

REDESIGNING THE MODEL OF CARE OF LOW TOLERANCE LONG DURATION REHABILITATION PROGRAM

Phuntsok Namgyal Joanna Armatys Reem Hamdonah



BACKGROUND

THE LOW TOLERANCE LONG DURATION (LTLD) PROGRAM COMPRISES 104 BEDS (OUT OF 206 TOTAL) AND IS ONE OF THE LARGEST PROGRAMS AT RHC

SHORTAGE OF HEALTH HUMAN RESOURCES

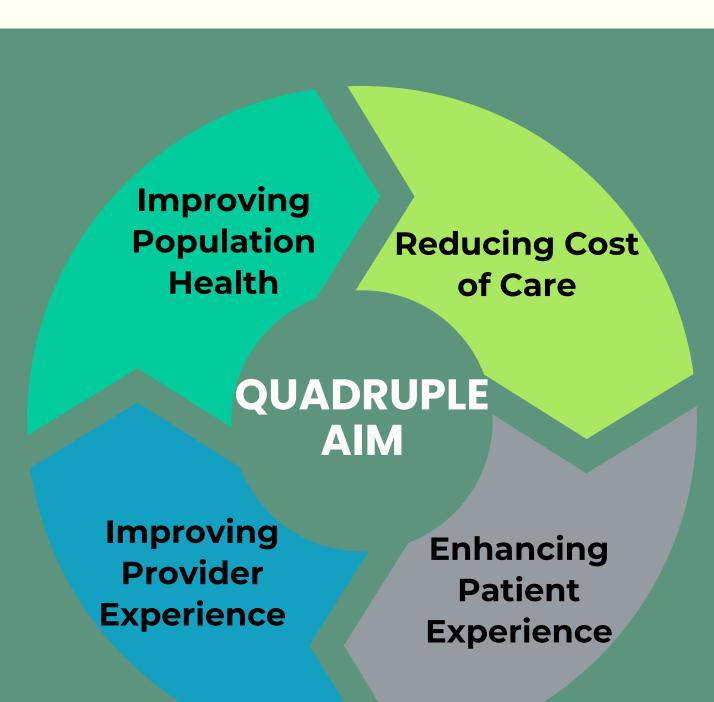
- DECREASED PATIENT AND STAFF
 SATISFACTION SCORES
- INCREASED ALLIED HEALTH STAFF
 TURNOVER AND POOR MORALE
- LACK OF INNOVATIVE REHAB PROGRAM



OBJECTIVE:

Redesign the LTLD Rehabilitation Program to enhance patient experience, improve staff satisfaction and increase efficiency.

Exceptional Experience





Quality, Safety, & Accountability

	Foster an organization-wide commitment to excellence.
	PEOPLE PLAN
min	Recruit and cultivate top talent to elevate our brand and support organizational excellence.

as they move through their and enhance organizational healthcare journey. effectiveness. RESEARCH & **EDUCATION** INNOVATION Enable continuous Establish and promote a improvement through vision holistic model of care for and thought leadership. aging and wellness. SUSTAINABILITY **TECHNOLOGY AND** INFRASTRUCTURE Reinforce culture of Invest in technology to environmental and financial improve safety, services,

CONNECTED

responsibility.

MINDSET

experience.

CUSTOMER SERVICE

Adopt a service-driven

HEALTHCARE

Enhance access, coordination

and support for patients

Design care responsive approach to enhance patient to community, patient and caregiver needs.

COMMUNITY CARE

and access to information.

OUR VALUES:

ompassion

A ccountability

I ntegrity

R espect

E | xcellence

STRATEGIC

PARTNERSHIPS

Expand partnerships to

streamline care delivery

METHODS: GAP ANALYSIS

External
Consultant
Comprehensive
Review and
Report

External SiteVisits

Cycle Time
Analysis for
Allied Health
Staff

Survey Results Staff
Engagement and
Patient
Satisfaction

IDENTIFIED GAPS



Inconsistency and redundancy in documentation



Increased waste (motion and extra-processing) during provision of care



Drastic variation in therapy provided to patients



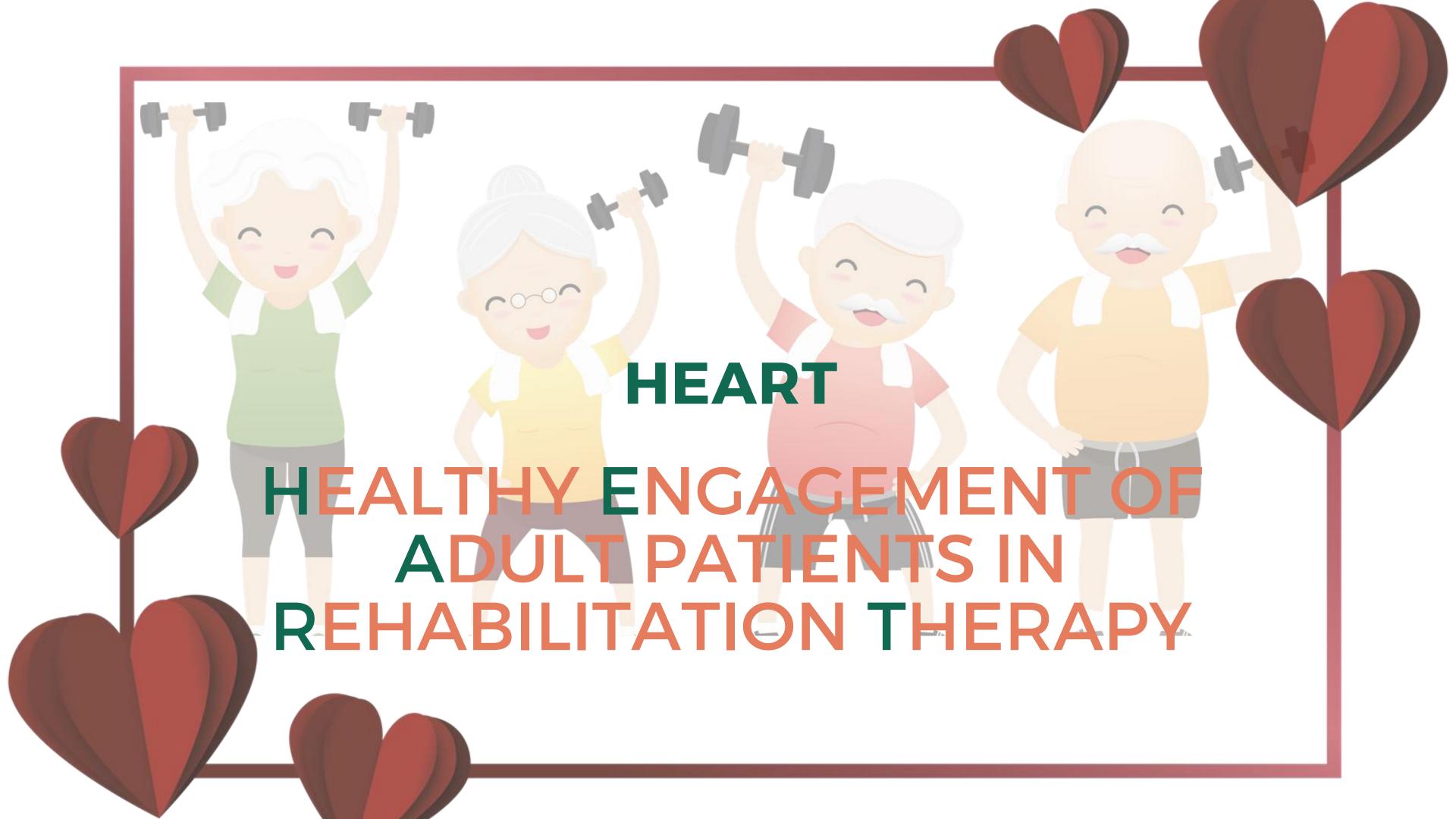
Increased patient downtime during their hospital stay



