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SECRETARY’S SUMMARY

By: Sandy Levi

The Board of Directors met on October 7, 1995 at the Pere Marquette Hotel in Peoria. Election results were announced as follows:

Treasurer
Chief Delegate
Speaker of the Assembly
Ethics Committee Member
Nominating Committee Member
Affiliate Director
Affiliate Delegates:

Ed Dobrzykowski
Susan L. Suria
Gail Huber
Karen Axley
Cheryl Petersen
Pat Santucci
Becky Rogers
Barb Zelm-Miller

Bette Horstman will assume the role of Chapter Historian/Archivist. Barb Sullivan will attend the State Government Affairs Forum in Sacramento, California at the end of October. Sandy Levi will be Chapter liaison to the Geriatric Section Legislative Committee.

The following motions were carried:

1) That the Peer Review Task Force be disbanded and that a Peer Review Subcommittee of the Quality Improvement Committee become responsible for the continuing management of the IPTA Peer Review Program.

2) That the IPTA encourages that no component of the Illinois Chapter conduct continuing education courses the weekend preceding, during or following the Fall Chapter Conference.

3) That the Refresher Course Task Force be disbanded and that its functions be absorbed by the Conference Committee.

4) That the Chapter investigate a policy wherein no CEUs be issued to courses scheduled in conflict with state conferences with a report to (the Board of Directors) in December, 1995.

5) That as many decisions as possible regarding future IPTA association management be made by the entire IPTA Board of Directors at the December 2, 1995 meeting. Issues not finalized on December 2, 1995, shall be decided by the IPTA Executive Committee who will keep all voting members of the IPTA Board of Directors informed regarding decisions.
ETHICS CORNER
(Continued from page 8)

9. Be accessible by telecommunications to the physical therapist assistant at all times while the physical therapist assistant is treating the client.

10. Maintain confidentiality of information relating to the physical therapist-client relationship in accordance with:
   10.1 The agency's confidentiality policies and procedures.

2. Role of the Physical Therapist Assistant in the Home

Guideline: The physical therapist assistant will provide client care in:

1. Accordance with APTA's Standards of Practice.
3. Accordance with APTA's Standards of Ethical Conduct for Physical Therapist Assistants.
5. Accordance with applicable state and federal regulations.
6. Coordination with the supervising physical therapist.
7. Coordination with the client's other care providers.

Criteria:

1. Perform skilled procedures and related tasks that have been selected and delegated by the supervising physical therapist.

2. Provide instruction to the client/care giver:
   2.1 Verbal
   2.2 Written

3. Provide documentation to the agency for inclusion in the client's clinical record.
   3.1 Submission of documentation should be in a timely manner in compliance with applicable state and federal home health related rules and regulations agency requirements and/or third party payor requirements.

4. Monitor and communicate to the supervising physical therapist any changes in the client's condition.

5. Monitor and document the client's response to therapeutic physical therapy intervention.
   5.1.1 Progress.
   5.1.2 Response to physical therapy intervention.

6. Participate in (as appropriate):
   6.1 Individual and multi-disciplinary care conferences.
   6.2 Inservice/continuing education.
   6.3 Chart audit activities.
   6.4 Quality Improvement activities.
   6.5 Peer Review.

7. Maintain confidentiality of information relating to the physical therapist assistant-client relationship in accordance with:
   7.1 The agency's policy and procedures pertaining to client confidentiality.
   7.2 APTA's Guide for Professional Conduct.

Beyond Conventional Exercise:

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CULTURAL DIVERSITY CORNER

By: Diane Merkt

As a member of the IPTA, you may not be aware of the new subcommittee called Cultural Diversity, that has been established under the umbrella of membership to address cultural diversity in Illinois. The subcommittee kicked off its first meeting with a workshop at the IPTA Spring Conference entitled “What is your cultural diversity IQ?” The workshop was well attended and many creative ideas came out of this first forum.

One method of providing information regarding the cultural challenges with which we are faced is to provide this corner as a platform for issues. IPTA is committed to the growth of minority membership and welcomes this new subcommittee.

I look forward to sharing information about topics, meetings, etc., and I also look forward to hearing from you. Our next meeting is scheduled for Tuesday, November 7, 1995 from 6:00 p.m. to 7:30 p.m. at Holy Cross Hospital, 68th & California. Our meetings are always open to all!!!! For more information, please call 312/471-7424.

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The role of the physical therapist and the physical therapist assistant in the home has been defined in the "Guidelines for the Provision of Physical Therapy in the Home". These guidelines were developed by the Community Home Health Section. They are in draft form and have been submitted for approval from the APTA. The following is the second draft version of the roles of the PT and PTA in the home. Please contact APTA for further information.

Guidelines for the Provision of Physical Therapy in the Home

Guideline  The physical therapist will provide client care in:

1. Accordance with APTA's Standards of Practice.
3. Accordance with APTA's Code of Ethics.
4. Accordance with applicable state and federal laws.
5. Coordination with the client's other care providers.

