

Use of 6-Clicks to Provide Decision Support in the Hospital Setting

Combined Sections Meeting 2017

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Description

Healthcare reform has reinforced the need to transform service models to focus on value by emphasizing efficiency and efficacy. This need for system re-design, culture change and the call for innovation presents an opportunity to overcome the long-standing challenges we have faced

In this educational session, we will examine opportunities, strategies and tactics to leverage systematic standardized data collection to demonstrate the value of physical therapy in the acute care hospital as well as drive acute care throughput

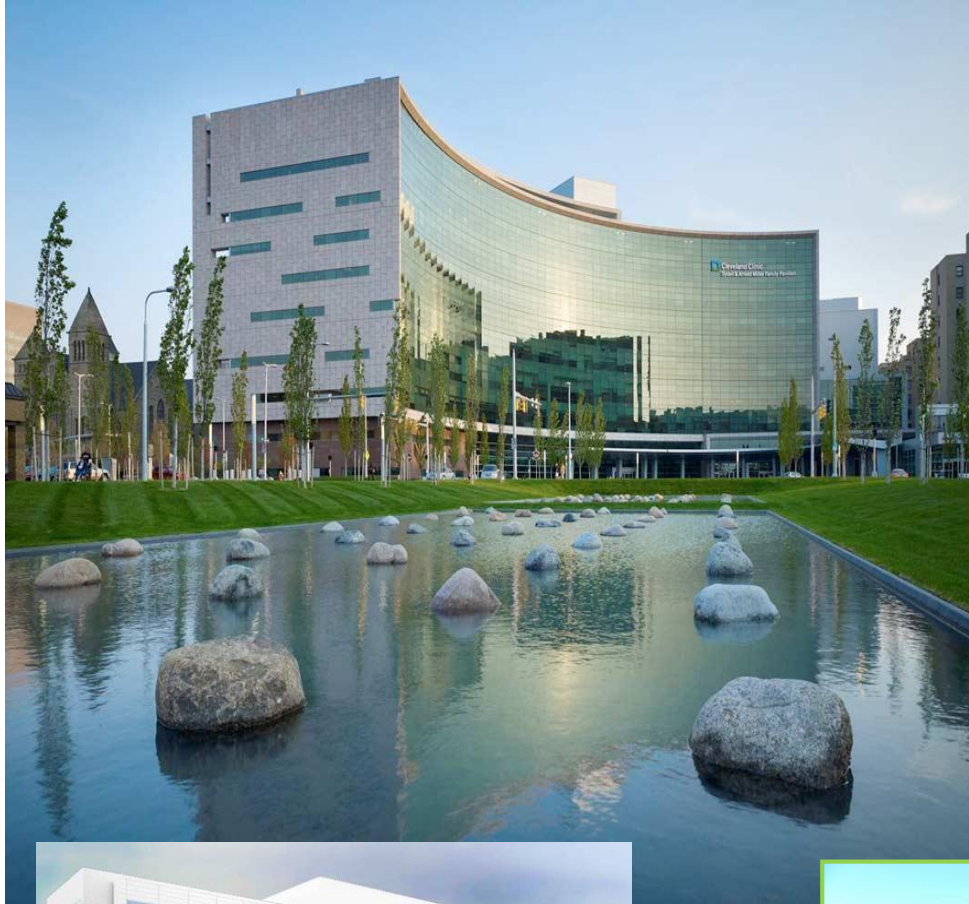
Objectives

- Examine specific strategies to leverage systematic standardized outcome data collection to drive acute care throughput
- Discuss strategies to initiate, conduct, and evaluate Physical Therapy outcome data to drive meaningful change, efficiency and value
- Detail practical tools and strategies to promote analysis and communication of data trends to maximize culture change
- Discuss practical strategies to measure implementation success

Outline

- Detail value opportunities to systematically collect, analyze and articulate standardized outcome data in acute care physical therapy
- Discuss challenges of determining discharge disposition and throughput to post-acute setting
- Demonstrate analysis of specific outcome data and demonstrate value of data sharing with post-acute provider and payers to drive efficiency and value
- Share results, recent findings and future work to continue to collaborate in practical use of acute care outcome data

Cleveland Clinic



Cleveland Clinic Rehab & Sports Therapy

Therapy Locations

**Cleveland Clinic Main
Campus and 8 regional
hospitals**

100 IRF beds

35 SNF beds

3,277 Acute care beds

47 Outpatient locations

Rehab Team

**350 Physical
Therapists**

100 PTA's

135 OT's

25 COTA's

35 SLP

5 Audiologists

50 ATC's



- Unified Organizational and Leadership Structure
- Standard Operational and Clinical Procedures
- Increased Productivity, Efficiency, and Cost Structure

“Count Something.”

Atul Gawande

Focused on Value

$$\begin{array}{c} \text{V} \\ \text{(VALUE)} \end{array} = \frac{\begin{array}{c} \text{Q} \\ \text{(QUALITY)} \end{array} + \begin{array}{c} \text{S} \\ \text{(SERVICE)} \end{array}}{\begin{array}{c} \$ \\ \text{(COST)} \end{array}}$$

Journey at the Cleveland Clinic

Uniform outcome
data collection in all
settings

**Use information from
large uniform data
sets to make
decisions.**

Power of Discrete Data

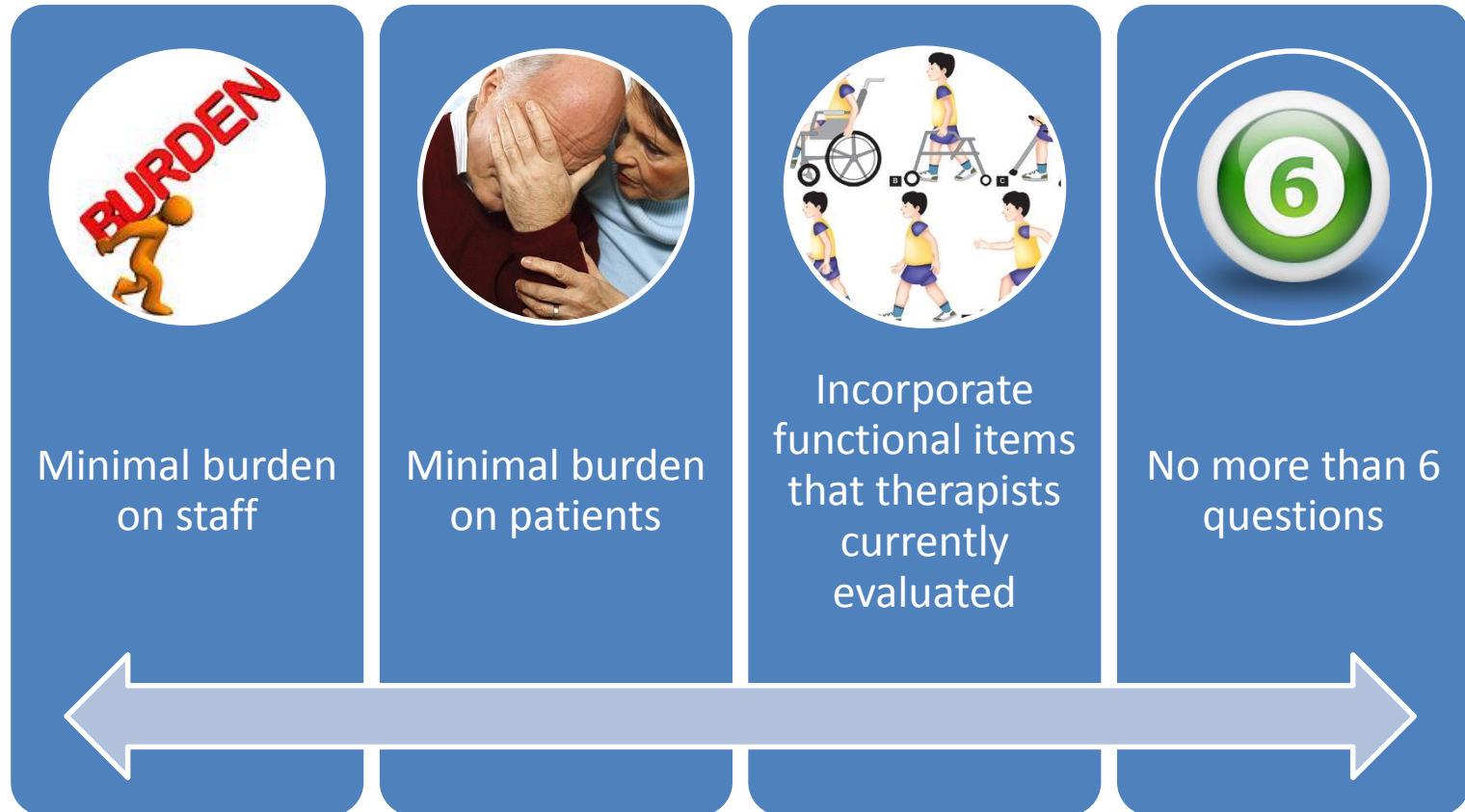
Goal: Collect meaningful discrete functional data with every patient encounter



Utilize discrete patient data to

- Drive clinical decisions
- Guide resource utilization
- Increase objectivity in determining discharge recommendations from acute care

What Were We Looking for in a Tool



What is Cleveland Clinic's 6 Clicks?

