

Strategies for Success in Post Acute Care: Clinical Skill Sets

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Objectives

- Define bundling and discuss the impact on post acute care
- Discuss differences between traditional silo models of care versus the continuum of care
- Development of clinical competency model

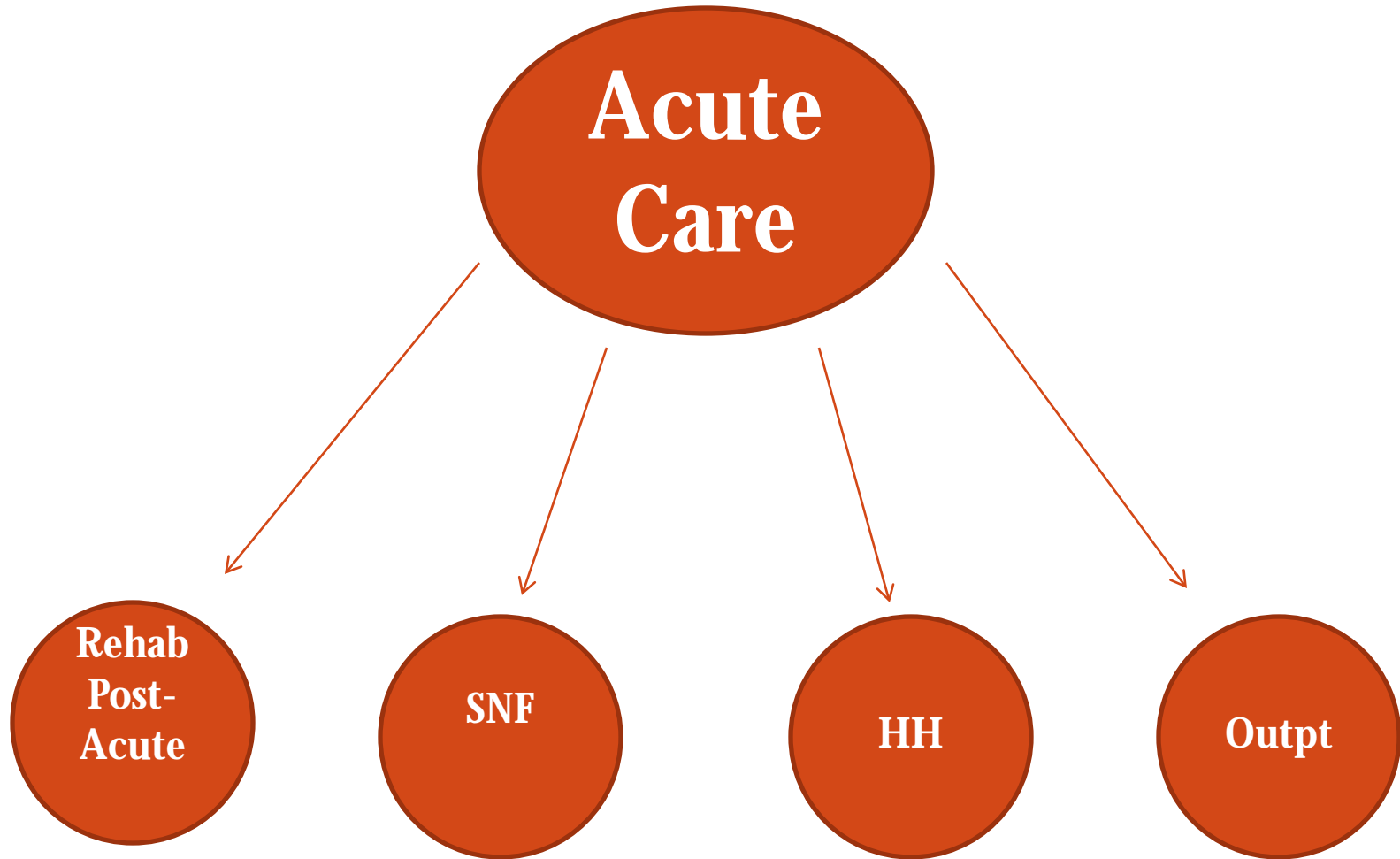
Bundling Definition

- CMS Goal:
 - Paying providers will encourage improvements in both the efficiency and quality of care provided to Medicare Beneficiaries
- Medicare pays a single provider entity an amount intended to cover the costs of providing the full range of care needed over a hospitalization episode
 - Single provider entity – possibilities are hospital, accountable care organization, integrated delivery system, post-acute coordinating entity

