From Disability to Ability: An Interdisciplinary Approach to Acute Rehabilitation

Natalie Ashby, RN, CRRN, BSN, MBA-HCM
Lindsay Pugmire, MSPT
Steve Wallenfels, OT
Katreena Merrill, RN, PhD
Disclosure

• Lindsay & Natalie have nothing to disclose
Background

Lindsay’s story
Background

Natalie’s story
How We Changed Our Culture

• Team Vitality meetings include all staff (therapy and nursing—even our MD)—eventually we made these meetings mandatory

• Team Interviewed Medical Director position for teamwork and collaboration skill sets

• Newsletter mandatory (all staff)

• Evolution of our Team Conference

• Research idea (cross-training nursing & therapy)
Team Vitality Meetings

Purpose:
Teach team-building skills, introduce best practices, cascade vital information, review ground rules, and give team opportunity to collaborate
Newsletter

Purpose: Keep team informed, celebrate accomplishments and hold team accountable to information
Evolution of Team Conference

• Barriers always a part of our team conference
• Nursing wasn’t always actively integrated into this process (barriers to this were: therapy-driven mindset of nurses, timing of conference, lack of medical barriers, lack of physician value towards nursing)
• Multiple leadership meetings with MD, Nurse Manager, Therapy Manager, Compliance Manager, and Social Worker
• Suggestion box: received input from all staff
• Developed a nurse case manager role
• Created a ground rule where only those treating patient were present
• Evolution of our form
ACUTE REHABILITATION UNIT
TEAM CONFERENCE and INDIVIDUALIZED PLAN OF CARE SUMMARY

Conference Date: Rehab Admitting Diagnosis:
Comorbid Conditions: Current Medical Prognosis: New Admit who is stable and expected to make progress
Bowel: Bladder: Pain:
Cardiac: BP HR Respiratory:
Nutrition: Skin
Falls/Falls Risk: Other:
Primary Care Physician and/or physician to follow on discharge:

Barrier: Acute Pain and Chronic low back pain
Interventions: Modalities, relaxation/breathing techniques, heat, cold, repositioning, administer pain medication prior to therapy to increase participation, monitor pain intensity on scale, and reassess pain. Monitor for sedation. Educate on pain expectations. Anticipate needs.
Goal: Patient’s pain will be managed for full participation in therapy during rehab stay.

Barrier: Falls/Fall Risk
Intervention: Falls precautions, staff to train patient/family in falls prevention, call light in reach, bed alarm, hourly rounding.
Goal: Patient will verbalize/demonstrate essential concepts of good balance/safety awareness during self-care and mobility skills with independence. Patient will not receive injury related to fall during rehab stay.

Barrier: Body Mechanics
Intervention: Staff will educate patient on self-care positioning, bed positioning/re-positioning, reinforce proper sequencing and positioning for transfers and mobility. Cue patient to move center of gravity over feet prior to sit-to-stand or stand-to-sit.
Research—Here We Go!

- An idea was formed (therapy & nursing collaboration)
- Met with research from our corporation
- Gave us some guidance
Background to Research

- Acute rehabilitation departments are often the best examples of interdisciplinary care in the hospital setting.
- Traditional inpatient rehabilitation concentrates on patient disability by creating interventions based upon the patients underlying diagnosis or pathophysiology.
- This lends itself to seeing the patient as a set of body part problems for the various disciplines to divide and treat.
- This approach results in care delivered in silos with some skills emphasized by a specific therapist rather than the entire team.
- Limited qualitative research on acute rehabilitation teams suggests that team members do not understand the roles of the team members, are not cross-trained in their roles and do not always function effectively.
- More research is needed to understand interdisciplinary teamwork in acute rehabilitation and its impact on patient outcomes.
Purpose of our Research

• The purpose of this research was to measure patient handling skills, communication and team vitality on two acute rehabilitation units prior to implementation of an interdisciplinary cross-training program.

