Continuing education course development: role of the rehabilitation department in marketing and promotions of a skilled nursing facility

Rouslan P. Rechetnikov

The University of Toledo
Continuing Education Course Development:

Role of the Rehabilitation Department in Marketing and Promotions of a Skilled Nursing Facility

Rouslan P. Rechetnikov

Site Mentor: Laura Neuenschwander, MOT, OTR/L

Faculty Mentors: Lisa Melville, OTR/L, & David L. Nelson, Ph.D., OTR

Occupational Therapy Doctorate Program

Department of Occupational Therapy

The University of Toledo Health Science Campus

May 2008

Note: This document describes a capstone dissemination project reflecting an individually planned experience conducted under faculty and site mentorship. The goal of the capstone experience is to provide the occupational therapy doctoral student with a unique experience whereby he/she can demonstrate leadership and autonomous decision-making in preparation for enhanced future practice as an occupational therapist.
Abstract

A one-hour continuing education course was designed and carried out for occupational therapists and other rehabilitation professionals at a skill nursing facility. In addition, a two-day expanded course was also designed. The liberal (traditional) and behavioral philosophies of education were used in designing and carrying out this continuing education course. Multiple formalized instructional methods, including a lecture, guided discussion, question-and-answer, and guided skill training, were most appropriate for this course, due to the nature of the topic and participants’ busy schedules. The specific goal of this course was to provide an educational and advocacy tool in the area of marketing in order to enhance the therapy staff’s professional growth and expand their roles and responsibilities. The distinct marketing culture of a nursing facility, including high service quality, client-centered services, and establishment of new programs is a major component of profitability and overall success of the organization. Marketing is an ongoing strategy that must be integrated within the whole organization.

Managers of many skilled nursing and long-term care facilities do not realize that their rehabilitation department is their best marketing tool. Therapists need to understand how they contribute to marketing, and should be properly educated and trained in marketing/promotional essentials: high quality evaluations and interventions, customer service, comprehensive knowledge of the rehabilitation department’s services, and effective documentation. The designed course includes procedures for evaluation of therapists’ learning and for course evaluation.
Continuing Education Course Development for Capstone Dissemination: Role of the Rehabilitation Department in Marketing and Promotions of a Skilled Nursing Facility

Introduction

The following assignment provides a detailed description of a continuing education course project carried out for Capstone Dissemination. As expected, due to time and staffing constraints at SNF/LTC facility, the actual CEU course presented was a condensed 1-hour in-service. Going above the requirements for this assignment, I performed an informal needs analysis, conducted literature review, created an actual CEU course, prepared and submitted the paperwork for CEU course approval to the Ohio Occupational Therapy board, and presented a 1-hour in-service to the employees of the Arbors rehabilitation department. Appendix A includes a copy of an OH OT Board application for CEU approval. Appendix B provides an outline for a potential proposed 2-day, 12-hour conference/workshop. Appendix C provides a copy of a continuing education course paper, which includes bibliography.

Audience

The audience for this course are rehabilitation professionals at Arbors facilities, such as Rehab Directors, OTs, PTs, COTAs, PTAs, and speech-language pathologists. However, only OTs and COTAs may be eligible to receive a CEU credit.

Course and Overall Educational Philosophy

Educational philosophy should serve as a practical foundation of the educational practice (Ellias & Marriam, 1980). Two philosophies of education that were used in designing and carrying out of this particular course are liberal (traditional) and behavioral educational philosophies (Zinn, 1990). In liberal philosophy of adult education, the teacher’s role is to be an expert in the material and directly guide the learning process (Zinn). The student is expected to
gain the conceptual understanding of the subject (Zinn). Lecture and instructor-led discussions are common teaching methods utilized using liberal philosophy of adult education (Zinn). In teacher-centered approach guided by liberal educational philosophy, the instructor presents the information and guides the participants in the learning process (Shuell, 1996 & Zinn, 1990). The behavioral educational philosophy emphasizes on skill development and behavioral modification (Zinn). This model is commonly used in training and development efforts (such as company training and in-services) in business environment (Spurgeon & Moore, 1997). The teacher is usually a manager who directs the learning. The participants are employees who learn and practice particular skills through demonstration, practice and skill training. To reinforce the learning using behavioral philosophy, the manager should provide on-going opportunities for employees to practice and develop skills in future in-services, as recommended by this course. A combination of multiple formalized instructional methods, a lecture, guided discussion, question-and-answer and skill training were most appropriate for this course, due to the nature of the topic, participants’ busy schedules and to maximize their learning experience.

**Facility’s and Course Mission/Values**

Arbors at Waterville facility is a part of Extendicare, Inc. According to Extendicare.com (2008), the organization is dedicated to meeting its core values and mission. These values and mission are, according to Extendicare.com (2008):

- Success means providing quality services to residents and patients, who entrust us with their health and dignity. We endeavour to make each day an affirmation of life.

- Success means energizing employees to live our vision of excellence. Good people are our greatest strength. That is why we strive to create enjoyable and rewarding work environments.

- Success means achieving profitable growth over the long term to create value for our unitholders. We are committed to communicating effectively with them.

The values/mission of this course are:
• Good client-centered rehabilitation service is a good marketing/promotions tool.

• Competent occupational therapy and other rehab professionals have to continually expand their professional skills.

• The scope of therapy staff’s responsibilities goes beyond treating patients but includes addressing needs of other customers, such as the rehab facility, referral sources and the community.

   The course mission and the philosophy is congruent with the Arbors facilities’ mission, because this course advocates for providing the highest quality of services, meeting the needs of the patients, developing the staff’s professional growth and enhancing shareholder value through increased census. The specific goal of this course is to provide an educational and advocacy tool in order to enhance the therapy staff’s professional growth and expand their roles and responsibilities, particularly in the area of marketing.

Syllabus

ARBORS @ WATERVILLE

CEU IN-SERVICE

The following is a continuing education in-service. There are no required texts, only your attendance and participation are required.

Course Title: Role of the Rehabilitation Department in Marketing and Promotions of a Skilled Nursing Facility.

Course Overview: The content of this course directly relates to both clinical practice of a therapy staff and the duties of a rehabilitation manager. Marketing is an ongoing strategy that must be integrated within the whole facility. Many
skilled nursing and long-term care facilities do not realize that their rehab
department is their best marketing tool. Since everyone in the therapy staff
contributes to marketing, they have to be properly educated and trained on
marketing essentials, including great customer service, effective
documentation, improved personal selling skills and comprehensive
knowledge of the rehab department’s services in order to convey accurate
and consistent messages. At the end, marketing efforts can produce
multiple benefits to the consumer, the facility and the therapy staff,
including stronger market position of the facility, higher census/profits,
enhanced reputation, stronger referral sources, better quality of patient
care, and therapy staff’s professional growth.

**Contact Hours:**
This course is 60-minutes long and may award 1.0 contact hour. If
awarded, the 1 contact hour could be applied towards 20 contact hours of
continuing education required bi-annually by rule 4755-9-01 of the Ohio
Administrative Code.

