable information that should be considered on initial assessments and routine visits.
- Examine how objective data can and should be interpreted
- Incorporate specific data elements into developing and advancing a plan of care.





## Dealing with Data

- Decision making is driven by data, now more than ever before.... and will only *increase* moving forward
  - Regulations
  - Payment Methods
  - Care Delivery Models



## Data Driven Decision Making



Objective  
Data Analysis

Subjective  
Opinions



# Defining Key Concepts

## Skill

Exclusive to the clinician

- proficiency, facility, or dexterity that is acquired or developed through training or experience; an art, trade, or technique

## Reasonable

The amount makes sense

- governed by or being in accordance with reason or sound thinking; not excessive or extreme

## Necessary

The care is indispensable

- Absolutely essential; needed to achieve a certain result or effect; requisite



# Conditions for Coverage of Therapy Services:



Skills of a therapist are needed to restore function

Restorative



Patient's condition requires a qualified therapist to design or establish a maintenance program

Maintenance



Skills of a qualified therapist are required to perform maintenance therapy

Maintenance





## Defining “Objective”

- World Dictionary: *“existing independently of perception or an individual’s conceptions; undistorted by emotion or personal bias; perceptible to persons other than the individual affected”*
- Medical Dictionary: *“Based on observable phenomena; presented factually.”*
- Is a critical element for the “measurable” components of documentation



## Where Does the Data Belong?



- Initial Assessments
- Initial and Updated Goals
- Subsequent Visits
- Functional Reassessments





## What the Notes Contain

- Severely poor balance
- Dysbalance
- Decreased cognition
- Limited ROM
- Strength 50%
- Unsafe bathing
- Medication Issues



## Objective Measures?

- Range of Motion
- Manual Muscle Test
- Balance
  - Fair / Good / Poor
- Endurance
  - Fair / Good / Poor
- Gait Distances
- Equipment Used





## Vital Signs



- Do vital signs “count” as objective measures?
- Who should take them?
- How often?
- Are staff competent in taking vital signs?





## Levels of Assistance

75%+	• Maximal Assistance
50%	• Moderate Assistance
25%	• Minimal Assistance
	• Contact Guard Assistance
	• Stand By Assistance
	• Independent






## “Independent”



- “not dependent on anything else for function”
- Person can complete the task alone whenever needed without any safety concerns at all.



## What Do They Mean?

- ✧ Independent, Supervision, SBA, CGA, Min A, Mod A, Max A, Total, Dependent quantifies assistance.
- ✧ It is the qualitative details that address WHY the level of assist is required and WHAT skill the therapist is providing to improve the functional limitation








## Defining the Problem - Therapy

WHAT

- Patient transfers from sit to stand with moderate assistance.
- Patient requires minimal assistance to dress upper body.
- Patient ambulates 80 feet with a walker and CGA.

WHY

- ✓ Weakness
- ✓ Balance
- ✓ Pain
- ✓ Cognition
- ✓ Environment
- ✓ Fatigue
- ✓ Fall Risk


## Defining the Problem - Nursing

WHAT

- Patient is taking her medication incorrectly
- Patient has fallen three times in the past week
- Patient's blood pressure has been elevated for two days.

WHY

- ✓ Knowledge
- ✓ Medications
- ✓ Weakness
- ✓ Balance
- ✓ Pain
- ✓ Cognition
- ✓ Environment
- ✓ Fatigue
- ✓ Fall Risk





**Functional Measurements**

Impairment Category	Standardized, Validated Test
• Muscle strength	• Barthel Index
• Aerobic capacity/endurance	• Gait Velocity
• Balance	• Tinetti-POMA
• Gait	• MoCA
• Cognition	• modified Falls Efficacy Scale
• Mobility	• 30-second Chair Stand Test
• Activities of Daily Living	• Timed Up and Go
• Balance Confidence	• 2-minute Step Test

The table is set against a dark blue background with a stone image in the top left and a red key icon in the bottom right. The text is white and teal.



## Aerobic Capacity / Endurance

- Correlates to “gold standard” of 6-minute walk test
- Age / gender norms for ages 60-94 years
- Can be reliably administered in the home
- Directly applicable to functional tasks



2 MINUTE  
STEP TEST



## 30 Sec Chair Stand Test

- Measures LE Strength.
- Age and gender norms for ages 60-94.
- Can be reliably administered in home.
- Directly applicable to functional tasks.





