THE POST

ISSUE 3, 2019

A quarterly newsletter for the staff and friends of Post Acute Medical

A message from our President and CEO

When considering the message that I wanted to share with our hospital leadership at our annual meeting this summer, I thought about the fact that all of our hospitals are doing a great job in terms of delivering quality care. While there is always room for improvement, what should our next challenge be? The answer: move the company from great to elite.

Our subsequent discussions focused on the fact that consistent performance is key to becoming elite. We must work together, being open and honest with respect to communication when interacting with one another. No internal arguments or battling with the corporate office. Tell us what you know. Don't make us dig for the information.

Key to making this happen is having a shared vision for the hospitals — shared between the hospital CEOs, their leadership teams and the corporate office. We will achieve this by staying visible and communicating often. Our division presidents will be front and center. During our bi-weekly operation calls we will focus on those initiatives we identify that will take us from great to elite. And, we will continue regional meetings to share our challenges and successes, revisiting our goals and realigning expectations, when needed.

Crucial to our success is the fact that this is not a temporary theme. Whether we are talking about quality patient care, business development or motivating employees, we will approach every aspect of doing business with the same objective — moving our organization from great to elite.

As part of this endeavor, we are continuing our growth in acquisitions and development projects.

By the end of 2019, Post Acute Medical will grow with the addition of 14 hospitals, five of which will offer acute rehab and nine long-term acute care. In addition to two hospitals that are new construction, we are bringing on hospitals that have a tremendous amount of upside and, in their own right, are great themselves.

As always, I thank you for your dedication to our mission and look forward to moving our performance to the next level together.

Anthony F. Misitano

Anthony Misitano
President & CEO

POST ACUTE MEDICAL

TABS
TRAVERSE ANALYTIC BUSINESS SOLUTIONS ™

New reporting platform will evolve with company

Post Acute Medical implemented a new, internal reporting platform in May that integrates operational data, such as census and inpatient and outpatient revenue projections.

Traverse Analytics Business Solutions (TABS) naturally evolved as PAM grew and identified a need for a more robust, user-friendly and self-supported system, according to Kristen Smith, president of clinical innovation and business intelligence.

"Historically, we used a vendor system, but that became more costly every time we acquired or built another hospital and it limited our options," she explains. "More companies are making this choice, with the goal to have a more flexible, customizable system and one that can grow with the organization."

Currently, Smith identifies TABS as a business intelligence system since it receives data from the company's financial and clinical outcomes systems. However, the long-term goal is to increase the number of systems that are feeding into it and provide capabilities to achieve both business and clinical data-driven decisions.

"We need to enhance it, bringing in the HR function, clinical data and incident reporting, so we can make strong clinical decisions," she says. "This year our focus will be on developing more data sources with systems we already use, making it possible to produce more reports and eventually eliminate all manual data sheet entry."

Clinical Services team serves as first line of support

"Our biggest priority is patient outcomes," says Carmen Pivoda, vice president of clinical services. "If we see something that will directly affect patients, we lend our attention."

Pivoda and her staff are the first line of support for the clinical teams at each of Post Acute Medical's hospitals.

"We host bi-weekly calls with each region. We lend support to the hospitals that need extra TLC. We do site visits and make recommendations," she says. "When they see something going on with clinical outcomes or have other concerns, they reach out to us first. We lend support so they are not facing their challenges alone."

Staffing the corporate team with Pivoda are Sharon Simms, Valerie Ballenger, Chance Martin, Kristyn Ricketts and Karin Jones. All nurses, each has functioned in the director of nursing or director of quality role at some point in his or her career.

"Everyone comes with a magnitude of leadership experience from the hospital level," Pivoda says. "But we also have different focuses, letting us see things differently. That is what makes our collaboration great."

From a team perspective, their goal is to identify areas for improvement and assist hospital leadership to improve team performance and outcomes. They do that by traveling to the hospitals and building relationships, so staff are comfortable asking for help, according to Simms.

"I start off my visits with the CEO before going out on the floor. From there I like to talk to the nursing staff. I also do patient encounters to get their input," she says, explaining that relationships are key to developing trust and getting success. "I want them to know that I've been in their shoes. We all have struggles. We want them to be comfortable talking about them."

While the department has focused its efforts on standardization of policies and procedures, they are looking to take them to the next level. One of the initiatives they are in the process of rolling out is an enhanced preceptor program for nurses and aides that they introduced at the company's recent annual meeting.