**Instructors:**
The course presenters are Rouslan Rechetnikov, OTD/S, MBA and
Laura Neuenschwander, MOT, OTR/L. Rouslan Rechetnikov is a student
in a Doctor of Occupational Therapy program at the University of Toledo,
OH, completing his final occupational therapy fieldwork, a Capstone
Practicum with concentration on rehabilitation management. Rouslan is
also an MBA graduate from the Northern Kentucky University, Highland
Heights, KY. Laura Neuenschwander, MOT, OTR/L, has 4 years of
experience as an occupational therapist and a rehab department director,
including administering staff education and in-services. In addition, at her current position of a Facility Rehabilitation Coordinator at Arbors at Waterville, OH, Laura is actively engaged in marketing and referral-relations efforts.

**Teaching Methods:** Power Point lecture, handouts, Q&A and post-quiz.

**Course Objectives**

At the end of this CEU in-service, the learner will be able to:

1. Define Marketing and Promotions,
2. Explain why it is vital to use the therapy staff in marketing,
3. Identify benefits of marketing,
4. Identify the rehab department’s customers,
5. Describe the rehab department’s roles in marketing strategy,
6. Describe key components in establishing a marketing effort,
7. Explain why training is important and describe training needs.

**Course Agenda**

1. Introduction of presenters and the topic – 3 minutes
2. Body of the presentation – 40 minutes
   
   a. *Marketing/Promotions Defined*
   
   b. *Why use the therapy staff in marketing and referral-relation efforts?*
   
   c. *Benefits of Marketing*
   
   d. *Rehab Department’s Customers Defined*
Rehabilitation Marketing 8

e. Rehab Department’s Roles in Marketing Strategy

f. Key Components in Establishing a Marketing Effort

g. Training Needs and Why Training is Important

3. Open Discussion and Q & A – 10 minutes

4. Conclusion – 2 minutes

5. Post-quiz – 5 minutes

6. Program evaluation – following the course.

The CEU course will be offered on April 23, 2008, Wednesday from 12:00 PM to 1:00 PM at Arbors at Waterville, 555 Anthony Wayne Trail, Waterville, OH 43566.

Course Requirements and Grading

To receive a CEU credit you are required to attend the entire 1-hour course and successfully complete a post-quiz, answering at least 7 out of 10 True/False and multiple choice questions correctly. It is a PASS/FAIL grading procedure. The Post Quiz is included in Appendix D.


References or resources cited

Please refer to reference page (additional references for the course content are listed in the course paper in Appendix C).

Course Evaluation

A blank course evaluation form and one actual form completed by a participant are attached in Appendix E. All of the participants’ responses to the statements evaluating the course and the instructor were positive and ranged from “Strongly Agree” to “Agree”. The only
suggestion that participants had was to include demonstrations of actual effective documentation.

For future consideration, this would be possible in a longer course.

**Power Point presentation of information covered and handouts**

An outline of the CEU course Power Point presentation and handouts are attached in the Appendix F.

**Annotated Bibliography**

An annotated bibliography for the Mentored Studies project is presented in Appendix G.
References:


Appendix A

The following appendix includes a copy of the application and paperwork for OH occupational therapy continuing education approval filed with OH Occupational Therapy board. A sponsoring organization is required to file this paperwork prior to administering a course in order to receive a course approval for a continuing education.
### Section 1  Sponsor Information

*Please complete the required information directly on the form. Attach a separate sheet if necessary.*

<table>
<thead>
<tr>
<th>Sponsor Name:</th>
<th>Arbor at Waterville</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact Person:</td>
<td>Laura Neuenschwander, MOT, OTR/L</td>
</tr>
<tr>
<td>Mailing Address:</td>
<td>Arbor at Waterville, 555 Anthony Wayne Trail</td>
</tr>
<tr>
<td>City:</td>
<td>Waterville</td>
</tr>
<tr>
<td>State:</td>
<td>OH</td>
</tr>
<tr>
<td>Zip Code:</td>
<td>43568</td>
</tr>
<tr>
<td>Telephone:</td>
<td>(419) 878-3901</td>
</tr>
<tr>
<td>Fax:</td>
<td>(419) 878-6872</td>
</tr>
<tr>
<td>E-mail Address:</td>
<td><a href="mailto:lneuenschwander@extendicare.com">lneuenschwander@extendicare.com</a></td>
</tr>
<tr>
<td>Website Address:</td>
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**Type of Provider:**

- OOTA
- AOTA/NBCOT
- AOTA Approved Provider
- **☑** Other: (Please Explain) [SNF/LTC facility]
- Hospital/Clinic
- Professional CE Provider
- Educational Institution with an ACOTE accredited OT/OTA program

**Office Use Only:**

- Approved By: ____________________  Approval Number: ____________________

- Date Received: ____________________  Hours Awarded: ____________________
Section 2  Program Information

Please complete the required information directly on the form.
Attach a separate sheet if necessary.

<table>
<thead>
<tr>
<th>Title of Program/Course:</th>
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<tr>
<td>Role of the Rehabilitation Staff in Marketing/Promotions of a Skilled Nursing Facility.</td>
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<tr>
<th>Instructor(s) Name(s):</th>
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<tr>
<td>Roustan Rechentnikov, MBA, OTD/Student and Laura Neuenschwander, MOT, OTRL</td>
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<th>Type of Program:</th>
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<tr>
<td>Conference/Seminar</td>
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<td>Distance Learning/Home Study</td>
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<tr>
<td>Publication</td>
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<tr>
<td>Other: (Please Explain)</td>
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<tr>
<td>Rehab Department In-Service</td>
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<thead>
<tr>
<th>Location(s) and Date(s): Attach a schedule if presented in multiple locations on multiple dates</th>
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</thead>
<tbody>
<tr>
<td>City: Waterville</td>
</tr>
<tr>
<td>State: OH</td>
</tr>
<tr>
<td>Date: April 23, 2008</td>
</tr>
</tbody>
</table>

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<tr>
<th>Proposed Continuing Education Units</th>
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</thead>
<tbody>
<tr>
<td>You are required to attach a detailed explanation of the program content and schedule.</td>
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</table>

<table>
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<tr>
<th>Number of Hours Requested:</th>
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<tbody>
<tr>
<td>(60 Minutes = 1 contact hour)</td>
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<tr>
<td>(15 Minutes = .25 contact hours)</td>
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<td>1 contact hour</td>
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<tr>
<th>Target Audience:</th>
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<tr>
<td>OT: _ ✓ _</td>
</tr>
<tr>
<td>OTA: _ ✓ _</td>
</tr>
<tr>
<td>Other: _ _ _</td>
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</tbody>
</table>

Does this program meet the ethics requirement specified in rule 4755-9-01 of the Ohio Administrative Code? (Check One)
(If yes, please attach a written explanation or include relevant sections of the program description.)

| Yes |
| No |
If the Section previously approved this course, please list the Ohio approval number and attach an explanation of any change to the program content, if applicable. Prior approval does not guarantee renewed approval of the program(s).

**Detailed Program Description:**

This must state how/why the program content is directly related to clinical practice, management, and/or education of occupational therapy. If there are multiple sessions, please attach a brief summary and relevancy statement for each session. You may provide a typed explanation on a separate sheet of paper.

This presentation is given during one session only. The content of this program directly relates to both clinical practice and the rehabilitation management. The following content will be addressed in this presentation: (1) Marketing and Promotions defined; (2) Explained why use therapy staff in marketing; (3) Identified benefits of marketing; (4) Identified rehab department's customers; (5) Described rehab department's roles in marketing strategy; (6) Described key components in establishing a marketing effort; and (7) Explained why all therapy staff should be trained in marketing, and in which areas.

