

## Background

The need for a highly-coordinated, specialized team, who meet regularly to discuss the rehabilitation goals and progress is a part of Stroke Best Practice Guidelines.<sup>1</sup> Quantitative measures such as Rehabilitation Intensity (RI) and RPG (Rehab Patient Grouping) length of stay targets provide quantitative measures of patient centered care. Staff and Patient satisfaction surveys are a method of measuring the qualitative improvements of our day to day work. The rehabilitation unit at the Hamilton Health Sciences (HHS) did not have a consistent process for RPG availability and team rounds were lasting for over 2 hours which impacted the amount of time available for RI.

## Purpose

To review the team rounding process and to apply the LEAN principles to reduce waste and improve qualitative and quantitative outcomes.

## Methods

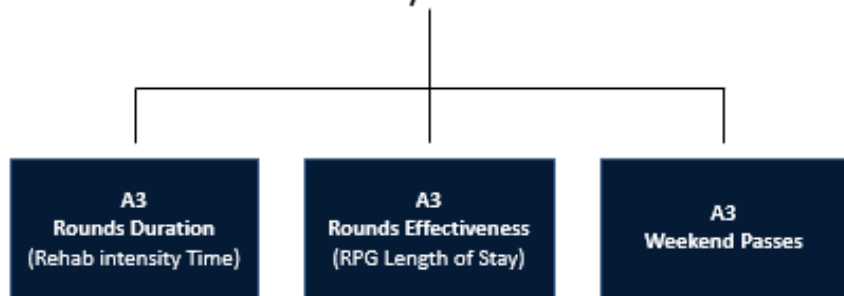
The team participated in a process mapping exercise, which identified opportunities related to the rounding process. Staff satisfaction surveys and experience based patient questionnaires were used to capture the staff and patient voice.

### Balancing measure – Staff Voice

| Low Rating                                                                                                                                                    | Mixed Rating                                                                                                      | High Rating                                                                                                                                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li>Duration of Rounds</li> <li>Right information is shared in Rounds</li> <li>Team awareness of RPG importance</li> </ul> | <ul style="list-style-type: none"> <li>Rounds start time</li> <li>Rounds facilitate safe pass planning</li> </ul> | <ul style="list-style-type: none"> <li>My "professional voice" is heard at Rounds</li> <li>Team aware of patient goals post-rounds</li> </ul> |

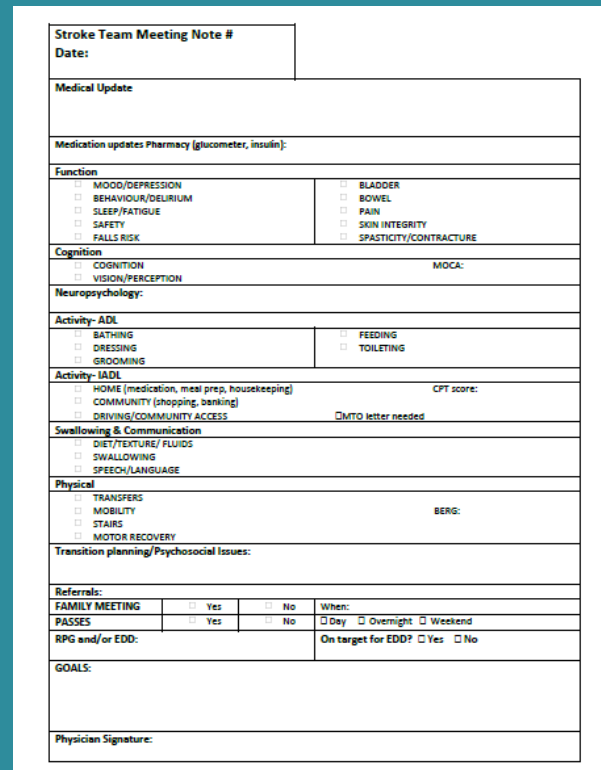
Three working groups formed: RPG Processes, Rounds Processes and Pass Processes. Each subgroup utilized a problem solving tool from the Continuous Quality Improvement Management System called an A3. An A3 is a tool that helps identifies the problem, current and target state and deliverables.

### Weekly Rounds

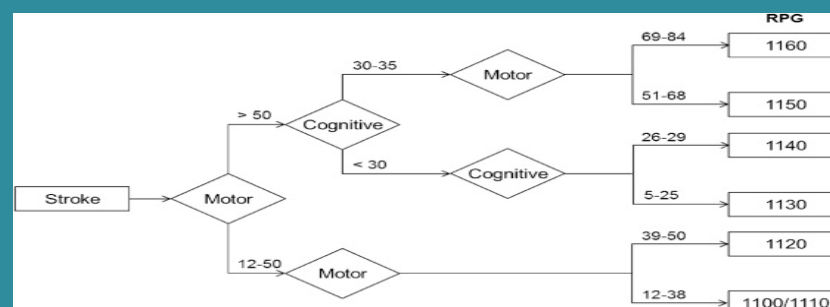


The Rounds group identified variability in the structure, process and timing of team rounds. Standard work for team communication outside of rounds was created for RPG 1150 and 1160s and a MD Rounding Tool was revised (see Figure 1).