Criteria

1. Provide the evaluation/assessment visit upon referral.
2. Provide services which require the skills of a physical therapist consistent with the established plan of care.
3. Act as a consultant to other care providers as appropriate.
4. Participate in:
   4.1 Client care conferences
   4.2 Inservices
   4.3 Chart audit activities
   4.4 Quality Improvement activities
   4.5 Peer Review activities
5. Provide instruction to the client/care giver.
   5.1 Verbal
   5.2 Written
6. Provide documentation to the agency for inclusion in the client's clinical record (refer to Guideline 10). 6.1 Submission of documentation should be in a timely manner in compliance with applicable state and federal home health related rules and regulations agency requirements and/or third party payor requirements.
7. Perform physical therapist assistant supervisory visits.
   7.1 In accordance with applicable state and federal rules and regulations.
   7.2 To:
   7.2.1 Evaluate the client's progress.
   7.2.2 Update applicable plans.
   7.2.3 Assess goal status
   7.2.4 Document the client's response to treatment.
   7.2.5 Provide skilled treatment when coordinated with the physical therapist assistant.
7.3 In accordance with APTA's policy on Supervision of Support Personnel.
7.4 Upon the request of the physical therapist assistant, for reassessment of the client, in instances of a:
   7.4.1 Noted change in the client's treatment plan,
   7.4.2 Noted change in the client's medical status.
   7.4.3 Planned discharge of the client from physical therapy.
8. Assess competence of supportive personnel to perform assigned/delegated activities.

(Continued on page 12)
A. Let's begin with the differences because these are the most obvious. First of all, travel is a large factor in the rural areas. Therapists are lucky to see four patients in a day and travel on average of 100 to 150 miles. Secondly, confidentiality is an issue in the rural setting because everybody knows everybody else, while security is an issue in the city.

Thirdly, small towns are much more family and community oriented. Several generations of farmers continue to live in the same area so tend to be more supportive of the patient and the therapists. Families tend to live farther away from the patient in the city.

Also, smaller communities are more supportive. For example, police will not stop the home care therapist. And in fact, in one small town, the fire department stores the parallel bars. Next, access to health care is not as readily available in the rural areas. Therefore, the physical therapist tends to be more of a case manager and the patient relies on the PT for medical information. Lastly, the patient in the rural area tends to wait longer to seek medical care and therefore patients are more medically involved.

Similarities include diagnoses such as CVA, cardiac conditions, and joint problems. Secondly, people are people; they don't change and they are good no matter where they live. Thirdly, most of the patients in our area are covered by Medicare or insurance.

One of the biggest challenges in home is true in both settings—the therapist tends to be a counselor to the patient and their social support.

This challenge demands quick thinking and professionalism. The home care setting, placing the therapist in a counselor role and as a case manager for a patient that is more acute in nature, definitely demands a highly skilled and well-rounded therapist dedicated to the profession of enabling patients to function independently and safely in their environment.

Editors Note
The National Association for Home Care (NAHC) is a national nonprofit organization representing providers of home care and hospice services throughout the United States. Frazzi Associates is a national consulting firm dedicated to the unique needs of home care agencies and home care associations throughout the country. In response to need, NAHC and Frazzi Associates entered into an effort to survey a cross-section of Managed Care Companies throughout the U.S. The survey began in the late summer of 1995. The three major types of Managed Care Companies - HMO, PPO and POS - were included in the survey. An in-depth phone survey was chosen. Researchers were trained to follow-up on questions and to encourage respondents to offer additional information. This resulted in an overview of what Managed Care Companies want from Home Care Agencies. Highlights are as follows:

- 78% of the managed care companies surveyed refer to home care agencies rather than doing it themselves.

- Physical therapy was the number three services managed care companies are most likely to contract for. Nursing was number one and IV therapy was number two.

- 44% of the managed care companies surveyed said the case managers and utilization managers make the decision to approve home care services compared to 34% being done by the patient's primary physician.

- What home care services are received are determined by physicians in 48% of the managed care companies and by case managers in the other 52%.

- The managed care company determines the initial number of visits in 62% of those surveyed compared to 32% being done by physicians.

For further information on this study entitled, "What Managed Care Companies Want and Expect from Home Care", please contact the National Association for Home Care at 519 C Street, N.E., Washington, D.C. 20002-5809.
UP CLOSE AND PERSONAL  
(Continued from previous page)

for the section, and the continuing education at conferences is well attended. This appears to relate to the strategic planning that was done by the Executive Committee several years ago and to the membership survey.

The improvements in the newsletter and the continuing education offered at CSM were in direct response to the survey. Members like to know that they are being listened to. The section is also working on increasing PT presence at meetings such as the annual conference of the National Association for Home Care (NAHC). We have exhibited at this meeting for three years and are making steady gains into recognition of physical therapy in the home care arena.