- Short form of the AM-PAC
(Activity Measure for Post Acute Care)
 - Patient Reported Outcome Tool
 - 25 years in development
 - Validated across all levels of care
 - 269 items – 3 domains
 - Can be shortened, and *answered by surrogates*
- Used in Acute Hospital
- PT/OT complete 6 Clicks for every patient at every visit



6 Clicks

6 Clicks - On evaluation and every follow up visit each discipline completes a functional measure assessment.

PT evaluates the patient's abilities in:

1. Turning over in bed
2. Supine to sit
3. Bed to chair
4. Sit to stand
5. Walk in room
6. 3-5 steps with a rail

OT evaluates the patient's abilities in:

1. Feeding
2. O/F hygiene
3. Dressing Uppers
4. Dressing Lowers
5. Toilet (toilet, urinal, bedpan)
6. Bathing (wash/rinse/dry)

Scale: **1= Unable (Total Assist)**

2= A Lot (Mod/Max Assist)

3= A Little (Min Assist/Supervision)

4= None (Independent)

Physical Therapy 6 Clicks Documentation in EPIC

6 Clicks	
Difficulty Turning Over In Bed	2-A lot
Difficulty Lying On Back To Sitting	2-A lot
Help From Another Person Moving To And From Bed To Chair	3-A little
Difficulty Sitting Down And Standing Up From Chair With Arms	3-A little
Help From Another Person To Walk In Hospital Room	3-A little
Help From Another Person Climbing 3-5 Steps With A Railing	2-A lot
PT 6 Clicks Score	15

Select Single Option: (F5)

- 1-Unable
- 2-A lot
- 3-A little
- 4-None

Occupational Therapy 6 Clicks Documentation in EPIC

6 Clicks	
Help From Another Person Eating Meals	4-None
Help From Another Person Taking Care Of Personal Grooming	3-A little
Help From Another Person To Put On/Take Off Upper Body Clothing	3-A little
Help From Another Person To Put On/Take Off Lower Body Clothing	2-A lot
Help From Another Person Toileting	2-A lot
Help From Another Person Bathing	2-A lot
OT 6 Clicks Score	16

Select Single Option: (F5)

