

## State of the Division



**Kim Spirison**  
DIVISION MANAGER

Every year around this time, Jerre presents a State of the Agency where he discusses the status of our agency's growth in visits, growth in employees, growth in professional certifications, and more. He touches on individual division growth as

well; however, I would like to provide a little more detail about our status.

Since splitting from the large group in October 2007, we have maintained the thought that we are a young division, explaining that we did not have a specific marketing or recruiting focus for Tarrant county and the surrounding counties until the fall of 2007. When we take a look back over the past 2 ½ years, we have experienced enormous change in the therapists we employ and in the patients we treat. As far as numbers go, we have grown from 24 therapists in the field to 48, and our census has grown from 180 clients to 300. According to those numbers, we are now marching very close in line with the other T2K divisions.

However, I don't think it's enough to say we've grown and report the numbers without providing a little perspective. I do think it's important to know how we've begun to brand ourselves in the community to achieve employee and patient growth that preserves quality of care for the children we treat. In the early part of 2009, we were beginning to experience explosive growth, with a feeling of unruliness about the changes we were experiencing. We were not well-equipped in the office to handle the growth and obvious increased acuity

in clientele being referred while maintaining the quality of care that we would have liked. In mid-2009, we also experienced explosive change of our staff in the office and in the field.

Undaunted, the West Division developed key goals and personnel role adjustments to help control the growth and to make sure we have support systems in place to properly manage the changes we were facing, keeping in mind that if you're going to do something right in this industry, patience and persistence is the name of the game. The first thing we needed to get under control was our ability to merely staff and serve the increase in itty-bitty patients, 0-18 mo. clients, and the increase in medically complex children we were being referred. Our need for high quality, specialty skills in speech therapy was an overriding need at this time. Lucky for us, two therapists came to our division back-to-back, Lee Kellams and Treva Blackman. Their role is best described as that of a triage mentor. Suffice it to say, their addition has helped us provide quality care to the medically fragile and/or overall challenging kiddos we are being referred. This program has been so successful, we are looking to add other disciplines into this mix in the future.

Over the last eight months, the addition of several experienced clinicians in all three disciplines has broadened our ability to mentor/assist with almost any patient situation we face in the field. There will always be more patients than therapists, but we are definitely moving in the right direction with our current staff.

Another area of focus has been the agency's staff development program at the corporate level to provide increased quality CEU trainings and the addition of specialty program directors that are working with

the staff development program to assist the therapists in broadening their skill sets.

We have improved our collaboration and communication with our corporate marketing and recruiting departments to better specify needs of our division. Tonya has been dedicated to the marketing department and provides weekly updates regarding needs. We now have a dedicated marketer in our division 3x/ week. Courtney has now taken on the role of our recruiting liaison with our corporate office, matching up referrals not staffed and areas of need/growth potential for our HR department. She has also helped develop some recruiting materials sent out to area therapists. Both of these roles require a lot of problem solving and mutual collaboration to be done well.

With regards to specific customer service, we have added case conferencing every six months for all clients seen over two years to ensure we are approaching these children and their therapy with an overall team approach. Yalonda has also added a quick customer service survey to her calls to parents that provides us mostly with glowing reviews, but also with information on areas of improvement.

Because of our division's attention to quality of care from the office and the field staff and with the support of corporate T2K, we have begun to be recognized as the provider of choice for many physicians and agencies. And, I feel we are only seeing the tip of the iceberg. As we continue our journey towards excellence in care for all patients, our growth should continue.

If you have any thoughts on these subjects or would like to suggest improvements, I would love to hear them.

You can e-mail me directly at [kim.spirison@T2000.com](mailto:kim.spirison@T2000.com)



# Ask Dr. Davison

Dear Dr. Davison,  
**When are we going to adjust frequencies now that there are no longer any PU's?**  
*Confused without PU's in Keller*

Dear Confused,  
 The most important thing to consider is that our plans of care signed by the physicians are basically stating "in my expert opinion, based on the results of my evaluation the child would benefit from X amount of visits a month." When writing a frequency order, please consider all disciplines the child is receiving, any health concerns and/or regular doctor visits that will interfere with your frequency. With these considerations in mind at initial and re-evaluation time, it should take a significant change to alter the frequency at other times.