Marketing is an ongoing strategy that must be integrated within the facility. A lot of skilled nursing and long-term care facilities don't know that their rehab department is their best marketing tool. Therapy staff has to understand that they are all a part of marketing team, and has to be properly educated and trained on marketing strategy and methods, including customer service, documentation, personal selling and knowledge of rehab services in order to convey accurate and consistent messages.

Rehab department has many customers, whose needs and expectations have to be met and exceeded. Rehab department have to make sure that service meets the standards of all target customers, including patients and residents of the facility, family members, doctors, hospital discharge planners, social workers and case managers, and other employees of the facility.

OTRs/COTAs and other rehab staff may have the following roles in marketing strategy: (1) Meet the needs of existing patients; (2) Help identify target customers; (3) Meet the needs of referral sources; (4) Networking with colleagues; (5) Provide Public Education; (6) Create a market niche — a specialty; and (7) Generate business and outcomes information.

Marketing efforts can benefit the consumer, the facility and the therapy staff. For rehab department and the facility, some of the benefits of marketing include: 1. Stronger market position of a SNF/LTC facility, 2. Improved reimbursement, 3. Higher census, 4. Enhanced reputation, 5. Stronger referral sources, 6. Better quality of patient care, and 7. Therapy staff's professional growth.

**Participant Evaluation:**

Describe how the presenter will determine if the participants have met the learning objectives. Examples include a pre/post test, observation, Q & A, etc.

Participants' understanding of the learning objectives will be evaluated by post-quiz with 10 True/False and multiple choice questions. To receive a CEU credit, participants will have to answer 7 out of 10 questions correctly.
Attachment

Course Title
Role of the Rehabilitation Staff in Marketing/Promotions of a Skilled Nursing Facility.

Learning Objectives:
At the end of this CEU in-service, the learner will be able to:

1. Define Marketing and Promotions,
2. Explain why use therapy staff in marketing,
3. Identify benefits of marketing,
4. Identify rehab department’s customers,
5. Describe rehab department’s roles in marketing strategy,
6. Describe key components in establishing a marketing effort,
7. Explain why all therapy staff should be trained in marketing, and in which areas.

Presenter Qualifications
The course presenters are Rouslan Rechetnikov, OTD/S, MBA and Laura Neuenschwander, MOT, OTR/L.

Rouslan Rechetnikov is a student in a Doctor of Occupational Therapy program at the University of Toledo, OH, completing his final occupational therapy fieldwork, a Capstone Practicum with concentration on rehabilitation management. Rouslan is also an MBA graduate from the Northern Kentucky University, Highland Heights, KY.

Laura Neuenschwander, MOT, OTR/L, has 4 years of experience as an occupational therapist and a rehab department director, including administering staff education and in-services. In addition, at her current position of a Facility Rehabilitation Coordinator at Arbors at Waterville, OH, Laura is actively engaged in marketing and referral-relations efforts.

Resumes are attached for your review.
Program/Course Schedule

Program Agenda

1. Introduction to presenters and the topic – 3 minutes
2. Body of the presentation – 40 minutes
   a. Marketing/Promotions Defined
   b. Why use therapy staff in marketing and referral-relation efforts?
   c. Benefits of Marketing
   d. Rehab Department’s Customers Defined
   e. Rehab Department’s Roles in Marketing Strategy
   f. Key Components in Establishing a Marketing Effort
   g. Training Needs and Why Training is Important
3. Open Discussion and Q & A – 10 minutes
4. Conclusion – 2 minutes
5. Post/test – 5 minutes
6. Program evaluation – after the course.

The CEU course will be offered on April 23, 2008, Wednesday from 12:00 PM to 1:00 PM at Arbors at Waterville, 555 Anthony Wayne Trail, Waterville, OH 43566.

Distance Learning (home study, video, CD, or web-based programs)

This is not a distance learning course.

Brochure

The brochure/flyer is attached.
Arbors at Waterville

presents

Role of the Rehabilitation Staff in Marketing/Promotions of a Skilled Nursing Facility.

A free in-service presentation to all participants. Presented by Rouslan Rechetnikov, MBA, an occupational therapy doctorate student at the University of Toledo, and Laura Neuenschwander, MOT, OTR/L, Facility Rehab Coordinator at Arbors at Waterville.

Wednesday, April 23, 2008
12 P.M. – 1 P.M.

By the end of this presentation you will be able to (1) Define Marketing and Promotions; (2) Explain why use therapy staff in marketing; (3) Identify benefits of marketing; (4) Identify rehab department’s customers; (5) Describe rehab department’s roles in marketing strategy; (6) Describe key components in establishing a marketing effort; and (7) Explain why all therapy staff should be trained in marketing, and in which areas.

This is a FREE in-service for everyone. Occupational Therapists and Occupational Therapy Assistants may be awarded 1.0 CEU.
Appendix B:

A Potential 2-day, 12-hour Conference/Workshop Outline

Agenda for Day 1: “Effective Rehab Marketing” Conference - 6.0 CEUs

7:45 – 8:30 AM: Registration/Refreshments

8:30 – 8:35 AM: Introduction to the conference

8:35 – 9:35 AM: Marketing/Promotions Basics
   This session will provide an overview of marketing and promotions in the healthcare industry, rehabilitation field and occupational therapy specifically. Various components of marketing will be discussed and examples of promotional tools will be provided.

9:40 – 10:40 AM: Benefits of marketing and why use therapy staff in marketing and referral-relation efforts?
   Rehabilitation organizations and facilities have to utilize therapy practitioners in their promotional efforts. For many organizations, therapy could be their best marketing tool. This session will explain the benefits of marketing for the facility, consumers and the rehab department, and will provide reasoning for the use of therapy staff in marketing, providing examples of success stories.

10:45 – 11:45 PM: Rehab Department’s Customers and Their Needs
   The rehabilitation department has a variety of customers. In this session, these customers will be identified and main customer needs described, including suggestions on how therapy staff can meet those needs.

11:45 – 12:30 PM: Lunch

12:35 – 2:05 PM: Rehab Department’s Roles in Marketing Strategy
   Therapy staff may assume various important roles and responsibilities in marketing strategy. This session describes the main roles of the therapy staff in marketing and promotions efforts.

2:15 – 3:45 PM: Key Components in Establishing a Marketing Effort
   Prior to therapy staff performing marketing duties, certain key components have to be put in place to ensure accuracy and consistency of messages. These components are described in this session, and examples given.
Agenda for Day 2: “Marketing Training Essentials” Workshop – 6.0 CEUs

7:45 – 8:30 AM: Registration/Refreshments

8:30 – 8:35 AM: Introduction to Day Two

8:35 – 10:05 AM: Patient Care/ Customer Service Basics

The main role and responsibility of therapy staff is to take good care of patients. Good patient care improves patient satisfaction and enhances facility reputation. In this session, the speaker will describe the basics of good patient care and customer service, providing case scenarios for discussion.

10:05 – 10:15 AM: Short Break

10:15 – 11:45 AM: Documentation essentials

Effective documentation that is timely, concise, neat and informative is a great marketing tool. Patient handouts should also be clear and accurate. In this session, the speaker will describe the essentials of effective documentation and provide various examples of effective documentation.