"We believe that by strengthening our program that we can work toward managing our retention of staff, letting them know our expectations, empowering our preceptors and ensuring the accolades they deserve for being an excellent part of the Post Acute Medical family," says Pivoda. "It is part of a larger effort to tighten up policies and procedures, the onboarding process and communication between teams for seamless patient care at a higher level."

The response from the hospitals to their efforts has been positive.

"When I go onsite, they ask when I am coming back. They want to make sure they make corporate proud," Simms adds. "Whether our visits are reactive or planned, we are there to be hands on. That is what we bring to the table and what we do as a resource."

Therapist drives outpatient growth with manual therapy skillset

When a physician has a patient suffering from muscle or joint dysfunction, he or she will often refer that patient for manual therapy. Finding a therapist specially trained in this physical treatment that includes trigger point release and myofascial release of muscles, joint mobilization and joint manipulation is key to recovery.

At Warm Springs Rehabilitation Hospital of Kyle in Kyle, Texas, patients are turning to clinical expert Arthur Hastings, who is a Fellow of the American Academy of Orthopedic Manual Physical Therapists. Drawing on his 18 years' experience as a physical therapist, the trigger point dry needling practitioner and certified wellness coach has multiple tools in his toolkit to successfully treat patients.

"I see injuries that are in the acute to chronic phases, as well as post-surgical patients," he explains, adding that his patients are 12 or older. "The five most common diagnoses I treat are neck dysfunction, low back dysfunction, and hip, knee and shoulder pain."

One technique that patients are seeking out more often is trigger point dry needling. This advanced technique involves inserting a needle directly into muscle tissue and zeroing in on the trigger points that result in abnormal muscle functioning and lead to muscle, tendon or joint pain.

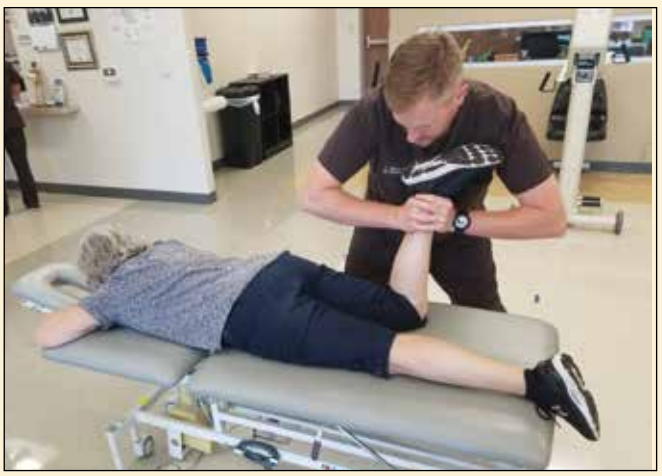
"Sometimes you have trigger point dysfunction that doesn't respond quickly with manual mobilizations," Hastings says. "This is where dry needling comes into play to see if you can address the patient's dysfunctions more fully."

In addition to physician referrals, many of Hasting's patients find him through friends and family.

"Getting patients better and making them comfortable in our setting has probably made the biggest difference in the growth of our outpatient therapy practice," he says. "Word of mouth is a great marketing tool that has led to self-referrals and referrals of patient friends and family members."

Patients also come for the one-on-one, 45-minute treatment sessions, which are difficult to find. But it is Hastings' collaborative treatment approach that keeps them coming back.

"It is a WE process of collaboration. I have the knowledge and skillset, but I want the patient to be in the driver's seat," he says. "By matching the patient's effort, our relationship is an active, ever-changing one as the patient progresses in my care toward his or her goal."



Patients are turning in increasing numbers to clinical expert Arthur Hastings at Warm Springs Rehabilitation Hospital of Kyle for his manual therapy skillset.

Therapists help patients regain function with use of robotic arm

At PAM Rehabilitation Hospital of Round Rock Kim Whitmore, OT, guides a patient's use of the Bionik InMotion ARM.

With the help of the Bionik InMotion ARM, therapists at PAM Rehabilitation Hospital of Round Rock are helping patients regain motor function following a neurological condition or injury.

In one case, the patient had been unable to use her arm since experiencing a stroke 20 years ago. Following treatment with the InMotion robot, that all changed.