1-Unable
2-A lot
3-A little
4-None

The Power of Data

Collect

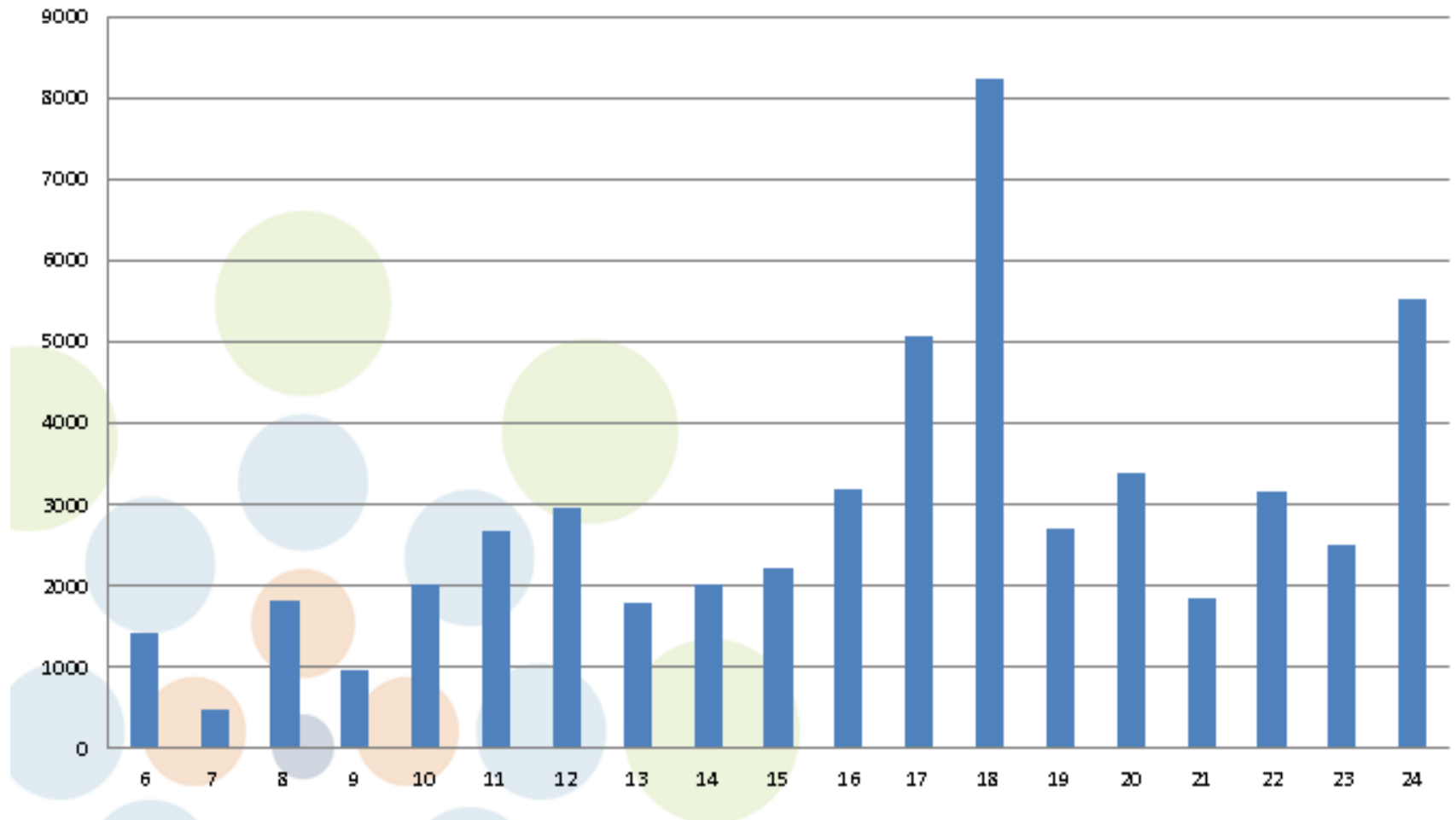
Aggregate

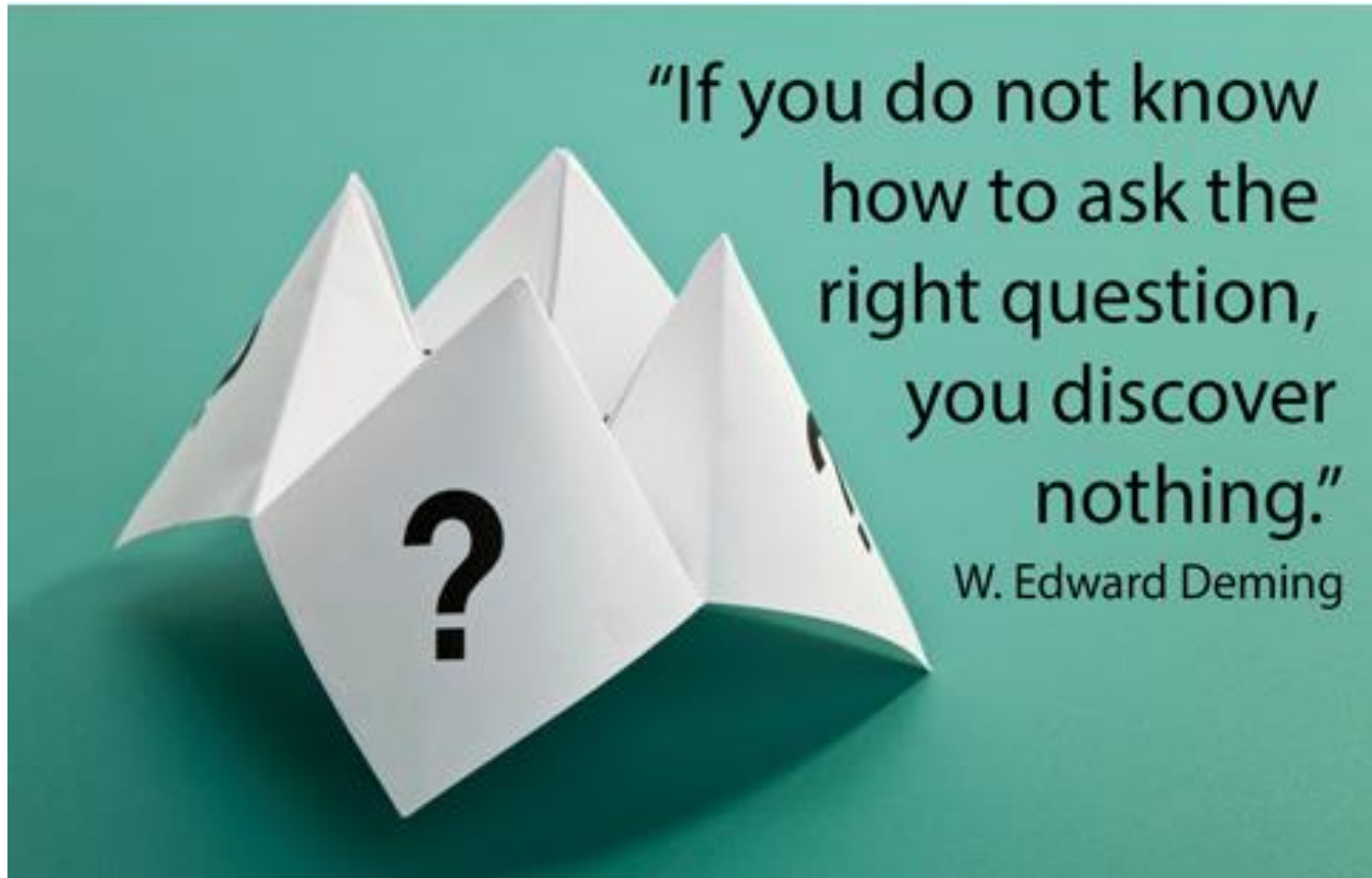
Display

Data Collection

- Recording, storing and accessing data
 - What do you want to measure and report
 - What do you want to track over time
 - What do you want to see somewhere else
- Active participation of clinicians, data managers, researchers and administrators in set up of EHR and reporting

Initial 6 Clicks Distribution





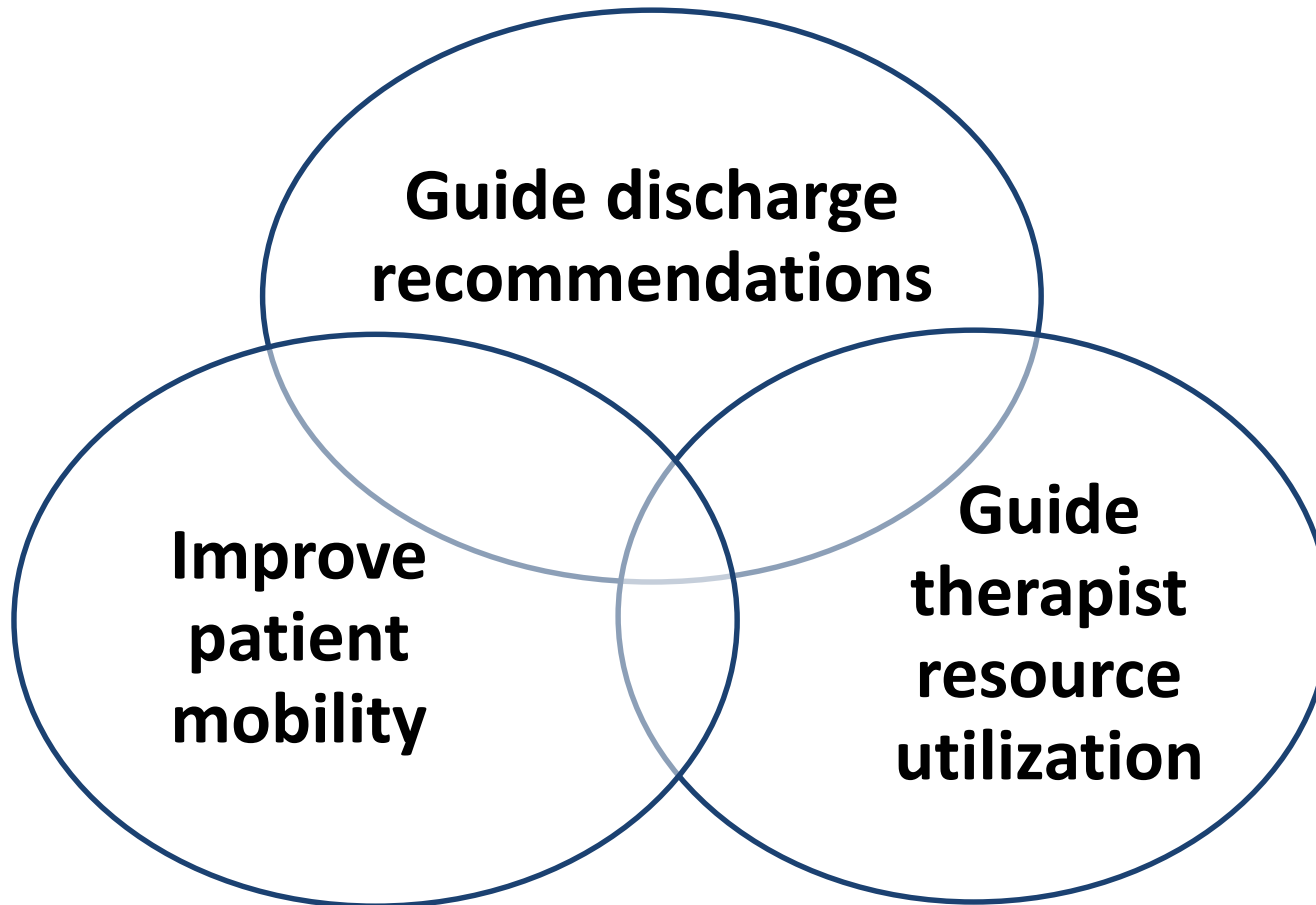
"If you do not know
how to ask the
right question,
you discover
nothing."

W. Edward Deming

What Questions Could We Answer ?

- Are we seeing the “right” patient for therapy in the hospital?
- Are nurses holding off on mobility because they are waiting for therapy to give them the “green light”?
- Is the therapist making the correct recommendation for post acute placement? Is there a more objective way to determine where a patient should go?

Use of 6 Clicks Data



Patient Mobility



Do Hospitals Foster Immobility?

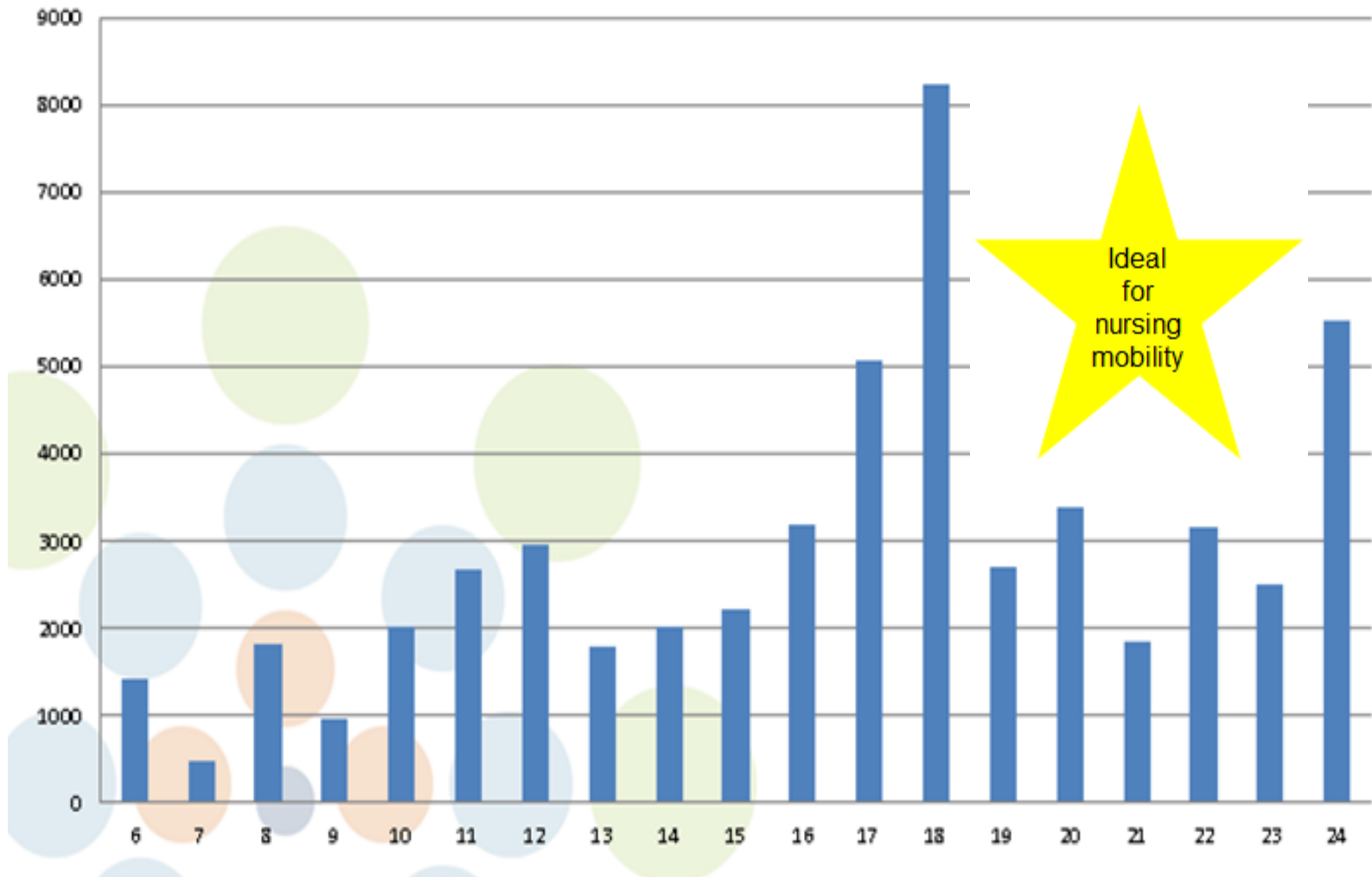
- **“83% of the measured hospital stay was spent lying in bed.**
- **The average amount of time that any one individual spent standing or walking ranged from a low of 0.2% to a high of 21%, with a median of 3%, or 43 minutes per day.”**
- **80% were independent with all basic ADL’s before hospitalization, and only 4 of the 45 patients had bedrest orders.**

Brown CJ, Redden DT, Flood KL, Allman RM. The underrecognized epidemic of low mobility during hospitalization of older adults. 2009. J Am Geriatric Soc;57, p. 1660.

