

Quality Services Webinar #6 Handout

The Quality Services webinar series has emphasized the importance of progress notes that document:

- skilled professional service with clearly defined connection to stated outcome(s),
- instruction and coaching to the caregiver,
- child responses to intervention and progress, and
- caregiver effectiveness with interventions.

The webinars have further demonstrated how implementation and documentation of the Seven Key Principles of Early Intervention

(<http://ectacenter.org/topics/natenv/keyprinckeyprac.asp>) will help ensure that your program meets federal, state, and Medicaid requirements. The following three examples compare poorly documented service provision to well documented service provision.

The first example demonstrates the application of Key Principles #1, #3, and #7 for a child receiving both occupational therapy and specialized skills training (SST). The second example demonstrates the application of the same principles for a child receiving both physical therapy and SST. The third example is of a child receiving both speech therapy and SST.

Each example provides:

1. a minimal description of the child and lists some of the outcomes.
2. two inadequate progress notes – first for the therapy and then for SST.
 - a. Blue script indicates what the service providers wrote.
 - b. Comment boxes point out where the service providers failed to adequately document the quality service that was provided.
 - c. Many of these notes are very short, and reflect actual documentation that has been reviewed in child records.
3. well documented descriptions of the exact same service events.

The Texas Health and Human Services' Office of Medical Director (OMD) reviewed the well documented progress notes, child descriptions, and outcomes in November of 2013. The OMD stated that the content of the progress notes:

- adequately addressed the stated outcomes,
- documented application of discipline specific knowledge, and
- documented parent instruction and coaching.

OMD approved the practice of more than one discipline working on the same outcome. OMD also approved DARS ECI's use of these progress notes, child descriptions, and outcomes as training aids.

Documenting Application of Principles #1, #3, & #7 Occupational Therapy and Specialized Skills Training

Kelly is 11 months and was referred for gross and fine motor delays.

The eligibility evaluation that was conducted by ECI personnel indicated delays in fine motor development.

Outcomes are:

1. Each time Breeze (mom) requests, Kelly will hand over object to her 3 days in a row by Christmas.
2. Kelly will use a spoon to eat thick foods (pudding, oatmeal, stuffing) 2 times a week by Christmas.
3. Kelly will take 10 steps with one hand held in time for Christmas.

Services planned: Case Management, Occupational Therapy (OT) and Specialized Skills Training (SST)

OT progress note

What we worked on today: *Breeze wants Kelly to hand over object to her.*

Comment: In order to ensure that the medical necessity of each service is clear, avoid phrasing outcomes in terms of what the parent wants the baby to do.

What has happened since last visit: *First occupational therapy service since IFSP. Mom reports Kelly is throwing and dropping objects and toys. Her cousins, who are 18 months and 3 years old have been visiting them, and Kelly has had lots of fun playing with them.*

Comment: The therapist spent a lot of time and space writing information that is not really relevant to the session. It is acceptable, but not necessary, and may take time away from recording important details about the session. The report of "throwing and dropping objects" should be connected to the stated outcome.

What we did today:

Kelly had just finished lunch when I arrived, and she was still sitting in her highchair. She was shy at first, but then she relaxed a little and wasn't as reluctant to interact with me as she was at the eval.

Comment: Again, a lot of time and space in the note was used to record un-necessary information. Whether or not the child is willing to interact with the therapist is not important, unless she has an outcome specifically related to interacting with adults.

We played with her rings, and some shaker toys that she likes. We practiced helping Kelly to open her hand to release an object.

Comment: Use of the term “we” leaves a reader wondering who participated. It could be the baby and therapist only, or it could be the therapist, mom and baby. How did they “help” Kelly open her hand? What did the therapist do to apply her professional, clinical knowledge and skills?

Applied gentle pressure to back of Kelly’s hand and bent her wrist to loosen her grip. Kelly didn’t really like the pressure, so massaged back of hand to relax wrist to bend. We practiced stroke/tap/rub back of her hand to relax the grasp.

Comment: There is some evidence here that the therapist provided a clinical, professional service, but the term “we” is used again. There is no direct documentation of the therapist teaching, coaching or instruction the parent. It seems to be implied in the use of “we” but that’s not enough.