Bundling Environment

- Readmission reduction
 - CMS 2012 Final Rule includes the provision for the new quality measure for IRF's
 - 30-day Comprehensive All-Cause Risk-Standardized Readmission Measure
- Episodic Payment
 - Bundled payments for Acute Care, Post-Acute Care, Physicians, and possibly Outpatient Care

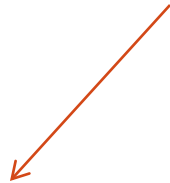
Bundling Environment



**Acute
Care**



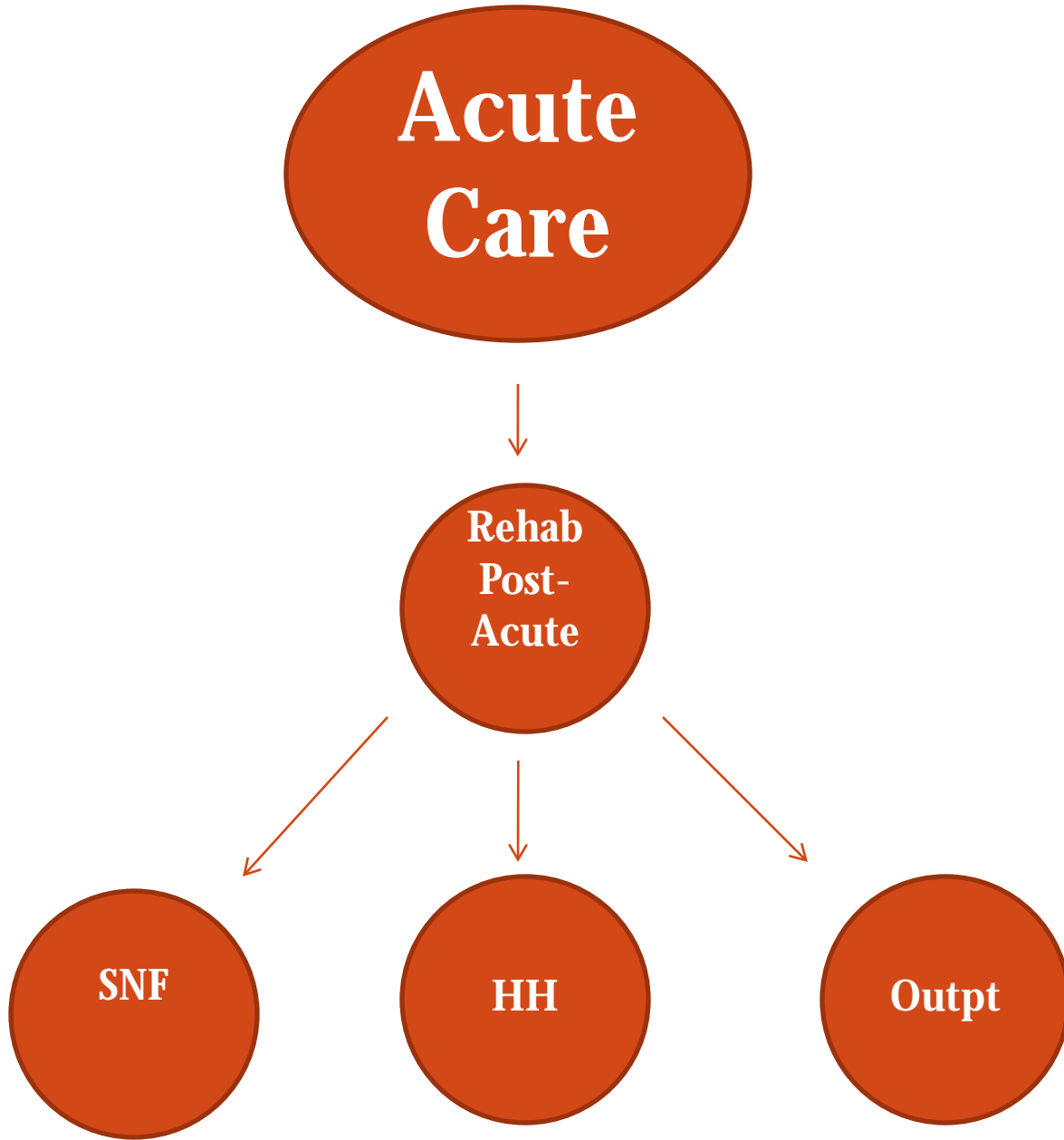
**Rehab
Post-
Acute**



SNF

HH

Outpt



Bundling Environment

- Efficacy of Rehabilitation (post-acute care rehab)
- Client centered care
- Clinical competence and efficiency by staff
- Continuum of care