How are We Using Data to Create a “Culture of Mobility”?

- **To change nursing perception that patients were too acutely ill to mobilize**
- **Debunk the myth that patients were not able to move without a physical therapist**
- **Provide each patient floor with a “functional profile” of the patients that have been evaluated by therapy**
- **Create awareness that patients with a score of 18 or above need no more than “a little” help with activities (45-55% of patients)**

PT 6-Clicks Distribution Main Campus



Improve Patient Mobility

- **Ability to collect, aggregate and display functional data in a way that is meaningful to all members of the medical team has changed behavior and contributed to a “all hands on deck” philosophy around patient mobility**
- **Members of the medical team can visualize the patients that would benefit from activity and mobility by nursing personnel**

Improve Therapist Utilization



Identification of Appropriate Therapy Patients

- **Started with patients scoring 24 on initial evaluation**
- **2012: 5,419 patients (12.5%) with a score of 24 seen for evaluation only**
 - **80% went home with no skilled needs**
 - **20% outpatient PT**
 - **20% home care**

Identification of Appropriate Therapy Patients

- Unnecessary cost to the health system
- Used data to educate physicians and nurses on appropriate PT referrals
- Current results:

Score Range:

24

% of Total Count of Patient ID along Table (Down): **6.96%**

24

6.96%

Grand Total

100.00%

How are we identifying patients appropriate for therapy?

- Allowed us to change order process for therapy

CONSULT TO PHYSICAL THERAPY (EVALUATION AND TREATMENT)

! Does the patient currently have an order for bed rest?

Yes - please change activity order before proceeding

No

! Reason for referral to Physical Therapy

Unsuccessful mobility by Nursing or Primary Service

Post Musculoskeletal Surgery Care

New functional deficit not expected to spontaneou ...

Safety assessment

Post acute placement

Critical Care Therapy

Has NURSING or PRIMARY SERVICE attempted to mobilize the patient?

Yes

No - needs to occur before consult order is placed

Enter weight bearing status

GUIDE DISCHARGE RECOMMENDATIONS



Using 6 Clicks to Guide Discharge Recommendations

Data OVER the past three years has been consistent

Home with no services –
19.48

Home with home care – 17.81

SNF/IRF –
13.95 – 14.0

LTAC – 11.25

AM-PAC "6-Clicks" Functional Assessment Scores Predict Acute Care Hospital Discharge Destination

Diane U. Jette, Mary Stilphen, Vinoth K. Ranganathan, Sandra D. Passek, Frederick S. Frost, Alan M. Jette

Background. Physical therapists and occupational therapists practicing in acute care hospitals play a crucial role in discharge planning. A standardized assessment of patients' function could be useful for discharge recommendations.

Objectives. The study objective was to determine the accuracy of "6-Clicks" basic mobility and daily activity measures for predicting discharge from an acute care hospital to a home or institutional setting.

Design. The study was retrospective and observational.

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V.K. Ranganathan, MSE, MBA,

6 Clicks Predicts D/C Destination

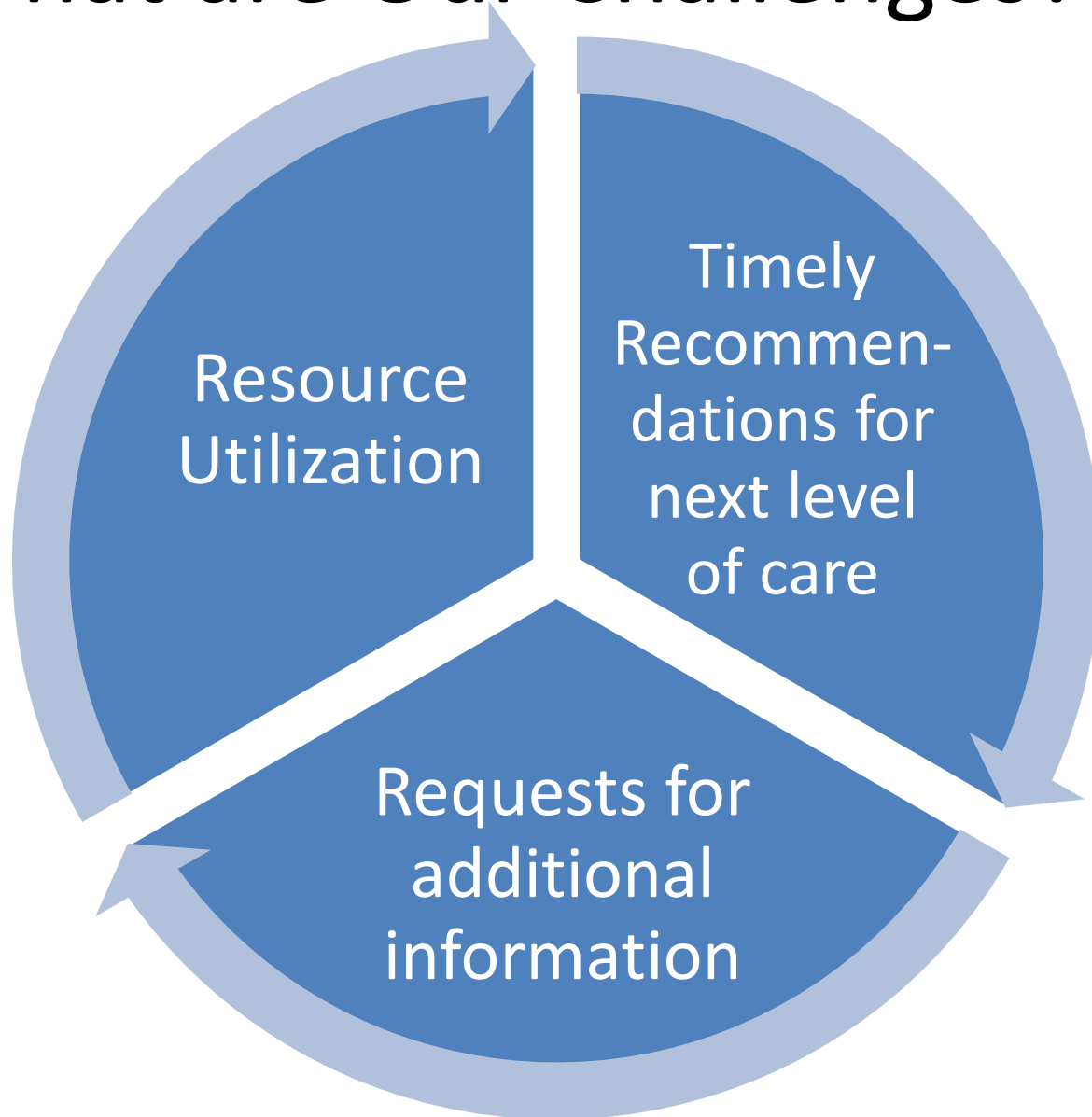
- 83% of patients had recommendation and actual d/c placement match
- ROC analysis allowed us to define the best cutoff score for determining discharge to home on the basis of the highest sensitivity and specificity associated with the various scores.
- Cutoff scores of 42.9 (17) for basic mobility and 39.4 for daily activity at the first visit provided fair to good accuracy for predicting discharge destination.

