STANDARD INTERDISCIPLINARY PROCESSES LEAD TO SUPERIOR PATIENT OUTCOMES

TOM BOBROSKI, MPT, MBA,
DIRECTOR OF CLINICAL OPERATIONS
TREVOR STORMS, MSN, RN
RESOURCE CEO

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Agenda

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DAILY OPERATIONS

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DAILY OPERATIONS

- Who attends?
- CEO
- Director of Quality
- Director of Therapy
- Director of Pharmacy
- Director of Plant Operations
- Chief Nursing Officer
- Director of Business Development
- Optional: Medical Director, Nurse Manager/Charge Nurse, Therapy Manager etc.

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DAILY OPERATIONS

- Purpose – To discuss the following:
- Planned Admissions
  - ADC/Admits/Discharges
  - D/C Destination: Home/SNF/Other and acute
- Planned Discharges
  - Review upcoming discharges for the next 3 days, disposition
  - Display at least the next 2 weeks of the Discharge Calendar on the daily handout
  - Display any SNF alerts on the calendar
  - Display projected D/C disposition through the end of the month
- Any changes in discharge disposition, date changes or late discharges should be mentioned

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DAILY OPERATIONS

- Safety issues or concerns
  - "look back" – any safety issues the past 24 hours
  - "happening now" – what is going on in the building today
  - "look ahead" – any safety concerns in the next 24 hours
- Review Patients admitted the previous day
  - Admission QI scores
  - Fall risk
  - Any other special circumstances (equipment, supplies, rounding needs, appointments etc.)
  - Optional: Project IRF KPI Summary Dashboard

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DAILY OPERATIONS

- Daily Ops Updates that are unique to each facility.
  - Acute Transfers
  - Respiratory and Medically Complex patients
  - Isolation precautions
  - Blood Transfusions
  - Falls
  - 1 to 1- nursing or close supervision patients
  - ADL apartment
  - Broken and Missing equipment
  - Name Alerts
  - Rounding issues/complaints- person responsible for rounding on that patient
  - Therapy compliance with 3 hours

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CLINICAL TEAM MEETING

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CLINICAL TEAM MEETING

- Held Daily
- **Purpose**: To identify and discuss medically complex patients
- Who Should Attend?
- Chief Nursing Officer (CNO) – Facilitator
- Providers (Internal Medicine, PM&R)
- Nurse Manager
- Infection Control Nurse
- Respiratory Therapist/Wound Care Nurse
- Pharmacist
- Director of Therapy/Therapy Manager
- Case Management Representative
- Dietitian
- Additional key clinical team members as needed

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CLINICAL TEAM MEETING

- Structured Patient Review
- Identify High-Risk patients prior to meeting
- Patient Overview (Admitting Diagnosis/key clinical concerns)
- Example: *Identifying high risk patients, B&B, Fall risk functional status*
- Physician Evaluation and Treatment Plan
- After CNO introduces each patient, the physician provides their evaluation and discusses the treatment plan moving forward.
- Team members contribute updates from their respective disciplines (therapy progress, respiratory status, nutrition needs, wound healing, etc.).

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CLINICAL TEAM MEETING

- Acute Care Transfer Risk & Monitoring
- Discuss patients daily
- Patients improving for 3-4 consecutive days are removed from the acute care watch list.
- Open Discussion & Additional Patients
- Physicians/Staff may add additional patients for discussion at the end of the structured review.
- Team members can discuss any urgent concerns that may have been missed.
- Closing Remarks & Action Items
- Summary of key action points for the day.
- Assign follow-ups as needed.

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CLINICAL TEAM MEETING

- Tracking of Patient Status
- Current Status
- Intervention plan
- What was noted previously?
- What was done in response?
- Current evaluation and next steps

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SCENARIO: High-Risk Patient – Preventing an ACT Through Early Bowel & Bladder Management

- **Diagnosis:** C4-C5 incomplete spinal cord injury (SCI) from a fall
- **CMI:** 2.90 (indicating high clinical complexity)
- **LOS Target:** 21 days
- **Risk Factors:** Neurogenic bowel/bladder, skin integrity risk, orthostatic hypotension, and caregiver concern.
- **Intervention Plan:**
- **Interdisciplinary Huddle Day 2 Post-Admission**
  - Identified increased ACT risk due to **neurogenic bowel and bladder** and **functional dependency**.
  - Patient had already experienced one incontinence episode leading to skin breakdown concern.

