The Methodist Hospitals, Inc.

Rehabilitation Institutes' Strategic Plan

2025-2027

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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
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 includes Director, ADOR, and 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

23. The In-Patient Rehabilitation staff are committed in providing quality care to their patients and families
24. Mutual respect and congeniality are very evident between the treatment staff members and patients
25. 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
26. Improved QI Efficiency
27. Rehab staff education includes program specific competencies

Weaknesses

1. Response to referral times exceeding 2 days
2. Inappropriate referrals
3. No current therapists or nurses with board certifications
4. Inadequate follow-up support systems and community resources
5. Antiquated equipment that doesn't allow for implementation of evidence based practice
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 and therapists pursuing board specialist certification
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 consistency of Rehab Staff to participate in assessment of patients' functional abilities at admission per education learned/tested in Quality Indicator scoring
15. Improve internal admission times to In-patient Rehab unit from acute care units
16. Prioritize needs for new equipment in the rehabilitation gyms (i.e. hoyer lift, lite gait unit)
17. Improve patient discharge process including follow-up calls at 90 days
18. Improve patient carry-over after therapy with nursing staff
19. Improve Call-light Response time for patients
20. Implement Multidisciplinary fall committee to focus on falls reduction
21. Improving response time to referrals
22. Decreasing falls on the unit

Threats

1. Decreased volumes in IPR
2. Antiquated IPR Unit
3. Insurance denials/ Medicare Advantage Auths
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 between the rehab unit physicians and care management and admissions, acute case management/ social worker with active rehab referral
9. Turnover in recruitment/HR
10. Exhaustive appeal process
11. Timely review of referrals to compete with other local rehab facilities who have a 2 hr turnaround time.

Priorities

- Continue to improve and then maintain patient satisfaction scores
- Increase overall In-Patient Rehab census with appropriate admissions
- Improve rehab response time to referrals
- Tracking trends and implementing strategies to decrease falls for rehab patients
- Additional physiatry coverage for weekend admissions
- Providing continued therapist education for Quality Indicators and work towards maintaining accuracy of QI scoring (regular auditing of measures to identify education needs)
- Maintain reduced length of stay to improve reimbursement

Strategic Plan Fiscal Year 2025-2027

1. Grow the rehab census while maintaining good financial performance

    a. *Aligns with Hospital Goal: Preferred provider/growth in market share; Achieve desired operating and financial performance metrics*
    b. *Key strategies:*
        i. Improve ease of use
        ii. Timely response to referrals
        iii. Physician model Review
2. Maintain high performance as demonstrated through excellence in quality measures
    a. *Aligns with Hospital Goal: Achieve necessary performance in quality, service, and safety*
    b. *Key Strategies:*
        i. Consistent monitoring of QI measures through e-rehab
        ii. Decrease rehab unit falls to national benchmark
        iii. Improve the use of functional treatment sessions
        iv. Maintain a discharge community greater than region
        v. Continue to monitor and advance bowel and bladder initiatives
        vi. Maintain patient satisfaction >95%
3. Insure durability of outcomes upon patient's discharge from the hospital
    a. *Aligns with Hospital Goal: Achieve necessary performance in quality, service, and safety*
    b. *Key Strategies:*
        i. Maximizing community resources for patients
        ii. Early identification of patient's need for resources upon discharge
        iii. Maximizing discharge phone calls
        iv. Identify potential gaps for program development
4. Continued Program Development to Support the Needs of our Patients
    a. *Aligns with Hospital Goal: Preferred provider/growth in market share*
    b. *Key Strategies:*
        i. Assess outpatient rehab program needs for patients d/c from acute rehab
        ii. Consideration of applying for stroke program certification
5. Promote Staff Development to maximize Rehab Expertise needed for best patient outcomes
    a. *Aligns with Hospital Goal: Achieve necessary performance in quality, service, and safety*
    b. *Key Strategies:*
        i. Staff education and journal clubs
        ii. Evidence based practices
        iii. Cultural bias training

Targeted 2025 Goals and Interventions

1. Improve Self-Care QI change score by >10 and above weighted region at least 4 months of the year
2. Meet target average daily census of 12.
3. Implement rehab outcome measures for PT, OT, and SLP to be completed on admit, progress note, and discharge for all rehab patients
4. Focused staff training (therapy and nursing) on current evidence based practice through in-services and journal club

5. Maintain QI Efficiency above 3.0.
6. Continued data collection and analysis for Bowel and Bladder program for all populations with focus on decreasing foley use below that of like hospitals.
7. Maintain average length of stay at or below weighted region.
8. < 1 unit acquired pressure injury for the year
9. Decrease falls by 25% of 2024 total falls
10. Improve efficiency of response to rehab consults to within 36 hours
11. Identify resources for aging/stroke/spinal cord populations upon discharge to connect patients with prior to discharge