SNF vs. Home

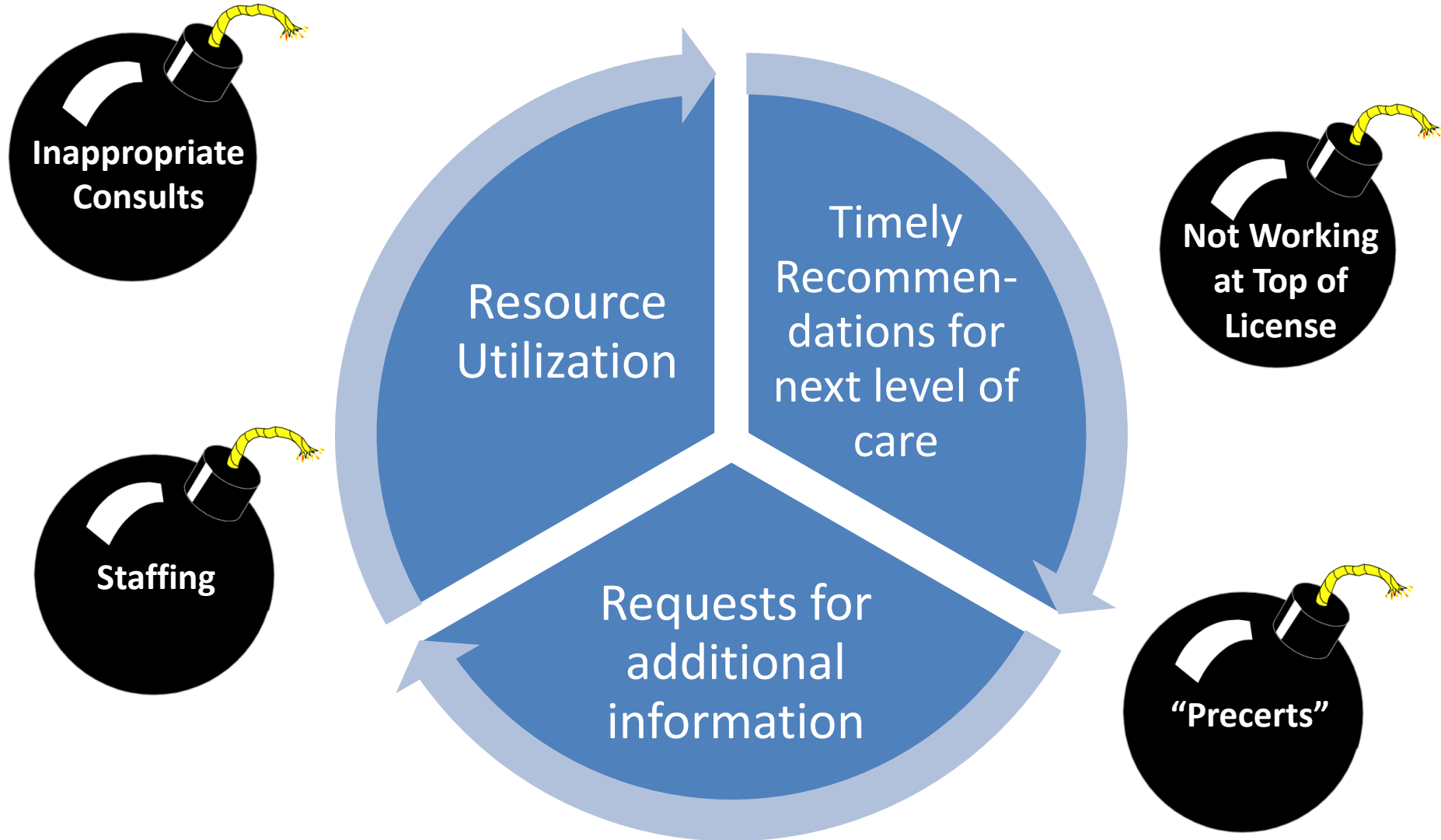
Odds of discharge home with services were 4.64 (95% CI 4.39, 4.90) times greater than the odds of going to an institutional setting for patients with scores in Basic Mobility greater than the cut-off score

- 3.82 (95% CI 3.62, 4.02) greater for those with scores above the cut-off score for Daily Activity.

What are Our Challenges?



What are Our Challenges?

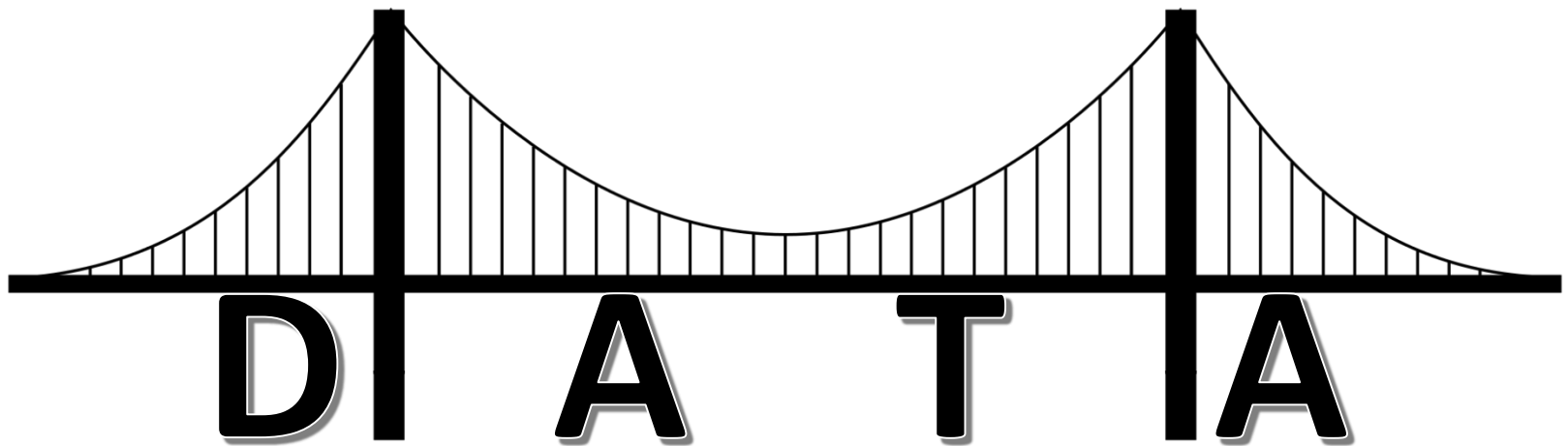


What do other departments think of our challenges?



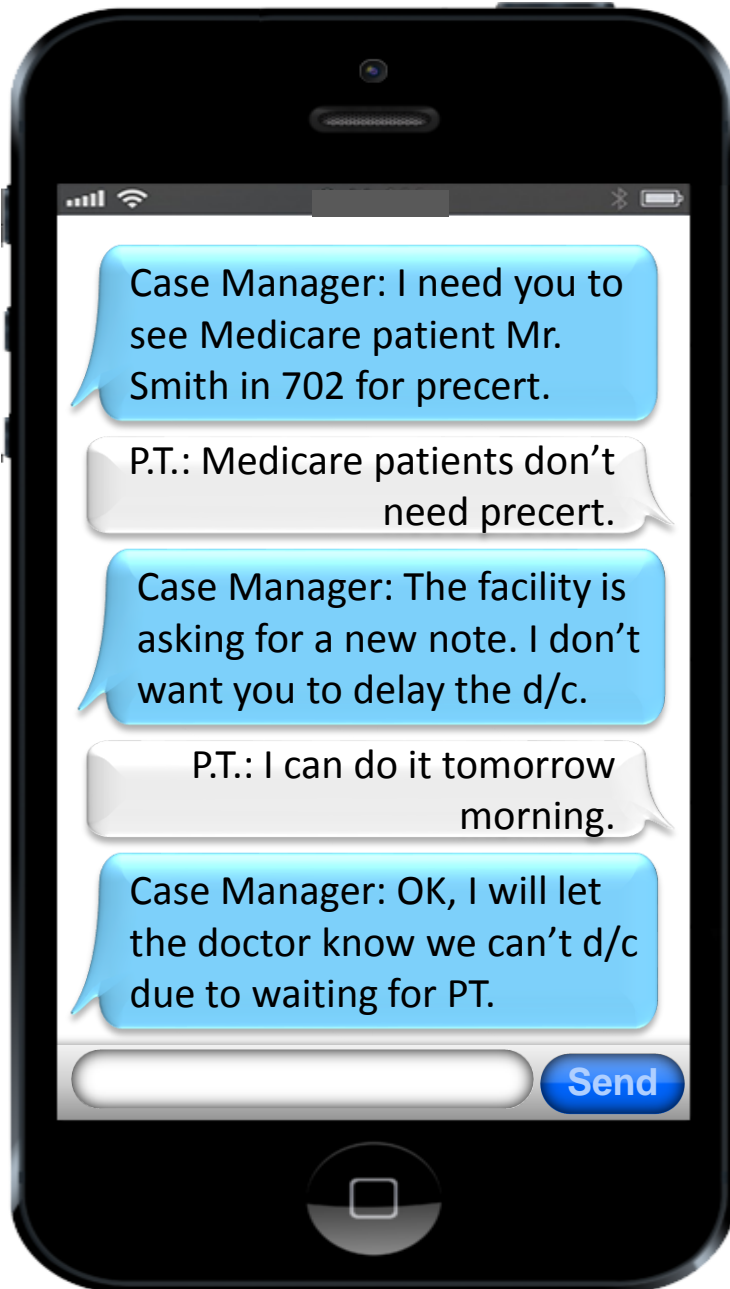
I've got 99
problems and
that isn't one
of them

What Can Help Build That Bridge?

