If you don’t use electronic health records (EHRs) in your practice now, it’s likely they’re coming soon. The Federal government has established a Medicare and Medicaid incentive payment program for facilities to implement or upgrade EHR technology.

Benefits of EHRs for physical therapists include improved reporting and efficiency, better interdepartmental communication, and more accurate data. EHRs also make it easier to report on quality standards, an increasing focus of the government and third-party insurers. But reaping the benefits of EHRs depends on using them properly.

Know your facility’s EHR policies
Make sure you know how to properly input complete entries in each patient’s EHR and how to correct errors if you make them. Deviating from your facility’s standards can lead to mistakes and misconceptions in the EHR and create liability exposure when none is warranted. A mistake in the EHR can make it look like you did something wrong when in reality it was just an inputting error. Your facility will have a written policy that will not only cover documentation style (such as documentation by exception, charting, and so on), but also establish policies regarding the documentation of late entries and correcting entries. For example, when a late entry is made, include a rationale for the delay and label it as a “late entry.”

Stay current with all policies that affect your documentation of patient care to ensure that the documentation reflects the care you provided. If you are unsure of how to document something in a patient’s EHR, contact your supervisor immediately so you don’t make any inputting mistakes. Ask for additional training if you feel it’s necessary.

When things go wrong …
Every physical therapist strives to provide safe patient care without incident, but unfortunately adverse events can happen. Should one of your patients experience an adverse event, follow your facility’s policies and procedures for documenting them properly. Whether using EHR or traditional paper files, document all relevant facts related to the adverse event. Include your assessment of the patient’s condition, prescribed therapy, what went wrong, any interven-
Making the leap continued

tions, and the patient’s response. Make sure you follow your facility’s policy on documenting an adverse event. Additional in-depth investigation and documentation may be required by your facility. You may need to complete an event report. Event reports document the findings of the investigation: what happened, why it happened, what harm was done, what responses were made, and what changes are required to prevent a similar event in the future. Check with your risk manager for your facility’s policies for documenting events.

Keep it private

Remember that the Health Insurance Portability and Accountability Act of 1996 applies to information whether it’s on paper or in the computer. Take steps to ensure each patient’s privacy, such as when printing an EHR. Never share access or passwords with other therapists.

Once you’re using an EHR system, report any problems or glitches you see in the system to your supervisor so they can be addressed. Keeping a close eye on what works and what doesn’t will help protect you from making mistakes in the record and putting your reputation at risk.

Using EHRs correctly

EHRs can provide many benefits, but they must be properly used to be effective.

- Use a complex password (a sequence of unrelated numbers and letters) as opposed to one that could be easily guessed such as your birthday or your child’s name. Change your password frequently.
- Be aware of defaults that appear in an electronic template. It’s easy to skip over this information without verifying it’s correct.
- If you make additions or changes after an entry is completed, include the reason for the late entry and an electronic signature.

Make your reevaluations effective

Reevaluating a patient’s status at appropriate points in an episode of care is a physical therapist’s professional responsibility. Reevaluation is important to determine a patient’s progress or lack of progress toward established goals and determines whether the plan of care needs to be updated or changed or, in some cases, whether care needs to be discontinued. Good outcomes often depend upon a careful reevaluation.

Conducting a reevaluation

The American Physical Therapy Association (APTA) includes reexamination as a part of the patient/client management model in its Standards of Practice. This document states: “The physical therapist reexamines the patient/client as necessary during an episode of care to evaluate progress or change in patient/client status and modifies the plan of care accordingly or discontinues physical therapy services.”

A reevaluation isn’t the same as a reassessment. Assessments are a routine, expected part of the provided service and are not typically covered by most health insurance plans, including Medicare.

In general, a billable reevaluation should occur whenever there is an unanticipated change in the patient’s status, a failure to respond to physical therapy intervention as expected, the need for a new plan of care, and/or requirements based on state practice acts. Medicare considers a secondary condition that requires physical therapy and develops during an existing episode of care to be within the same “episode” of care.