Figure 1: MD Rounding Tool

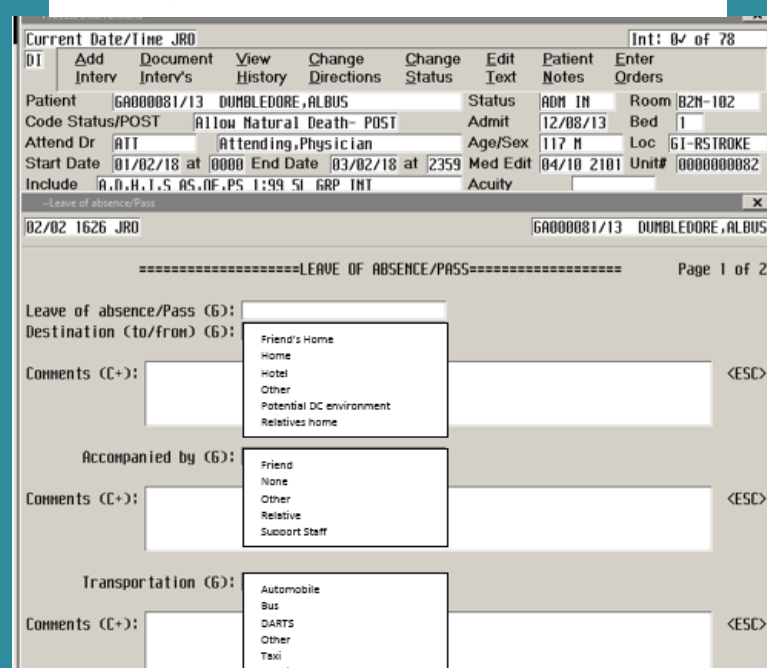



The RPG Subgroup identified opportunities for team collaboration of FIM entry, education gaps in the importance of FIM scoring and how to calculate RPG manually using the RPG Algorithm below.



The Pass group identified variability in pass training and documentation. The team initiated standard work for pass training including standard pass documentation (see Figure 2).

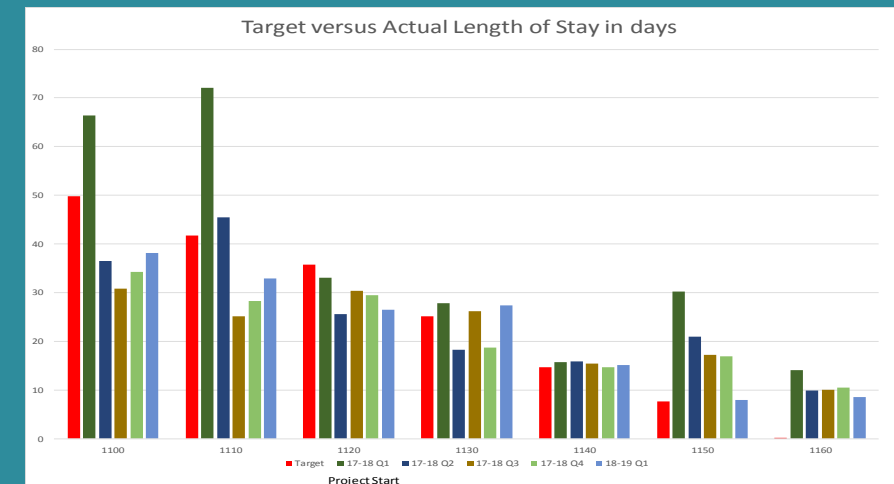
Figure 2: Pass Documentation



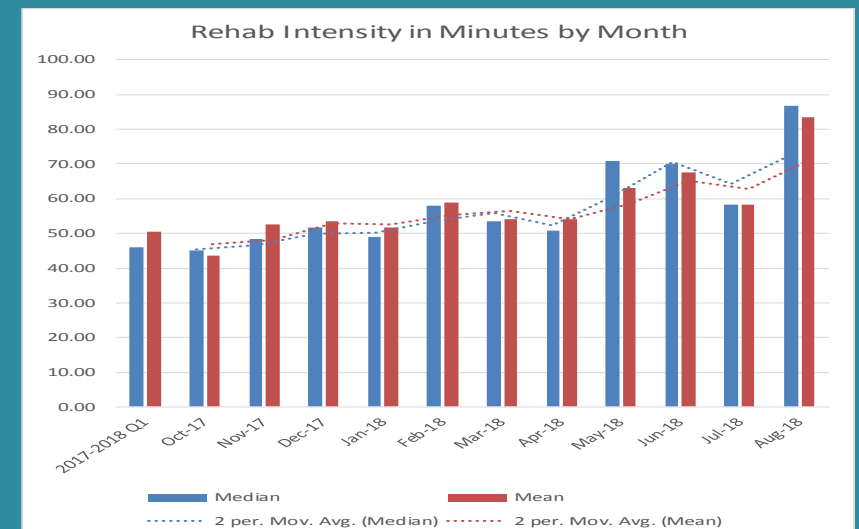
Each group has completed at least one PDSA to evaluate sustainability of the quality improvement initiatives and to improve outcomes. Process measures related to the duration of rounds and Clarity FIM completion were tracked throughout the project.

## Results

The most improvement was gained in RPG Length of stay. Most RPGs have achieved the project goal of a 10% reduction from baseline (17/18 Q1) data with the exception of the 1130s where we continue to have fluctuations in length of stay and the 1140's where we are at the targeted LOS.



To date, RI has shown an increase from Q1 baseline with a median score of 46 minutes to December with 51.7 minutes. In January 2018 there was an increase in allied health staffing and April 2018 a review of data accuracy, both which would influence the total RI times.



This quality improvement work continues to date. The quantitative measure of staff voice will be completed in the fall of 2018. Patient Voice results were very positive and are evaluated as part of another e-poster by the same primary author.<sup>2</sup>

## Discussion

Staff education was the prime focus of the RPG working group. The attention of training staff to perform RPG calculations manually and the overall education of RPG is what drove the successful results.

Increasing RI has proved to be multifactorial based on the work of this project and a Lean RI quality improvement project completed in FY 2016/2017. Data quality, staff education, reducing waste in day to day tasks and staff ratios have shown to positively influence RI.

## Conclusion

Improving the efficiency of team rounds processes improves the quantitative and qualitative metrics in an inpatient rehabilitation program.