

# Bringing Back the SOAP Note: Assessment

## *Practical Strategies for Defensible Home Health Documentation*



Diana (Dee) Kornetti PT, MA, HCS-D

Cindy Krafft PT, MS, HCS - O



## 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 measureable and meaningful.



## Series Overview

- Subjective
- Objective
- Assessment ✓
- Plan



## Session Objectives

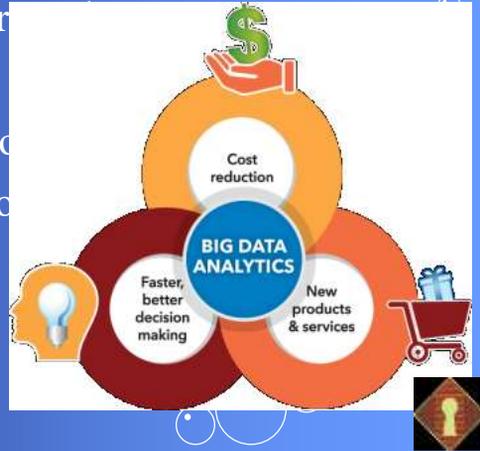
- Define assessment in the hands of RNs, PTs, OTs and SLPs and in the hands of LPNs, PTAs and OTAs
- Discuss the focus of assessment and the connection to both subjective and objective information
- Examine documentation strategies to create meaningful assessment content without a risk of repetition.



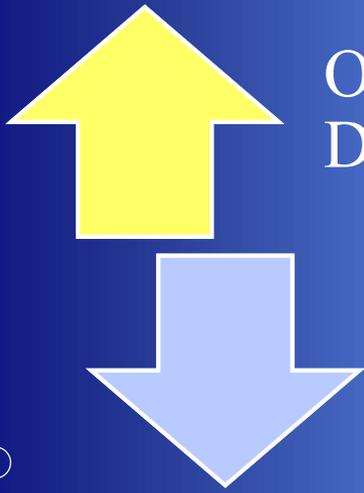


## Dealing with Data

- 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



## Professional Opinion

- Collecting objective information in and of itself does not indicate a specific discipline skill set.
- The ability to interpret data gives it meaning and patient specific focus.



## 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





**Defining "Assessment"**

- World Dictionary: *"to judge the worth, importance, etc, of; evaluate"*
- Synonyms: *"Appraise, Determine, Check, Gauge, Judge, Weigh, Apprise"*
- Is a critical element for demonstrating the unique skills of a clinician.



## Where Does Assessment Belong?



- Initial Assessments
- Subsequent Visits
- Functional Reassessments
- Recertifications



## What the Notes Contain

- Patient progressing towards goals
- Patient improving
- Patient tolerated treatment without complaints
- Patient return demo
- Patient verbalizes understanding.





## Demonstrating Skill



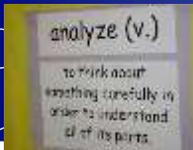
## Types of Assessment

- Analyzing data collected
  - Age/Gender Norms
  - Lab Value Ranges
  - Functional Relevance
- Determining effectiveness of care
  - Connect Subjective and Objective Data
  - Need to continue care





## Skills of the Nurse?



CBC			
Component Results			
Component	Your Value	Standard Range	Units
WBC COUNT	6.7 ✓	4.5 - 11.0	KUL
RBC COUNT	4.51 ✓	3.50 - 5.50	MIL/UL
HEMOGLOBIN	14.1 ✓	12.0 - 15.0	G/DL
HEMATOCRIT	42.3	36.0 - 48.0	%
MCV	93.7	79.0 - 101.0	FL
MCH	31.2	25.0 - 35.0	PG
MCHC	33.3	31.0 - 37.0	%
RDW-CV	12.4	11.0 - 16.0	FL
PLATELET COUNT	221 ✓	150 - 420	KUL
MPV	9.8	7 - 10	FL



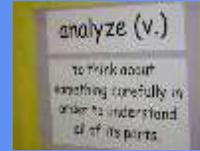
## Aerobic Capacity / Endurance

- 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





# Analyzing Results

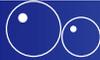
- **Interpret Measurement:** *What does 53 steps mean for your 77 yo male patient?*

