

### SUMMER 2009 GOAL:

# Spend Summer 2010 in Colorado



**Kim Spirison**  
DIVISION MANAGER

**H**ome health in the summer in the DFW Metroplex can be grueling. It's hard to think of what you'll be pulling out of your trunk for a visit when a bead of sweat drips down

your forehead and into your eyes. You have to pee because you drank two bottles of water to avoid collapsing from a heat stroke, but your usual bathroom stop is out of order. Does the bathroom break get counted for mileage? Geez!

Your visit is in a moderately air conditioned home, and your next drive is only five minutes from your previous visit, just enough time for the air conditioning to cool down when it's time to get out of your car. Darn, you still never peed.

It's easy to see the problem with this scenario, but what's the solution? Should we visit all of our patients eight times per month from September to May, then head to Colorado for the summer? Wouldn't that be a nice plan?

Maybe that's a little bit lofty or unreasonable — or just plain corny. Whatever the case, if you've been around this agency long enough, you'll know that the way to solve your problems is to do just that: Set your goals, make a plan, propose it to someone of influ-

ence, and move forward to resolution. Sometimes setting those goals can start from something as silly as the previous paragraph, but you may end with a proposed solution that is very realistic, albeit creative.

We're at a place in our division, where I really feel the need to create some realistic goals for the next couple of years, and develop a plan to achieve those goals. These goals will center around these topics:

- **Growth** – of census, specific type of referrals, programs, or specific services we would like to deliver
- **Customer service** – satisfaction of patient families, doctors, referral sources
- **Quality of service delivery** – clinical outcomes, documentation quality, experience and expertise of staff
- **People** – staff satisfaction, recruitment, retention, training
- **Profitability** – cost vs profit, use of tools and technology

I didn't come up with these topics on my own. These are topics widely used when establishing a plan for our industry. The creative part comes in when we start looking at what the goals will be and how we plan to achieve those goals. Our goals are not necessarily born out of problems. They will be established to answer the question "How do we want our division and agency to look and act in the next two to three years?"

Although I have goals running around in my head at this moment, nothing is on paper. It's much more fun to stay in the utopian idea phase of planning, but at some point, I have to put pen to paper. Measures and methods of approach will need to be added at some point in the near future as well. But for now, here are my thoughts on goals:

- **Growth** – Increase specific age of referrals, 0-5?; Increase specialty of service we are able to serve – Vital Stim, preemies, AT, etc.; increase marketing for those services; increase the area we serve to an outlying area
- **Customer service** – Measure level of patient satisfaction
- **Quality of service delivery** – Find a talent or desired area of interest/experience in all field staff and office staff and maximize that talent
- **People** – Increase staff satisfaction, i.e. accessible tools/assessments, stream-lined processes/paperwork; Increase recruitment – ideas of where/how to recruit/interview/market our agency
- **Profitability** – do the above four without breaking the bank

If you have any thoughts on these subjects or would like to see changes to existing programs, I would love to hear them. You can e-mail me directly at [kim.spirison@t2000.com](mailto:kim.spirison@t2000.com). ☺

# Smiles for Lillie J.

Lillie J. was a typically developing 15-month-old when on Feb. 13, 2008, she was eating lunch and choked on macaroni and cheese and aspirated it into her lungs. Lillie was estimated to have been deprived of oxygen for about 8 minutes. She suffered a hypoxic brain injury. Lillie was initially treated at Cook's Children Hospital and began her road to recovery. Upon her release from the hospital she was staffed with Occupational Therapy from Therapy 2000.

The main goal for Lillie's mother, Alicia, was to hear her daughter's beautiful laugh.

Kim Spirrison and Dody Adams were the first therapists to begin therapy in April of 2008. At this time Lillie was exhibiting a strong extensor tone that required maximal effort to maintain a flexed sitting position. Lillie was no tracking objects. Most of Lillie's movements were

dominated by primitive reflex patterns and her skills were at the level of a 0-2 month old. Lillie was receiving nutrition from a g-tube. Even with her deficits Lillie's biggest strengths were her functional attempts to activate toys and to interact with her environment.

In June 2008, Carol Kretchmar, ST, began providing services to Lillie. She was non-communicative with speech and language skills in the range of 0-3 months. Lillie exhibited a primitive suckling motion with her tongue. She was unable to hold a pacifier in her mouth. However, she was visually attending to people. Her only vocalization was crying. She did not maintain eye contact with people, or laughed, or cried for attention. The main goal for Lillie's mother, Alicia, was to hear her daughter's beautiful laugh.

