

FACILITATING THE TRANSFER FROM ACUTE CARE UNITS TO A REHABILITATION UNIT



In *Facilitating the Transfer from Acute Care Units to a Rehabilitation Unit*, a team from Alberta Health Services at Foothills Medical Centre also used process improvement methodologies to improve the transition to rehabilitation for patients with neurological conditions. As a result of the initiative, partnering the departments of Clinical Neurosciences and Rehabilitation and Specialized Clinical Services, 87% of patients received enhanced therapy in acute care; 77% of patients continued their intense rehabilitation within one day of transfer which is up from 17%; and 95% of patients received a patient and family consultation within two weeks of transfer.

Contact:

Jason Knox

jason.knox@albertahealthservices.ca

Authors:

- P Finlay - Family Member
- A Holland - Patient Member
- S Weatherhead - NC
- M Huser - LPN
- B Festa - Unit Clerk
- K Trann - PT
- M Tsaprailis - OT
- K Francis - Rec T
- D Blois - SW
- D Gumbs - MD
- C McGovern - MD
- S Beairsto - MD
- E Reimer - Dr. Vernon Fanning Centre Rehab & Recovery Unit Intake Coordinator
- D Peltier - NC
- C Edmond - Director
- BL Morrice - Director
- J Hagel - Program Planning Manager
- M Suddes - QI Consultant
- J Knox - QI Consultant

Purpose:

The overall objective was to address patient flow; in particular to improve outflow from the Emergency Department by addressing throughput in inpatient care or access to ambulatory care. Delayed patient admissions were resulting in congestion, overcrowding, and prolonged wait times in Emergency Departments across the Region.

Context:	This was a project chartered under the umbrella of a system wide regional initiative focused on "Getting Rid of Inappropriate Delays that Limit Our Capacity to Care" (GRIDLOCC) - a two year project funded by the "Wait Times Management Initiative" through the Government of Alberta.
Resources:	FTEs: 1.0 x 40 weeks (includes time of all project team members, facilitators, and sponsors)
Source of resource:	<input checked="" type="checkbox"/> <i>In kind</i> contributions from the organization <input checked="" type="checkbox"/> Dedicated internal funding <input checked="" type="checkbox"/> External funding (example grant, Ministry etc.)
Population group:	Patients referred, accepted, and transferred to the Tertiary Neuro Rehabilitation Unit from Foothills Medical Centre Acute Neurosciences Units.
Patient flow entry and end points:	Physiatrist consultation on an acute care Neurosciences unit, through transfer, until the end of their first week of admission on the Tertiary Neuro Rehabilitation Unit.
Description/ approach:	The Lean quality improvement methodology was leveraged in the form of a one-day "value stream map" event followed by a four-day "kaizen" rapid improvement event.
Tools and tactics:	<p>Process improvements implemented:</p> <ul style="list-style-type: none"> - Streamlining the Physiatry consult procedure. - Developing a combined and transparent waitlist for all rehabilitation teams. - Implementing a Tertiary Neuro Rehabilitation program for waitlisted patients while on acute units (similar to a "universal bed" philosophy). - Eliminating "starts and stops" to therapy when the patient is transferred by continuing therapy within one day of admission to the rehabilitation unit. - Conducting team/family conferences for every patient within 1-2 weeks after their transfer to the Rehabilitation unit to establish rehabilitation goals and identify estimated discharge dates.
Measurement approach:	Percentage of patients receiving enhanced therapy on acute Neuroscience units following acceptance to the Rehabilitation unit waitlist. Percentage of patients whose therapy was continued within one day of transfer onto the Rehabilitation unit. Percentage of patients receiving a family conference within two weeks after admission to the Rehabilitation unit.

Impact/ evaluation:	<p>Results of the Rehabilitation kaizen over the subsequent six months demonstrated that:</p> <ul style="list-style-type: none"> - 87% of patients received enhanced therapy in acute care (did not happen pre-kaizen) - 77% of patients continued their intense rehabilitation program within one day of transfer (pre-kaizen was 17%). - 95% of patients received a family conference within 2 weeks after admission (no conferences were held on admission pre-kaizen, and <5% of patients had conferences at any point in their rehabilitation stay).
Observation/ Discussion:	<p>The Neurosciences team found the Lean approach to be a very effective way to balance the need to develop improvements which are frontline-led <i>and</i> ensure the new process truly adds value from the perspective of patients and family members by involving them directly in the improvement work. Rapid change <i>is</i> possible and the Department has been impressed both at the scale of change involved as well as the power to sustain improvements in their process and maintain the gains that were made. Following the kaizen event D Blois, a Social Worker, identified that, “It was a lot harder than I thought it would be – the intensity, having to think critically about the things you do every day, and brainstorming out-of-the-box thinking. Having patients and family members on the team brought a really dynamic perspective, and really positive outcomes were achieved because of their input. After all, they are the experts on what they need.”</p>
Critical success factors/ lessons:	<p>Frontline staff tracked performance of the new processes in an electronic spreadsheet “production control” or “andon” board. Partnering a quality improvement consultant with an operational co-lead (clinician) was advantageous. Sponsors and managers played a vital role in supporting the kaizen work and implementation of the new process.</p>
Limiting factors:	<p>Augmenting community services in order to facilitate an earlier supported discharge from the Rehabilitation unit. Establishing a process for transferring patients off the Rehabilitation unit if they require discharge to assisted living, other institutions, or continuing care.</p>