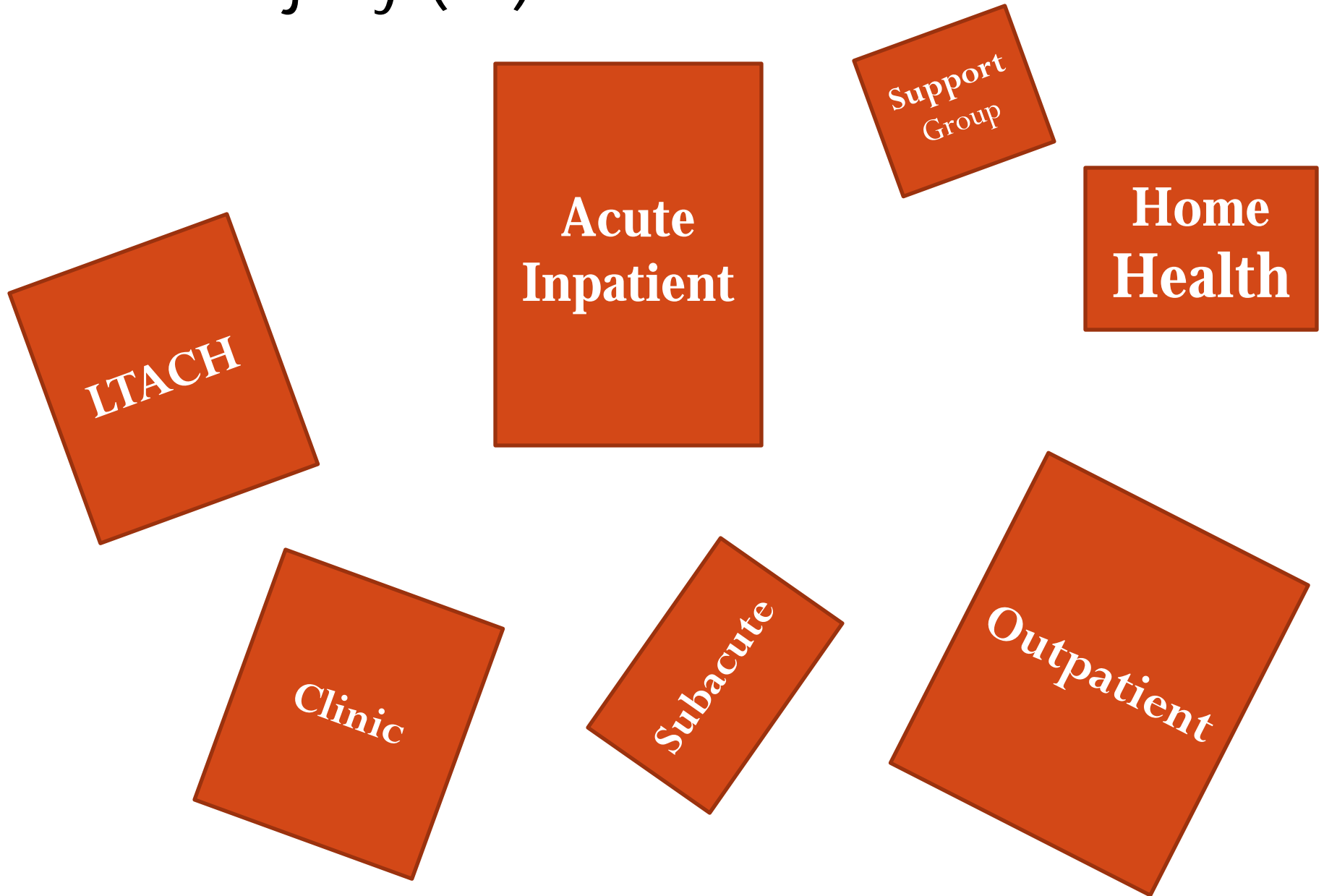
How to Survive in the World of Bundling

- Reinforce standardized skills in treatment
- Decrease cost
- Identify the most effective path for each individual client
- Reduce the impact of disability over time

How to Survive in the World of Bundling

- Integrated delivery
- Coordinated Care
- Incentives aligned with desired outcomes

Brain Injury (BI) Silos



Diagnosis specific continuums

- Identify diagnosis specific continuums (Brain Injury, Stroke, Spinal Cord)
- Assign leadership
- Schedule quarterly meetings
- Identify goals

Brain Injury Continuum of Care

Prevention

LTACH

Subacute

Outpatient

Clinic



Acute
Inpatient

Home
Health

Residential

Volunteer
Services

Brain Injury Support
Group

Neuropsychology Testing
and Counseling

Brain Injury University

Challenges of Developing a Continuum

- No carryover of care from one phase to another by clinicians
- No consistency with staff clinical competency
- Different documentation and testing measurements used by clinicians
- Limited client education/materials
- Limited resources
- Difficulty with referring clients throughout the continuum of care

Solutions to a successful continuum

- Utilized Six Sigma Retention committee
- Identified key staff, roles and responsibilities
- Researched internal and external clinical competency (i.e. internal nursing competencies, other facilities, evidenced based practice)

Creating Clinical Skill Sets (CSS) and assessing competency