When we go a couple of months not meeting all the visits, we should first look at why visits were missed. Are there good reasons? Are the caregivers as invested in therapy as we would hope them to be? Do they need explanation from either the therapist or case manager on how important meeting all or most of the scheduled visits? Is the child well enough to tolerate the set frequency?

Second, ask yourself if the patient is still going to benefit from the decreased visits? If not we need to have a serious sit-down with parents to get them more involved at the current frequency. Likewise, when there is an opening in your schedule, before we send an order to increase visits, try to objectively assess whether the child is making good progress at the current frequency. A good rule of thumb is to ask yourself whether

requesting an increase or a decrease in frequency, "Is this requested change patient-driven?" If yes, then you would write a call log explaining:

- why the decrease is requested,
- why the increase/decrease would benefit the child,
- the change in frequency has been explained to caregivers and his/her parents

Forward the call log to the case manager in an e-mail. Changes can be requested at any time, but will be made effective at the first of the month. Please clarify with the case manager what month the order change is effective. And orders have to be received by the physician before changes can be made in frequency in the chart.

Sincerely,  
 Dr. Davison



## IMPORTANT UPDATES AND CHANGES TO THE START OF CARE PROCEDURE

### Orders received and staffer contact admitter and evaluators.

- Admitter attempts contact with the family EACH day until admission visit is scheduled.
- A call log is entered into the chart EACH day until the final call log placed when the admission visit is scheduled. Must connect everyday so that the call log is visible to everyone.

### Admission Visit Scheduled

- Admitter contacts all evaluators to notify them that the admission visit has been scheduled via phone or text as soon as the admission visit is scheduled. Must receive a confirmation that the message was received. (This helps to ensure that all evaluations are able to be scheduled and completed in the 5 day time line.)
- Document this communication in a call log.

### Admission Visit Completed and All Evaluators Contacted

- Evaluators must be contacted via phone or text and a confirmation of receipt received as soon as admission visit is completed.
- A call log will be entered into the chart stating that the admission visit was completed and all evaluators were contacted. Must connect so that call log is visible to everyone.

### Admission and ALL Evaluations Completed in 5 Business Days

- Contact must be attempted with the family each day until the evaluation is scheduled and a call log must be in place for each day contact attempted until the evaluation is scheduled. Must connect every day so that communication is visible to everyone.
- If unable to schedule the evaluation within the 5 day timeline a valid reason must be documented in a call log.

• It is very important to follow the new SOC procedure to ensure that we are maintaining our charts appropriately and ensuring that they are compliant when an audit is completed. If the charts are compliant it also helps to ensure that are patients are receiving the best possible care. Completing each part of the SOC process correctly will also benefit the individual therapist because they will earn rewards but each step of the process must be completed correctly. Please refer back to the original change of policy which was mailed to your home in January. If you do not have a copy of this procedure, please contact your direct supervisor.

**EMPLOYEE PROFILE**

*Jennifer Ramsey*

**1. What is your favorite movie and why?**

*Right now it is Meet the Robinson's. I know it's a kids movie, but I cry every time about how sweet the story is.*



**2. Do you have any kids or pets? What are their names and ages?**

*My two kids are Avery, age 8, and Grayson, age 5. We have an oversized cat named Lucy.*

**3. Do you have a hobby, what is it and why do you enjoy that activity?**

*I enjoy reading and working in our yard because those are relaxing to me.*

**4. Who do you admire most and why?**

*My Dan-Dan! He was a very moral, strong, compassionate man.*

**5. What have you done that you are most proud of?**

*Raising my children with the morals I was taught.*

**6. What is your favorite ice cream?**

*Chunky Monkey by Ben and Jerry's*

**7. Would you bungee jump? Why?**

*Probably not - I'm a chicken about heights!*

**8. What is your favorite T.V. show? Why?**

*Right now it is The Office. Michael Scott is so hilariously inappropriate.*

**9. What is the farthest place you have travelled? Would you go back?**

*Minnesota - probably not. I'd love to visit every state at least one time.*

**10. What song(s) do you love listening to right now?**

*Anything by the Black Eye Peas. I don't really have a favorite music - it just depends on what mood I'm in that day.*