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SCENARIO: High-Risk Patient – Preventing an ACT Through Early Bowel & Bladder Management

- **Bowel & Bladder Protocol Initiated:**
  - **Bowel program** implemented on a consistent schedule with stool softeners and digital stimulation as needed.
  - **Bladder program** included straight cath q6h with bladder scan PRN and monitoring fluid intake.
  - Nursing, therapy, and case management aligned on schedule.
- **Therapy Involvement:**
  - OT focused on adaptive equipment training for toileting.
  - PT incorporated transfers to commode/chair to simulate real routines and assess safety.
- **Caregiver Training Started Week 2:**
  - Included education on bowel program, signs of autonomic dysreflexia, and catheterization techniques.
- **Outcome:**
  - Functional scores improved to Self-Care 19, Mobility 26 by discharge.
  - Safe discharge home with home health and urology follow-up.
  - ACT avoided through proactive bowel/bladder intervention and family education.

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IDENTIFYING HIGH RISK PATIENTS- DISCHARGE TO ACUTE REPORT

Facility | Discharge Adjusted | Nation Adjusted

RIC Group / CMG	Facility # Cases	Facility # Cases Discharged to Acute	Facility % Discharged to Acute	Region % Discharged to Acute	Region Adjusted % Discharged to Acute	Nation % Discharged to Acute	Nation Adjusted % Discharged to Acute	CMG Graph
All	642	62	9.7	9.2	9.8	9.0	9.9	
⊞ 20 Miscellaneous (Misc)	116	11	9.5	10.5	11.5	10.7	11.7	Graph
⊞ 01 Stroke (Stroke)	112	10	8.9	9.0	10.1	8.7	10.1	Graph
⊞ 09 Other Orthopedic (Ortho)	69	5	7.2	6.3	6.9	6.0	6.7	Graph
⊞ 07 Fracture of LE (FracLE)	63	3	4.8	5.0	5.7	5.2	6.1	Graph
⊞ 06 Neurological (Neuro)	54	11	20.4	10.8	12.7	10.2	12.2	Graph
⊞ 03 Nontraumatic Brain (NTBI)	50	6	12.0	11.0	12.3	10.8	12.5	Graph

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IDENTIFYING HIGH RISK PATIENTS- CARE PLAN MANAGEMENT REPORT

Row Lab	Column Labels: Average of Avg CMI Medicare Serv fee	Medicare-Med Ad	Not List	Average of LOS Medicare Ser	Medicare-Med	Not List	Average of CMG Medicare Ser	Medicare-Med	Not List	Average of Self-Care Medicare Serv I	Medicare-Med	Not List	Average of Mobility Medicare Serv	Medicare-Med	Not Listed	Tota
⊟01	1.7457	1.8293	1.8001	13	17	15	18	19	18	17	16	17	30	29	29	
⊟A	1.6558	1.7594	1.4218	12	17	14	17	18	15	17	17	22	32	33	36	
101			0.7394			5			8			30			51	
102	0.9383	0.9383		7	6		10	10		26	26		59	59		
103		1.2093	1.2093		13	10		13	13		22	23		49	46	
104	1.5434	1.5434	1.5434	13	15	13	16	16	16	17	18	20	33	34	31	
105	1.9300	1.9300		9	23		20	20		10	12		18	20		
106	2.1951	2.1951	2.1951	20	21	28	23	23	23	16	13	14	21	23	15	
⊟B	2.2538	2.0435		16	17		19	17		15	21		32	43		
103	1.6012			8			14			21			49			
104		2.0435			17			17			21			43		
106	2.9064			24			24			8			15			
⊟C	1.3887			17			15			22			42			
103	1.3887			17			15			22			42			
⊟D	1.7785	1.8815	1.8947	13	18	15	18	19	19	17	16	16	27	26	27	
102	0.9845			7			11			26			46			
103	1.2690	1.2690	1.2690	11	10	8	13	13	13	24	21	24	39	42	38	
104	1.6195	1.6195	1.6195	14	13	13	16	16	16	20	21	18	28	26	31	
105	2.0251	2.0251		14	16		20	20		11	10		19	19		
106	2.3034	2.1881	2.3034	15	23	19	23	23	23	12	13	11	20	20	20	

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IDENTIFYING HIGH RISK PATIENTS-TARGETED APPROACH

- Identification of High-Risk Patients
- Patients with admission motor score <40
- Diagnosis-(Stroke, Misc and NTBI)
- CMI >1.75
  - (60% chance of acute care transfer)
- Highlight for close monitoring and early intervention
- Action Plan
- Flag for close interdisciplinary monitoring
- Implement early intervention strategies
- Prioritize for fall prevention, bowel/bladder management, and escalation protocols