Some insurance providers and state regulations have specific requirements for how often a reevaluation must be completed. To obtain payment from Medicare, reevaluations have to meet Medicare guidelines.
The reevaluation compares similar data at two points in time and determines whether or not the plan of care needs to be updated or changed. It also covers how these changes will affect the expected outcomes and timeframe of care.

Physical therapy goals should be addressed by noting where progress has (or has not) been demonstrated. If necessary, new goals should be developed. Changes in prognosis, diagnosis, and discharge recommendations should be noted.

Reevaluation requires the professional skill needed to make clinical judgments based on objective data and subjective information from the patient. The physical therapist is responsible for conducting the reevaluation directly with the patient. The role of the physical therapist assistant is to provide select interventions under the direction and supervision of the physical therapist. It’s not appropriate for a physical therapist assistant to either directly or indirectly conduct a reevaluation of a patient.

When conducting a reevaluation of a patient who was initially evaluated by another physical therapist, the physical therapist should properly familiarize him or herself with the patient and take time to establish a rapport before proceeding with the reevaluation. Listen carefully for what the patient says—and doesn’t say. Patients may intentionally or unintentionally over- or under-estimate their progress. It may be helpful to obtain input from family members.

Carefully analyze the data collected from the reevaluation and compare this to the data collected during the initial evaluation. This data, along with the patient’s assessment of progress, should be used to determine whether changes need to be made in the plan of care.

**Documentation**
Documenting the reevaluation properly is critical to ensuring that the care the patient received is appropriate for his or her condition and is modified to reflect changes in status. A standard template that includes required information and a place for the signature and date can be helpful to make certain that all necessary information is included. Be sure to use the correct billing code. The CPT code for reevaluation is 97002 (compared to 97001 for an initial evaluation).

**It’s up to you**
By appropriately conducting and documenting reevaluations, you can ensure patients receive the most benefit possible from physical therapy.

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**Physical therapists and medical malpractice: A case study with risk management strategies**

Medical malpractice claims can be asserted against any healthcare provider, including physical therapists. Although there may be a perception that physicians are held responsible for the majority of lawsuits, the reality is that physical therapists are more frequently finding themselves defending the care they provide.

In this case, the patient was a 5'2”, 156-lb, 54-year-old woman who underwent a hysterectomy and afterward began to experience lower back pain. Five months after surgery, the patient sought treatment for her back pain with an orthopedic surgeon who believed she was suffering from degenerative problems and prescribed physical therapy...

To read the full case with risk management recommendations, go to: [www.hpso.com/case-studies/casestudy-article/341.jsp](http://www.hpso.com/case-studies/casestudy-article/341.jsp).
Physical therapists give telephone advice in a variety of settings. The therapist who responds to a patient’s question about exercises to do at home or takes a patient’s concerned call about a fall is in a position to provide valuable information and make important assessments. But in their eagerness to help patients, physical therapists must be careful not to expose themselves to legal risks. Here are some tips to protect yourself while providing patients with quality information.

Consistency counts
Consistency helps ensure that questions are answered completely and effectively. Algorithms, protocols, and responses to frequently asked questions are useful tools that also reduce legal risk. Tools should be predicated on current standards and evidence, so be sure to review them on a regular basis and update as needed. Physical therapists who will be responding to questions should receive special training in how to conduct an assessment over the phone.

If it isn’t written…
In the hectic rush of the day, it’s easy to neglect documenting telephone calls. Treat each clinically related telephone call the same way you would a face-to-face visit: Document the assessment, the advice given, and any follow-up instructions given to the patient. Regular review of documentation will help maintain quality and identify areas of improvement.

Therapist-patient relationship
Remember that giving advice over the phone establishes a therapist-patient relationship. Keep your clinical skills—and telephone skills—sharp so the relationship yields positive results.