**EMPLOYEE PROFILE**

*Joanna Littler*

**1. What is your favorite movie and why?**

*I think I would have to say THE NOTEBOOK. It is one I watch over and over again because I love the love story in it. And...I'm a sucker for chick flicks!*



**2. Do you have any kids or pets? What are their names and ages?**

*No kids yet...but I would love 3 or 4. Two dogs: Winnie-black lab and Roxie-border collie/cocker spaniel mix*

**3. Do you have a hobby, what is it and why do you enjoy that activity?**

*I love anything that has to do with the sun and water! (beach, jetskiing, wakeboarding, laying out...etc!)*

**4. Who do you admire most and why?**

*I would have to say my parents. They got divorced when I was little but always had the mentality "we need to do what's best for our kids" and to this day they still remain friends.*

**5. What have you done that you are most proud of?**

*Married the man of my dreams! :)*

**6. What is your favorite ice cream?**

*Cookies and cream*

**7. Would you bungee jump? Why?**

*I think so-I like to consider myself a daredevil. And I would like to say that I have done it.*

**8. What is your favorite T.V. show? Why?**

*I am loving the new show PARENTHOOD right now! It is so real life and about a big family (like mine) with lots of drama! My husband and I also love reality shows: American Idol, Biggest Loser, Amazing Race and Extreme Home Makeover!*

**9. What is the farthest place you have travelled? Would you go back?**

*St. Lucia and YES!*

**10. What song(s) do you love listening to right now?**

*Anything country.*

### SOC/ADD-ON/ RE-CERT REMINDERS:

After several weeks of chart audits we have compiled a list of the most frequently overlooked items.

**Admitters:** Must document notification of evaluating therapist WHEN EVAL IS SCHEDULED in order for call log to be compliant.

**SOC and add-ons:** Both SOC and add-on evaluations must have: 1wk x 1 order, 1st month order (usually smaller amount of visits , 2nd month through the remainder of the cert order (please make sure the effective dates are correct)

**Add-ons:** Don't forget to add diagnosis and to compare goals/interventions with disciplines already in the home so there is no overlap.

**Goals:** The mandatory training explained the best way to write goals and the importance of making them functional and participatory. Please clarify any questions or concerns with your supervisor.

**Care coordination:** If you've made any recommendations for case management, please forward those separately to CM. Please document coordination between disciplines, we know all of you are doing a much better job with that than is getting charted.

**Re-certs:** Please don't forget everything that makes the missed visit statement compliant. It must include total missed visits, reasons for missed visits, that caregiver understands the amount of MV and their response/agreement with visit count.

**Re-certs:** Please use the outside agencies portion of evaluation to document any school therapy the child may have.

### BIRTHDAYS

Name .....	Birthday
Dody Adams .....	April 3
Kristin Giggelman .....	April 9
Kathy Gamble .....	April 9
Lori Lang .....	April 11
Molly Wood .....	April 11
Jorge Marquez.....	April 12
Nancy Trillo.....	April 18
Greta Graham.....	May 12
Rachel Racho .....	May 24
Lee Kellams.....	May 26
Joanna Littler.....	May 30
Joseph Valdez .....	May 31
Erica Short .....	June 20
Miranda Beckmann .....	June 20
Elke Fitzer .....	June 21

### NEW EMPLOYEES

**Patricia Gurinsky, ST, Full Time:** Patricia comes to us with seven years of experience. She previously worked at Arlington Memorial Hospital as a pediatric outpatient therapist. She also has seen patients privately through her own business. Patricia acquired her undergraduate degree from TCU and her master's degree from The University of Northern Colorado. Currently, Patricia is located in White Settlement, Lake Worth and Saginaw.