If this session was an hour, or even 45 minutes, there might be questions raised about whether or not the documentation supports the amount of time billed.

SST progress note

What we worked on today: *Handing object on request*

What has happened since last visit: *Breeze and Kelly went to visit the grandparents last week. Trip was cut short because Kelly had a cold.*

Comment: This sentence has nothing to do with the provision of services or the child’s progress on outcomes. EIS did not get feedback on the interventions used in routines during the week.

What we did today: *Kelly was sitting in her highchair finishing breakfast when I arrive. Breeze cleaned her up and we went into the living room where her toys are. I told Breeze that there are stages of dropping and releasing objects – we watched a you tube video of 10-12 mo old babies playing with objects.*

Comment: You don’t need to record where baby is, or in what part of the house the session took place, UNLESS it is relevant to the routine that was addressed.

The use of video to help coach a parent can be an effective intervention tool, but the EIS must make a connection between the video, the child’s outcomes, and the instruction to the parent.

We dropped objects into container to make a “bang.” We tapped the floor and pointed to encourage Kelly to put a toy down rather than throwing it. We rolled the ball back and forth –Kelly loved it. We then went out on the balcony and played with a pan of water and some sponges. Helped Kelly squeeze water out of a small wet sponge and drop objects into the water to make a “splash.”

Comment: The EIS appears to be doing some of these activities to address routines, but the connection isn't clearly established. It can be OK to use the term “play,” but the note must also describe the therapeutic, outcome related purpose of the play.

Connect the activities in the session to the needs of the child. A reader who is unfamiliar with therapeutic intervention for very young children might ask “how does squeezing a sponge, or rolling a ball relate to her outcome?”

Again, avoid the use of “we.” Be clear in conveying that you taught and coached the parent regarding how to work on an outcome within their daily routines, and provided feedback to the parent as she practiced. Asking a parent to demonstrate and then providing feedback is often referred to as “return demonstration.” Medicaid auditors often look for evidence of return demonstration in ECI service delivery.

Improved OT progress note

What we worked on today: *Each time Breeze requests, Kelly will hand over object to her.*

What has happened since last visit: *First occupational therapy service since IFSP. Mom reports Kelly is throwing and dropping objects and toys but does not follow her request of “give me.”*

What we did today:

Discussed fine motor development and volitional release –child practices dropping which starts by 7-8 months, established by 12-13 months.

Demonstrated with hand over hand how to open Kelly's hand each time she requests Kelly to hand over object.

Demonstrated how to apply gentle pressure to back of Kelly's hand and bend wrist to loosen her grip. Kelly presented some resistance to pressure. Demo'd

massage on back of hand to relax wrist to bend. Demo how to stroke/tap/rub back of hand to relax the grasp.

Mom practiced. Corrected how she was not applying enough pressure to bend wrist by hoh. She practiced 4-5 times till she understood how to help with loosening the grasp.

Improved SST progress note

What we worked on today: *Handing object on request*

What has happened since last visit: *Breeze said she had been practicing what OT had taught her in the last session. Continues to feel that Kelly was not giving her objects on request.*

What we did today: *Went over the development sequence for when a child learns to hand over object on request. Watched 5 minute you tube of 10 month old dropping objects and a 12 month old handing objects on request. - so Breeze could see what to expected developmentally. Demonstrated and explained how Breeze can incorporate activity throughout day. Demo'd how to drop objects into container to make a "bang" using hoh. Mom tried and did well. Showed Breeze how and when to point to floor /table/tray to encourage release when Kelly finishes playing with toy/or feeding with spoon. Mom assisted Kelly to roll ball back and forth -Kelly loved it - I coached repeated hand and finger opening. Explained squeeze small wet sponge at bath time; and drop objects into bath water to make a "splash." Breeze liked suggestions. - said she could easily do that at bath and meal times.*

Documenting Application of Principles #1, #3, & #7 Physical Therapy and Specialized Skills Training

Fernando is nine months old and was referred for gross and fine motor delays.

The eligibility evaluation that was conducted by ECI personnel indicated a three month delay in all developmental domains.