**Two Minute Step Test Normative Data**  
Normal Range of Scores for Two Minute Step Test\*

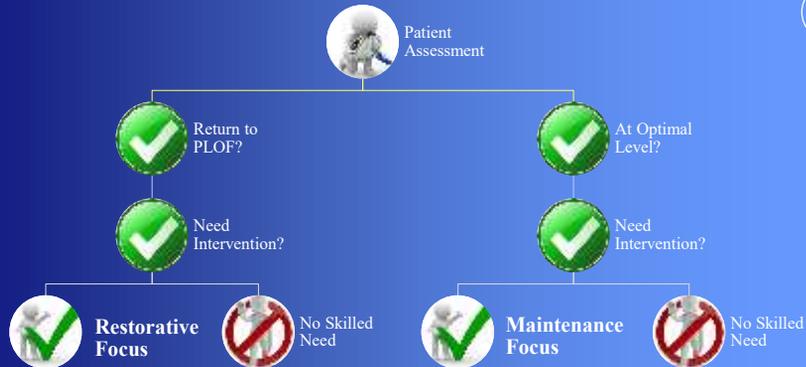
	60-64	65-69	70-74	75-79	80-84	85-89	90-94
2-Min. step (no. of steps) Men	87-115	86-116	80-110	73-109	71-103	59-91	52-86
2-Min. step (no. of steps) Women	75-107	73-107	68-101	68-100	60-91	55-85	44-72

\* Normal defined as the middle 50% of the population.  
BRIK EE, James CJ. Functional Fitness Normative Scores for Community-Dwelling Older Adults, Ages 60-94. *Journal of Aging and Physical Activity*, 1999, 7 (3):162-181.

- **Analyze Meaningfulness:** *How does patient's aerobic capacity impact him functionally?*



# Choosing A Course of Care





## Determining Effectiveness

- Can you connect the skilled care provided to the patient outcome?
  - Improvement
  - Stabilization
  - Decline
- NOT just WHAT you did but WHY you did it!
  - *Clinical Decision Making*



## Can You Say This?

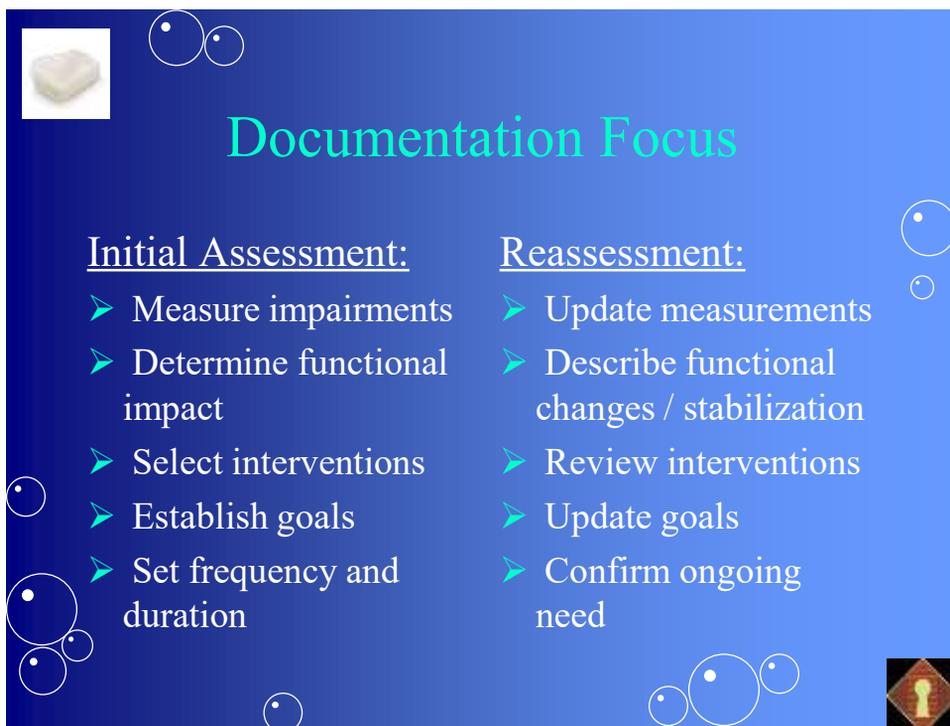
- It is the professional opinion of this therapist that.....
- Based on these findings..... it is this opinion of this nurse that.....
- Initiation of therapy is warranted based on the following.....
- Continued nursing is needed to address.....