11:45 – 12:30 PM: Lunch

12:35 – 1:35 PM: Communication Skills Basics

Marketing and promotions has a lot to do with effective communication. Various aspects are important in communication, such as being a good listener, being aware of your appearance, and making good first impression. In addition, in this session, you will be able to review and practice case scenarios on communicating with referral sources.

1:40 – 2:40 PM: Networking

Networking with colleagues informally or in professional associations will expose the staff to new opportunities and interesting ideas. This session describes various networking avenues, suggests ways to network and provides examples of success stories.

2:45 – 3:45 PM: Developing Rehab Portfolio

Before you go and market your services you have to develop professional portfolio and know your rehab department’s professional profile. This session describes what should be included in your rehab department’s professional portfolio. This session will include review of examples and discussion.
Appendix C:

The following paper provides the contents of the CEU course. The purpose of this paper is to provide an educational and advocacy tool, in order to enhance professional growth and expand the roles and responsibilities of occupational therapy and other rehabilitation professionals, particularly in the area of service marketing.

Role of the Rehabilitation Department in Marketing and Promotions of a Skilled Nursing Facility

Introduction

Marketing is vital to an organization’s survival. It is an ongoing strategy that must be integrated within the whole organization, and should not be carried out on an as needed only basis (Aegis Therapies, 2004a). Many skilled nursing and long-term care facilities do not realize that their rehab department is their best marketing tool. In addition, the therapy staff has to understand that they all contribute to marketing, and should be properly educated and trained on marketing/promotional essentials, including great customer service, effective documentation, improved personal selling skills and comprehensive knowledge of the rehab department’s services in order to convey accurate and consistent messages (Turner, 2000).

Webster (1995) performed a research analysis to investigate the relationship between marketing culture and the effectiveness of marketing among service organizations. Marketing culture are unwritten norms and shared values that all employees follow, including the importance the organization places on marketing and how it carries out its marketing efforts. Some of the components of marketing culture may include a focus on meeting customer needs, great service quality, good communication and customer service skills, good interpersonal
communication within the company, and innovative services (Webster, 1995). Marketing effectiveness can be described as providing services to desired market segment, determining consumers’ needs and wants, managing word-of-mouth communication, being able providing superior value to the consumers, and having competitive advantage (Webster, 1995).

The results of this study demonstrate that there is a strong relationship between the marketing culture and marketing effectiveness, which means positive components in marketing culture, may cause the success of marketing efforts. This means that managers may have to develop and implement strategies to create a distinct marketing culture in order to achieve desired marketing effectiveness. Improving service quality, offering client-centered services and establishing new programs may lead to customer satisfaction, an improved image and the establishment of long-term relationships with customers (Webster, 1995). The current research indicates that distinct marketing culture may be a key ingredient for marketing effectiveness, profitability and overall success of the organization (Webster, 1995).

Marketing/Promotions

Marketing is an active process of meeting consumer’s needs and desires in the most profitable way by effectively creating, modifying and delivering a product to the target consumer (Jacobs, 1994; Parisi, 1994). During marketing efforts, the marketing mix consisting of the four P’s: product, place, price and promotion have to be clearly defined and implemented to increase product demand.

Promotion is a marketing technique of communicating a product’s characteristics and value to the target consumer. The most common promotional tools include TV, radio, web or print advertising, publicity and personal selling. The most frequent promotional method utilized
by therapy professionals is personal selling, which includes in-person visits, networking, public education and word of mouth references (Jacobs, 1994).

Most often, marketing efforts of rehabilitation professionals are about building relationships, providing excellent customer service, meeting and exceeding customer expectations through delivery of exceptional treatments, and building/maintaining a good reputation (Weiss, 2003). At skilled nursing and long-term care facilities, referral sources largely contribute to census development. Therefore, the rehabilitation department has to develop strong professional referral relationships. The best way to increase referrals is to meet in-person with referral sources, such as hospital discharge planners and physicians (Campbell-Angah, 2005). It is good to remember that referral sources are one of the rehab department’s target customers. Consequently, to get the best referrals, therapy professionals have to discover and meet the needs of the referral sources. The end result of this relationship should be the formation of a solid multi-disciplinary health care team that is bonded together by a common goal of meeting patients’ needs (Steffes, 2006c).

Rehab department’s customers

In addition to meeting the needs of its patients; occupational and other therapy professionals have many other types of customers. Rehab department has to meet the needs and exceed expectations of all of its customers, including patients and their family members, physicians, hospital discharge planners, social workers, case managers, and even other employees of the facility. The scope of the therapy staff’s responsibilities goes beyond treating patients, but should include considering the needs of the rehab facility, the referral sources and the community.
Why use therapy staff in marketing and referral-relation efforts?

Rehabilitation professionals are well qualified to carry out marketing efforts, because they generally possess good communication skills, have knowledge about therapy services and the whole healthcare spectrum, and are enthusiastic about patients’ rehabilitation. Therapy professionals are often considered to be healthcare colleagues by other disciplines and are not viewed as pushy sales people. A competent therapy professional truly understands patients’ needs and is able to communicate that to the referral sources, rather than just dropping off brochures and cookies (Aegis Therapies, 2004a; Steffes, 2006a).

Benefits of marketing

The rehab staff is not only responsible for treating patients, but should be an active part of a marketing team involved in maximizing census and profit. Marketing efforts can produce multiple benefits to the consumer, the facility and the therapy staff, including stronger market position of a SNF/LTC facility, higher census, increased profit, enhanced reputation, stronger referral sources, better quality of patient care, and therapy staff’s professional growth (Aegis Therapies, 2004b).

In addition, by strengthening communications with referral sources and establishing a solid professional image, the therapy department and the facility will be able to develop and maintain strong professional referral relationships, which may result in higher quantity, consistency, quality and compatibility of referrals. (Steffes, 2006a).
Roles and responsibilities of rehab staff in marketing strategy

The therapy staff may assume the following important and diverse roles and responsibilities in marketing strategy:

1. Help identify target customers. Therapy professionals have to provide a valuable input into what types of patients are appropriate for treatment and what types of conditions the therapy staff is best qualified to treat. Many organizations develop marketing materials, such as brochures or newspaper ads, without first identifying its target customers. To provide the best quality of care, the facility should have the desired customer population, which means the facility cannot take advantage of every single opportunity, such as accepting every patient or trying to treat every condition (Sukol, 2001).

2. Meet the needs of existing patients. Providing great client-centered service and meeting the needs of existing customers is the best marketing tool, especially in rehab industry (Weiss, 2003). Good customer service is one of the keys to patient satisfaction and a positive rehab image. Every satisfied patient and the responsible family members will spread a positive word of mouth, which is a free advertisement for the facility (Turner, 2000). Such positive word of mouth advertising will enhance the facility’s reputation. The bad or/and unethical service will create negative word of mouth and will diminish the facility’s reputation (Weiss, 2003). Therefore, the primary role of the therapy staff is to provide a good service, by delivering appropriate evaluations and treatments to progress the patient towards desired and positive results (Larue, 2007).

