

Determining Frequency Intensity and Duration: What are the Guidelines?

Treating clinicians unfortunately, occasionally get into routines. We've all been there; here are a few examples. Skilled services to focus on: Therapeutic exercise, ADL retraining, functional mobility and cognitive retraining; Frequency and Duration: Patient to be treated 5 times a week for 6 weeks; Anticipated daily treatment 30-45 minutes anticipated to complete plan of care. The question is how do you determine what the frequency, intensity and duration should be for a particular patient? Should we always assume that the patient will need 45 min/daily, 6 times a week for 6 weeks? Of course the answer should be no – each individual patient brings their own diagnosis, co-morbidities, family support etc. Let's review this issue from a regulatory standpoint.

“The amount, frequency, and duration of the services must be reasonable under accepted standards of practice.”

The needs of the patient drive the frequency, intensity and duration. Factors that may contribute include the following:

- Diagnoses
- Co-morbidities
- Prior hospitalizations or other complicating factors
- Time since onset/acuity
- Patient motivation
- Cognitive ability
- Prognosis
- Medical/Psychological and/or social stability
- Family or care giver support
- Discharge plan

It is important to note that “frequency or duration of the treatment does not establish medical necessity – but should be considered with other factors such as condition, progress and treatment type to provide the most effective and efficient means to achieve the patient goals.”

Our documentation must reflect the skilled needs of the patient that necessitate therapeutic intervention. When the patient achieves maximum potential with therapy intervention the patient should be discharged from therapy service regardless of the pre-determined duration of therapy.

Understanding when and how to discharge is as important as determining an appropriate frequency, intensity and duration.

- Discharge planning should begin at evaluation; knowing the discharge destination is crucial but also understanding that this destination may change throughout the course of care. The therapist may have to revise goals and interventions if/when the destination changes.
- If the patient is no longer making progress toward goals and if revisions have been made to the treatment plan that have not resulted in positive results for the patient, then the patient should be discharged from therapy.
- The therapist should always attempt to determine the underlying cause of the lack of progress; if the patient is unable to continue to improve or if they have reached their maximal potential then discharge from therapy is appropriate.
- Discharging to Restorative Nursing may be indicated and should be considered if available in the location.
- Be sure to reassess the patient frequently and to review your documentation to ensure that you are documenting the medically necessary care that is required by the patient.
- Duration/LOS is a critical element in our documentation – we have to feel confident that our treatment is indicated and clearly demonstrated in the documentation we provide.