Lack of standardized workflow and staff accountability



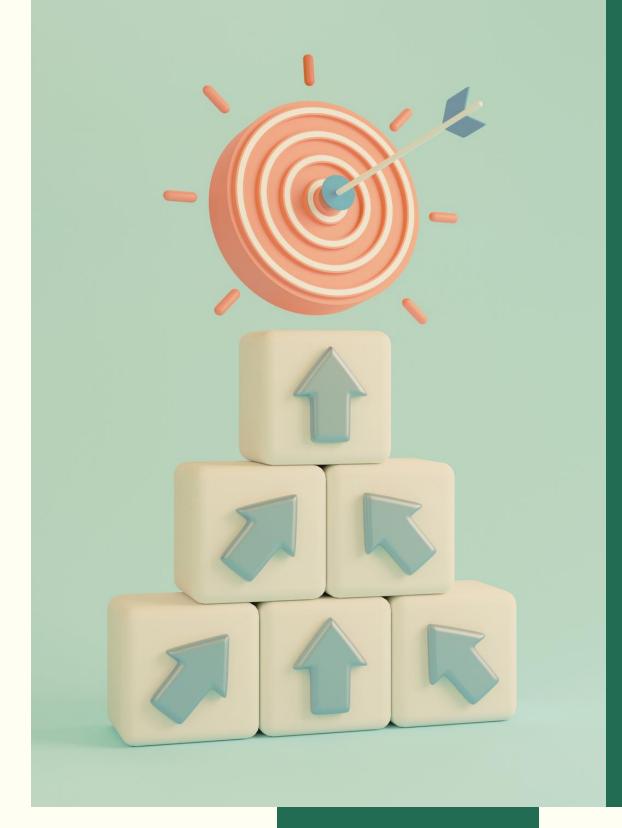
Decreased staff engagement



AIM 1:

Enhance Patient Experience

- Addition of Group Therapy to Rehab Program
 - Vestibular Training
 - Seated Strengthening Training
 - Circuit Training
- Virtual Therapy at Bedside
- Early Identification and Documentation of Patient SMART Therapy Goals
- Installation of Therapy Time Board

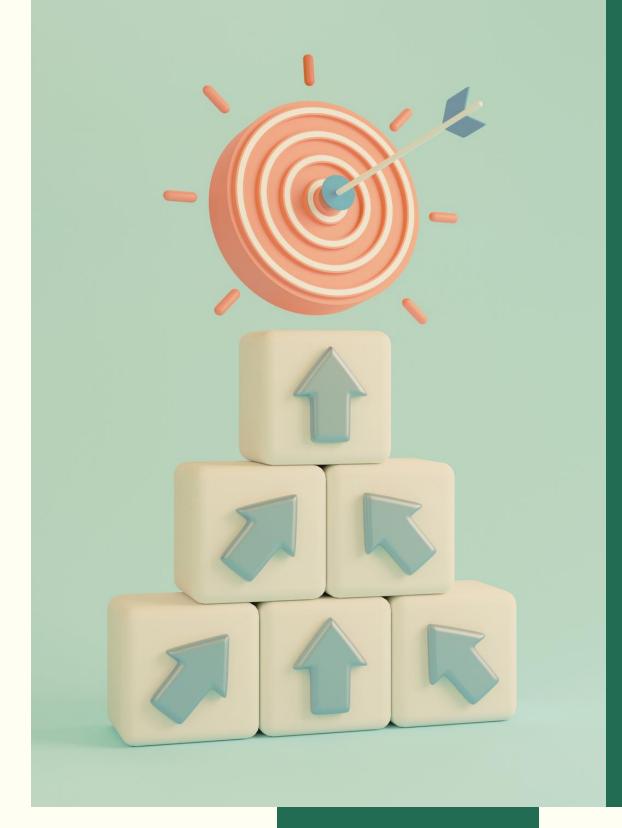


Today's Date	My Room #	My Telephone #	My Preferred Name	My Estimated Discharge Date			
		416-762-7316 Ext:		By 9:00 am			
My C	are Team	My Th	My Therapy Time				
Doctor Physiotherapist	Nurse Occupational	My R	☐ Independent☐ Supervision☐ One-person assist				
Rehab Assistant	Therapist Discharge Coordinator	2.					
APN/Team Lead	Manager	3.		My Walking Aid(s): None Cane			
Other team members:				□ Low Wheeled Walker □ High Wheeled Walker □ Other			
Sp	ecial Care	Am I in pain	My Questions and Comments				
	NYMEDE HCARE CENTRE	0 1 2 3 4 No Pain Mild Modera 0 0 1-3	Possible				