3. Meet the needs of referral sources. A qualified therapy staff has to periodically meet current and prospective referral sources to figure out what motivates them (Sukol, 2001).
When getting hospital referrals, members of therapy staff have to be proactive about meeting hospital discharge planners about communicating to them what care can be provided and what types of patients facility is looking for and able to accept. This way, there is a higher chance of getting patients whose needs the facility is best qualified to meet, rather than having to accept any patients because your census is low (Aegis Therapies, 2004a; Aegis Therapies, 2004b). One should go out of his/her way to understand the referral sources’ needs and communicate to them how the therapy department can best meet these needs with its rehabilitation services. Also, to strengthen referral relations, look for opportunities to partner with referral sources in various activities such as providing public education and visiting health fairs (Steffes, 2006a).

4. Networking. Networking with colleagues informally or in professional associations will expose the staff to new opportunities and interesting ideas. Each staff member should regularly participate in various networking events and/or encounters and then share their experiences with other staff during staff meetings (Sukol, 2001). Active networking can create new relationships or connections, enhance the facility’s public awareness and reputation, and attract new clients/patients (Appold, 2006). The rehab staff has an abundance of networking opportunities, such continuing education events, state and national OT conferences, health fairs, college job fairs, professional associations, online discussion groups and all other gatherings such as community events (Appold, 2006).

5. Provide community education. The scope of rehab services, including occupational therapy are often misunderstood by the community, so it is an obligation of the rehab department to educate the general public. The therapy staff can provide presentations about the scope of the OT/PT/SLP services, different diagnoses that you can treat and
how your rehab services can improve the person’s overall quality of life. These presentations can be provided to senior centers, assisted living facilities, therapy students, medical students, support groups and others (Aegis Therapies, 2004b; Turner, 2000).

6. Create a rehab specialty. A great way to improve public awareness and to increase census and profit is to develop new therapy programs and/or rehab specialty. You should look at what qualifications and credentials your staff possesses, and try to take advantage of the rehab staff’s areas of expertise and interest. In addition, you should research industry trends and track referral and discharge information. Another opportunity is to establish an outpatient program, using existing patients that are about to be discharged or were already discharged home, but may still require continuing therapy (Aegis Therapies, 2004b).

7. Generate business and outcomes information. The rehab department can provide very valuable information about the facility and its services. Effective business and outcomes data will be able to demonstrate the facility’s success and enhance its awareness and reputation. The therapy staff should regularly perform case studies and collect patient’s subjective information and testimonials. In addition, well written progress notes and discharge summaries are great communication tools to share with physicians and can be used as a proof of therapy’s effectiveness (Aegis Therapies, 2004a).

Key components of establishing a marketing effort

Now that you know the benefits of marketing and are familiar with your roles and responsibilities, you are ready to begin your marketing efforts. When a therapy department considers initiating and establishing a marketing effort, the following components are recommended to be included:
1. Choose a core marketing team. Even though every rehab professional contributes to marketing and promotions in some areas, the core marketing team should consist of rehab professionals possessing the best mix of rehab knowledge and interpersonal communication and public speaking skills. When going out to marketing visits with referral sources this core marketing team should be primarily used (Steffes, 2006c).

2. Examine your current service. Before you can promote your therapy service, you have to examine it further, including looking at patient satisfaction and the scope of your staff’s expertise. To examine your service, you should answer the following questions based on Steffes (2006c) suggestions:
   a. Review patient satisfaction:
      ▪ Do you use patient satisfaction surveys? Have you measured your patients’ satisfaction in any way? Are they satisfied with your services?
      ▪ Are your referral sources (hospital discharge planners, physicians, etc.) satisfied with your service? What statements do they make about you?
      ▪ Are your patients progressing as planned? Are they improving?
   b. Review expertise of the therapy staff:
      ▪ What rehabilitation expertise and experience does your staff offer?
      ▪ What unique expertise distinguishes you from the competition?
      ▪ What unique programs, equipment and tools do you possess?
   c. Review your current communication:
      ▪ How, and how often do you communicate with your referral sources? Do you regularly report progress and results to the referral sources?
      ▪ Do you have neat, clear, timely and informative documentation?
Rehabilitation Marketing

- Are your patient education handouts appropriate, clean and easy to understand? Do your handouts include therapists’ names, facility name and the contact information?
- Do you have neat, relevant literature that best describes your services?

3. Create a rehab department’s professional portfolio (based on Steffes, 2006a).
   
   Before you go out and market your services you have to know your rehab department’s professional profile. You should develop a professional portfolio which may include descriptions of your programs and services, rehab department’s mission/vision and strategy, success stories (case studies), results of patient satisfaction surveys, patient outcomes data, therapy staff’s unique expertise and experiences, strongest qualities that make your department unique, what type of patients will benefit the most from your services, and a brief summary of your rehab department profile.
   
   Organize this information so you can use it in marketing efforts (Steffes, 2006a).

4. Train therapy staff. Provide in-services on marketing strategy, documentation basics and communication with referral sources. To practice in-person visits with referral sources, discuss and role-play the visits and take an employee along with you on your next marketing visit (Steffes, 2006c). Training will be discussed in more detail in the next section.

Why training is important and what are the training needs

Today, a marketing and referral relations training is not a part of a rehabilitation educational curriculum (Steffes, 2006c). Since marketing is vital to business survival, the therapy staff must be trained in marketing strategy and methods before going to promote the services and/or get referrals (Steffes, 2006b). You would not expect your therapy staff to conduct an ACL
assessment, perform a MMT test or administer an ultrasound without any preliminary training. Equally, you should not expect your therapy staff to carry out marketing efforts without initial education. If your therapy professionals are not trained, they may convey inconsistent and even incorrect messages to the public and referral sources (Steffes, 2006c).

To better utilize marketing efforts the following areas have to be addressed in staff training and education:

1. Improve documentation. Effective daily, weekly, and monthly documentation that is timely, concise, neat and informative is a great marketing tool. Plan of care recertification reports and discharge reports that include subjective statements from the patient about the benefits of the therapy and a clear description of professional assessment are great marketing tools. This documentation should be provided to the referral sources to demonstrate the value and the success of the service (Steffes, 2006b). The rehab director should provide examples of effective documentation and periodically review the staff’s documentation for quality.

2. Improve communication and customer service skills. Communication with patients, the public, colleagues and referral sources is a big part of marketing. The rehab director should periodically carry out or arrange for staff in-services on the basics of interpersonal communication and customer service. Good customer service is one of the keys to patient satisfaction and positive rehab image. In addition, the rehab director and the core marketing team has to make in-person visits with priority referral sources at least quarterly to update them on your professional portfolio of programs and services (Steffes, 2006a). If you are going to use core marketing team members in marketing calls, you
should first train/practice/role-play marketing visits. The following are some essentials of in-person communication with referral sources based on Steffes (2006b):

- Pick a good day for visiting referral sources. Some literature suggests not visiting on Mondays and Fridays, since these are usually the busiest days.
- Schedule half days to make marketing visits with core marketing team members to reinforce the training.
- When visiting physician’s office, always get all contact information and try to schedule meetings with the physician. When meeting is secured, keep it brief and bring enough food for all of the people who will be attending the meeting.
- The staff should regularly contact the physician’s office about the patient’s progress with therapy by calling the office, dropping progress notes in person, or going with a patient to Dr.’s appointments (Steffes, 2006b).