Outcomes are:

1. To move around the house by crawling from kitchen to living room every day for a week.
2. Fernando will look when his mom or dad calls his name during playtime 60% of the time.
3. Fernando will look at the dog and cat when they are named 60% of the time.
4. To reach for favored toy (rattle, stuffed dog) when his attention is drawn to it (placed near him) 2 out of 3 times, three days in a row.

Services planned: Case Management, Physical Therapy (PT) and Specialized Skills Training (SST)

PT progress note

Outcomes: *Crawl from room to room.*

Berta reports that Fernando has been doing really well.

Comment: The generalization that he has “been doing really well” is has no meaning.

We put him on all fours, and held his knees – he didn't seem to mind this at all.

Comment: What is the professional rationale for this activity? Why were his knees “held”, and what does this mean? Is the fact that he didn't mind relevant to the objective, or is it just an un-necessary comment on his mood that day? Who is “we?” Was the parent coached or instructed? Did the parent practice?

Fernando held all fours for 60-70 seconds. Modeled how to rock from side to side in crawl position. He laughed and smiled while I rocked him.

Comment: Modeling can be an important component of ECI service, but this statement doesn't go far enough. The therapist should have written a statement about what happened next. The parent should have practiced the technique so the therapist could then provide feedback and coaching to the parent (return demonstration). The fact that the child enjoyed being rocked by the therapist isn't important – more relevant would be that the child cooperated with the parent when she attempted the technique.

Modeled placing him in front of chair, arms resting on chair, bearing weight on knees. We took pictures on her cellphone.

Comment: Taking photos or video on a cellphone can be an excellent method to help parents remember how to implement strategies and techniques. This statement, without explanation, is insufficient. The reader does not know why photos were taken.

Overall Comment about this progress note: It is not unusual for us to see notes to be as short as this one – only six sentences. This documentation is insufficient to support a service of 45 minutes, one hour, or even 30 minutes. Although the note alludes to professional intervention by the PT (Placement, handling, facilitation, etc.), too much information is missing.

SST progress note

Outcomes: *Move around the house by crawling.*

Berta reported placing toys and brightly colored objects around Fernando when on tummy.

Comment: Why did Berta place toys and brightly colored objects around Him? How did he respond? What did he do?

We played with his musical monkey, his stuffed toys, the folding mirror and some plastic containers. He really likes the musical monkey and the plastic containers from the kitchen.

Comment: When mentioning “play” in a progress note, always discuss the reason for the play, and relate the activity back to one or more of the outcomes in the IFSP.

We alternated placing the monkey and the containers just a few inches out of his reach. We praised him and clapped excitedly when he tried to get to the toys – he loved it.

Comment: Avoid the use of “we.” Instead, describe teaching something to the parent, or showing her how to do something. Include the reasons for what was taught.

We labeled objects and said “come get the monkey” while pointing to the toy and then said the name over again when he touched the toy.

Comment: Avoid the use of “we.” Why is this important? This activity appears to be unrelated to the stated outcome of crawling. The EIS is addressing language development toward another outcome in the IFSP, but it is not clearly stated in the progress note.

Improved PT progress note

Outcomes: *Crawl from room to room.*

Berta reports placing Fernando on tummy every day. Reports that he's maintaining crawl position for up to 1 minute. Beginning to rock back and forth. Demonstrated how to increase time on all fours: hold him at knees and pressing knees down (for sensory feedback/ground reaction through knee joints). Fernando held all fours for 60-70 seconds. Demonstrated how to rock him from side to side in crawl position to start weight shift in prep for crawling. Demonstrated how to place him in front of chair, arms resting on chair, bearing weight on knees. Berta practiced several times. Corrected how she was holding him at knees to hold and press knees gently towards floor. We took pictures on her cellphone for her to refer to next week.

Improved SST progress note

Outcomes: *Move around the house by crawling;*

Berta's been placing toys around Fernando when on tummy – he is tolerating this up to 1 minute. Played with toys and objects to determine which one will be best motivator– musical monkey and plastic containers. Berta demonstrated what she's been practicing – noticed she was placing the objects too far away. Showed how to place them just out of reach so he is successful moving toward them. Coached about how children learn by being successful and getting rewarded for that success. Told her to verbally praise for each attempt and get real excited when he reaches the toy. Demonstrated how to label objects and say “come get the monkey” and point to toy and say “monkey,” to also help his language development. Berta practiced – she understood the process.