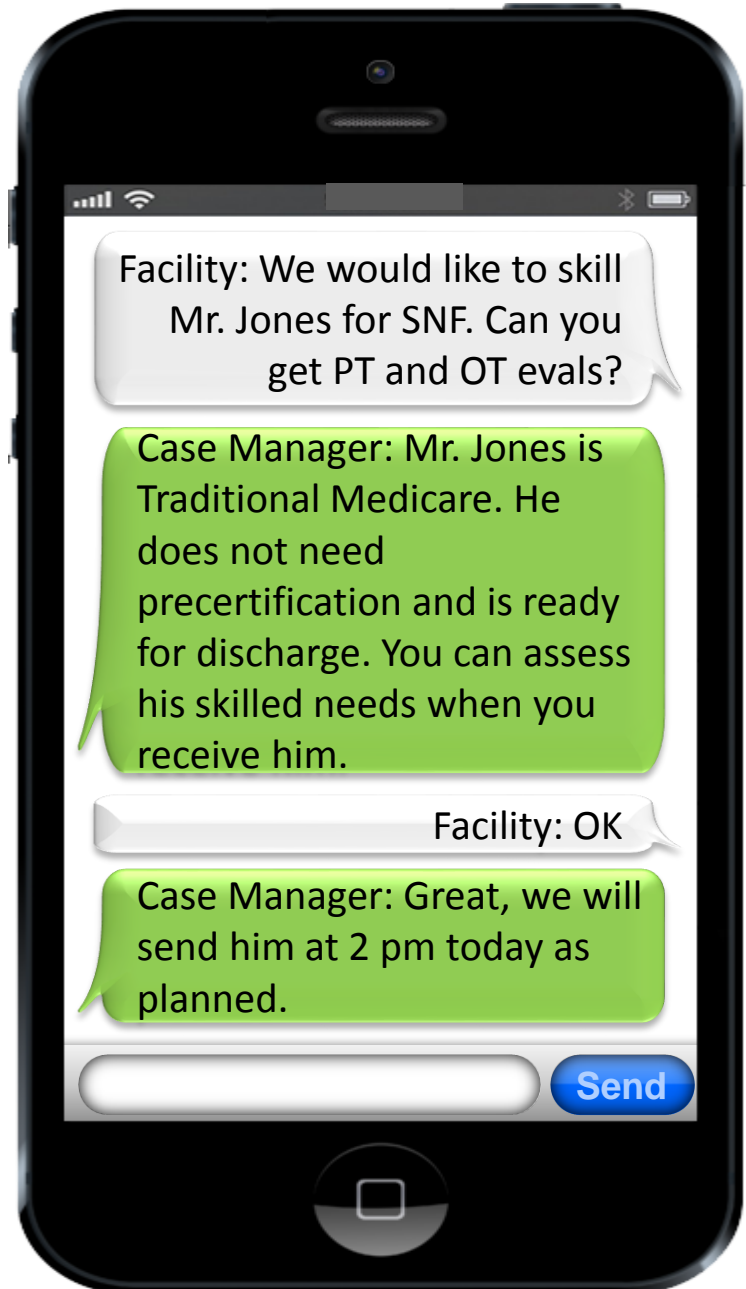


Data Changes the Conversation

T
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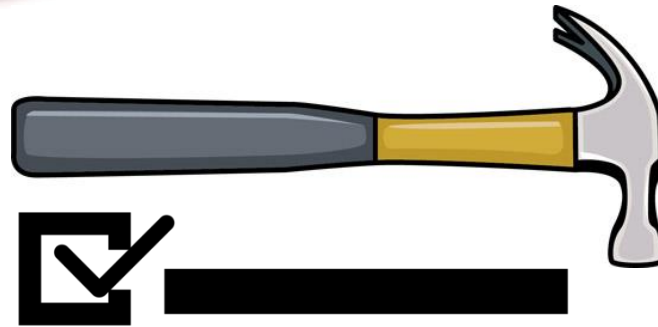


Where Do You Start?



Pick a tool

- Easy to use
- Easy to collect
- Easy to understand



Add Reports

















 Cleveland Clinic

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My Favorites

 Rehab Response Time - 	 Rehab Visit Volume - 	 Rehab Plan of Care - 	 Rehab Precertifications - 
 Rehab Therapy Cancellations-Discipline 	 6-Clicks Detail 	 6-Clicks First - Last 	 6-Clicks 24's 

Share



An Example of Transformative Data Use

Physical Therapists independent caseload management being “hijacked” by ASAP and Precert visits requests.

Questions:

Is this practice delaying PT evaluation visits?

Are discharges being delayed?




Are PT's seeing the patients that need care?

Precertification Challenges

- Therapy staff perception was that the number of precertification requests are increasing
- Current State: Therapy staff is requested to see a patient specifically for purposes or precertification
- The patient may or may not have a planned visit that day

Validate the Perception.....

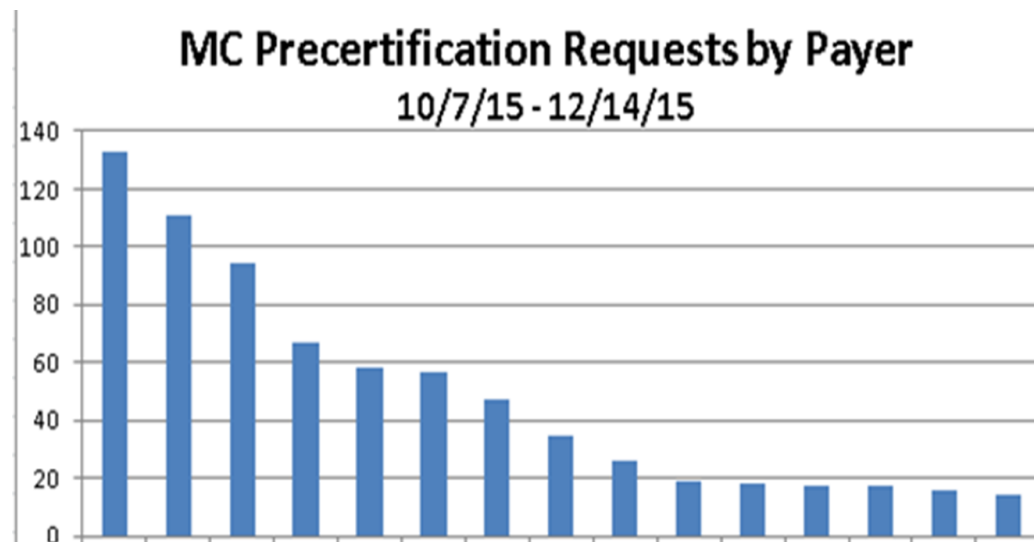
Measure It!

	0800	
Inpatient Physical Therapy		
Inpatient PT Flowsheet		
General Information		
PT Visit Type		
 PT Patient Seen This Visit		
PT Reason Patient Not Seen		
Session Start Time		
Session End Time		
Request for PT insurance precertification visit	<input type="text"/>	
Rehab Precautions/Activity Restrictions		
 Precautions/Activity Restrictions	Fall Ris...	
Home Environment		