3. Educate all therapy staff about the rehab profile and the marketing strategy. Everyone in the therapy department has to be aware of and consistent with overall profile and marketing strategy of the rehabilitation department. This should assist with developing a certain marketing culture that is necessary for marketing effectiveness (Webster, 1995). Inconsistent messages should be avoided. The therapy staff should be educated on the rehab department’s unique professional portfolio and profile, which includes unique services and professional expertise everyone in the rehab department can offer (Steffes, 2006a). The therapy staff should periodically meet to discuss its expertise and services and establish consistent descriptions of the department’s profile. Finally, everyone in the staff should practice clearly describing the rehab department profile to other people (Steffes, 2006c).
Conclusion

Rehab professionals are not only responsible for treating patients but contribute in promoting the facility. Marketing is an ongoing strategy that must be integrated within the whole facility. The rehab staff has to understand how they all contribute to marketing, and has to be properly educated and trained on marketing essentials in order to provide quality services and convey accurate and consistent messages. On a daily basis, the occupational therapy and other therapy professionals may indirectly contribute to marketing efforts through high quality evaluations and treatments, great customer service and an effective documentation. The results of these efforts may be an increased census, stronger referral relations and improved reputation of the facility (Aegis Therapies, 2004b). The current research indicates that distinct, effective marketing culture may be a key ingredient for marketing effectiveness, profitability and overall success of the organization (Webster, 1995).
Bibliography:


LaRue, S. (2007, July 12). Standing apart: Examining the link between meeting patients’ needs


Appendix D:

Post-quiz

Please answer all of the questions in this post-quiz, by circling a letter next to the correct answer:

1. Marketing efforts should only be carried out on an as needed basis.
   a. True
   b. False

2. An active process of meeting consumer’s needs and desires in the most profitable way by effectively creating, modifying and delivering a product to the target consumer is defined as:
   a. Promotions
   b. Networking
   c. Marketing
   d. Customer service

3. Communicating your service characteristics and value to your target consumers is defined as:
   a. Market analysis
   b. Marketing mix
   c. Organizational assessment
   d. Promotions
4. The most common promotional method utilized by therapy professionals is:
   a. Newspaper advertising
   b. Radio advertising
   c. Personal selling
   d. Public relations

5. Your rehab department’s customers are:
   a. Residents and patients of your SNF,
   b. Family members of residents/patients,
   c. Physicians,
   d. Hospital discharge coordinators,
   e. a. and b. only,
   f. All of the above

6. Professional growth is one of the benefits of the marketing process:
   a. True
   b. False

7. Providing high quality patient care and customer service is:
   a. Primary role of a rehab professional
   b. Key promotional tool
   c. Not important for marketing purposes
   d. a. and b. only
   e. All of the above
8. The therapy staff does not have to be trained in marketing techniques.
   a. True
   b. False

9. To better utilize marketing efforts the following areas have to be addressed in staff training and education:
   a. Documentation
   b. Communication skills
   c. Rehab department strategy
   d. Rehab department profile
   e. All of the above.

10. Descriptions of programs and services, rehab department’s mission and strategy, results of patient satisfaction surveys, case studies, and a brief summary of your rehab department profile are all listed in your employee handbook.
    a. True
    b. False
Appendix E

Course Evaluation

Please respond to each statement by circling the number that best represent your response:

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>

Part 1: Evaluation of the course

1. The content of this course was relevant to my job.  
2. The objectives of this course were clear and measurable.  
3. This course met its objectives.  
4. The handouts were clear and appropriate.  
5. Overall, this is a very good course.  
6. What specific suggestions do you have to improve this course?

Part 2: Evaluation of the instructor

7. The instructor communicated course content in a clear and well-organized manner.  
8. The instructor was interested and enthusiastic about the material.  
9. The instructor presented the material in a professional manner.  
10. Overall, the instructor did a very good job in presenting this course.  
11. What specific suggestions do you have to help the instructor improve his teaching?
Appendix E

Course Evaluation

Name of the Instructor: Rouslan Rechetnikov
Date: 04/23/08

Please respond to each statement by circling the number that best represent your response:

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>

Part 1: Evaluation of the course

1. The content of this course was relevant to my job.  
2. The objectives of this course were clear and measurable.  
3. This course met its objectives.  
4. The handouts were clear and appropriate.  
5. Overall, this is a very good course.

6. What specific suggestions do you have to improve this course?

Nothing - it was well written and presented.

Part 2: Evaluation of the instructor

7. The instructor communicated course content in clear and well-organized manner.
8. The instructor was interested and enthusiastic about the material.
9. The instructor presented the material in a professional manner.
10. Overall, instructor did a very good job in presenting this course.

11. What specific suggestions do you have to help the instructor improve his teaching?

Provide demonstrations.
Appendix F:

Attached are copies of the CEU PowerPoint presentation outline and other handouts given out to the audience during presentation.

**PowerPoint Outline**

Role of the Rehabilitation Staff in Marketing and Promotions of a Skilled Nursing Facility

In-service

Arbors@Waterville

April 23, 2008

12:00 PM – 1:00 PM

Rouslan Rechetnikov, OTD/S

Laura Neuenschwander, MOT, OTR/L

**Agenda**

- Introduction
- Presentation
- Open Discussion and Q & A
- Conclusion
- Post-quiz
- Course evaluation

**Audience**

- Everyone
- This course may award 1.0 contact hour to OTRs and COTAs only (pending approval).

**Philosophy**

- Providing highest quality services,
- Meeting needs of the patients,
- Developing staff’s professional growth, and
- Enhancing shareholder value through increased census.

**Course Objectives**
• Define Marketing and Promotions,
• Explain why use therapy staff in marketing,
• Identify benefits of marketing,
• Identify rehab department’s customers,
• Describe rehab department’s roles in marketing strategy,
• Describe key components in establishing a marketing effort,
• Explain why all therapy staff should be trained in marketing, and in which areas.

**Introduction**

• Marketing is vital to organization’s survival.
• It is an ongoing strategy.
• Marketing should not be carried out on as needed only basis.
• A lot of facilities do not realize that their rehab department is their best marketing tool.
• Therapy staff has to understand that they all contribute to marketing, and has to be properly trained.

*(Aegis Therapies, 2004a & Turner, 2000)*

**Marketing**

• An active process of meeting consumer’s needs and desires in the most profitable way by effectively creating, modifying and delivering a product to the target consumer.

*(Jacobs, 1994; Parisi, 1994)*

**Promotions**

• A marketing technique of communicating product’s characteristics and value to the target consumer.
• TV, radio, web or print advertising, publicity and personal selling.
• The most frequent promotional method utilized by therapy professionals is personal selling, which includes in-person visits, networking, public education and word of mouth references.

*(Jacobs, 1994)*

**Rehab department’s customers**

• Patients and their family members,
• physicians,
• hospital discharge planners,
• social workers,
• case managers, and
• other employees of the facility.
The scope of therapy staff’s responsibilities goes beyond just treating patients but includes considering the needs of the rehab facility, referral sources and the community.

Why use therapy staff in marketing and referral-relation efforts?

- Rehabilitation professionals:
  - Often possess good communication skills,
  - Have knowledge about therapy and healthcare,
  - Enthusiastic about patients’ rehabilitation,
  - Considered to be healthcare colleagues by other disciplines and are not viewed as pushy sales people.
  - Really understands patients’ needs and are able to communicate that to the referral sources, rather than just dropping off brochures and cookies.