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QI HUDDLE

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QI HUDDLE

- DAILY IN-PERSON MEETING.
- PURPOSE- TO DISCUSS, ANALYZE AND VALIDATE QUALITY INDICATOR SCORING ACCURACY.
- WHO ATTENDS?
  - OUTCOMES MANAGER/PPS COORDINATOR
  - DIRECTOR OF THERAPY
  - CHIEF NURSING OFFICER
  - THERAPY MANAGER
  - NURSE MANAGER
  - CASE MANAGER(S)
  - DIRECTOR OF QUALITY MANAGEMENT

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QI HUDDLE

- PROCESS- 20-30 MINUTES
  - ANALYZE SCORING VARIANCES AMONGST SIMILAR GG CATEGORIES.
  - DETERMINE USUAL PERFORMANCE, PRIOR TO BENEFIT OF SERVICES, BASED ON SUPPORTING DOCUMENTATION REVIEW AND TEAM DISCUSSION.
  - REVIEW ACCURACY OF RISK ADJUSTED VARIABLES FOR ACCURACY.
  - REVIEW DISCHARGE QI SCORES FOR ACCURACY AND COMPARE WITH CMS SELF-CARE AND MOBILITY EXPECTED OUTCOMES.
  - PROJECT TARGET DISCHARGE DATES FOR DAY 4 ADMISSIONS.
  - FOLLOW-UP WITH CLINICIANS IN REAL TIME ABOUT SCORING/DOCUMENTATION QUESTIONS.

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QI HUDDLE

- REVIEW ADMISSION SCORING REPORT

Quality Indicator Items	Facility Admission	Nation Admission	Nation Adjusted Admission
Number of Patients	**91**	**53,092**	**53,092**
GG0130: Self-Care			
A. Eating	4.7	4.6	4.7
B. Oral hygiene	4.1	4.0	4.2
C. Toileting hygiene	2.5	2.4	2.6
E. Shower/bathe self	2.4	2.5	2.7
F. Upper body dressing	3.3	3.2	3.4
G. Lower body dressing	2.5	2.2	2.5
H. Putting on/taking off footwear	2.5	2.1	2.3
GG0170: Mobility			
A. Roll left and right	3.2	3.1	3.3
B. Sit to lying	3.4	2.9	3.2
C. Lying to sitting on side of bed	3.3	2.9	3.1
D. Sit to stand	2.9	2.6	2.9
E. Chair/bed-to-chair transfer	2.9	2.6	2.8
F. Toilet transfer	2.6	2.5	2.8
G. Car transfer	2.6	2.1	2.3
I. Walk 10 feet	2.6	2.3	2.6
J. Walk 50 feet with two turns	2.3	1.9	2.2
K. Walk 150 feet	1.9	1.5	1.7
L. Walking 10 feet on uneven surfaces	2.2	1.7	1.9
M. 1 step (curb)	2.1	1.8	2.0
N. 4 steps	1.9	1.7	1.9
O. 12 steps	1.7	1.3	1.4
P. Picking up object	2.2	1.8	1.9
R. Wheel 50 feet with two turns	1.5	2.2	2.2
S. Wheel 150 feet	1.3	1.9	1.9

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QI HUDDLE

- REVIEW DISCHARGE SCORING REPORT

Quality Indicator Items	Facility Discharge	Nation Discharge	Nation Adjusted Discharge
Number of Patients	**91**	**42,966**	**42,966**
GG0130: Self-Care			
A. Eating	5.8	5.8	5.7
B. Oral hygiene	5.8	5.7	5.7
C. Toileting hygiene	4.9	5.0	4.8
E. Shower/bathe self	4.8	4.8	4.7
F. Upper body dressing	5.4	5.4	5.3
G. Lower body dressing	5.0	4.9	4.8
H. Putting on/taking off footwear	5.0	4.9	4.8
GG0170: Mobility			
A. Roll left and right	5.3	5.5	5.5
B. Sit to lying	5.3	5.5	5.4
C. Lying to sitting on side of bed	5.3	5.5	5.4
D. Sit to stand	5.0	5.2	5.0
E. Chair/bed-to-chair transfer	5.1	5.2	5.0
F. Toilet transfer	5.1	5.0	4.8
G. Car transfer	4.8	4.7	4.6
I. Walk 10 feet	4.9	4.8	4.5
J. Walk 50 feet with two turns	4.6	4.5	4.3
K. Walk 150 feet	4.2	4.1	3.8
L. Walking 10 feet on uneven surfaces	4.1	4.3	4.0
M. 1 step (curb)	3.9	4.1	3.9
N. 4 steps	3.9	3.9	3.6
O. 12 steps	3.1	3.3	3.1
P. Picking up object	5.0	4.7	4.5
R. Wheel 50 feet with two turns	2.0	3.3	3.4
S. Wheel 150 feet	1.9	3.1	3.3