**Teresa Scarmardo, PT, Full Time:** Teresa recently relocated to the DFW area from Midland, Texas, to join our team. Teresa brings 30 + years of experience to the West Division. She has worked in many settings and including inpatient hospital, ECI, outpatient pediatrics, and as a director of therapy services. Teresa earned her degree from UTD. She is currently treating patients in East Fort Worth, Forest Hill, and Everman.

**Pamela Simpson, PT, PRN:** Pamela comes to us with 30+ years experience. She has worked in many different settings including school-based therapy, home health and inpatient hospital settings. Patricia is currently employed part-time with Crowley ISD. She received her degree from Texas Women's University. She is currently treating in south Fort Worth and Crowley.



**Diana Perez, Staffing Coordinator:** Diana received her bachelor's degree in business administration from Universidad Javeriana in 1988 and has used her bilingual and organizational skills in various administrative assistant, sales and staff coordination positions. Diana is the proud mother of two sons who keep her very busy when she's not otherwise occupied trying to find new patients for all our hard-working (but less than ideally staffed) therapists.



**Shona Marscola, OT, PT:** She joins the West Division with more than eight years of experience. Shona has experience in the areas of pediatrics, geriatrics, acute care and spinal cord injuries. Shona currently holds certifications for Interactive Metronome, DIR/Floortime and Nonviolent Crisis Intervention. Shona treats in the northeast and parts of central Fort Worth.



**Erica Short, CF-SLP, full time:** Erica graduated from UTD Callier Center with her M.S. in December of 2009. She earned a B.A. in Psychology from William Paterson University. Erika is full-time with THERAPY 2000 and treats patients in north/central Arlington



**Lori Lang, OT, PRN:** Lori has 16 years of adult and pediatric experience as an OTR. She graduated from UT Medical Branch in Galveston in 1994. She has worked in College Station and the surrounding area before moving up to Keller. She currently treats patients in Keller, Watauga, and North Richland Hills, and carries a near part-time case load.



**Anne Marie Pinkenburg, ST, Full Time:** Anne Marie joined the company in October after spending five and a half years living in the United Kingdom. She lived in various cities including Hartlepool, Liverpool, and Hastings. She is a graduate of TCU and treats patients in South Fort Worth, Burleson, and Crowley.



**Joanna Littler, PT, full time:** Joanna graduated from the University of Missouri. During her college days, Joanna was a competitive diver and received a medal at the Big 12 Conference on the three-meter dive. Joanna currently lives in Keller and treats patients in the Blue Mound, Saginaw, and Lake Worth area.

**Beatriz Lourido, Bilingual ST, STA Supervisor:** Beatriz has worked for THERAPY 2000 since February 2003. She was a part of the central division until recently when she joined our division to supervise a bilingual STA. Beatriz graduated from Universidad del Valle Cali in Columbia then moved to the United States and completed her Masters degree at UTD. She has over 20 years of experience in her field. Beatriz is fluent in French in addition to Spanish. She has a specialty skill set of feeding and oral motor intervention in addition to her bilingual training. Beatriz has also researched and presented at THERAPY 2000 on bilingual intervention.



**Brandi Duncan, Bilingual STA, part time:** Brandi graduated from TCU with her undergraduate degree and also holds an associate's degree from Tarrant County College in Sign Language. Brandi is fluent in both Spanish and sign language. She currently treats in southwest and central Fort Worth. Brandi is a member of the National Association of the Deaf and the Registry of Interpreters for the Deaf. She is working her way up to full-time as she builds her case load.



**Alene Fields, COTA, PRN (Soon to be OTR):** Alene has been a COTA for 16 years with experience in both adults and pediatrics working in home health, hospital, long-term care, and inpatient rehab settings. She also holds a minor in Spanish in addition to her current degree. Alene is currently completing her master's degree in occupational therapy at TWU this spring and is going to remain at THERAPY 2000 treating in the White Settlement, Benbrook, Aledo area as a part-time OTR after she graduates.