Quality Assurance Tool - SCT

Rating: yes/no

Feedback: Pick a number and <u>explain</u>

1 = Below expectations- unclear, many unanswered questions

2 = Meets expectations- easy to follow, could be more informative

3 = Above expectations - easy to follow, descriptive, paints a picture while avoiding lengthy paragraphs

Area of Focus	***Rating***	***Feedback***
Precautions		
Medical History -Current condition -Other conditions that impact function, health, ability to benefit from therapy -Are key co-morbidities/complexities identified?		
Therapy history		
Prior level of function		
Baseline function and impairments (Subjective/objective/summarized in assessment) -Is >1 functional limitation listed to be followed throughout the course of therapy? -Is the child's *functional performance* status adequately described? -Is the child's *impairment level* adequately described?		
Subjective -Does the subjective attempt to create a context (where client is coming from/ a "snapshot" into their life?) -Does it tell the surrounding story by identifying		

problems treatable by therapy?		
Objective -Is >1 objective measure used to support the functional limitations listed? (Example: If you have two functional limitations you should have two objective measures) **-**Is numerical information used (quantitative)? -Is it task specific? -Are standardized tests and measures used when applicable?		
Interventions (Daily Notes) -Do interventions match goals identified? -Is frequency, type, duration, intensity adequate described to allow replication of intervention? -Is the child's response described to allow for understanding of effectiveness? -Are progressions/modifications noted when appropriate?		
Assessment - Diagnosis -Is diagnosis statement modeled off ICF (International Classification of Function)? -Are impairments and functional limitations (both activity and participation) evident? -Is the need for skilled care rationalized?		
Assessment- Prognosis -Are both barriers and support factors identified that prevent/promote meeting the child's needs?		
Assessment - Goals **-**Is it obvious which functional limitations are used for the backbone of each goal? -Are the goals objective? Functional? SMART (Specific, Measureable, Attainable, Reliable,		

Timely)? -Is it evident that the status of the goals are being reassessed beyond the baseline requirement of every 30 days? -Are goals age and diagnosis appropriate? -Does the assessment consider/describe the patient's ability to respond to care?		
Assessment - Level of Complexity (PT/OT) -Is decision making rationalized and accurate? Does it justify the need for skilled services?		
Plan (with interventions, frequency, duration, rehab potential) -Do these areas match? -Is the plan appropriate given the child's age/diagnosis? -Is consultation with another provider noted (if appropriate)?		
Education/HEP -Is it clear how the therapist is encouraging carry over into home program/family education? -Is client/caregiver response documented? **Provide suggestions to maximize carry over in feedback column		
Discharge Plan -Is criteria for discharge clear? -Are goals and plan being updated over time?		
Billing -Considering services delivered, are appropriate units/code billed?		

Overall Documentation assessment

- Does the documentation paint a clear, concise, and meaningful picture? Are the paragraphs lengthy with unnecessary words or are bullet points used? Give examples of strengths and areas for growth.

- Does the therapist use standardized, objective measures? List here. If not, provide suggestions of items to consider.

- Does the therapist adequately describe the need for skilled care? Are the needs of the child in their home/environment clearly stated? Is it evident the therapist is actively using clinical decision making, such as with modifying goals or discontinuing interventions when appropriate?