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QI HUDDLE

- REVIEW ADMISSION FREQUENCY OF SCORING REPORT

GG0130. Self-Care

F. Upper body dressing: The ability to dress and undress above the waist; including fasteners, if applicable.

	Admission			
	#	%	Region % Adjusted	Nation % Adjusted
06. Independent	1	1.2	1.0	1.4
05. Setup or clean-up assistance	12	14.1	13.0	13.7
04. Supervision or touching assistance	17	20.0	24.1	24.9
03. Partial/moderate assistance	26	30.6	32.2	32.3
02. Substantial/maximal assistance	18	21.2	19.2	18.3
01. Dependent	4	4.7	7.4	7.3
07. Patient refused	1	1.2	0.6	0.4
09. Not applicable	0	0.0	0.0	0.0
10. Not attempted due to environmental limitations	6	7.1	0.9	0.6
88. Not attempted due to medical condition or safety concerns	0	0.0	1.4	1.1
- Dash	0	0.0	0.1	0.0
Blank	0	0.0	0.0	0.0

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QI HUDDLE

- REVIEW DISCHARGE FREQUENCY OF SCORING REPORT

GG0130. Self-Care

C. Toileting hygiene: The ability to maintain perineal hygiene, adjust clothes before and after voiding or having a bowel movement. If managing an ostomy, include wiping the opening but not managing equipment.

	Discharge Goal				Discharge			
	#	%	Region % Adj.	Nation % Adj.	#	%	Region % Adj.	Nation % Adj.
06. Independent	50	56.2	26.6	46.3	51	57.3	51.5	59.2
05. Setup or clean-up assistance	1	1.1	1.5	3.0	1	1.1	3.4	3.6
04. Supervision or touching assistance	24	27.0	12.4	13.8	27	30.3	24.3	17.2
03. Partial/moderate assistance	12	13.5	5.9	7.9	6	6.7	11.9	9.8
02. Substantial/maximal assistance	2	2.2	0.8	1.6	2	2.2	5.4	5.9
01. Dependent	0	0.0	0.0	0.3	2	2.2	3.5	4.3
07. Patient refused	0	0.0	0.0	0.0	0	0.0	0.0	0.0
09. Not applicable	0	0.0	0.0	0.0	0	0.0	0.0	0.0
10. Not attempted due to environmental limitations	0	0.0	0.0	0.0	0	0.0	0.0	0.0
88. Not attempted due to medical condition or safety concerns	0	0.0	0.0	0.0	0	0.0	0.0	0.0
- Dash	0	0.0	0.9	3.1	0	0.0	0.0	0.0
Blank	0	0.0	51.9	24.1	0	0.0	0.0	0.0

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QI HUDDLE

"Multidisciplinary participation in accurate code selection is essential and is best accomplished by combining feedback from huddle staff."

- Hannah, RN, Outcomes Manager, Coralville, IA IRF

"Through discussing specific cases, we're able to identify if there is a score that does not make sense, then go back to the staff member to discuss the score further. We've also been able to use the frequency report… to identify PI projects."

- Ashley, PT, Director of Therapy, Lancaster, PA IRF

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QI HUDDLE

"The QI huddle created a real-time feedback loop between nursing and therapy, which closed the gap on scoring discrepancies. By ensuring accuracy from admission, we started targeting mobility and self-care deficits much earlier."

- William, OT, Director of Therapy, Langhorne, PA IRF

"In QI huddle, we continue to learn how to improve our processes."