## Reassessments

- Mandatory Time Frames
  - Recertification
  - Resumption of Care
  - Therapy Functional Reassessments
- These are the MINIMUM expectations for assessing the patient AND the plan of care.



## Documentation Focus

<p><u>Initial Assessment:</u></p> <ul style="list-style-type: none"> <li>➤ Measure impairments</li> <li>➤ Determine functional impact</li> <li>➤ Select interventions</li> <li>➤ Establish goals</li> <li>➤ Set frequency and duration</li> </ul>	<p><u>Reassessment:</u></p> <ul style="list-style-type: none"> <li>➤ Update measurements</li> <li>➤ Describe functional changes / stabilization</li> <li>➤ Review interventions</li> <li>➤ Update goals</li> <li>➤ Confirm ongoing need</li> </ul>
---	--



## 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.



## Assessment: What Do You Think?

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





## Data Analysis

Assessment	Findings	Scoring Guide with Interpretation	Patient Specific Relevance
FBS HbA1c	207 mg/dl 9.6 %	<ul style="list-style-type: none"> <li>Fasting: 80 – 130 mg/dl (for diabetics)</li> <li>≤7.0 % (for diabetics)</li> </ul>	<i>Health Risks &amp; Complications</i>
30 – sec CST	8 reps	<ul style="list-style-type: none"> <li>Age/gender norms (11-17 reps) (8/11 = 73% age/gender norms)</li> </ul>	<i>Mobility Self Care Medications</i>
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 (moderate mobility impairments and + fall risk)</li> </ul>	<i>Mobility Self Care Medications</i>
Gait Velocity 4 Meter	0.3m/sec	<ul style="list-style-type: none"> <li><b>0.0-0.4m/sec = household amb.</b></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>	<i>Mobility Self Care Medications</i>
MoCA	24/30	<ul style="list-style-type: none"> <li>WNL for age: &gt;26 (minimal cognitive impairments)</li> </ul>	<i>Mobility Self Care Medications</i>



## Assessment in Action

<p><b>Data Collected:</b></p> <ul style="list-style-type: none"> <li>Subjective –           <ul style="list-style-type: none"> <li>3 falls managing dog</li> <li>CG available only at night</li> <li>Forgets medications</li> <li>Can't work the glucometer</li> <li>Wants to stay in the home</li> </ul> </li> <li>Objective –           <ul style="list-style-type: none"> <li>Blood sugar too high</li> <li>LE weakness</li> <li>+ fall risk</li> <li>Moderate mobility impairment</li> <li>Mild cognitive impairment</li> </ul> </li> </ul>	<p><b>Assessments:</b></p> <ul style="list-style-type: none"> <li>Medication management impacted by mild cognitive impairments and no access to CG during the day.</li> <li>Fine motor issues and mild cognitive impairments limit use of glucometer.</li> <li>LE weakness contributing to fall risk and pet management impacted by both issues.</li> <li>Caregiver access will impact overall plan</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 ✓





## Be sure to Follow Us:



@KornettiKrafft

Dee Kornetti PT, MA

@DKornetti

Cindy Krafft PT, MS

@cindy\_krafft



<https://www.facebook.com/KornettiKrafftHealthCareSolutions/>



## Are you concerned about protecting the revenue you have earned from providing clinical services?

Kornetti & Krafft Health Care Solutions, physical therapists with over 70 years of clinical, management and ownership experience, is a consulting company with proven home health care solutions in interdisciplinary, patient-centered care management to fortify your agency's fiscal security.



Dee Kornetti COO  
kornetti@valuebeyondthevisit.com



Cindy Krafft CEO  
krafft@valuebeyondthevisit.com