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Discipline	306	308	310-1	310-2	312-1	312-2	314-1	314-2	316-1	316-2	318	320	
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Occupational Therapist													
Rehabilitation Assistant		4											
Activation Therapy	107	25:				12				2	::0		
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Physiotherapist

Occupational Therapist



Rehabilitation Assistant



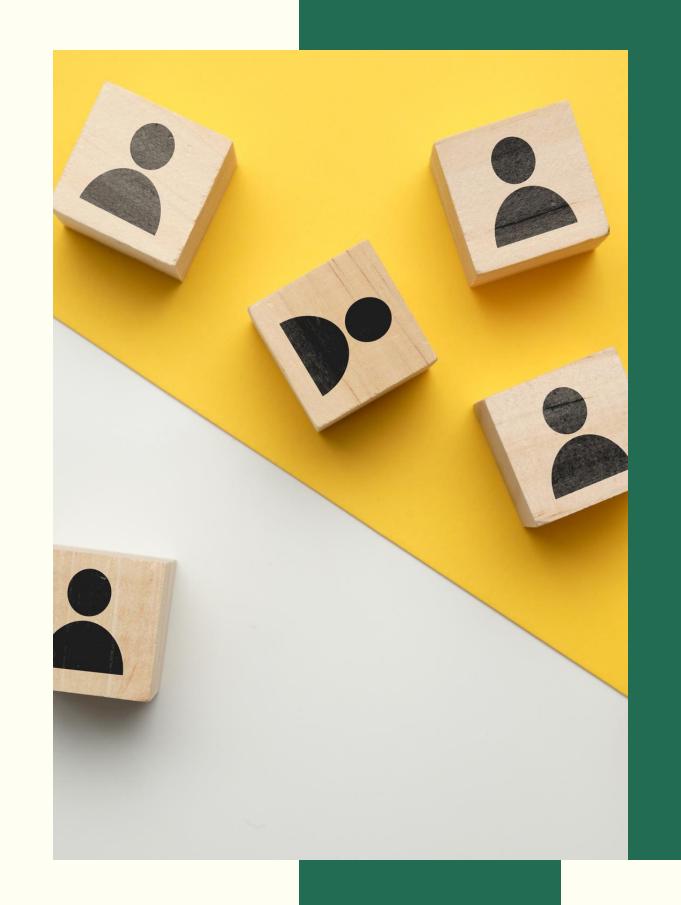
Activation Therapy



AIM 2:

Improve Staff Experience

- Staff Engagement
- Introduction of Practice Leads
- Improved Communication Channels
- New PT/OT/RA Schedule
- Allied Health Daily Patient Roster



AIM 3:

Increase System Efficiency

- Eliminate duplication and redundancy in documentation
- Generate automated SQL reports to enhance accountability
- Transfer of Accountability Process



EVALUATION STRATEGIES



Patients' Experience

Patient Feedback Survey

Therapy Minutes Report



Staff Experience

Staff Engagement Survey

Turnover Rate



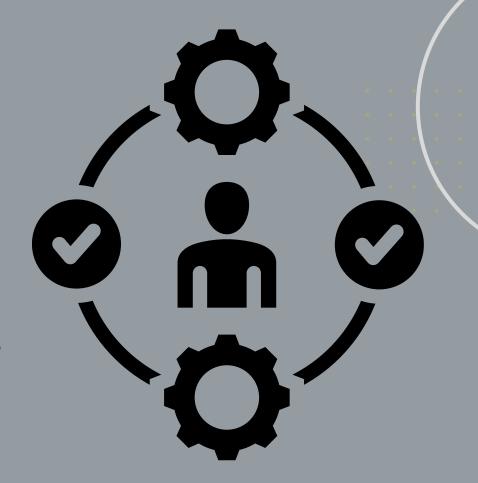
System Efficiency

Length of Stay

CMI

Project Facilitators

- Standardized Protocols and Processes
- Patient Education and Engagement
- Staff Buy-In
- Leadership Support
- Appropriate Resource Allocation
- Staff Training and Engagement
- Piloting Programs and Deliverables
- Continuous Communication with Staff and Patients
- User-Friendly Technology



Considerations and Barriers

- Understanding your patient groups
- Resistance to Change by Staff
- Think about any underlying issues
- Unit Outbreaks
- Space and Resource Constraints





Learning Points from our Experience