## Gait Velocity

- Prognostic test for falls and ADL assistance.
- 6 - 20 ft/m at “comfortable walking speed”.
- Reliable administration in the home.
- Home vs. Community ambulator.




## Measuring Cognition

- Rapid screening instrument for mild cognitive dysfunction.
- Assesses attention and concentration, executive functions, memory, language, visual-constructional skills, conceptual thinking, calculations and orientation.

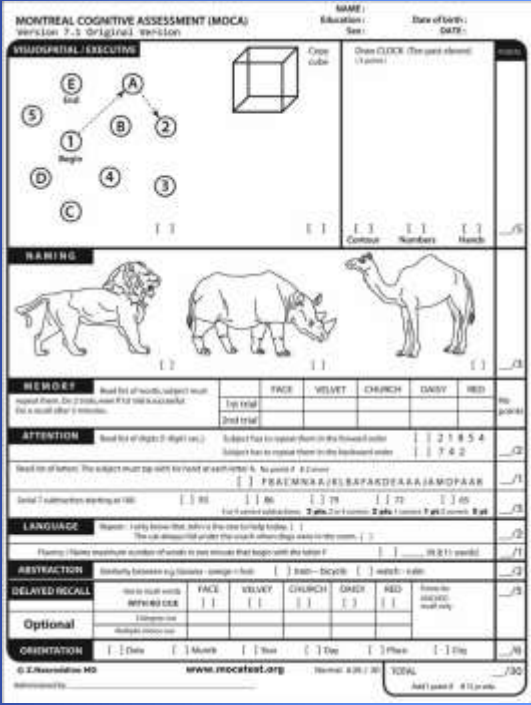


MOCA:  
Montreal  
Cognitive  
Assessment







# MOCA Scoring Sheet



The image shows a Montreal Cognitive Assessment (MOCA) version 7.3 Original version scoring sheet. It includes sections for Visuospatial/Executive, Naming, Memory, Attention, Language, Abstraction, Delayed Recall, and Orientation. Each section has a grid for scoring and a total score at the bottom right.




# Measurements and Maintenance



plateau

- Objective data is critical to confirm stabilization has occurred and that the plateau is sustainable.
- NO measures are specific or unique to a maintenance focus of care





## Knowledge Application

- Mr. X is 77 years old hospitalized after a fall while letting his dog outside resulting in a pelvic fracture. He has been recently diagnosed with Type 2 Diabetic and is reporting trouble with managing his blood sugar. He lives with his grandson in a two story home with his bedroom and bathroom upstairs. Mr. X is refusing to go to a SNF and is being admitted to home health for nursing, PT, OT and HHA services.



## Objective: What Do You Want To Know?

- Medication Management
- Blood Sugar Management
- Mobility
- Self Care
- Fall Risk
- What Else?





## Test and Measure Options

- Arm Curl Test
- 30-sec CST
- Tinetti – POMA
- ABC
- Timed Up and Go
- Barthel Index
- Borg RPE
- 2-min Step Test
- Gait Velocity
- MoCA
- What Else?



## Objective Data

Assessment	Findings	Scoring Guide
30 – sec CST	8 reps	<ul style="list-style-type: none"> <li>• Age/gender norms (11-17 reps)</li> </ul>
Timed Up & Go	32 sec	<ul style="list-style-type: none"> <li>• &gt;30 secs: dependent for transfers, needed help to enter/ exit shower or tub, did not go out alone;</li> <li>• (+) fall risk with score &gt; 14 sec</li> </ul>
Gait Velocity 4 Meter	0.3m/sec	<ul style="list-style-type: none"> <li>• 0.0-0.4m/sec = household amb.</li> <li>• 0.4-0.6m/sec = limited community amb</li> <li>• <b>≤ 0.57m/sec = (+) falls risk</b></li> <li>• 0.6 – 1.0m/sec = lmtd /safe community amb</li> <li>• &gt; 1.0m/sec = functional community am</li> <li>• &gt; 1.2m/sec = safe to cross streets</li> </ul>
MoCA	24/30	<ul style="list-style-type: none"> <li>• WNL for age: &gt;26</li> </ul>





## In Closing

- Despite the renewed emphasis on objective data collection, clinicians cannot lose sight of the need to analyze and use the information to support decisions made specific to each patient.



## Next Session

- Subjective
- Objective
- Assessment ✓
- Plan







## Available Resource

- **The Home Health Section Toolbox of Standardized Tests & Measures**



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