(Aegis Therapies, 2004a; Steffes, 2006a)

Benefits of marketing

- Stronger market position of a SNF/LTC facility,
- Higher census,
- Increased profit,
- Enhanced reputation,
- Stronger referral sources,
- Better quality of patient care, and
- Therapy staff’s professional growth

- In addition, creates strong professional referral relationships, which may result in higher quantity, consistency, quality and compatibility of referrals.

(Aegis Therapies, 2004b; Steffes, 2006a).

Roles and responsibilities of rehab staff in marketing strategy

1. Help identify target customers
2. Meet the needs of existing patients
3. Meet the needs of referral sources
4. Networking
5. Provide community education
6. Create a rehab specialty
7. Generate business and outcomes information

1. Help identify target customers
• Types of patients appropriate for treatment.
• Types of conditions therapy staff is best qualified to treat.
• To provide the best quality of care, the facility should have desired customer population.
• The facility cannot take advantage of every single opportunity, such as accepting every patient or trying to treat every condition.

(Sukol, 2001)

2. Meet the needs of existing patients

• Every satisfied patient will spread a positive word of mouth, which is a free advertisement for the facility.
• Such positive word of mouth advertising will enhance the facility’s reputation.
• The bad or/and unethical service will create negative word of mouth and will diminish the facility’s reputation.
• Therefore, the primary role of the therapy staff is to provide a good service, by delivering appropriate evaluations and treatments to progress the patient towards desired and positive results.

(Turner, 2000; Weiss, 2003; Larue, 2007)

3. Meet the needs of referral sources

• Periodically meet referral sources to figure out what compels them.
• Be proactive about meeting hospital discharge planners to get patients whose needs facility is best qualified to meet, rather than having to accept any patients because your census is low.
• Go out of your way to understand the referral source’s needs and communicate to them how you can best meet these needs with your rehabilitation services.
• Look for opportunities to partner with referral sources in various activities such public education and health fairs.

(Aegis Therapies, 2004a; Aegis Therapies, 2004b; Steffes, 2006a; Sukol, 2001)

4. Networking

• New opportunities and interesting ideas.
• Regularly share experiences during staff meetings.
• Active networking can:
  – create new relationships or connections,
  – enhance facility’s public awareness and reputation, and
  – attract new clients/patients.
• Networking opportunities:
  – continuing education events,
  – state and national OT conferences,
– health fairs,
– college job fairs,
– professional associations,
– online discussion groups and
– all other gatherings such as community events.

(Appold, 2006; Sukol, 2001)

5. Provide community education

• Rehab services are often misunderstood by the community, so the rehab department has to provide education to the general public.

• Therapy staff can provide presentations about:
  – the scope of the OT/PT/SLP services,
  – different diagnoses that you can treat, and
  – how your rehab services can improve the person’s overall quality of life.

• These presentations can be provided to senior centers, assisted living facilities, therapy students, medical students, support groups and others.

(Aegis Therapies, 2004b; Turner, 2000)

6. Create a rehab specialty

• Great way to improve public awareness and to increase census and profit.

• Look at what qualifications and credentials your staff possesses, and try to take advantage of rehab staff’s areas of expertise and interest.

• Research industry trends and track referral and discharge information.

• Establish outpatient program, using existing patients that are about to be discharged or were already discharged home, but may still require continuing therapy.

(Aegis Therapies, 2004b)

7. Generate business and outcomes information

• Valuable information about the facility and its services.

• Effective business and outcomes data will be able to demonstrate the facility’s success and enhance its awareness and reputation.

• Therapy staff should regularly perform case studies and collect patient’s subjective information and testimonials.

• Well written progress notes and discharge summaries are great communication tools to share with physicians and can be used as a proof of therapy’s effectiveness.

(Aegis Therapies, 2004a)
Key components of establishing a marketing effort

1. Choose a core marketing team
   - Every rehab professional contributes to marketing and promotions in some areas.
   - But the core marketing team should consist of rehab professionals possessing the best mix of rehab knowledge and interpersonal communication and public speaking skills.
   - This core marketing team should be primarily used for marketing visits with referral sources.
   (Steffes, 2006c)

2. Examine your current service
   - Review patient satisfaction:
     - Measure patients’ satisfaction? Are patients satisfied?
     - Are your patients progressing as planned?
   - Review expertise of the therapy staff:
     - What rehab expertise and experience does your staff offer?
     - What unique expertise distinguishes you from the competition?
     - What unique programs, equipment and tools do you possess?
   - Review your current communication:
     - Do you regularly report progress to the referral sources?
     - Do you have neat, clear, timely and informative documentation?
     - Are your patient handouts appropriate & easy to understand?
     - Do you have relevant literature that describes your services?
   (Steffes, 2006c)

3. Create a rehab department’s professional portfolio
   - Develop a professional portfolio which may include:
     - descriptions of your programs and services,
     - rehab department’s mission/vision and strategy,
     - success stories (case studies),
– results of patient satisfaction surveys,
– patient outcomes data,
– therapy staff’s unique expertise and experiences,
– strongest qualities that make your department unique,
– what type of patients will benefit the most from your services,
– a brief summary of your rehab department profile, based on above information.

• Organize this information very well.

(Steffes, 2006a)

4. Train therapy staff

• Provide in-services on marketing strategy, documentation basics and communication with referral sources.
• To practice in-person visits with referral sources, discuss and role-play the visits and take an employee along with you on your next marketing visit (Steffes, 2006c).
• Training will be discussed in more detail in the next section.

Why training is important?

• Marketing and referral relations training is not a part of a rehabilitation educational curriculum.
• Since marketing is vital to business survival, therapists must be trained in marketing.
• You would not expect your therapy staff to conduct an ACL test, or administer VitalStim or ultrasound without any initial training.
• In the same way, you should not expect your therapy staff to carry out marketing efforts without initial education.
• If your therapy professionals are not trained, they may convey inconsistent and even incorrect messages to the public and referral sources.

(Steffes, 2006b; Steffes, 2006c)

Areas of training

1. Improve documentation
2. Improve communication and customer service skills
3. Educate all therapy staff about rehab profile and marketing strategy

• 1. Improve documentation
• Documentation should be timely, concise, neat and informative.
• Re-certs & discharge reports should include subjective statements from the patient about the benefits of the therapy and a clear description of professional assessment.
• Rehab director should provide examples of effective documentation and periodically review staff’s documentation for quality.
(Steffes, 2006b)

2. Improve communication and customer service skills

- Staff in-services on basics of interpersonal communication and good customer service.
- Train/practice/role-play customer service situations and marketing visits.
- Take one core marketing team member to marketing visit to reinforce the training.
- Regularly and timely contact the physician’s office about patient’s progress with therapy by:
  - calling the office,
  - dropping progress notes in person, or
  - going with a patient to Dr.’s appointment.

(Steffes, 2006b)

3. Educate all therapy staff about rehab profile and marketing strategy

- Be consistent with overall marketing strategy.
- Educate on rehab department’s unique professional portfolio and profile, which includes unique services and professional expertise everyone in rehab department can offer.
- Periodically meet to discuss expertise and services and establish consistent description of the department’s profile.
- Practice to clearly describe the rehab department profile to other people.

