PT and OT Management of Care of Patients Who Require Intensive Rehab Services

Introduction/Problem

BIDMC and hospitals nationwide have been faced with increasing numbers of patients who are under or uninsured; of varying immigration status; and therefore do not qualify or meet criteria for discharge to post-acute care facilities to rehabilitate from devastating injuries and disease.

In January of 2017, the results of a rehab department survey indicated that PT's and OT's reported treating more "outlier" patients, or patients who required intensive rehabilitation while at BIDMC since they did not meet criteria for transfer to rehab facilities. These patients required knowledge, skills, and equipment typically provided in settings other than acute care. Therapists reported feeling greater caregiver burnout while managing these often complex patients, felt inadequately prepared for treatment, and were often repeating tasks of resource gathering and creating patient education materials.

In October of 2017, a departmental work group was formed of therapists who had a special interest in the treatment of the outlier population. The plan was to establish guidelines for patient-centered care, emphasizing best practice, efficient and effective interventions, encourage patient/family advocacy and maximize support system involvement. The ultimate goal was to provide excellent patient care and assist in decreasing outlier hospital length of stay.

Aim/Goal

To develop guidelines for the inpatient rehab staff to facilitate collaborative management and to provide comprehensive interventions with patients who require intensive rehabilitation resources in the acute care setting.

The Team

Work Group*:* Brian McDonnell PT, Molly Bishop PT, Madeline Gilmore PT, Erin Milton PT, McKenna Reese OT, Kathryn Sople PT

Inpatient Rehabilitation Services: Deborah Adduci PT, Joan Drevins PT

The Interventions

- Defined and identified the outlier population as patients who require intensive interdisciplinary rehab
- Identified common roadblocks when working with outliers
- Developed guideline for staff regarding management of outliers
- Create 'care teams' to prevent burnout
- Developed an 'outlier' team census communication format
- Created informational handouts for patients/families highlighting:
  - Family/patient education
  - Pressure ulcer "Hot Spots"
  - Transfer techniques
  - Free/Low cost durable medical equipment and community resources
- Solicited feedback from the rehab department
- Finalized all content with planned roll out in April 2018

Results/Progress to Date

Where We Were	Where We Are	Where We're Going
• Rehabilitation outliers treated on individual basis • Lack of coordinated effort or standard of care, hospital wide, all disciplines • Burden fell on primary PT/OT • Re-invented the wheel with each new rehabilitation outlier • Repeatedly found resources for patient and family • Extensive use of resources, time and energy • Caregiver burnout	• Identifying this is a prevalent challenge • Developing standard of practice for PT/OT • Creating a support system, care team • Compiling comprehensive list of resources for rehabilitation staff, patient and family • Soliciting feedback from rehabilitation department & senior staff • Preparing to implement within rehabilitation department	• Implement throughout rehabilitation department • Objectify efficiency and effectiveness through hospital length of stay, patient outcome, and overall cost • Survey staff to determine if guidelines are effective • Modify guidelines and resources as part of standard of practice • Increase involvement of other professionals and disciplines to provide excellent care

Lessons Learned

Recognition that managing the outlier population was an area of challenging patient care and burnout source for therapists was step one of a larger plan for quality improvement. Throughout the process, the work group learned to consider the broader scope of patient care, including the ethical dilemmas surrounding caring for those whose discharge plan and rehabilitation potential is altered by various factors. Involvement of the many stakeholders and professionals touched by this patient population will be key moving forward. For example, speech and language pathology, social work, or case management may be able to add additional insight for this patient population. Certainly overall change in practice is hard, even with the best intentions, however, familiarity with past successful BIDMC improvement projects and maintaining excellent patient care as the key motivation will assist us in achieving our goal.

Next Steps

- Implement within our rehab department
- Lead by example in advocating for high quality, human first care
- Provide in-services to patient care areas with high volumes of outliers to promote consistency of excellent patient care and to increase interdisciplinary collaboration
- Consider retrospectively examining rehab outlier length of stay to compare to post-roll out length of stay in order to determine program impact and effectiveness
- Consider survey of staff to determine if these guidelines are effective

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