

ST. JOHN'S REHAB HOSPITAL: LEADING PRACTICES SUBMISSION – CLHIN (Prepared by: Shelby Fisch, St. John's Rehab Hospital)

Leading Practice:

Building Capacity in Rehabilitation: Expansion to Inpatient Weekend Admissions and Therapy and Expanded Outpatient Rehabilitation Therapy Hours.

St. John's Rehab Hospital is building capacity in rehabilitation by expanding inpatient rehabilitation admissions and therapy to Saturday and Sunday and expanding hours of operation in the outpatient therapy program. The objectives of this initiative were to increase throughput for inpatient rehabilitation allowing patients to be admitted to inpatient rehab and discharged back to the community sooner and to increase access for these patients to outpatient programs. By meeting these objectives there is increased access to both SJRH inpatient and outpatient rehab programs which assists in patient flow for our acute care referring partners. St. John's Rehab Hospital is a key healthcare provider in addressing the ALC and ER challenges by increasing access and patient flow through the continuum of healthcare for patients requiring an inpatient rehabilitation program and outpatient services once discharged back to the community. The results of this leading practice have proven that through this initiative St. John's Rehab has the ability to assist the health care system in addressing patient flow challenges.

Components of this Practice:

Who is involved: Directly, St. John's Rehab Hospital's inpatient and outpatient programs teams implemented this initiative. Indirectly, acute care referring partners has worked with St. John's Rehab closely to ensure success of this initiative for patients requiring an inpatient rehab stay following acute care.

Roles: Within St. John's Rehab all departments and programs have played a key role in ensuring the success of this initiative including, clinicians, physicians, management, admissions staff, patients and families, decision support, finance, human resources and corporate communications. Our referring partners play an important role in ensuring the flow of referrals and expediting discharges from acute care.

Funding Sources: The Central LHIN has been the key funding source for this initiative under the provincial Aging At Home strategy. The funds were used to increase staffing to support weekend admissions and therapy and expansion of outpatient therapy hours. Additionally, through this initiative the funds were able to support the implementation of the LEAN philosophy and supporting activities to improve efficiencies in our admission and discharge processes for both inpatients and outpatients which has helped to achieve positive outcomes.

Implementation Details:

Implementation of this leading practice was initiated in January 2009. In order to support time for staff recruitment, management of the change in the organization, and the learning throughout the process of implementation it was decided that there would be a staggered approach for both inpatient and outpatient clinical programs. This occurred through six months of slowly adding clinical populations to be admitted and provided therapy on the weekends for inpatients and for patients to be treated in the extended hours for outpatients.

To ensure success in the implementation of this initiative there were five main operational objectives:

1. **Patient Flow and Access:** To create effective and efficient processes for patient flow and access through the system.
2. **Model of Care and Staffing:** To optimize appropriate staffing levels to ensure the provision of patient care and therapy occurs at the right time and at the highest quality achieving positive patient outcomes.
3. **Resource Utilization:** To optimize the effective and efficient use of resources throughout the implementation and evaluation of this initiative; and to use resource information for purposes of continuous quality improvement.
4. **Performance/Deliverables/Research:** To utilize performance information for continuous evaluation and improvement through effective measurement and reporting of process and clinical outcomes.
5. **Communication and Engagement:** To apply a transparent and collaborative process throughout the implementation and evaluation of the initiative.

Based on these objectives specific actions were taken that involved all departments. This approach was necessary to ensure that all supporting activities were accomplished. This has contributed to the overall success of this initiative. Many of the actions within these objectives are ongoing and continue today.

Performance Indicators and Outcomes:

The metrics used in our project charter to receive on-going funding from the CLHIN include:

- Number of Inpatient Admissions
- Inpatient Average Length of Stay
- Number of Outpatient Registrations
- Number of Outpatient Attendances

The following is the 2009/10 outcomes and 2010/11 projected outcomes:

Indicator	2008 Baseline	2009/10 Actual	2010/11 Projected
# of Inpatient Admissions	2441	2644	2740
Inpt Average Length of Stay	20.6	19.6	19.6
# of Outpatient Registrations	578	756	900
# of Outpatient Attendances	16525	22195	23347

In addition to the above indicators monitoring of the following indicators have occurred to evaluate the impact on additional performance areas:

- Weekend Admissions
- Weekend discharges
- Workload per patient LOS
- FIM Rating Change

The following are the results post one year implementation (Feb-Jan 2008/09 compared to Feb-Jan 2009/10):

Indicators	Control	Study	Results
Weekend Admissions	137	255	Increase 86.1% p<0.001
Weekend Discharges	143	303	Increase 111.9% p<0.001
Workload per Patient LOS	36.0 hrs	40.7 hrs	Increase 13.1% p=0.443
FIM™ Rating Change	21.9%	21.1%	Similar p=0.59

As can be seen from these positive results this leading practice has demonstrated its success and continues to show improved performance into its second year of implementation. Although a direct correlation with this initiative has not been made for ALC days, based on information provided from SJRH highest referring acute care partners their ALC to Rehab days have decreased from 2008-09 to 2009-10. One acute care partner has shown that since the inception of this initiative the proportion of admitted rehab referrals from their organization is significantly higher to SJRH compared to all other rehab facilities. These results are an indication that through the support of the CLHIN and multiple stakeholders this leading practice is valuable and imperative to support the broader healthcare system and has more than demonstrated its ability to assist with improving patient flow to alleviate the ALC and ER pressures in acute care and optimize patient outcomes.