Documenting Application of Principles #1, #3, & #7 Speech Therapy and Specialized Skills Training

Tia is a two year old who was referred by Med-Nurse for concerns about his delayed speech.

The eligibility evaluation that was conducted by ECI personnel indicated delays in communication, fine motor, and cognitive domains.

Outcomes are:

1. Tia will say mama to gain his mother's attention or request his assistance upon waking up in the morning and when wanting a snack daily for seven consecutive days.
2. Tia will request his wants/needs with words/word approximations during snack time and play time five times a day for seven consecutive days.
3. Tia will independently eat a serving of one veggie and one fruit just like mom and dad at three mealtimes a week for two consecutive weeks.
4. Tia will take four turns with a partner (adult or child) during two daily routine for seven consecutive days.
5. Tia will be able to stay focused on one activity for at least ten to 15 minutes during playtime.

Services planned: Case Management, Speech Therapy (ST) and Specialized Skills Training (SST)

ST progress note

Outcomes worked on: *Say Mama to get attention; Request wants and needs at snack and play; Eat fruit and vegetables*

Caregiver report since last session: *Had to cancel last week's doctor appointment because Gina's car died. Will reschedule.*

Comment: Has nothing to do with the provision of services or the child's progress on outcomes. SLP did not get feedback on the interventions used by the parent in routines during the week.

Activities during session:

I arrived at Tia's house for lunchtime. We put Tia in to his highchair. Gina said he loves his superman bowl and spoon, and so Gina put some pureed banana in that bowl, mixed with some oatmeal to make it thicker. He ate a few bites of and then threw the spoon.

Comment: This is a good description of the child and his responses, but there is no therapeutic intervention documented. It appears that the therapist was simply observing a meal and that mom already knows how to do these things. Which, in turn, creates the impression that mom does not need speech pathologist's expertise, and the service is not medically necessary

Gina sang a song about eating lunch, and she ate some of Tia's food, showing exaggerated enjoyment to try make mealtime more relaxed fun .

Comment: Therapist implies that there was parent coaching but why is this important? Why do meals need to be more relaxed fun?

When Tia indicated he wanted to get down, I gave Gina a NUK brush and showed her how to do some oral stimulation in front of the mirror in a fun, playful way so he will accept them. She can also do the exercises when brushing his teeth.

Comment: Why is the NUK brush connected with getting down? What specific oral stimulation techniques were taught? What is the purpose of oral stimulation? Needs to be tied back specifically to one of the outcomes.

Tia and Gina enjoy going to the public library together - they are going to go tomorrow. Tia enjoys being around the other kids, and he likes sitting in Gina's lap in the story circle. He can sit and listen for 2 or 3 minutes. They always check out some books to bring home. I looked at some books with Tia. He sat in my lap for a few minutes, and enjoyed looking at the pictures. He sometimes tried to imitate simple words especially with initial /m,b,p/ sounds when I pointed to picture

Comment: The therapist seems to focus on a typical family routine, but there is too much description of the library activity, and not enough description of the information provided to the parent.

Why did the therapist read the books to Tia? She could have watched Gina read to him, given her some suggestions and then provided praise and feedback. (return demonstration) There is description of the child's responses, but little information about the actual intervention that was provided.

SST progress note

Outcomes worked on: *Turn-taking; increase attention span and joint attention; say "Mama" to get Gina's attention.*

Caregiver report since last session: *Missed doctor appointment because Gina's car died. Rescheduled to later this month. Has an appointment at the food stamp office next week. Will be attending support group at nearby church this Saturday.*

Comment: Has nothing to do with the provision of SST or the child's progress on outcomes. EIS did not get feedback on the interventions used in routines during the week.

Activities during session:

We looked at the books that they got from the library. Tia sat in my lap and really enjoyed this. He seemed to enjoy it even more when we used exaggerated speech and got excited about the pictures. He tried to imitate the words puppy, baby, mama, and ball when we named them!