• Foster a deeper understanding of what interdisciplinary truly looks like in an Acute Rehab setting.
Methods

• We conducted a mixed methods baseline survey of team vitality and perceptions of interdisciplinary roles.

• A convenience sample of approximately 36 acute rehabilitation team members from two acute care rehabilitation departments completed a baseline survey in April 2013.

• Measures included (survey):
  • A self assessment of patient handling skills
  • Evaluation of communication between disciplines
  • Healthcare Team Vitality Instrument (validated)
    • 10-item instrument measuring the healthcare environment and team communication and employee measures (job category, gender, age, experience and perceptions of rehabilitation team members roles)

• Additional Measures: FIM® ratings

• Following the baseline, one of the acute rehabilitation units is implementing a detailed interdisciplinary cross-training program including an interdisciplinary orientation, single point lessons, interdisciplinary skills pass off, etc.
Sample questions from our survey

On Reichert scale of 1-5
1=none 2=poor 3=neutral 4=good 5=excellent

• How would you rate your comfort level with transferring patients using stand-pivot method?
• How would you rate your orientation to the unit?
• How would you rate your comfort level in positioning patients in the side-lying position?
• How would you rate your comfort level in ambulating patients using the abdominal facilitation method?
Results

• A total of 36 subjects responded from two units.
• The mean years of rehab experience was 1.5 years.
• The most common responder was registered nurses (44%).
Ambulating Patients
Baseline Data

- Abdominal facilitation method
  - Unit 1: 3.5
  - Unit 2: 2

- Shoulder/hip facilitation method
  - Unit 1: 4
  - Unit 2: 2.5
Positioning Patients Baseline Results

- Bed mobility in the prone position
- Bed in the side-lying position
- Bed in the supine position
- Positioning patients for meal time?

**Unit 1**

**Unit 2**
Other Measures/Baseline

Using Lift Equipment

- Unit 1: 4.3
- Unit 2: 3.6

Instructing Other Disciplines

- Unit 1: 3.8
- Unit 2: 2.7

Unit 1 vs. Unit 2
What would you like other disciplines to know about your discipline?

“We are a team”

“I can’t do my job well without your help and communication”

“We need to know the same information and be on the same page with everything”

“We are often the person who is with them the most (longest amount of times) treat us with respect we can all work as a team”
I have easy access to the supplies and equipment I need to do my work on this unit.
The support services to this unit respond in a timely way.
I can discuss issues with care members on this unit.
My ideas really seem to count on this unit.
I speak up if I have a patient safety concern.
Care team members on this unit feel free to question the decisions or actions of those with more authority.
Important patient care information is exchanged during shift changes.
If I have an idea about how to make things better on this unit, the manager and other staff are willing to try it.
Care professionals communicate complete patient information during handoffs.
Essential patient care equipment is in good working condition on this unit.
Conclusions

• Employees in the acute rehabilitation units expressed a fairly good knowledge of patient handling skills,

• They were uncomfortable sharing their knowledge with other disciplines.

• Teamwork and communication were identified as gaps among the disciplines.

• Team vitality was reportedly high, the lowest scores were associated with feeling empowered.
Implications

• These are important findings because interdisciplinary teamwork is critical in an acute rehabilitation setting.

• These findings will help personalize the education efforts to improve teamwork and communication and hopefully impact patient outcomes as well.
Next Steps – The intervention

• Detailed interdisciplinary cross-training program including an interdisciplinary orientation, single point lessons, interdisciplinary skills pass off, etc.
Cross-training Leads to Collaboration

• CNA Testimonial
• OT/RN experience
Outcomes: FIM® Ratings

DRMC-ARU FIM® Ratings
Benchmark
Outcomes

• Therapist testimonial
• Patient testimonial
Questions? And Thanks!

• Contact information

Natalie Ashby
Natalie.ashby@imail.org

Lindsay Pugmire
Lindsay.pugmire@imail.org