"Her arm was immobilized in a sling when she arrived. We got her on the robot and toward the end of her stay, she was able to grab the blankets and pull them up to cover herself and reach for items on her tray table," says Kyle Yamauchi, director of rehabilitation. "We took a nonfunctional extremity and turned it into something useful and purposeful."

The robot has several different settings that are used as patients progress during treatment, including active range of motion, where the robot simply tracks progression as the patient moves through a variety of tasks. Using the resistive setting, the robot strategically resists the patient's actions to increase muscle strength and control.

"The more repetitions you can accomplish the faster your brain and body get on the same page," says Yamauchi, explaining that after a neurological event or brain attack, there is a lot of healing in the brain. The brain must triage what it needs to heal first. "The more repetitions we can engage in, the more we can prioritize that moving your arm is important. The best part about this technology is that the machine can make real-time calculations to determine how much help you need, ensuring that each rep counts."

Another benefit of using the InMotion robot is that it provides objective feedback.

"It will show you where you are struggling, by how much you missed a target and how long it took to complete the test," Yamauchi says. "It is 100% objective data."

Before every session with the robot, the therapists will test the patient to determine the patient's baseline ability to control his or her arm. Using a post-test, they can detect the patient's degree of daily improvement.

"We have seen anywhere from a 50% increase or more in dexterity, strength, range of motion and control in one session," he says. "The return can be even greater when you have a neurologically impaired arm."

One unique aspect of the InMotion robot is that it can be used by physical, occupational and speech therapists to benefit patients, according to Yamauchi.

"We can use it in a seated position with a wheelchair, standing for dynamic balance and, because the table raises up and down, we can change the way the patient's arm is positioned. We also can use it for memory, visual attention and following directions. It is a very versatile machine," he says. "If you have arm pain or arm weakness, come to us. We can help you."

Digital wall of fame highlights patient success

In an effort to achieve a streamlined look that is easy to update, PAM Rehabilitation & LTACH of Corpus Christi has created a digital wall of fame to feature patient success stories.

Located just inside the hospital's entrance, the wall includes a mural of the ocean and a monitor that features a digital slide show of patient success.

"Instead of hanging picture frames, we decided to modernize the wall of fame with a digital slide show that features key success stories," explains Melinda Olinick, director of strategic initiatives and integration. "Our vision is to update it every quarter or

six months. At that time, we will invite the patients back who are featured and let them say a few words about their experience."

Post Acute Medical acquires three rehab hospitals

In August, Post Acute Medical acquired three medical rehabilitation hospitals from Kindred Healthcare — Kindred Rehabilitation Hospital Clear Lake in Webster, Texas; Kindred Rehabilitation Hospital Northeast in Humble, Texas; and St. Luke's Rehabilitation Hospital in Chesterfield, Missouri.

PAM renamed the two Texas hospitals — PAM Rehabilitation Hospital of Clear Lake North and PAM Rehabilitation Hospital of Humble — but the Missouri hospital, which is a joint venture with St. Luke's Hospital, retains its name.

Hospital recognized as one of Oklahoma's Best Places to Work

PAM Rehabilitation Hospital of Tulsa is one of 46 companies that will be recognized Nov. 7 at the 2019 Best Places to Work in Oklahoma program at the National Cowboy & Western Heritage Museum in Oklahoma City.

The hospital was selected for the honor based on employee interviews and a look at workplace policies, practices and demographics. Final ranking positions will be announced at the awards event.

Readers select Victoria hospital tops for physical therapy

Readers of the Victoria Advocate selected PAM Rehabilitation Hospital of Victoria as the Best of the Best 2019 for physical therapy and rehabilitation. They also won in 2017. Congratulations to the team!

POST ACUTE MEDICAL

The Post is published quarterly for the staff and friends of Post Acute Medical.

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COMPLIANCE CORNER

The Alphabet Soup of Medicare

For each of the 26 letters of the alphabet, there are many Medicare terms and concepts. Below is a list of common Medicare terms in alphabetical order.

A: Accountable Care Organization (ACO) — groups of doctors, hospitals and other health care providers who come together to give coordinated high-quality care to their Medicare patients.

B: Balanced Budget Act of 1997 (BBA) — established Part C of the Medicare program, to authorize CMS to contract with organizations to offer Medicare Advantage plans, which are an alternative to traditional Medicare.

C: Comprehensive Error Rate Testing (CERT) — CMS calculates the Medicare Fee for Service (FFS) improper payment rate through the CERT program by determining if claims were paid properly under Medicare coverage, coding and billing rules.