- Ensuring competence of individuals working in healthcare is essential in achieving quality patient care, outcomes and safety.
- Thorough and timely competence assessments are commonly used to assess individual competence.
- JCAHO's Definition of Competency:
 - A determination of an individual's capability to perform up to defined expectations.
 - Knowledge, skills, ability, and behaviors that a person possesses in order to perform tasks correctly and skillfully.
 - Person's capability of performing job expectations.

BI Clinical Skill Sets (CSS): Phases of Development

(Date started)

- 1.) Investigated and reviewed existing/established BI competencies
- 2.) Six Sigma – Retention Committee
- 3.) Continuum meeting with all clinical staff to discuss competencies
- 4.) BI continuum staff reviewed content of the CSS.
- 5.) BI continuum staff gathered resource material for reference manuals.
- 6.) Clinical Skill Set reviewed/completed with the Medical Director
- 7.) Six Sigma Retention Committee – product review and suggestions
- 8.) Continuum management , Practice Coordinators and key clinical staff- product review

BI Clinical Skill Sets (CSS): Phases of Development

9.) Practice Coordinator (PC) reviewed reference manuals material

- Best Practice
- Annual Competencies
- Identified Champions

10.) Continuum implementation meeting to review product

11.) Practice Coordinators dedicated time for product review, development, education, validation

