Client Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Functional Areas | Prior Level of Function  (PLOF) | Current Level of Function  (CLOF) | GOAL | CLOF (minus) Goal | Scoring Key |
| **Feeding or Eating**  Current ability to feed self meals and snack foods safely. Note: This refers only to the process of eating, chewing and swallowing and not to the food to be eaten. |  |  |  | *Multiply x3* | 0 = Able to independently feed self.  1 = Able feed self independently but requires meal set up, intermittent assistance or supervision OR a liquid, pureed or ground meat diet.  2 = Unable to feed self and must be assisted or supervised throughout the meal /snack.  3 = Able to take nutrients orally and receives supplemental nutrients through a nasogastric tube or gastrostomy  4 = Unable to take in nutrients orally and is fed nutrients through a nasogastric tube or gastrostomy  5 = Unable to in nutrients orally or by tube feeding |
| **Management of Oral Medications:** Patient’s current ability to prepare and take UallU oral medications reliably and safely, including administration of the correct dosage at the appropriate times/intervals.U**Excludes** U**injectable and IV medications. (NOTE: This refers to ability, not compliance or willingness.)**   |  | | --- | |  | |  |  |  |  | 0 = Able to independently take the correct oral medication and proper dosage 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; UORU  (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 = UUnable Uto take medication unless administered by another person.  NA = No oral medications prescribed. |
| **Dysphagia-** Speech therapy treatment to improve patient safety with swallowing in their home. | | | |  | Yes = 3  No =0 |
| **Language / Communication Disorders-** Speech Therapy to increase effective communication related to patient safety | | | |  | Yes = 3  No =0 |
| 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 = 1  No = 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* | | | |  | ( ) - Multiple hospitalizations (2 or more) in the past 6 months  ( ) - Diagnosis of Congestive Heart Failure, Chronic Obstructive Pulmonary Disease, or Diabetes Mellitus  ( ) - Unintentional weight loss of a total of 10 pounds or more in the past 12 months  ( ) - Decline in mental, emotional, or behavioral status in the past 3 months |
|  |  |  |  |  | 🡨Sum of column (ODCP Score) |

|  |  |  |
| --- | --- | --- |
| ***ODCP***  ***Score*** | ***Visit***  ***Range*** | ***Duration*** |
| **0** | **1** | **Eval only** |
| **1-3** | **1-3** | **1-3 weeks (eval only)** |
| **4-10** | **3-5** | **3-5 weeks** |
| **10 -11** | **5-7** | **5-6 weeks** |
| **12 +** | **7-9** | **7-8 weeks** |

**Frequency 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.*

**Speech Therapy Guidelines**

**Dysphagia** - MBS / FEES or equivalent swallow study to be performed prior to HH admission. Prior approval is required to order swallow study during HH episode. Please follow **Therapy Exception Process** listed below for prior approval.

**Treatment of Language / Communication** – Ensure goals and care plan are written with SMART goals focused on how improvement in language/communication will improve function.

**Cognition** - Cognition should be treated primarily by OT care plan with focus on functional cognition however if OT is not addressing this may be added to ST treatment plan.- requires call to therapy approval line.

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 ST and OT are on services as a care team, treatment should be divided amongst disciplines

**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 in need of a swallow study like a MBS or FEES before diet can be advanced. Place client on hold until results of swallow study are known to further progress towards SLP STG / LTGs.

**Cognitive Impairment** – Cognition should be treated primarily by OT with focus on functional cognition however if OT is not addressing this may be added to ST treatment plan, which requires a call to Therapy Exception Process line. If treated 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.