



The Methodist Hospitals, Inc.

Rehabilitation Institutes' Strategic Plan

2020-2022

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Statement of Purpose for the Strategic Plan for Methodist Hospitals' Rehabilitation Institutes

The purpose of the strategic plan for the Methodist Hospitals Rehabilitation Program is to ensure that our program makes a strategic contribution to the mission of Methodist Hospitals.

Rehabilitation Institutes Program Mission Statement

The mission of the Rehabilitation Institutes Program is to provide excellent quality, compassionate health care services to all those in need. In alignment with the organizational goal, Rehabilitation Institutes Program strives to service the community we serve.

Vision for the Rehabilitation Institutes Program

We see ourselves as a center of excellence for providing rehabilitation services to stakeholders in the Northwest Indiana region. We strive for this to be the best place for employees to work, the best place for patients to receive care and the best place for physicians to practice medicine.

SWOT Analysis – In-patient Rehabilitation

Strengths

1. Acquire CARF Accreditation for three years, 1 year follow-up.
2. Quality Outcomes with return to home vs. SNF
3. Staff teamwork – Therapy staff works well together; manages workloads in all areas to assist with rehab coverage
4. One In-Patient Rehab Unit locations within acute hospitals to serve the community
5. Strong Home Health care support
6. Two Out-patient Therapy Clinics to offer continuum of recovery support
7. Stable retention of therapy staff
8. Improved retention of Nursing staff
9. Robust social activities hosted by Recreational Therapy Program
10. Social Dining in social room
11. New leadership with IRF working knowledge of regulations and processes (May 2021- Present)
12. Supportive Social Work staff to assist patients with return to home
13. Improved post-discharge follow-up calls
14. On-site Pastoral support care for patients
15. Designated Stroke Nurse
16. Electronic Medical Record System – EPIC
17. Patients served are multi-disease, low socio-economic population
18. Reduced length of stay competitive with Region
19. On-boarded new Physiatrists to provide additional support to patient care (2020)

Weaknesses

1. Inadequate documentation for ICD-10 diagnoses codes
2. Inappropriate admissions

3. Inconsistency with documentation for team conference
4. Inadequate follow-up support systems
5. Antiquated equipment
6. Discharge delays due to challenged availability of equipment from external agencies
7. Lack of continuing education for therapists
8. Lack of admission coordinator for program
9. Limited weekend social activities
10. Inadequate communications process to convey changes to the rehab teams
11. Poor carry-over treatment
12. Social Workers not unit specific

Opportunities

1. Improve arrival times of patient on the units to ensure Day 1 assessment
2. Hire Admissions Coordinator
3. Develop plan for IRF-PAI Coordinator back up
4. Improve Press Ganey Patient Satisfaction Scores to 70th percentile
5. Provide scheduled in-service programs to staff
6. Lack of designated psychologist to evaluate patients
7. Unable to accept active COVID-19 patients to Rehab Unit (Revision 2020 Goal)
8. Improve interdisciplinary communication
9. Improve patient carryover of skills learned
10. Educate new physiatrist to produce improved detail specific documentation supporting each patient's ICD-10 diagnosis, improve length of stay management, and improve CMI for increased reimbursement
11. Stroke/TBI specific discharge planning program
12. Community re-integration groups
13. Increase nursing staff with CRRN- 3
14. Improve out-migration tracking to bring those patients back to Methodist for their in-patient rehabilitation experience
15. Increase external admissions to Rehabilitation Institutes
16. Improve cohesiveness of Rehab Nursing and Therapy staff members
17. Improve confidence of Rehab Nurses to participate in assessment of patients' functional abilities at admission per education learned/tested in Quality Indicator scoring

Threats

1. Decreased volumes in IPR
2. RAC audits
3. Antiquated IPR Unit
4. Insurance denials
5. Budget cuts

6. New stand-alone IRF less than two miles south of Southlake Campus with modern amenities and state-of-the-art equipment
7. CMS challenges with reimbursement guidelines
8. Accuracy of QI scoring
9. Impact of COVID-19 (Revised 2020)

Current Environment

Identified Strengths by Rehabilitation Leadership

- The In-Patient Rehabilitation staff are committed in providing quality care to their patients and families
- Mutual respect and congeniality are very evident between the treatment staff members and patients
- Our staff is dedicated in working together as a team to ensure our patients receive excellent care and achieve their goals to their best of each patients' abilities