12.) Final product review Best Practice Committee

Strategic Development

- **Executive sponsorship** – buy in by Senior Management
- **Participative development** – Six Sigma, Continuum staff
- **Successful history** – Acute Rehabilitation models
- **Evidence of desired outcome** – CARF
- **Supportive management team** – Six Sigma/BI continuum, PCs

Aim of the Clinical Skill Sets

- Pilot - Brain Injury Continuum
- OT
- PT
- SLP
- Nursing

Goals of CSS

- 1.) Retain the best employees
- 2.) Benchmark competencies – clinical skills
- 3.) Benchmark outcomes
- 4.) Apply competency to clinical practice
- 5.) Facilitate communication
- 6.) Facilitate community involvement
- 7.) Meet CARF requirements
- 8.) Promote safety and prevent harm

Expected improvements from CSS

- Individual clinical skills
- Client/Family satisfaction
- Consistency of care
- Employee satisfaction
- Employee engagement

Develop, execute and define the spread

Role Delineation

OT – PT - SLP Practice Coordinator	Nursing Coordinator	Program Manager	Physicians / Neuropsychology	Therapy Coordinator	Champion	Employee	Best Practice Committee	Human Resources
<ul style="list-style-type: none"> Identify annual competency Identify hospital "Champions" for validation Per Practice Coordinator, establish skill requirements for Champions Approve resource material / addendum Review / develop employee clinical goals established by Unit Coordinators based on CSS Review additions to CSS with Program Manager prior to submission to Best Practice Committee Schedule annual competency one time per year Float Competency 	<ul style="list-style-type: none"> Identify annual competency Identify hospital "Champions" for validation Per Practice Coordinator, establish skill requirements for Champions Approve resource material / addendum Review additions to CSS with Program Manager prior to submission to Best Practice Committee Schedule annual competency one time per year Clinical pathway for accountability for each clinician Tracks individual and group CSS completion 	<ul style="list-style-type: none"> Additions to CSS with Practice Coordinator prior to submission to Best Practice Committee Participates in clinical observation Monitors / controls accountability Psychology Validation Review Case Management Validation Review 	<ul style="list-style-type: none"> Continuum Manuals 	<ul style="list-style-type: none"> Complete orientation / initial skill sets Goal development, performance appraisal based on CSS: utilize Portfolio Annual competency information for initial orientation materials Clinical Pathway Plan for accountability for each individual clinician Tracks individual and group CSS completion Facilitates Educational group sessions in conjunction with Practice Coordinator for validation. 	<ul style="list-style-type: none"> Validation Education 	<ul style="list-style-type: none"> Keep copy of CSS in binder established for that purpose Complete annual competencies 	<ul style="list-style-type: none"> Approve additions to CSS 	<ul style="list-style-type: none"> Receives copy of CSS to be turned in with performance appraisal

Champion Selection Process

- Identified and selected by the Practice Coordinator
- Determined to be a clinical expert in a specific area of practice
- Demonstrated a commitment to clinical excellence

Champions' Roles

- Validate clinical skill sets
- Provide education
- Encourage application of evidence based practice with all clients

- Examples: Splinting/Casting, Modalities, Home Evaluation, Driving, Swallowing, Technology

Validation

- Practice Coordinators and/or ‘champions’ organize educational series. *Therapy Coordinators will assist with facilitation.*
- Requires employees to complete prep work prior to validation (i.e. Articles on evidence based practices, in-services, case studies, written tests)
- Can be completed on any unit, group setting or 1:1
- Must be validated by a Practice Coordinator, an identified ‘Champion’ or a Therapy Coordinator

CSS Categories

- Discipline Skill Sets
 - OT, PT, ST, Nursing
 - Non-Continuum Based
- Continuum Specific Skill Sets
 - Medical Director and Practice Coordinator guided
 - Brain Injury Continuum
- Advanced Clinical Skill Sets
 - Continuum Based
 - Non-Continuum Based

Discipline Specific Skill Sets

- Nursing
- ST
 - Aphasia assessment and treatment, cognitive-linguistic, clinical swallow
 - 252 skills
- OT
 - ROM, MMT, anatomy, vision, driving, home management, ADL retraining, AE/DME education
 - 264 skills
- PT
 - ROM, MMT, balance, gait, transfer training
 - 308 skills