D: Medicare Part D — the optional prescription drug coverage program for Medicare.

E: Evaluation and Management (E&M) — visits performed by physicians and non-physician practitioners to assess and manage a beneficiary's health.

F: False Claims Act — a federal law that imposes liability for knowingly submitting to the federal government a false or fraudulent claim for payment.

G: General Enrollment Period — held between Jan. 1 and March 31 each year, during which beneficiaries may elect Medicare, if they have not signed up during other specified times.

H: Department of Health and Human Services (DHHS) — the federal government agency charged with implementation and oversight of the Medicare Program.

I: Internet Only Manuals (IOMs) — CMS program manuals containing day-to-day operation instructions, policies and procedures based on statutes, regulations, guidelines, models and directives.

J: (The) Joint Commission — accredits health care organizations and programs. The federal government recognizes this accreditation as a condition of licensure for the receipt of Medicare and Medicaid reimbursements.

K: Kickback — knowingly and willfully offering, paying, soliciting or receiving any remuneration to induce a person to refer an individual to a person for the furnishing of any item or service covered under a federal health care program or to purchase or recommend any good, facility, service or item covered under a federal health care program.

L: Long-Term Acute Care Hospital (LTACH) — a facility which serves patients with complex needs requiring longer hospital stays and highly specialized care.

M: Medicare — the federal health insurance program for people who are 65 or older, certain younger people with disabilities and people with end-stage renal disease (permanent kidney failure requiring dialysis or a kidney transplant).

N: National Provider Identifier (NPI) — a unique 10-digit identification number issued to health care providers by the Centers for Medicare and Medicaid Services (CMS). All health care providers must use their NPI on claim forms submitted to Medicare.

O: Office of Civil Rights (OCR) — a sub-agency of the Department of Health and Human Services which enforces the Health Insurance Portability and Accountability Act (HIPAA) Privacy, Security and Breach Notification Rules.

P: Prospective Payment System (PPS) — a method of reimbursement in which Medicare payment is made based on a predetermined, fixed amount. The payment amount for a particular service is derived based on the classification system of that service (e.g. diagnosis-related groups for inpatient hospital services).

Q: Quality Improvement Organization (QIO) — a group of health quality experts, clinicians and consumers organized to improve the quality of care delivered to people with Medicare.

R: Rehabilitation Hospital — a hospital devoted to the rehabilitation of patients with various neurological, musculoskeletal, orthopedic and other medical conditions following stabilization of their acute medical issues.

S: Stark Law — a federal law that prohibits a physician from referring Medicare or federal health care program patients to health care providers with whom the physician or the physician's family member has a financial relationship, unless a particular exception is applicable.

T: Technical Component — the equipment, supplies, personnel, and costs related to the performance of a procedure or exam. When billing Medicare for a technical component, the modifier TC is used with the appropriate CPT code.

U: Unified Program Integrity Contractor (UPIC) — are replacing ZPICS (defined below) and are charged with conducting Medicare and Medicaid investigations and audits of participating health care providers and suppliers.

V: Voluntary Data Sharing Agreement (VDSA) — used to more efficiently coordinate health care benefit payments between employers, their agents and Medicare, in accordance with Medicare Secondary Payer laws and regulations and the Medicare Modernization Act.

W: Whistleblower Protection Act — a federal law that protects federal whistleblowers who work for the government and report the possible existence of an activity constituting a violation of law, rules or regulations, gross waste of funds, abuse of authority or danger to public health and safety. In 2014, the Supreme Court ruled that whistleblower protection applies to employees of publicly owned companies, employees of privately-owned contractors and subcontractors of public companies.

X: Title XVIII of the Social Security Act — established the Medicare program in 1965.

Y: Medicare and You handbook — mailed to all Medicare households each fall and includes a summary of Medicare benefits, beneficiary rights and protections, lists of available health and drug plans and answers to frequently asked questions.

Z: Zone Program Integrity Contractor (ZPIC) — responsible for performing program integrity functions for Medicare Parts A and B, Durable Medical Equipment, Prosthetics and Orthotics, Home Health and Hospice and Medicare-Medicaid data matching. UPICS are replacing ZPICS.

If you have questions or would like additional information, please contact Annmarie Gover, Esq., CCEP, Corporate Compliance Officer, at agover@postacutecorporate.com or 717.317.9303. COMPLIANCE HOTLINE: 833.246.1088