Lillie has made big progress over the past year. In March 2009, Lydia Robey, PT, joined the team to provide long awaited physical therapy services through THERAPY 2000, which Alicia was ecstatic for Lillie



*Carol Kretchmar provides therapy services for Lillie J.*

to be receiving. Lillie is currently holding a pacifier for at least 10 seconds, and is making lip closure in response to an iced object. She also is drinking up to 1/8 tsp. of thin liquid at a time, and a swallow study is scheduled for July 16 in hopes that she will be ready to begin Vital Stim treatment. Lillie is now visually tracking objects. She is beginning to gain control of her trunk, neck and head. She is functionally attempting to activate toys and she

maintains attention to objects for at least 15 seconds. Lillie is tolerating the standing frame for up to 10 minutes.

Lillie continues to make steady progress in therapy with the expertise of confident trained professionals and with the loving support and carry through of a home program by her family and caregivers. Most importantly, 10 months after her accident, Lillie lights up the hearts of her family and therapists with her beautiful smile. 🌟

**EMPLOYEE PROFILE***Nancy Trillo***• What do you consider your home town?**

Arlington/Fort Worth is quickly becoming my hometown. I spent most of my childhood living in the Middle East, which was temporary, and so couldn't really call that home, but didn't have a home here!

**• What did you do before your therapist life?**

Any odd jobs or previous careers? I started a long career as a babysitter at 11 years old! Worked as a breakfast waitress one summer in FL—spending my afternoons at the beach!! Also worked as a basketball game usher—my friends wouldn't come with me to the games in college, so I was paid to watch from the court. I also worked in daycares during grad school and loved it!

**• What is your spouse's name/ how did you meet him?**

My husband's name is Hiram, most of you know him as the company photographer/artist! He's talented! We met salsa dancing when we were both at Texas Tech.

**• Do you have children/pets? Names?**

No kids yet...unless the photography business counts—it takes up most of our time at home! We have a 7 month old lab, Neo, and a ~3 month old rescued pitt bull puppy, Nanuk, both males.

**• What are your hobbies?**

I enjoy dancing, making jewelry, crafts, cooking, most sports (being active) and enjoying a margarita on the beach (not so active)!

**• What is your favorite movie?**

Right now, Gran Torino—hilarious, of all time—How to lose a guy in 10 days—cute chick flick!

**• What is your favorite vacation spot?**

Krabi, Thailand 100%, we went on our honeymoon there and hope to retire there someday!

**• What is your favorite restaurant?**

Sushi zone, yum...

**• What is your favorite author/book genre?**

I have always enjoyed mystery books and in particular, those by Patricia Cornwell, but one of the latest books I've read was, "Same kind of different as me" and I'd recommend that to anyone.

**• What is your favorite website?**

I am so embarrassed to say this, but Facebook. Having moved around my whole life, my friends are far-spread and it's a great way to keep in contact or share photos w/ family.

**• What is your pet peeve?**

Bad table manners, i.e. chewing w/ mouth open, smacking (Matthew McConaughey's only downfall!) ;)

**• What is your favorite charity?**

Now I lay me down to sleep—Our studio volunteers for them. It's an organization where photographers can volunteer their services to capture memories of young children that are either about to pass or have just passed. It's very sad, but also wonderful for these families to have pictures/memories to last a lifetime.

**EMPLOYEE PROFILE***Brandi Wubbena***• What do you consider your home town?**

My hometown is Ft. Worth.

**• What did you do before your therapist life?**

Before I was an SLP, I did Community Relations for a corporation.

**• What is your spouse's name/ how did you meet him?**

My husband is Chad, and I met him at a happy hour at Chili's when I was a CFY. We've been married for four years.

**• Do you have children/pets? Names?**

I don't have any children yet, but I have a cat named Sinatra.

**• What are your hobbies?**

I don't really have any hobbies yet, but I am pursuing piano lessons this summer. I am also on the board of Junior League of Arlington (a community service group that raises money for women and children).

**• What is your favorite movie?**

My favorite movie is "Goodfellas."

**• What is your favorite vacation spot?**

My favorite vacation spot is Cabo San Lucas, Mexico.

**• What is your favorite restaurant?**

My favorite restaurant was Red Lobster until I found out that I was allergic to shellfish at TSHA, so now I'm trying to find a replacement.

**• What is your favorite author/book genre?**

My favorite author is Philip Margolin and my favorite genre is crime/mystery/suspense.