(Steffes, 2006a; Steffes 2006c)

Summary

- Responsible for treating patients and promoting the facility.
- Marketing is an ongoing strategy that must be integrated within the whole facility.
- The rehab staff has to understand how they all contribute to marketing.
- At the end, marketing efforts can produce multiple benefits to the consumer, the facility and the therapy staff, including higher census, stronger referral relations and enhanced facility’s reputation.

Open discussion and Q&A

- Feel free to ask questions and discuss topics.

The end

- Thank you.
- Post-quiz.
- Course evaluation.
- Bibliography list is available upon request.
What Matters Most

What Matters Most is our customer service initiative that defines our culture and guides us in our interactions with residents, families, co-workers and referral sources.

Customer Service Philosophy Statement

At Extendicare, we value our customers and our team who care for them. We are committed to treating them with dignity and respect in an atmosphere of compassion. As health care professionals, we take pride in being responsive to the needs of those who rely upon us.

There are six words that form the cornerstones of our customer service program; they are:

- **Responsiveness**: Taking the initiative to anticipate needs and being accountable for making sure that appropriate action is taken to resolve issues.

- **Integrity**: An individual who has high professional standards and encourages others to exceed expectations.

- **Compassion**: Providing high quality services by being empathetic to the needs of others.

- **Dignity**: Conducting oneself with poise, in a manner that considers the feelings and privacy of others.

- **Pride**: Showing enthusiasm for their work, and speaking positively about their job, the work environment and the quality of the services.

- **Respect**: Demonstrating consideration for others, behaving in a courteous manner and earning the admiration of their peers.

This is What Matters Most!
Occupational Therapy Documentation

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Note: Services for less than 8 minutes should not be billed.

Example orders
- Initial order: "OT to eval and x as planned"
- Clarification order: "Clarification of OT plan of treatment":
  - OT x wk for 4 wks for self care activities, therapeutic activities and neuro-re-ed in individual and/or group treatment"

Reason for referral
- Specific reason resident requires skilled evaluation and treatment
- With "clinical impressions," establishes medical necessity
- Requires supportive documentation from nursing in the medical record
- May include nursing interventions that were attempted but did not resolve the problem, and, therefore, skilled therapy was required
- OT EXAMPLE: Pt referred by nursing of new onset pt sliding out of w/c and having difficulty feeding self. Nursing attempted to use pillows for positioning but was unsuccessful.

Prior level of function
- State in measurable, objective terms
- Relate to current deficits
- Should support the resident-specific long term goal or current intervention(s)
- OT EXAMPLE: Positioned in w/c without difficulty for 2 hrs. (1) to propel w/BLE and (1) w/feeding after set-up.

Reason To Continue Services/Statement of Medical Necessity: Area on weekly note and evaluation that indicates medical necessity of services. "Modify statement week to week as pt makes progress w/POT.
- OT EXAMPLE: Upright midline posture and table w/c position decreasing pt's self feeding skills, skin integrity and safe w/c pos. Cont OT for assessment of various w/c cushions and pt's ability to self-feed w/environmental modifications using positioning devices.

Positive Prognostic Indicators: Indicators of good rehab potential for stated goals/POT.
Examples include:
- Supportive family/staff
- Able to self-correct w/c cues
- Good recall during eval/daily treatments
- Learning potential: shows carryover or generalization from day/day or week to week
- Stimulable or responsive to treatment techniques/strategies/specific type of cues
- High attention to skills/good one-on-one attention
- Good eye contact/visual tracking
- Recent onset
- High PLF
- Motivated/Cooperative
Occupational Therapy Documentation

97112 Neuromuscular-Re-ed Goal: In 2 wks pt will:
- Achieve upright sitting posture in W/C without @ lat lean/UE support in preparation for hygiene tasks
- Increase balance to Fair @ stand @ sink 5 mins to wash/dry dishes with min(A)

97112 Neuromuscular-Re-ed, SKILLED Documentation:
- Provided @ trunk support in W/C to prevent lateral lean and sit straight to maintain sacral sitting. Re-assessed position after 1 hr. Pt can (L) lateral buttck pain, level 5 (highest). Device removed-no pain.
- UE and trunk muscle re-ed through tactile facilitation/delaying and visual input via mirror during sitting and standing functional activity tasks. Postural changes @ fatigue noted after 3 mins, increasing risk of LOB.

97504 Orthotic Fitting/Training Goals: In 2 wks, pt will:
- Increase wrist extension 10° through use of resting hand splint to reduce risk of contracture w/ signs of redness or pressure

97504 Orthotic Fitting/Training, SKILLED Documentation:
- Resting hand splint obtained and fitted to pt; modifications made to relieve pressure over 1st metacarpal head. Provided inhibitory techniques to reduce muscle tightness. Staff trained on fit and pressure areas of concern.

97530 Therapeutic Activities Goals: In 2 wks, pt will:
- Stand during toilet management for 3 mins to don/off undergarments and pants, CGA, w/equipment
- Transfer bed to chair w/slap for increased (L) mobility during upright supported dressing

97530 Therapeutic Activities, SKILLED Documentation:
- Fine motor coordination training through buttoning, zipping and hooking clothing fasteners. Provided buttonhook adaptive aide for smaller items. Medium resistance putty exercises for increased pinch, lateral pinch and tip pinch to increase control during tasks.
- Light resistive manual facilitation to abdominals in sitting and sidelying provided for increased balance sitting bedside for transfer prep. Instructed in head over BOS w/o balance loss in transfer prep.

97532 Cognitive Skills Development Goals: In 2 wks pt will:
- Follow two-step setup sequence to assist with ADL tasks with 90% accuracy
- Demonstrate control during a.m. ADL session by requesting assistance prior to standing 2/3 times

97532 Cognitive Skills Development, SKILLED Documentation:
- Analysis completed during ADL tasks. Pt able to complete ADLs in appropriate sequence given one-step direction.
- Sequencing and problem solving errors noted w/ 2 step, resulting in inability to complete ADLs.
- Compensatory strategy of visual cueing cards for memory provided to address pt's safety and impulsivity, and increase pt's anticipatory responses. Pt initiating verbal request for assistance 50% of time.

97535 Self-Care Training Goals: In 2 wks, pt will:
- Perform LB dressing with CGA and 25% VCs for conveyance of energy conservation and safety techniques
- Complete UB dressing with min A given set-up at w/c level

97535 Self-Care Training, SKILLED Documentation:
- Analyzed patient's ability to complete dressing sequence. Required 50% VCs for clothing layout. Modified sequence to include clothing retrieval from closet.
- Completed initial instruction on reacher use for LB dressing w/pt sitting. Pd demo error in equipment placement 2/4 times, requiring 100% verbal instructions. LOB noted 2° poor positioning during task.

97542 Wheelchair Management/Propulsion Goals: In 2 wks, pt will:
- Safely maneuver W/C w/25% VCs in bathroom in order to access sink for AM hygiene activities
- (L) lock wheelchair brakes 100% of trials prior to performing wheelchair to commode transfer

97542 Wheelchair Management/Propulsion Documentation:
- Modified bedroom/bathroom furniture placement in order to successfully negotiate W/C from bed to toilet. Required 75% VCs for directions and 25% tactile cues to (L) UE hand placement for even propulsion. Increased success/(L) given cues. Staff trained on cueing system.