Visions of Excellence in Inpatient Settings

Workshop Outline
- Success factors (review)
- Innovation at home (worksheet)
- Visions of Excellence (self assessment)

Future of Acute Care Physical Therapy
Paradigm Shift
- Leadership
- Change in Role and Process
- Embrace Technology
- Data, Data, Data
- Collaborative Models
- Change the discussion

Future of Acute Care Physical Therapy
Innovations
- Changing value equations
- Quality measures
- Cost containment
- New roles and process
- Interprofessional care delivery

Practicing the Era of Quality
- Quality – Value Equation
- Data, Data, Data
- Systems level process
- New life for COI process
<table>
<thead>
<tr>
<th>Workforce Issues</th>
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<tr>
<td>- Inadequate supply?</td>
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<td>- Burden greater in certain settings</td>
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<td>- How many do we need?</td>
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<td>- ACCM as a career destination</td>
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<td>- Education as a barrier</td>
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<td>- Career pathways</td>
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<td>- Reflection of our demographics</td>
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<tr>
<th>Interprofessional Practice</th>
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<tbody>
<tr>
<td>- Success factor for all stakeholders</td>
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<td>- Relationships are important</td>
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<td>- Embedding PT – Increase ownership</td>
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<tr>
<td>- Understanding roles</td>
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<tr>
<td>- Different models</td>
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<td>- Data, Data, Data</td>
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<tr>
<th>Clinical Problem Solving</th>
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<tr>
<td>- Not a technician role</td>
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<td>- ACCM as a career destination</td>
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<td>- Utilize technology</td>
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<th>Creating a Culture of Mobility</th>
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<tr>
<td>- Interprofessional responsibility</td>
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<td>- Ties to outcomes and satisfaction</td>
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<td>- Role delineation</td>
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<td>- Barriers are risk and time</td>
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<td>- Data is there – marketing is often not</td>
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<td>- Different models available</td>
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<td>- Data, Data, Data</td>
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<th>Discharge Planning and the Continuum of Care</th>
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<tr>
<td>- Data available</td>
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<td>- Role – growing importance</td>
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<td>- Collaboration internally</td>
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<td>- Collaboration externally</td>
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<td>- Community resources</td>
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<th>Program Development For High Impact</th>
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<td>- Interprofessional Relationships</td>
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<td>- Data, Data, Data</td>
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<td>- Clinical Competency</td>
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<td>- Hospital and Community Needs</td>
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Physical Therapy and Society Summit (PASS)
- PASS took place February 27-28, 2009,
- The PASS was designed as an invigorating experience and created a highly interactive environment that allowed rich, insightful discussion in five topic areas:
  - education - professional preparation,
  - health care access, systems and funding,
  - practice models,
  - research,
  - technology.

PASS Selected Findings
- Paradigm Shift to physical therapists as an integral part of a collaborative, multidisciplinary health care team that has the health care consumer as its focus.
- Technology: Information technology, integrated data systems, robotics, prosthetics, tissue engineering, imaging
- Value of PT to stakeholders (consumers)
- Prevention and Wellness
- Innovative practice models needed

International Summit on Direct Access and Advance Scope of Practice in Physical Therapy
- Objective
  - The summit sought to share international experiences in developing and implementing policy direct access and advanced practice in physical therapy.
  - A post Summit working group addressed key questions involving direct access and advanced scope of practice and strategies to move this international priority.

International Summit Findings
- Opportunities for advancement and innovation dependent upon unique environments that are influenced by national social and health care system, health care worker availability, and local facilities.
- Need to convince internal and external stakeholders of the role, value and effectiveness of physical therapy
- Collaborative and interprofessional models tended to be highly successful.
- Access to care was an important factor in all countries
- Practitioner malaise: resistance to change practice behaviors
- Data extremely important; so to are patient ‘stories’

Models of Care Delivery
- International Summit on Direct Access and Advanced Scope of Practice
- RC16-09: Models of Care Delivery
  - Identify innovative, collaborative, interprofessional models of PT care delivery across the lifespan.
Innovation in Practice

- Innovative practices in various models of PT delivery identified by multiple stakeholders
- Staff developed online survey and questions for interview.
- Preliminary summary in House of Delegates Handbook and will go on the website.

Innovation in Practice: Key Findings

- Barriers to access were overcome by innovation, relationship building, and provision of EBP to support access to care.
- Evidence is growing supporting that direct access, early access, EBP and prevention interventions in PT leads to improved outcomes cost savings.
- Interprofessional collaborations were often the first and most important step to ensure patients get the care they need from most appropriate provider
- Data needed to support PT innovative practices.

Innovation in Practice: Key Findings

- Many models established education or competency program for PTs early in process to build acceptance by stakeholders.
- Continuous quality improvement program was a hallmark of many of the programs.