Continuum Specific Skill Sets

Brain Injury Continuum 31 skills

- Anatomy of the brain
- Rancho Los Amigos (RLA) levels
- Glasgow Coma Scale (GCS)
- Post-Traumatic Amnesia (PTA)
- Neurological assessments

Advanced Clinical Skill Sets

- ST
 - Voice disorders, modified barium swallow, FEES
- OT
 - Casting, splinting, modalities
- PT
 - Vestibular therapy, aquatic therapy, seating and mobility

Annual Competencies

- Annual competencies for all disciplines/continuum based on Practice Coordinator assessment of need
- Ensures that competency from all staff is being evaluated and maintained
- Examples: vital signs, restraints, range of motion, transfers

Barriers of CSS

- Time/Cost
- Resistance from clinicians and managers
- Best practice not followed by all clinicians
- Different applications and knowledge of clinical skills
- Management staff not facilitating CSS with their employees

Controls/Accountability

Original Process

- Employee retention and satisfaction
- Number of champions/validation rate
- Best Practice Committee – number of additions
- Unit spread plan
- Chart audits: quarterly

Controls/Accountability

Additions: post pilot completion

- Therapy Coordinator: Facilitated educational opportunities with PC and champions, assisted with creating goals for employees
- At least 1 clinical goal on performance appraisal and reviewed by Practice Coordinator
- Copy of CSS turned in with the performance appraisal
- Therapy Coordinator- tracking sheets
- Monthly meeting for Therapy Coordinators, Practice Coordinators, Program Managers
- Annual competency classes established/attended

Controls/Accountability



Results since BI CSS

- Consistency in quality of care during every phase of recovery
- Communication among staff, physicians, clients and family members
- Client and family education and satisfaction (from 76% to 91%)
- Client referrals across continuum
- Staff education attendance (BI university, CEUs)
- Specialty certifications (CBIS, modalities, vision)
- Staff retention
- Staff recognition by senior management
- Client discharge to home/community vs. placement
- Community involvement
- Increase in BI survivors volunteering

Lessons Learned

- Able to streamline and simplified process
 - Discipline, Continuum Specific, and Advanced CSS
 - Decrease number of champions
 - Restructured time lines for completion
 - Roles delegated
- Validation more realistic based on time

Future Direction of Continuums and CSS

- Spinal Cord Continuum
- Stroke Continuum
- Amputee Continuum
- Pediatric Continuum
- Orthopedic Continuum
- Pulmonary Continuum

IN CONCLUSION...

- Without Post Acute Rehab...
 - Jail, over medications, unemployment, homeless, failure in school, admits to mental health facilities and nursing homes.
- Don't know what bundling will look like in the future, just know we need to take action now.
- Hospitals that begin to develop structures and processes to allow for bundled agreements will be better positioned for success than those that do not.
- Let's work together as an industry (effectiveness, efficiency, and improve quality of life)

References/Recognition, etc

- Cardinal Hill Rehabilitation Skill Sets: OT, PT, ST, Nursing, and Inpatient Brain Injury. Accessed June 2011.
- Joint Commission on Accreditation of Healthcare Organizations. Assessing hospital staff competence. Oakbrook Terrace, IL; 2002: 6-39.

Questions...