Precert visit report

Count of MRN	
Payor	Total
MEDICARE	529
	466
	394
	281
	134
	122
	104

Medicare
Replacement Plan

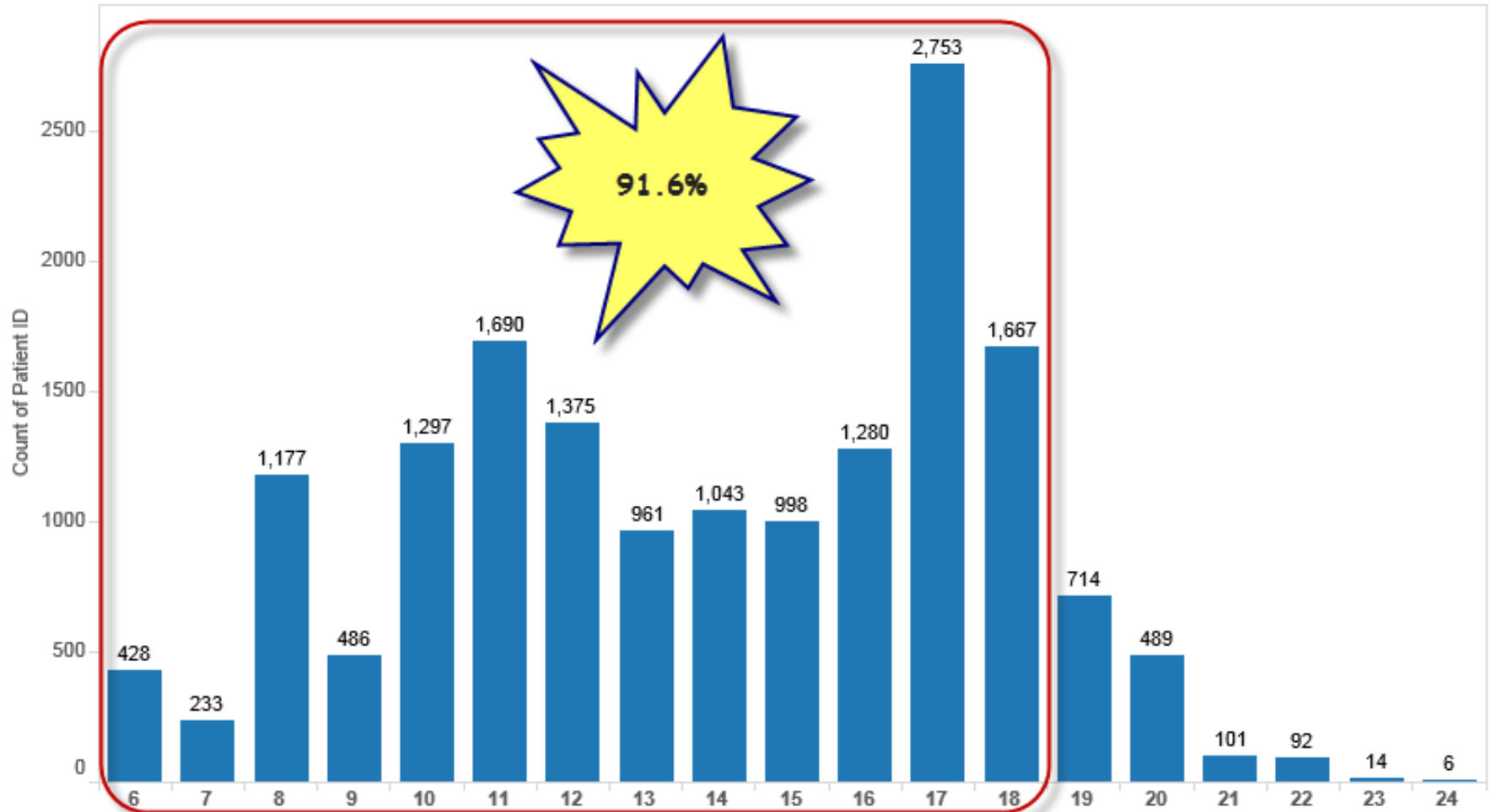


Analyze the Data



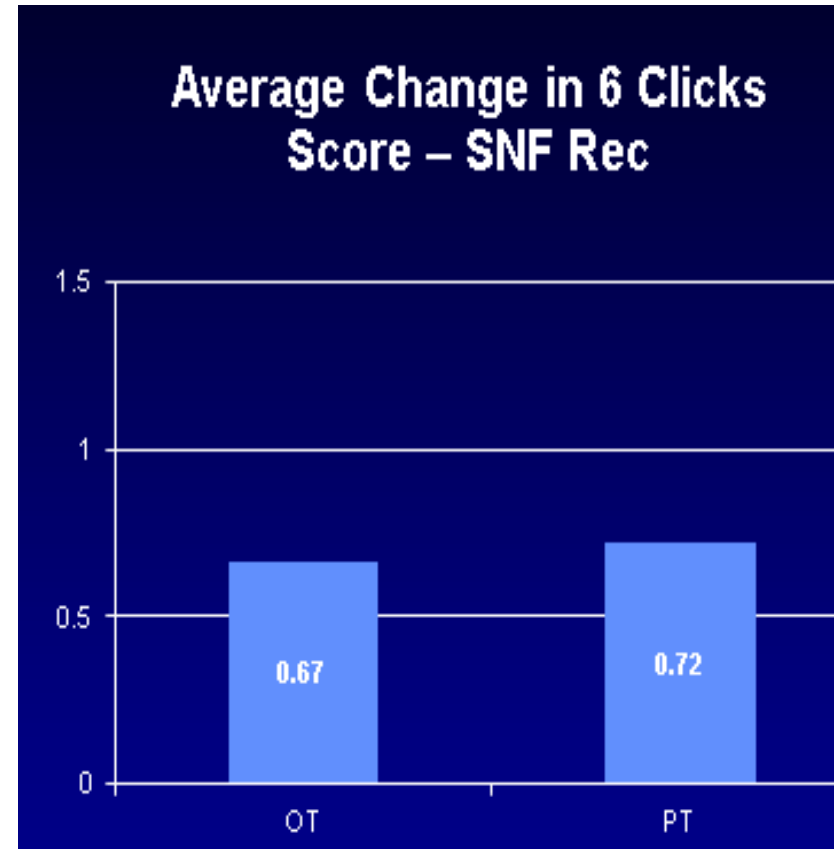
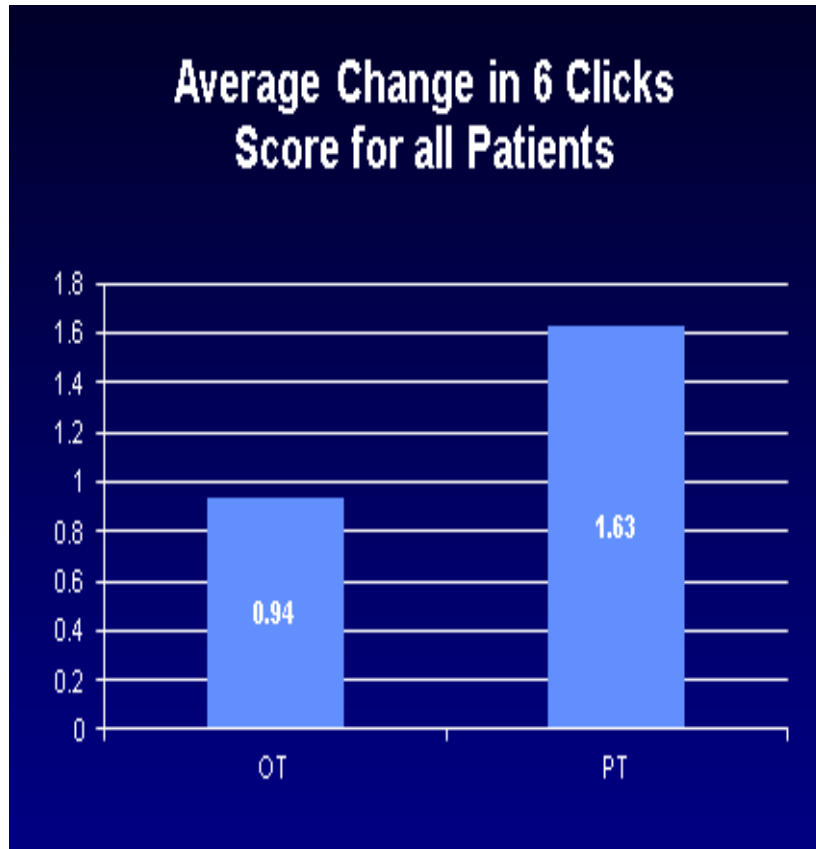
Are the PT's Making the Right Recommendation?

6-Clicks Score for Patients w/ Recommendation for SNF on Initial Eval
All Locations



Do the Patient's Change after the Eval?

Average 6 Clicks Change

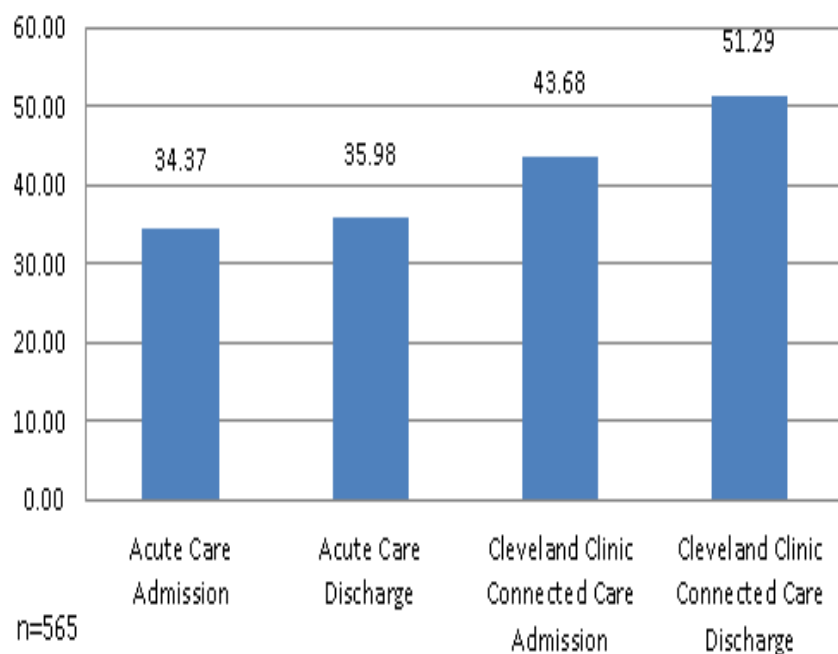


Where do Patients Make Functional Progress?