Innovation in Practice Themes

- Access to care:
  - Legal authority:
    - Used direct access
    - Circumvent barriers to practice autonomously through collaborative interprofessional relationships and use of evidence based practice.
  - “Right provider, right time” in triage
  - Meeting needs quickly and effectively in high volume patient market
    - New market areas for PT (e.g. EDs)
    - Point of Care access for chronic conditions

Inter-professional Relationships

- Hallmark feature of all innovative plans
- May need to build confidence in providers
- Arm yourself with data
- Collaborate on projects of interest
- Communicate effectively (short, to the point, timely).
- Constant need to work on maintaining relationships

Evidence-Based Practice

- Quality of care better
- Patient satisfaction higher
- Provider satisfaction higher
- Credibility ranks higher
- Track outcomes by provider
Research to Practice and Practice To Research

- Identify mechanisms to distinguish conditions amenable to the development of clinical practice guidelines, such as those developed by the APTA Section on Orthopaedics. The development of such guidelines will define physical therapy practice and assist in the identification of outcomes.
- Develop clinical registries, minimal data sets, outcome databases and core sets of outcome measures which open the patient lifespan and domains of ability/disability for each of the specialty areas of physical therapy practice.
- Form a consultant group to investigate the development and implementation incentives for physical therapists to collect data that conforms to the minimum data set to be developed and included within a clinical registry from which reports can be generated to enhance practice.
- Ensure that the consumer is at the center of efforts for the provision of physical therapy services. There needs to be a transformation from the physical therapist as the “driver” of the provision of care; rather, it must be recognized that the consumer must be the beneficiary of services that are based on evidence.

Document Types

- Pocket Guides
- Position Statements
- Clinical Summaries
- Technical Summaries
- Critical Appraisals/Guidance Statements
- Clinical Practice Guidelines

- All documents would have an established methodology and process AND all would include notation as to the level of evidence.

Inpatient Initiative

Integrated Health Systems Play Key Roles in Reform, Community Health and Professional Image

Targeted Resources

- Professionalism Series
- Podcast series
- Safe Patient Handling & Mobility
- Outcome measures
- PTNow
  - CPG
- Documentation, EHR resource, Readmission, Use of O2, Lab Values,

Other Practice Initiatives

- Acute Care: ED toolkit, ICU related resources
- Technology related to PTs
- PT- PTA models
- PT Roles in Health of Community
- Direct Access checklist / resources
- PT National Registry
- Patient Safe Handling & Movement
- Health & wellness across the lifespan

Self Assessment

Innovation in Practice: Will It Work Here?
How Do You Bring Value?

- To Your Patients?
- To Prospective Clients?
- To The Referral Sources?
- To The Healthcare Community?
- To the Community at Large?

Self Assessment

- What new models of practice could be incorporated into your practice setting?
- What needs to take place within your practice setting to allow innovation?
- What possible opportunities (collaboration potential, unique patient populations, etc) exist or could exist in your environment?
- What are the barriers to change?
- Are you collecting the necessary data to make decisions?

Analyze Now

- What will need to change to ensure successful innovative practice?
  - Commitment of clinicians in the practice
  - Clinical skills
  - Customer service
  - Marketing
  - Professionalism
  - Referral source relationships
  - Risk tolerance

Analyze Now

- Current cost of providing care (per visit, per CPT code, per day/week/month)
- Profit/loss margins of new business
- Risk Management
  - Liability waivers in consultation with attorney.
  - Incident report forms may need updating
  - Develop a process to make certain that patients/clients are safe to participate in the programs you offer
  - Develop metrics for success

Worksheet on Innovation

VISIONS OF EXCELLENCE
By 2020, physical therapy will be provided by physical therapists who are doctors of physical therapy, recognized by consumers and other health care professionals as the practitioners of choice to whom consumers have direct access for the diagnosis of, interventions for, and prevention of impairments, functional limitations, and disabilities related to movement, function, and health.

Experts in movement and mobility; patient function, safety and participation abilities.

- Expertise and critical-decision making in providing recommendations for the most appropriate level of care post-acute care discharge
- Patients were 2.9 times more likely to be readmitted when PT discharge recommendations were not implemented (Smith BA, et al. PhysTher 2010)
- Practice in various settings across the continuum of care
- Participate in the discussion at all levels

Value of Physical Therapy

APTA CORE DOCUMENTS

- Code of Ethics for the Physical Therapist
- APTA Guide for Professional Conduct
- Standards of Practice of Physical Therapy and Criteria for Standards of Practice for Physical Therapy
- Guidelines: Physical Therapy Documentation of Patient/Client Management
- Professionalism in Physical Therapy: Core Values
- Standards of Ethical Conduct for the Physical Therapist Assistant
- APTA Guide for Conduct of the Physical Therapist Assistant
- Guide to Physical Therapist Practice

Visions of Excellence

- Identify best practices for physical therapy in inpatient settings for safe and high quality provision of care to inpatients.
- Develop a document based on the Standards of Practice and Criteria that identifies the important elements of the inpatient physical therapy environment and culture for excellence.
- Develop a corresponding self assessment tool and action plan to the document that identifies the important elements of the inpatient physical therapy environment and culture for excellence.

Visions of Excellence

- Provide a number of resources and tools aimed at physical therapists in these settings that provide clinical best practice and highlight professionalism in practice.

Process

Step 1:
- Broadly consider what are best practices for the administration / culture / provision of care? How would we describe a good physical therapy department? What would elements we look for in a ‘model PT program’?

Step 2:
- Elements that meet consensus will then be organized within the conditions and performances put forth in the Standards of Practice for Physical Therapy and Criteria. If we find elements that each consensus from the group that are not easily mapped to a place in the Standards and Criteria we will find an acceptable organization to include that content.

Step 3:
- We will then work to develop final document(s) essentially describing elements of a model clinic and a corresponding self assessment for facilities for stakeholder review.
Questions