|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Functional Areas | Prior Level of Function(PLOF) | Current Level of Function(CLOF) | Goal | CLOF (minus) Goal | Scoring Key |
| Current **Ability to Dress Upper Body** safely (with or without dressing aids) including undergarments, pullovers, front-opening shirts and blouses, managing zippers, buttons, and snaps: |  |  |  |  | 0 = Able to get clothes out of closets and drawers, put them on and remove them from the upper body without assistance. 1 = Able to dress upper body without assistance if clothing is laid out or handed to the patient. 2 = Someone must help the patient put on upper body clothing. 3 = Patient depends entirely upon another person to dress the upper body. |
| Current **Ability to Dress Lower Body** safely (with or without dressing aids) including undergarments, slacks, socks or nylons, shoes: |  |  |  |  | 0 = Able to obtain, put on, and remove clothing and shoes without assistance. 1 = Able to dress lower body without assistance if clothing and shoes are laid out or handed to the patient. 2 = Someone must help the patient put on undergarments, slacks, socks or nylons, and shoes. 3 = Patient depends entirely upon another person to dress lower body. |
| **Toilet Transferring:** Current ability to get to and from the toilet or bedside commode safely and transfer on and off toilet/commode. |  |  |  |  | 0 = Able to get to and from the toilet and transfer independently with or without a device. 1 = When reminded, assisted, or supervised by another person, able to get to and from the toilet and transfer. 2 = Unable to get to and from the toilet but is able to use a bedside commode (with or without assistance). 3 = Unable to get to and from the toilet or bedside commode but is able to use a bedpan/urinal independently. 4 = Is totally dependent in toileting. |
| **Bathing**: Current ability to wash entire body safely. **Excludes grooming (washing face, washing****hands, and shampooing hair).** |  |  |  |  | 0 = Able to bathe self in shower or tub independently, including getting in and out of tub/shower. 1 = With the use of devices, is able to bathe self in shower or tub independently, including getting in and out of the tub/shower. 2 = Able to bathe in shower or tub with the intermittent assistance of another person: (a) for intermittent supervision or encouragement or reminders, OR (b) to get in and out of the shower or tub, OR (c) for washing difficult to reach areas. 3 = Able to participate in bathing self in shower or tub, but requires presence of another person throughout the bath for assistance or supervision. 4 = Unable to use the shower or tub, but able to bathe self independently with or without the use of devices at the sink, in chair, or on commode. 5 = Unable to use the shower or tub, but able to participate in bathing self in bed, at the sink, in bedside chair, or on commode, with the assistance or supervision of another person. 6 = Unable to participate effectively in bathing and is bathed totally by another person. |
| When is the patient dyspneic or noticeably **Short of Breath**? |  |  |  |  | 0 = Patient is not short of breath 1 = When walking more than 20 feet, climbing stairs 2 = With moderate exertion (for example, while dressing, using commode or bedpan, walking distances less than 20 feet) 3 = With minimal exertion (for example, while eating, talking, or performing other ADLs) or with agitation 4 = At rest (during day or night) |
| **Frequency of Pain** Interfering with patient's activity or movement: |  |  |  |  | 0 = Patient has no pain 1 = Patient has pain that does not interfere with activity or movement 2 = Less often than daily 3 = Daily, but not constantly 4 = All of the time |
| **Management of Oral Medications:** Patient's current ability to prepare and take all oral medications reliably and safely, including administration of the correct dosage at the appropriate times/intervals. **Excludes injectable and IV medications. (NOTE: This refers to ability, not compliance or willingness.)** |  |  |  |  | 0 = Able to independently take the correct oral medication(s) and proper dosage(s) at the correct times. 1 = Able to take medication(s) at the correct times if: (a) individual dosages are prepared in advance by another person; OR (b) another person develops a drug diary or chart. 2 = Able to take medication(s) at the correct times if given reminders by another person at the appropriate times 3 = Unable to take medication unless administered by another person. NA = No oral medications prescribed. |
| **Objective Measure** |  |  |  |  | **Forward Functional Reach Test (FFRT): (3)** Unwilling to reach = risk of falling 8x > norm; **(2)** <6” = risk of falling 4x > norm; **(1)** 6”-10” = risk of falling 2x > norm; **(0)** > 10” = low risk of falling**Sitting Forward Functional Reach Test (SFRT):** 40-59 y.o. **(1) <** 15.9” and **(0)** > 15.9”; 60-79 y.o. **(1)** < 13.2” and **(0)** > 13.2”; 80-97 y.o. **(1) <** 12.5” and **(0)** > 12.5”**Other:**  |
| Did patient receive acute or post-acute (skilled nursing facility, inpatient rehabilitation facility, long term care hospital, or inpatient psychiatric facility) **care in the 14 days prior to the HH admission** |  | Yes = 2No = 0 |
| **Risk for Hospitalization:** Which of the following signs or symptoms characterize this patient as at risk for hospitalization? **(Mark all that apply.)***INSTRUCTION: 1 POINT FOR EACH RISK IDENTIFIED* |  | ( ) - History of falls (2 or more falls – or any fall with an injury – in the past 12 months) ( ) - Multiple hospitalizations (2 or more) in the past 6 months ( ) - Diagnosis of Congestive Heart Failure, Chronic Obstructive Pulmonary Disease, or Diabetes Mellitus |
|  |  |  |  |  | 🡨Sum of column (ODCP Score) |