- If you would like a copy of our CSS (discipline specific, advanced, and continuum specific) please let us know.
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 - Monica Davis mag1@cardinalhill.org (859) 367-7145

Addendum : CSS Terminology

1. Portfolios: The small green binders that each clinician received.

Sections include:

- **Profile:** This section includes Personnel Profile, Resume, Awards and Recognition from other staff.
- **Annual Competency:** This section includes copies of competencies completed by the clinician in March (i.e. restraints, blood pressure, heart rate, pulse ox, and discipline specific competencies.)
- **Clinical Skill Set:** For discipline skill sets (non-continuum based and advanced) and continuum specific skill sets (i.e. BI, SCU, etc). A current list of champions is also included in this section.
- **Personal Goals:** This section is where the clinician places their performance appraisal with goals.
- **Continuing Education:** This section is very helpful for when the clinician needs to renew their license/certifications.
- **Presentations:** This section includes the “presentation list” and allows the clinician to place copies of their power points, research articles, etc. here.
- **Program Development/Participation:** This is where the clinician lists what type of programs they have participated in at the hospital as well as in the community (i.e. Coma Emergence, OT month committee, Six Sigma, BIAK walk, etc.)
- **Community Participation Tab:** This section includes any events that the clinician attended outside of their program (i.e. BIAK walk committee and volunteering, chef and child, helmet giveaway, etc.)
- **Clinical Observation:** This section is used with the clinician and their mentor to increase overall treatment with clients. Allows the mentor to provide feedback during and after a treatment session has been observed.
- **Licensure:** This section is where clinician places copies of therapy license and certifications (i.e. CBIS, modalities, etc.)

Addendum : CSS Terminology

2. Continuum Specific Reference Manual and Continuum Specific Skill

Set: More medical based information developed by physicians, Program Manager, continuum facilitator, and Practice Coordinators. Reviewed by the Practice Coordinators for final approval. Some units will house multiple continuum specific reference manuals and continuum specific skill sets (i.e., Outpatient will have BI continuum, CVA continuum, SCU continuum, Ortho continuum, Amputee continuum, and Peds continuum because they serve each of these populations. SCU will have the BI continuum, SCU continuum, and Peds continuum).

- Example: **BI Continuum Specific Reference Manual** includes: general anatomy, brain injury continuum overview, rancho family guide, rancho levels, Glasgow coma scale, brain injury recovery process, emotional recovery, family adjustment, storming, post-traumatic amnesia, MRI scan, skin integrity, CT scan, pain scale, cranial nerves, program development/participation, complications, FIM scoring, CBIS, behavioral management, and pharmacology.

Addendum : CSS Terminology

3. Discipline Specific Reference Manual and Discipline Specific Skill

Set: Clinical skills developed by the Practice Coordinators. Includes OT, PT, ST, RT, and Nursing skill sets (**non-continuum based**). Each unit, as well as, the Practice Coordinators will have copies of each of the discipline specific reference manuals. These reference manuals will be used by clinicians to increase their knowledge of each clinical skill.

– Examples:

OT Reference Manual: vision, ADL retraining, energy conservation, ROM, MMT, sensory processing, sexuality, respiratory, home exercise programs, and home evaluations.

PT Reference Manual: aquatic therapy, balance, falls, wound care, gait patterns, transfers, spasticity and tone.

ST Reference Manual: evaluation information, aphasia, assistive technology, apraxia, dysarthria, voice, swallowing and cognition.

Addendum : CSS Terminology

4. Discipline Specific Continuum Reference Manual and Discipline Specific Continuum Skill Set: Clinical skills developed by the Practice Coordinators. Includes OT, PT, ST, RT, and Nsg skill sets (**continuum based**). Each unit, as well as, the Practice Coordinators will have copies of each of the discipline specific continuum reference manuals. These reference manuals will be used by clinicians to help increase their knowledge of each clinical skill.

– Examples:

OT Brain Injury Manual and Skill Set

PT Spinal Cord Manual and Skill Set

ST CVA Manual and Skill Set

Addendum : CSS Terminology

5. Coordinator Validation Tracking Sheet: Used by Therapy Coordinators and Supervisors to track completed validations on an individual basis. Each discipline will have a tracking sheet. These tracking sheets help the coordinator/ supervisor manage completed validations. Coordinators/ supervisors can use these tracking sheets to get an overview of the entire department by looking in one area.