Comment: An almost identical activity was conducted in the Speech session. Was different professional expertise applied by the EIS or the SLP? Documentation must include application of discipline specific expertise.

There is no documentation of intervention, or of instruction to the parent, only description of the child.

We went outside and played ball with Tia by rolling it back and forth. I encouraged him to take his turn. He sometimes vocalized to his mom when he wanted her to roll the ball back. Gina said the ball seems to work better than the car they used last week.

Comment: Again, this same activity was conducted in the Speech session, with little difference in what professional expertise was applied by the EIS or the SLP. Approximately half, or more of this session duplicates the SLP session.

We also played Itsy Bitsy Spider and Wheels on the Bus, which Tia really liked. He held his hands up, and tried to imitate some of the movements. We encouraged him to vocalize to ask for more.

Comment: What is the purpose of this activity? How was he "encouraged", what was actually done? What intervention techniques were applied?

I suggested to Gina that she move some of Tia's toys to closet. She said that she has a shelf that can put in the closet that will hold everything, and she thinks this is a good idea. She is going to try to not use his toy cars as a reward, but will try physical play that he enjoys, like tickling or bouncing on her knee.

Comment: Why will the toys be moved? How does this relate to an outcome? The detail about the shelf isn't needed. Why is she not going to use the cars? Did she think of this and inform EIS, or is it an intervention technique provided by the professional?

Improved ST progress note

Outcomes worked on: Say Mama to get attention; Request wants and needs at snack and play; Eat fruit and vegetables

Caregiver report since last session: Gina (mom) continues frustrated by his refusal to eat any except liquefied fruit/veg. Been offering pureed peach and squash. When he pulls her to get her attention, she has been saying "mama," and labeling with single word things he requests.

Activities during session:

1. Re: eating fruits and vegetables. Coached Gina to:
 - a. offer puree of only favorite fruit (banana) in coming week, no other changes
 - b. offer at lunch, only. Lunch is easiest, most relaxed meal.
 - c. Offer in favorite bowl with preferred spoon.
2. Counseled Gina on typical eating preferences in toddlers, to move slowly in making changes, and strategies for keeping meal time fun and relaxed.
3. Demonstrated some oral stim to Gina, with Nuk brush and soft rubber toys; she practiced; she will implement 2X each day at toothbrushing. May help desensitize him to texture changes in food.
4. Gave 6 suggestions for books that emphasize the word "mama" (ex: Mama Lama Red Pajama). They are going to library tomorrow. Explained emphasizing and repeating target words.

5. Gina practiced with one of his books, I provided instruction/feedback while they read incl slower pace, single words and 2 word phrases, emphasize initial /m, b, p, w/, expectant pause waiting for his attention to be focused on book. This book activity will also build vocabulary for requesting.

Improved SST progress note

Outcomes worked on: Turn-taking; increase attention span and joint attention; say "Mama" to get Gina's attention.

Caregiver report since last session: Gina reports working on attention span with picture books, but he is mostly uninterested. His older sister frustrated because when she tries to roll a car to him, he picks it up, spins the wheels won't give back. He is not saying "mama" yet, but is starting to make "aa-aa-aa" noises to get her attention, instead of just grabbing her or screaming. But screaming is still his primary way of getting her attention. She is frustrated that he still will not ask for her.

Activities during session:

Gina showed me how they look at books together. She got several books with the word "mama" that the SLP recommended. Showed how to draw his attention back to picture with exaggerated and excited speech and gestures. Suggested interactive books - windows to open or tabs to pull, to help keep his attention.

Suggested instead of car, use ball for turn-taking, since tends to get fixated on wheels. Demonstrated hand-over-hand to help him roll the ball for turn-taking. Gina tried hand-over-hand technique. She'll practice this with sister.

Reminded her that "aa-aa-aa" is purposeful and should be rewarded. When he makes the sound say, "You want mama? Here I am" and give him attention. Reminded that ignoring screaming and rewarding purposeful sounds will reinforce what she wants.

Suggested moving most of toys to closet, to decrease distraction, and moving other toys out of reach so he has to ask for them with sounds or gestures. We talked about not using cars as a reward, since he tantrums when tries to take away. Instead try physical play he enjoys, like bouncing on her knee.