**• What is your favorite website?**

My favorite website is People.com

**• What is your pet peeve?**

I have a ton of pet peeves among them are: not observing basic traffic rules, smacking gum, coughing/sneezing (Yes, I know that people can't help that but they both sound sooooo ugly!)

**• What is your favorite charity?**

My favorite charities are the ones supported by Junior League: The Women's Shelter, Mission Arlington, and All Star Equestrian.

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# Discharges, discharges, discharges

Discharges are not something that we do every day, so it may be difficult to remember all of the steps in the process. There are some important steps that are critical when completing a planned discharge.

1. As soon as you know that a discharge is being planned, notify the Social Work Case Manager and provide a date of planned discharge. Your patient's name will be added to a tracking sheet so that appropriate coordination of care occurs and doctors can be notified in a timely manner.

2. Document verbal notification to the parents or caregivers in a call log. As a therapist, it makes sense to place planning for discharge in a Pedi note. It is very difficult for the case manager to track in the office to ensure that verbal notification has been provided to the family. You are welcome

to document in your Pedi note but a call log needs to be placed in the chart with this information.

3. If patient is being discharged from the agency, complete a Written Discharge Notification Form at least five days prior to discharge. This form can be completed as soon as you begin planning for discharge even if it is two months before the discharge date. This form must be completed due to state licensing regulations. A signature from the parent/caregiver is preferred, but not required.

4. Discharges are to be completed using the new template (agency or discharge) in a narrative note. Follow the directions provided to you in the documentation procedures ring-bound laminated hand-out. (Look for the light yellow pages.)

## CALENDAR

DATE	EVENT	TIME	LOCATION
<b>JUNE</b>			
June 26-28	If You Can't Breathe, You Can't Function	3 Days	Corporate Office
<b>JULY</b>			
July 3	Offices closed for July 4th holiday		
July 10	Tools You Can Use – Behavioral Challenges of Autistic Children	9 a.m.-12 p.m.	Corporate Office
July 11-12	Integrating the Mouth with Postural and Sensory Functions	2 Days	Houston
<b>AUGUST</b>			
August 7	CPR Training		Corporate Office
August 14	Annual Mandatory Training	9 a.m.-12 p.m.	West Office
August 14-15	Outside CEU: Pediatric Epilepsy and Movement Disorder Symposium	2 Days	Cook's Children Hospital
August 14-15	Sensory Integration and Self-Regulation	2 Days	Houston
August 14-15	Clinical Assessment and Practical Interventions for Praxis: From Ideation to Execution	2 Days	Dallas
<b>SEPTEMBER</b>			
Sept. 11	Mandatory Division Meeting	9 a.m.-12 p.m.	West Office
Sept. 11-12	Orofacial Myology: Assessment and Treatment for Selected Etiologies	2 Days	Dallas
Sept. 11-12	Pediatric Gait Course	2 Days	Houston
Sept. 28-29	PECS Training	2 Days	Fort Worth

# West Division Rewards

## SECOND QUARTER 2009 UPDATE

As you all know, we changed the goals for our West Rewards Program this quarter. Here are the goals for this quarter, and the total therapists meeting the goal for these months.

Individual Goals:
100% of re-evals/485's and physician updates turned into the office by 9 a.m. on the 1 <sup>st</sup> Monday of the month AND not returned for correction
100% of initial evaluations are turned into the office within 1-2 days AND not returned for correction
100% of start of care admission and evaluation visits completed within 2 days of orders received and admission completed OR an appropriate call log is present demonstrating a reasonable effort to schedule within 2 days
100% of written discharge notifications given to families within 5 days of all applicable agency discharges WITH supporting documentation in call log and/or agency discharge form
At least 94% attendance of ordered visits completed
100% of charts demonstrate visit frequency compliance – completed visits equals ordered visits OR an appropriate call log is present explaining missed visits (assistants only for reward)

Several therapists met 4 or more goals, which is an accomplishment worth mentioning since these goals were either upgraded and/or altered to include other areas of deficits in the division.

These therapists represent that group:

- Dody Adams
- Erin Davis
- Stephanie Freeman
- Chessa Jones
- Jennifer Ramsey
- Lydia Robey
- Nancy Trillo

## THIRD QUARTER BIRTHDAYS

Name .....	Birthday
Laura Czerwinski.....	July 7
Paige Reynolds.....	August 7
Wendy Smith.....	August 20
Chris Huff.....	August 30
Name .....	Birthday
Jennifer Philips .....	September 23
Melissa Sneed.....	September 27
Lydia Robey.....	September 29