– Examples:

OT validation tracking sheet (includes non-continuum and continuum)

PT validation tracking sheet (includes non-continuum and continuum)

ST validation tracking sheet (includes non-continuum and continuum)

BI continuum tracking sheet (used by all disciplines)

Addendum: OT CSS Example

Performance Behaviors –Homemaking / Safety Assessment	Validation			Date	Initial
<p>Able to verbalize an understanding of rationale for completing homemaking / safety assessment by:</p> <p>a. Considers client areas of deficits and risks involved in use of heat / sharps during assessment</p> <p>a. Understands pre-hospitalized role in household task performance</p>					
	M	N	N/A		
	M	N	N/A		
<p>Able to safely perform kitchen safety assessment for client by:</p> <p>a. Distinguishes between client's ability to perform simple or complex meal preparation by considering functional cognitive level.</p> <p>b. Determines client's ability to perform simple meal planning and grocery shopping tasks.</p> <p>c. Considers functional mobility and adaptive equipment needs during item retrieval, preparation, and clean-up tasks within kitchen environment.</p> <p>d. Provides appropriate level of supervision / cues to promote safe environment with use of heat / sharps.</p>	M	N	N/A		
	M	N	N/A		
	M	N	N/A		
	M	N	N/A		
<p>Able to safely perform light housekeeping and laundry tasks with client by:</p>	M	N	N/A		
<p>a. Considers client's functional mobility and cognition during task completion.</p>	M	N	N/A		

Addendum: ST CSS Example

Performance Behaviors – Clinical Swallow Evaluation	Validation			Date	Initial
Demonstrate knowledge of the structure and function of the swallow mechanisms as it relates to the process of assessing and treating swallowing disorders.					
a. Review departmental educational material relating to dysphagia.	M	N	N/A		
Demonstrate knowledge of dysphagia diets and liquid thickening procedures.					
a. Review departmental material on dysphagia diets and liquid thickening techniques.	M	N	N/A		
a. Demonstrate thickening procedure for liquids with mentor.	M	N	N/A		
Demonstrate knowledge of oral care and ice chip/water protocol procedures.					
a. Review departmental material on oral care and the oral care protocol.	M	N	N/A		
a. Review departmental material on the ice chip/water protocol.	M	N	N/A		

Addendum: PT CSS Example

Performance Behaviors - Transfers / Gait Equipment (updated 3/11/11)	Validation			Date	Initial
Attends inservice (or views video of inservice) regarding transfers and gait equipment	M	N	N/A		
Able to utilize all transfer types with clients and can provide feedback to all other staff/team members. Performs each with a PT Champion					
a. Hoyer lift – appropriate sling placement and safety	M	N	N/A		
a. Two –man lift	M	N	N/A		
a. Stand – pivot	M	N	N/A		
a. Squat – pivot	M	N	N/A		
a. Sliding board	M	N	N/A		
a. Knows how to obtain a sliding board on the unit when required by a client	M	N	N/A		
a. Dependent transfer	M	N	N/A		
a. Body Mechanics	M	N	N/A		
a. Environmental Safety	M	N	N/A		

Addendum: Brain Injury Continuum CSS Example

Performance Behaviors – Knowledge Base – all disciplines	Validation			Date	Initial
Review basic neuro geography, parts, systems and functions. Demonstrate knowledge of site of lesion as related to deficit. a. Review written material in reference manual	M	N	N/A		
Department resources given to staff. a. Review written information on cranial nerves and their function. a. Review written material for brain injury pharmacology, specific reasons for use, and side effects. a. Review stages of adjustment for clients and families. a. Review written material on behavioral issues for brain injury clients. a. Review written information on group treatment, format, and goal setting.	M	N	N/A		
	M	N	N/A		
	M	N	N/A		
	M	N	N/A		
	M	N	N/A		
Review Rancho Los Amigos (RLA) levels a. Review RLA level handout. a. Review RLA level of all BI clients on caseload 2 times appropriately.	M	N	N/A		
	M	N	N/A		
	M	N	N/A		
Review written information on the Glasgow Coma Scale (GCS).	M	N	N/A		