2015 PLAN OF CARE

Rehabilitation Services

Approved by:

Stella Visaggio, Chief Operating Officer — *Date* 6/3/15

Bonnie Saunders, , Manager — *Date* 6/3/15

I. PURPOSE

A. AUTHORITY AND RESPONSIBILITY

The Manager of Rehabilitation Services is accountable for the administration of operations, staff development, finance, performance improvement and business development activity of this service line. The Manager of Rehabilitation Services provides leadership for the department along with collaboration from the PT Lead, OT Lead and Cardiac Rehab Lead RN. Rehabilitation Services staff are expected to demonstrate authority, responsibility and accountability for their individual practice in addition to utilizing educational opportunity for professional growth.

B. GOAL, VISION, MISSION, KEY VALUES

Rehabilitation Services staff adhere to the RISES values of HRMC in order to promote a culture of clinical excellence, strong business practices, commitment to individual professional development and respect for all stake holders.

II. SCOPE OF SERVICE

A. SCOPE AND COMPLEXITY OF PATIENT CARE NEEDS

The scope of rehabilitation services is comprised of the following business lines:

1. Inpatient rehabilitation services for PT/OT/ST
   a. Scope: Dependent on medical necessity, no diagnosis is excluded

2. Adult and adolescent outpatient therapy for PT/OT/ST
   a. Scope: Orthopedic and neurological diagnoses and impairments

3. Pediatric therapy for PT/OT/ST
   a. Scope: Developmental impairments

4. Audiology services for adult, children and infants
   a. Scope: Audiological and Central Auditory Processing exams

5. Cardiac Rehab for adults
   a. Scope: Program criteria defined in P&P

6. Medically-based Fitness program for adults
   a. Scope: No exclusions but dependent upon medical clearance from physician and ability to exercise independently

B. TYPES AND AGES OF PATIENTS SERVED

No age exclusion for the department. Based on the age and needs of the patient, they will be placed in the appropriate line of service and professional within the department.

C. THE METHODS USED TO ASSESS AND MEET PATIENTS' NEEDS

All patients will receive services based on safe, established departmental policies and procedures.

For inpatient services: A registered physical therapist or occupational therapist will complete initial evaluation within 24 hrs of receiving the order. Speech therapy will complete the initial evaluation within 48 hrs of receiving the order. After the evaluation is completed, the therapist will develop a plan of care and document accordingly in the medical record. A variety of providers implement the plan of care. Assignments are based on the needs of the patient and staff schedules. The inpatient therapists will work with collaboration of the physicians, nursing, social workers, nursing case managers and other providers to achieve rehab goals by the time of discharge from the hospital or assist in planning for the next level of the care the patient may require.

For outpatient services: An evaluation will be completed by the therapist/nurse/audiologist on the day of their scheduled initial appointment. A plan of care will be established on the initial visit and is reviewed and verified by the physician. Reassessments will be completed as necessary or per the Policies and Procedures established by the individual line of business. A variety of providers implement the care plan. Assignments are based on the anticipated needs of patients, staff schedules and skill level of staff.

In addition to therapeutic hands-on approaches by the individual professional and based on the client's need, physical modalities such as electric stimulation, ultrasound, heat/cold, fluidotherapy, paraffin and other types of modalities are used along with appropriate exercise protocols to achieve the patient's/client's functional goals.

III. RECOGNIZED STANDARDS OR PRACTICE GUIDELINES

Standards of Care are established for care of the patient through the respective professional associations of each of the disciplines represented in the department.

Physical Therapy – American Physical Therapy Association (APTA)

Rehabilitation Services

Occupational Therapy – American Occupational Therapy Association (AOTA)
Speech Language Pathology and Audiology– American Speech and Hearing Association (ASHA)
Cardiac Rehab – American Nursing Association (ANA) and American College of Sports Medicine (ACSM)
Exercise Physiologist – American College of Sports Medicine (ACSM)

IV. THE APPROPRIATENESS, CLINICAL NECCESSITY, AND TIMELINESS OF SUPPORT SERVICES

A. KEY INTERDEPARTMENTAL RELATIONSHIPS

Inpatient services:
Inpatient therapists work in collaboration with unit nurses and nurse managers primarily to obtain and offer necessary information to provide optimal care to reach goals. Therapists receive initial orders from they physician and so communicate with the physician through the medical record and in person as needed to clarify orders, communicate progress made on POC and request any changes to the POC. Therapists work with other ancillary depts. as indicated per the patient's POC.

Outpatient services:
Therapists and nurses receive initial orders for therapy or cardiac rehab from the referring physician and communication mostly in writing via the POC sent to them for review and signatures following the initial evaluation. Physicians will be contacted upon request of the physician or when a change to the POC is indicated and the therapist needs to consult with the physician. Fitness clients receive medical clearance from their primary care physicians prior to starting their Fitness program; therefore, this relationship is key for the exercise physiologists.

B. HOURS OF OPERATION

Inpatient services:
PT: 7 days/week including holidays
OT/ST: 5 days/week with as needed coverage for Saturdays/holidays; no Sunday coverage

Outpatient services:
PT: Monday- Friday 8:00am-7:00pm
OT: Monday- Friday 8:30am-7:00pm
ST: Monday- Friday 9:00am- 7:00pm
Cardiac Rehab: Monday-Wednesday-Friday 8:30am-7:00pm
Audiology: Thursday hours – vary based on caseload

C. MEDICAL STAFF – COMMUNICATION

The hospital's administration or medical staff, or both, as appropriate, approve departmental documents defining goals, scope of services, policies and procedures. The Manager of Rehabilitation services and other staff members are active members of several hospital committees.