- Lisa, RN, Outcomes Manager, St. Louis, MO IRF

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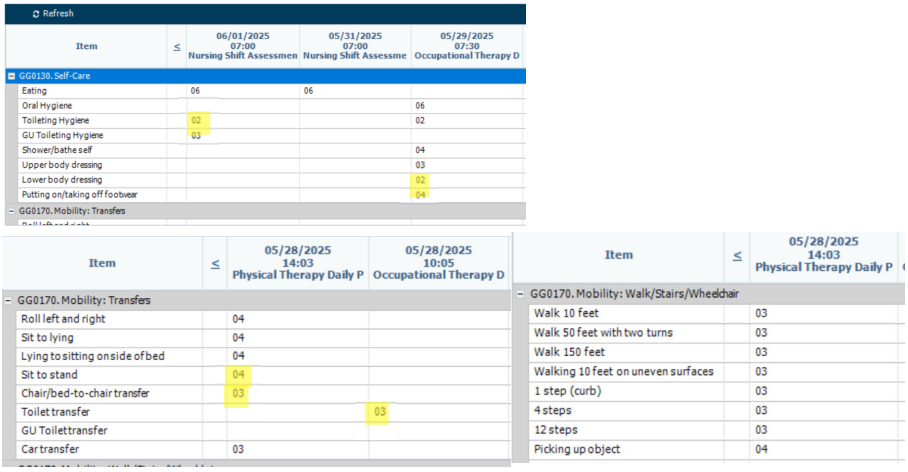
TEAM CONFERENCE

- UTILIZATION OF INTERIM QI SCORES IS CRITICAL TO ACHIEVEMENT OF CMS EXPECTED GOALS.



Refresh

Item	≤	06/01/2025 07:00 Nursing Shift Assessmen	05/31/2025 07:00 Nursing Shift Assessme	05/29/2025 07:30 Occupational Therapy D
GG0130. Self-Care				
Eating		06	06	
Oral Hygiene				06
Toileting Hygiene		02		02
GU Toileting Hygiene		03		
Shower/bathe self				04
Upper body dressing				03
Lower body dressing				02
Putting on/taking off footwear				04
GG0170. Mobility: Transfers				

Item	≤	05/28/2025 14:03 Physical Therapy Daily P	05/28/2025 10:05 Occupational Therapy D
GG0170. Mobility: Transfers			
Roll left and right		04	
Sit to lying		04	
Lying to sitting on side of bed		04	
Sit to stand		04	
Chair/bed-to-chair transfer		03	
Toilet transfer			03
GU Toilet transfer			
Car transfer		03	

Item	≤	05/28/2025 14:03 Physical Therapy Daily P
GG0170. Mobility: Walk/Stairs/Wheelchair		
Walk 10 feet		03
Walk 50 feet with two turns		03
Walk 150 feet		03
Walking 10 feet on uneven surfaces		03
1 step (curb)		03
4 steps		03
12 steps		03
Picking up object		04

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TEAM CONFERENCE

"Interim QI scores given by therapists provides progress insight for the whole team and OM and allows the OM to be aware of goals that are on track to be missed."

- Hannah, RN, Outcomes Manager, Coralville, IA IRF

"By placing the expectation of interim scoring on our teams, we are able to see in real time the progression, regression, or plateau of the individuals we serve. It allows us to be very targeted with our treatments, what all we need to focus on for our patients, and how we can continue to have them progress towards independence."

- Melanie, PT, Director of Therapy, Rogers, AR IRF

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INTERDISCIPLINARY COMMUNICATION

- COMMUNICATION BOARDS IN PATIENT ROOMS ARE UPDATED DAILY.
- THERAPISTS COLLABORATE WITH NURSING ON SPECIFIC ADL AND TRANSFER TECHNIQUES RELATED TO EACH INDIVIDUAL PATIENT.
- D/C QI PROJECTION SHEET IS SHARED WITH NURSING.
- FORMAL AND INFORMAL HUDDLES.

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INTERDISCIPLINARY COMMUNICATION

"We have daily rounds that the therapists on each team attend where they discuss barriers to independence as well as educational opportunities with nursing staff. Our physicians also attend and are receptive to feedback on medication adjustments to improve participation in therapy which ultimately impacts their independence."

- Ashley, PT, Director of Therapy, Lancaster, PA IRF

"Beyond the formal meetings, we've fostered a culture where therapists, nurses, and case managers regularly exchange insights. That kind of informal, ongoing communication lets us individualize interventions and prepare patients for real-world discharge demands."

- William, OT, Director of Therapy, Langhorne, PA IRF

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PEM RESULTS

- 15/41 Lifepoint IRF's achieved National Top 10% in FY2024.
- 29/41 Lifepoint IRF's achieved National Top 25% in FY2024.

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REFERENCES

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- iStock. "Medical Teamwork". https://www.google.com/url?sa=i&url=https%3A%2F%2Fwww.istockphoto.com%2Fphotos%2Finterdisciplinary-team&psig=AOvVaw3KAKNJ9GJsNAtqIv7GB6es&ust=1749835649941000&source=images&cd=vfe&opi=89978449&ved=0CBQQjRxqFwoTCLCh3pO07I0DFQAAAAAdAAAAABAE. Accessed on June 5, 2025.

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QUESTIONS?

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