Q. How did you get involved in home care?
A. My first exposure was about 15 years ago when I covered my cousin’s practice for two weeks in the Ozarks. This was truly rural health care. There was 50 miles between patients on an average basis and in fact, in order to see one patient, I had to ford a creek and walk through the chickens! Five years later, I returned to home care because I was looking for flexibility and worked for a small home care agency south of Springfield. I then had my daughter and worked in a long term facility. Five years ago, I joined VNA and would not work in anything else, except possibly teaching. Home care is my life and I enjoy it tremendously.

Q. What changes have you seen occur in home care in recent years?
A. There is no question about it, the number one change is that the patients are much sicker. When I returned to home care, it was somewhat scary. My feelings were that the patients should still be in the hospital. It is clear now that much of the rehabilitation that was done in the hospital is now being done in the home. Secondly, the patients are getting older and certainly the statistics verify that America is getting older. Thirdly, the emphasis in home care has changed to the team approach. Not long ago, the home care therapist worked in isolation, but now because of the complexity of the patient, more case management is required. Overall, the caseloads are more demanding and more skills are required. Home care used to be a setting where therapists went to for extra money or when they couldn’t find another job. Now, home care is being chosen and recognized as the profession it should be. Home care is definitely the most challenging environment in health care today.

Q. What are the similarities and/or differences between home care in the rural areas versus the city?
(Continued on page 7)
UP CLOSE AND PERSONAL

Linda Crews, GCS, PT, is a Senior Staff Physical Therapist for the VNA of Springfield and was interviewed via phone during her typical day of doing rural home health care.

Q. What are your present job responsibilities?
A. Seventy five percent of my job is doing direct patient care. The additional 25% of my time is divided between PT students, special projects and triage. The special project that I am now working on is a Documentation Task Force designed to streamline paperwork required by the agency while maintaining the accuracy and completeness of our documentation. Triage includes coordination of staffing and discharge with the hospital. Because of the nature of these responsibilities and the therapist shortage downstate, this part of my job relies heavily on effective communication. The beeper and car phone are tools I utilize every day to perform this part of my job.

Q. In addition to your full time job, what other PT activities are you involved in?
A. First of all, I have had the opportunity this year to speak in various parts of the country on a variety of topics. I spoke at Combined Sections Meeting (CSM) for the Pre-instructional course of the Community Home Health Section on Recruitment and Retention of the Physical Therapist in Home Care. I also spoke at that same meeting on Functional Outcome Testing in the home. I spoke in Los Angeles for the coalition of VNA regarding the normal aging process and how to modify rehabilitation with this population. The Illinois Geriatric Education Network sponsored a workshop where I spoke on the administrative issues of home care as well as functional outcomes and monitoring of physical therapy in the home. Most recently, I participated in the geriatric refresher course presented during the IPTA Fall Conference. In November, I will travel to Mississippi to talk on the neurological patient in the home and the effects of the aging process. My goal is always to give therapists practical information that they can use the next day in their practices.

Secondly, I am the Secretary for the Community Home Health Section and have held this office for the past three years. I became involved with the section about five years ago and have seen tremendous changes in that time—the membership has doubled, a membership directory is coming out within the month, APTA is providing the administrative support.
The Community Home Health Section of the APTA was founded in 1956 as the Public Health Section. The past several years have been devoted to the development of standards of practice, education, understanding reimbursement issues and developing a unified approach to the delivery of home health services.

**Benefits of Membership**
- Receive CHHS Quarterly Report which informs members of current issues, legislative changes, continuing education opportunities and other information pertinent to members.
- Invitations to special programs and conferences.
- Discounts on programs and educational materials prepared by the Section.
- Membership Directory.
- News breaks on critical issues via special mailings.
- Standards of practice which provide guidance in the delivery of physical therapy in home health care.
- Having input in your special interest group.

**Objectives**
The Community Home Health Section realizes the unique challenge and complexity of this setting and has developed the following objectives to meet the needs of the home health practitioner.
- Keep members informed of vital issues.
- Share current clinical and administrative knowledge and skills pertaining to home health.
- Encourage research and development.
- Monitor and actively participate in legislation related to home health care documentation and reimbursement issues.
- Act as liaison between Section members and the APTA.
- Act as a resource to other health care organizations.

**Who Should Join?**
Home health care is one of the fastest growing specialty practice areas in physical therapy. It is crucial for any therapist involved with home health care to keep updated on current issues facing the profession.

You should join if you...

- Practice in home health care.
- Contemplate home health care practice.
- Are an administrator in home health care.
- Are a therapist who supports physical therapy practice in home health care.
- Have an interest in the geriatric population.
- Have an interest in learning about private practice in home health care.
- Have an interest in pediatric home health care.
- Are a student.
- Are an educator.
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