|  |  |  |
| --- | --- | --- |
| ***ODCP Score*** | ***Visit Range***  | ***Duration*** |
| ***0*** | ***1*** | ***Eval Only*** |
| ***1-7*** | ***2-3*** | ***2-3 weeks*** |
| ***8-14*** | ***4-5*** | ***3-5 weeks*** |
| ***15-19*** | ***6-7*** | ***5-6 weeks*** |
| ***20+*** | ***8*** | ***6-7 weeks*** |

**Recover Health Recommendation:** **Frequencies of 2x/week to occur for no greater than 2 weeks. For example, 8 visits should have a frequency of 2w2, 1w4 or 1w1, 2w2, 1w3, or any similar variation.**

**(Therapy Evaluation is included in frequency written)**

*Note: This tool is to be used as a best practice and pathway for appropriate frequency and duration of therapy visits to best improve client outcomes. Therapists should always incorporate full evaluation findings and clinical decision-making skills to establish appropriate frequency, duration, and visit volume.*

Additional Considerations:

**Goal Writing** – At least one goal must be written for each Functional Area projected to improve in score.

**Division of functional areas** – When PT and OT are on services as a care team, treatment should be divided amongst disciplines. As a guideline, PT will assist with ambulation and functional transfers (with the exception of shower/bath and toilet transfers). OT will assist with shower/bath transfer, toilet transfer, upper/lower body dressing, grooming, and management of oral medications. Both disciplines will focus on shortness of breath and pain management.

**Dementia Patients** – Therapy should be scheduled with caregiver or facility staff with a focus on safe living environment, new equipment or assistive device training, and HEP instruction.

**Physician Prescribed Protocols** – A Physician’s protocol will always take precedent over Outcome Driven Care Plan Frequency and Duration.

**Clients on Hold** - Place clients on hold if not appropriate for skilled therapy due to restrictions. If client is non-weight bearing for lower extremity, spend a visit or two focusing on safe home environment, transfer safety, and establish a HEP. Place client on hold until cleared for weight-bearing to further progress towards functional outcomes such as ambulation, independent transfers, etc…

**Cognitive Impairment** – Occupational Therapy will evaluate and treat for cognitive impairment. Be sure that goals are written in a way to account for cognitive impairment and to demonstrate an improvement in functional outcomes.

**Therapy Exception Process –** If the therapist believes the ODCP recommended frequency and duration does not adequately account for the client’s need they can contact the Clinical Manager at their branch to collaborate on plan of care for patient prior to verbal orders.