



The Methodist Hospitals, Inc.

# Rehabilitation Institutes' Strategic Plan

2022-2024

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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. Obtained CARF Accreditation for three years following a 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. Strong Home Health care support
5. Two Out-patient Therapy Clinics to offer continuum of recovery support
6. Stable retention of staff
7. One inpatient rehab unit location within acute hospitals to serve the community
8. Robust social activities hosted by Recreational Therapy Program
9. Social Dining in social room
10. Therapy Leadership to add Inpatient Therapy Manager
11. Supportive Social Work staff to assist patients with return to home
12. Strengthened post-discharge follow-up calls
13. On-site Pastoral support care for patients
14. Designated Stroke Nurse
15. Electronic Medical Record System – EPIC
16. Patients served are multi-disease, low socio-economic population
17. Reduced length of stay competitive with Region
18. Physiatrist co-management strategy
19. Improved return rate of patient satisfaction surveys by moving to a new platform
20. Wound data collection and analysis
21. Newly added DME equipment locker partnered with Fitzsimmons
22. Addition of an admissions coordinator/Liaison

## *Weaknesses*

1. Inadequate documentation for ICD-10 diagnoses codes
2. Inappropriate referrals
3. Inconsistency with documentation for team conference
4. Inadequate follow-up support systems and community resources
5. Antiquated equipment
6. Discharge delays due to challenged availability of equipment from external agencies
7. Lack of continuing education for therapists
8. Limited weekend social activities
9. Poor carry-over treatment
10. Social Workers not unit specific
11. Home Health Services- Difficult to find agencies with SLP and/or Nurse Aide services.

## *Opportunities*

1. Improve arrival times of patient's on the units to ensure Day 1 assessment and treatment
2. Develop plan for IRF-PAI Coordinator back up
3. Provide scheduled in-service programs to staff
4. Lack of designated psychologist to evaluate patients
5. Improve interdisciplinary communication
6. Improve patient carryover of skills learned
7. Educate physiatrists to produce improved detail specific documentation supporting each patient's ICD-10 diagnosis, improve length of stay management, and improve CMI for increased reimbursement
8. Timely evaluations of weekend referral
9. Stroke/TBI specific discharge planning program
10. Community re-integration groups
11. Increase nursing staff with CRRN- 3
12. Improve out-migration tracking to bring those patients back to Methodist for their in-patient rehabilitation experience
13. Increase external admissions to Rehabilitation Institutes
14. Improve cohesiveness of Rehab Nursing and Therapy staff members
15. Improve confidence of Rehab Staff 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. Antiquated IPR Unit
3. Insurance denials
4. Budget cuts

5. New stand-alone IRF less than two miles south of Southlake Campus with modern amenities and state-of-the-art equipment- newly CARF accredited for CIRRP and Stroke Specialty Program
6. CMS challenges with reimbursement guidelines
7. Accuracy of QI scoring
8. Consistent communication regarding admissions, acute case management and social worker with active rehab referral
9. Turnover in recruitment/HR
10. Exhaustive appeal process

## **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
- Improved QI Efficiency
- Rehab staff education includes program specific competencies
- Implement Zero Harm program to focus on falls reduction

### *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, lite gait unit)
- Improve patient discharge process including follow-up calls at 90 days
- Improve patient carry-over after therapy with nursing staff
- Improve Call-light Response time for patients

## **Priorities**

- Continue to improve and then maintain patient satisfaction scores
- Increase overall In-Patient Rehab census with appropriate admissions
- Admissions Coordinator to focus on patient throughout, recapturing out-migration and market external referrals
- Additional psychiatry coverage for weekend admissions
- Provide nursing education for Quality Indicators and work towards maintaining accuracy of QI scoring
- Maintain reduced length of stay to improve reimbursement

## Strategic Goals for Fiscal Year 2021

1. Increase external IPR admissions to 25.
2. Improve QI self-Care Change >2 points
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)
5. Maintain patient satisfaction scores above 90<sup>th</sup> percentile
6. Increase daily IPR census thru external admissions attained by 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 Therapy staff, and Journal Club for nursing.
9. Maintain QI Efficiency above 3.0.
10. Maintain average length of stay at or below weighted region
11. Diagnostic Specific Specialty Programming

## Strategic Outcomes for Fiscal Year 2021

1. External IPR Admissions equaled 18.
2. QI Self Care Change 8.95, weighted region 10.88- decreased gap from 3.08 to 1.93 in FY21
3. Fall Rate: 7.1
4. Average Daily Census =11.98
5. Press Ganey: n= 26 total surveys received in 2021. 80.5% overall Top Box.
6. Total External Referral for FY21 75. Total number of admissions from external referrals was 18.
7. Clinical Liaison candidates: several candidates presented without proper clinical licensure. One candidate submitted with clinical license, position turned down due to salary requirements. Marketing program implemented. Averaging 10 active touches per month.
8. In progress
9. QI efficiency 3.1 as compared to weighted region QI efficiency 3.09
10. ALOS 15.06 as compared to weighted region 15.26.
11. Work in progress

## Strategic Goals Fiscal Year 2022

1. Increase external IPR admissions to 25.
2. Improved QI self-care change >2
3. Meet target average daily census of 15.
4. Maintain weekly/monthly marketing plan to external sources.
5. Maintain QI Efficiency above 3.0
6. Maintain Average Length of Stay at or below weighted region.

## Strategic Outcomes Fiscal Year 2022

1. External IPR Admissions 18 for FY 2022
2. QI Self-Care change 9.71 as compared to weighted region 11.16. Decreased gap from 1.93 in FY21 to 1.45
3. Average Daily Census = 10.0
4. Continue to average 10 external touch points per month.
5. QI Efficiency=3.45 as compared to weighted region =3.42
6. Average Length of Stay =13.38 as compared to weighted region of 14.46

## Strategic Plan Fiscal Year 2023

1. Increase External IPR Admissions to 25.
2. Improve Self-Care QI change >2
3. Meet target average daily census of 15.
4. Source candidate for External Liaison.
5. Maintain QI Efficiency above 3.0.
6. Develop Nursing education on Bowel and Bladder program for SCI population.
7. Revamped wound care data collection for accurate analysis of wound healing.

## Strategic Outcomes Fiscal Year 2023

1. External IPR Admissions equaled 33 for Fiscal year 2023.
2. Self-Care QI Change: Fiscal year 2022 9.47; Fiscal Year 2023 8.68. This is a 0.79 decrease from previous year.
3. Fiscal Year 2023 actual average daily census: 9.48
4. Clinical Liaison sourced, started July 2023.
5. QI Efficiency Fiscal Year 2023 = 3.25
6. Bowel and Bladder program developed and initiated in October 2023.
7. Wound care data collection redesigned and initiated in January 2023.

## Strategic Plan Fiscal Year 2024

1. Improve Self-Care QI change >2
2. Meet target average daily census of 15.
3. Implement rehab outcome measures and focused staff training (therapy and nursing) on current evidence based practice through in-services and journal club
4. Maintain QI Efficiency above 3.0.
5. Continued data collection and analysis for Bowel and Bladder program for SCI population to create a measurable goal for 2025.
6. Maintain average length of stay at or below weighted region.

7. New/worsened pressure injuries will be below weighted region