V. THE EXTENT TO WHICH THE LEVEL OF CARE OR SERVICE MEETS PATIENTS' CARE NEEDS

A. PATIENT/CUSTOMER SERVICE AND EXPECTATIONS

- The major focus of care is on populations with:
  - Inpatient: various medical conditions that cause physical impairments
  - Outpatient: orthopedic and neurological functional impairments; pediatric developmental concerns and functional impairments; cardiac conditions
- All patients present with a need for restored functional mobility or restored functional abilities

B. PERFORMANCE IMPROVEMENT PLAN

The rehabilitation department participates in reporting performance improvement activities at least annually. This data is aggregated by the Therapy Manager into the Outpatient Rehabilitation Performance Scorecard and distributed quarterly to the Chief Operating Officer and annually to the Hospital Performance Improvement Council.

HRMC utilizes Lean as its foundational performance improvement methodology to support continuous elimination of waste within processes and systems. The Plan, Do, Check, Act improvement cycle is the methodology used for implementing and evaluating process changes of any magnitude.

C. CRITERIA USED FOR PRIORITIZING PERFORMANCE IMPROVEMENT OPPORTUNITIES:

a. High Risk
b. High Volume
c. Problem Prone
d. Cost Impact

D. DEPARTMENT SPECIFIC PERFORMANCE IMPROVEMENT ACTIVITIES

The following indicators are routinely monitored:

Patient Satisfaction (specific measures identified annually)
Variances to Budget
Revenue: Volumes

2015 PLAN OF CARE

Rehabilitation Services

Various Access/Efficiency Measures (specific measures identified annually)
Therapist Productivity measures
Denials/No Authorizations
Contribution Margin
Clinical Quality Measures (specific outcome measures identified annually)

The following process is our focus for improvement this year:

1. Clinical Quality Measures: utilizing the LEFS, DASH, Back Disability and Neck Disability scores as well as specific objective outcomes tools; the annual target for each of these measures is being established this year with the data collected this year. There is no national standard for outpatient rehab outcome measures; hence, no benchmarks. Dept leadership has been researching and developing the measures to be used and the benchmarks to be set (see *Outpatient Rehabilitation Performance Scorecard – 2015* for details)
2. Therapist productivity: outpatient goal of 70% (75% outpatient adults; 65% outpatient pediatrics); inpatient services goal of 8-10 visits/8 hr day (or the equivalent)
3. Contribution margin variance to Budget: goal of greater than or equal to Budget
4. Access/Efficiency Measure: Patient satisfaction measure: "Ability to schedule their visit on a convenient day/time"; goal -dept Top Box 76%
5. Patient Satisfaction measure: "Involvement of patients in treatment plan/goal setting" ; goal - dept Top Box 85%
6. Patient Satisfaction measure: "Registration process"; goal - deptTop Box 85%
7. Patient Satisfaction measure: "Progress toward the patient's goals"; goal – dept Top Box 65%
8. Patient Satisfaction measure: "Likelihood to recommend"; goal - dept Top Box 90%
9. Patient Satisfaction measure: "Amount of time spent waiting at the facility"; goal – Top Box 68%

E. PATIENT SATISFACTION

Patient satisfaction surveys are administered by "Healthstream". A telephone call is made to a sample number of patients within one to six weeks of date of service to gain insight in patient/customer expectations of care received. Information from these surveys may be incorporated into process improvement activities.

F. ANNUAL PLAN OF CARE EVALUATION

The department-specific Plan of Care is evaluated at least annually for:

1. Effective implementation of performance improvement activities
2. Monitoring of problem resolutions
3. Collaboration in performance improvement activities
4. Establishment of priority processes for review

Many of the measures in the Plan of Care are also measured quarterly on the *Outpatient Rehabilitation Performance Scorecard*

Rehabilitation Services

VI. AVAILABILITY OF NECESSARY STAFF

A. STAFF GUIDELINES

1. Skill Level of Personnel Involved in Patient Care

1. OT/PT/ST/nursing/audiologist: current professional licensure is required for all disciplines; successful completion of discipline-specific competency checklist required during initial probationary period.
2. exercise physiologists: graduation from an accredited school with an Exercise Science degree; successful completion of discipline-specific competency checklist required during initial probationary period
3. Support staff: no formal training required but successful completion of position-specific competency checklist required during initial probationary period

2. Staff Development

Staff will maintain clinical competence by attending continuing education required to maintain licensure, self-development opportunities and completion of annual mandatory requirements as outlined in the annual Department Competency Plan.

3. Staff Evaluation

Initial 90 day, annual, and as needed.

B. STAFFING PLAN

Staffing patterns vary according to patient case loads and discipline. Assignments of patient care are commensurate with the competencies of the professional staff. The Manager may use part-time staff, per diem staff, reassign, or use overtime in order to meet staffing needs that are based on patient volume.

C. STAFF - COMMUNICATION

Staff meetings are scheduled on a monthly basis. Each specific line of business (adult outpatient/inpatient, pediatric outpatient, Fitness Center and cardiac rehab) have monthly meetings. Once per quarter, the separate business line meetings are withheld in lew of an All Department meeting. Written communications are posted for all staff to read via bulletin boards and email. Each staff member is responsible to use all these tools to keep informed about all pertinent information.

D. SHARED GOVERNANCE

Rehabilitation staff members are representatives on the Interdisciplinary Shared Governance Councils. One is on the Inpatient/Outpatient Council and one is on the Critical Care Council. Information is shared at departmental staff meetings and via written postings of the Council's Hot Spots.