Identified Opportunities for Improvement

- Improve internal admission times to In-patient Rehab unit from acute care units
- Prioritize needs for new equipment in the rehabilitation gyms (i.e. hoist lift, gait unit)
- Improve patient discharge process including follow-up calls at 24 hours, one-week, three-months
- Improve patient carry-over after therapy with nursing staff
- Improve Press Ganey Patient Satisfaction scores
- Improve Call-light Response time for patients
- Implement Zero Harm program to focus on falls reduction

Priorities

- Continue to improve and then maintain patient satisfaction scores
- Increase overall In-Patient Rehab census with appropriate admissions
- Hire Admissions Coordinator to focus on patient throughput, recapturing out-migration and market external referrals
- Rehab Staff Education - assign Rehabilitation Program specific Competencies
- Maintain Magnet Status
- Provide education for Quality Indicators and work towards maintaining accuracy of QI scoring
- Reduce length of stay to improve reimbursement
- Improve QI Efficiency

Strategic Goals for Fiscal Year 2020

1. Improve Patient Satisfaction Scores to at or above the 70th Percentile in 2020
2. Provide Quality Indicator Training & Competency Exams to all Rehabilitation Staff
3. Improve Quality Indicator Efficiency to 3.0 or above

4. Hire Admissions Coordinator
5. Revise Safe Discharge Home informational material and begin program once visitors allowed back into facility (no visitors secondary to COVID pandemic)
6. Develop daily chart audits to ensure compliance with CMS regulations
7. Develop process for approving Pre-Admission Screens prior to MD approval
8. Develop review process for co-signing IRF-PAIs prior to transmission to ensure proper coding of patients served
9. Develop process to involve families with patients' progress in light of inability to physically visit patients in facility due to COVID-19 visitor restrictions
10. Meet target for average daily census of 12.8 at Southlake (Northlake closed due to COVID-19 pandemic)
11. Meet average length of stay target of 14.0 at Southlake (Northlake closed due to COVID-19 pandemic)
12. Maintain fall rate at or below 5.0 as measured by NDNQI

Strategic Outcomes for Fiscal Year 2020

1. Achieved Patient Satisfaction Score at the 2nd Percentile YTD in 2020
2. Quality Indicator Training completed with all staff. For those not passing with score $\geq 80\%$, HealthStream modules were assigned for further education.
3. QI Efficiency at 3.17 in 2020
4. Admissions Coordinator job submitted to HR with Job Description approved and position posted.
5. Revision of Safe Discharge Home material has been submitted for review. Re-launch in 2021
6. Daily chart audits for In-Patient Rehab have been instituted in April 2020 and continue with assigned auditor, Jackie Turner, RN, performing the daily task
7. Process developed and instituted for Director of Rehabilitation Services to review all PAS prior to MD approval
8. Process developed and instituted for Director of Rehabilitation Services to review and co-sign all IRF-PAIs for accuracy of coding and reporting prior to transmission
9. With donated iPad from local schools instituted family visits w/patients, virtual family training sessions prior to discharge, and family visits through the hospital lobby windows
10. Met and exceeded ADC for Southlake with 14.78 patients (+ variance of 1.98)
11. Fell short of ALOS at Southlake with 14.86 days (variance of .86)
12. Fall rate decreased from 6.74 in 2020 to 5.66 in 2020
13. CARF Survey (virtual visit) completed December 17 and 18, 2020

Strategic Goals for Fiscal Year 2021

1. Increase external IPR admissions to 25.(18 external admissions in FY21)
2. Improve QI self-Care Change >2 points (FY 21 Self-Care change =9.5, weighted region =12.58)
3. Maintain fall rate at or below 5.0 as measured by NDNQI
4. Meet target for average daily census of 15 at Southlake (Northlake remains closed due to COVID-19 pandemic).

5. Maintain patient satisfaction scores above 70th percentile and transition to PSI Patient Satisfaction Survey to improve return rate.
6. Source candidates for External Clinical Liaison position.
7. Create and implement monthly IPR marketing plan with a minimum of 3 active touches per week to external sources.
8. Create Evidenced Based Practice Library resource room for Nursing and Therapy staff.
9. Maintain QI Efficiency above 3.0.
10. Maintain average length of stay at or below weighted region.
11. Diagnostic Specific Specialty Programming