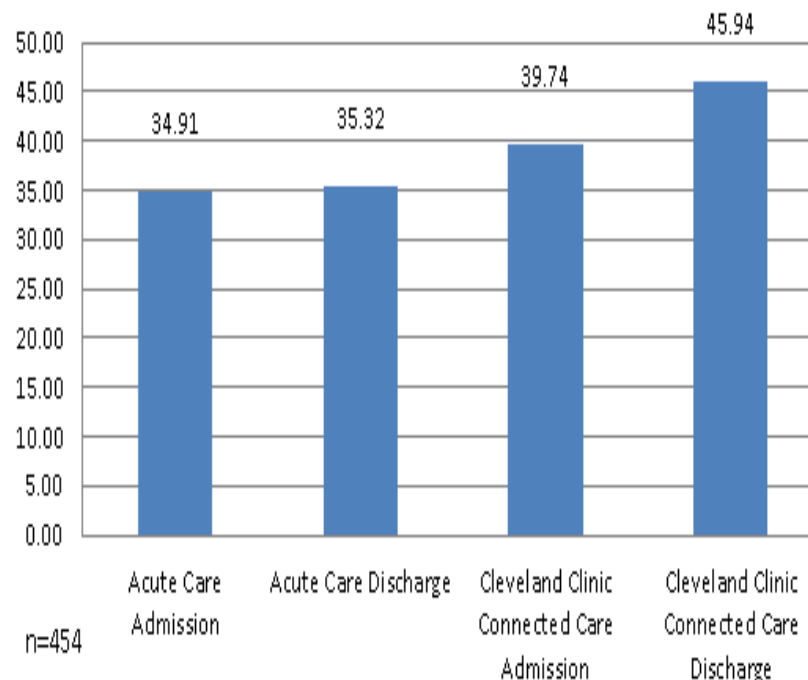
AM-PAC Change

based on AM-PAC scale score

AM-PAC Basic Mobility Average Score



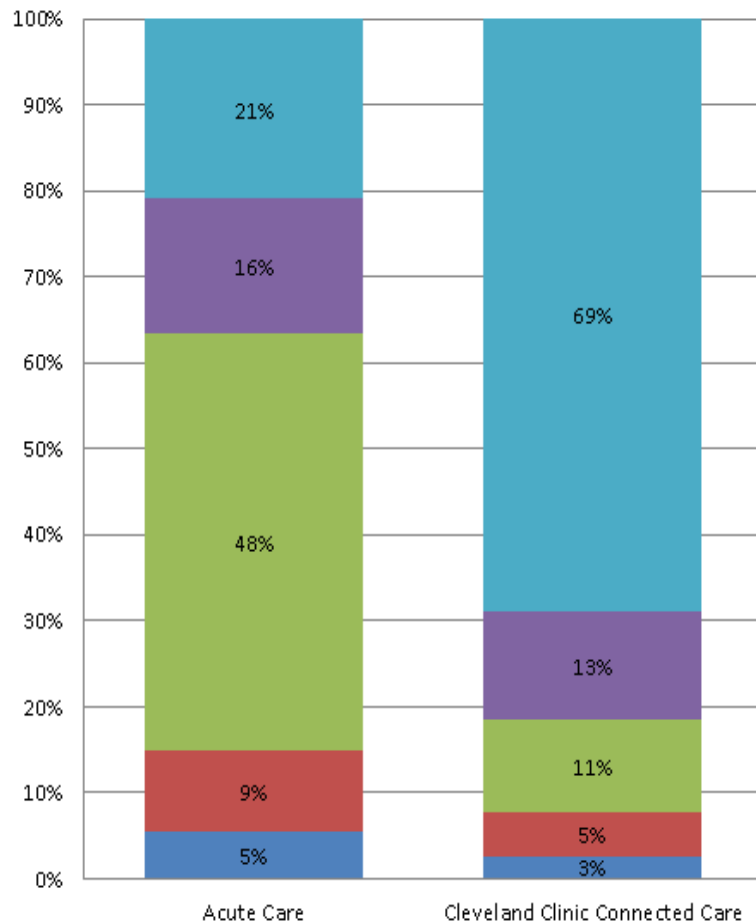
AM-PAC Daily Activity Average Score



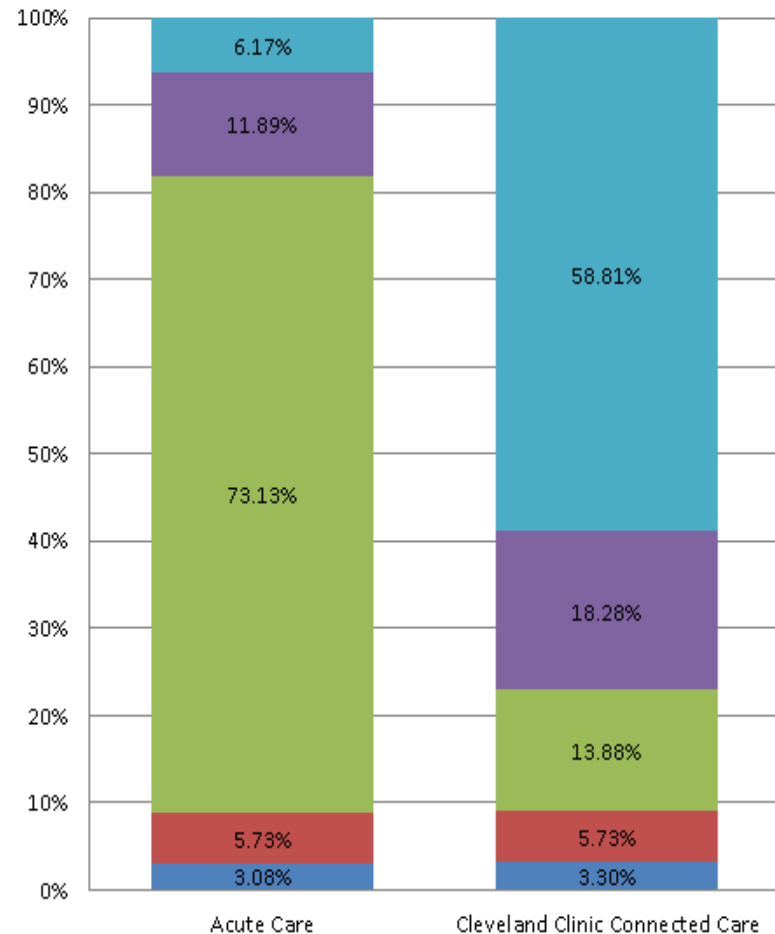
Level of Change

functional improvement happens in SNF

Physical Therapy



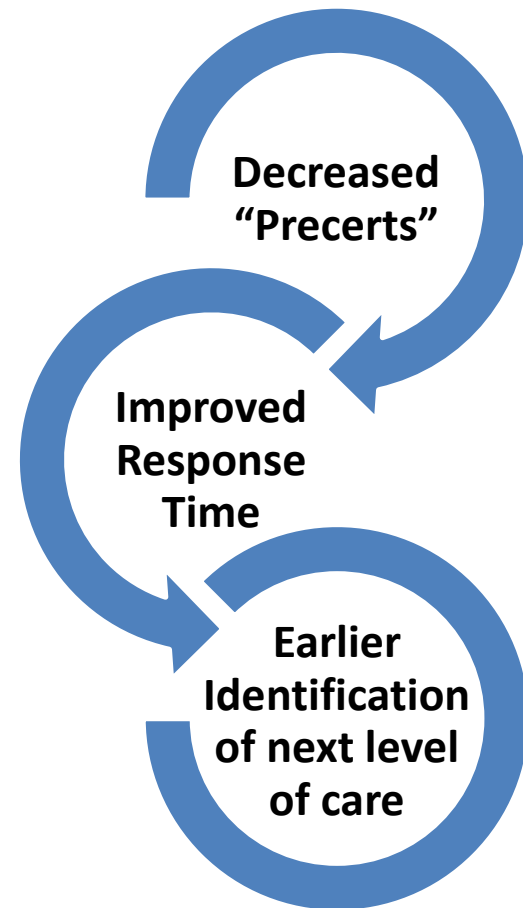
Occupational Therapy



■ Significant Improvement ■ Minimal Improvement ■ Unchanged ■ Decline ■ Significant Decline

What did we want?

- Patients to get to the appropriate level of care as soon as medically stable
- Decrease unnecessary “precert” visits when patient status has not changed
- Therapists seeing the right patient at the right time for the right reason



Pilot Initiatives

- Patients with a initial 6 Clicks score 18 or below will not require an updated PT or OT note prior to SNF admission.
- Will measure number of patients that do not meet skilled criteria upon SNF admission.
- Measure impact on requests for PT/OT pre-cert visits.

The Floor to SNF Pilot Program is designed to ensure that members who are admitted to the hospital and meet criteria for SNF admission are discharged to the SNF to receive needed care without delay.

- Inclusion Criteria
 - Medical patients admitted to Cleveland Clinic, Fairview and Marymount Hospital
 - Patient scoring 18 or below on 6 Click evaluation AND who PT feels will benefit from skilled nursing rehab.

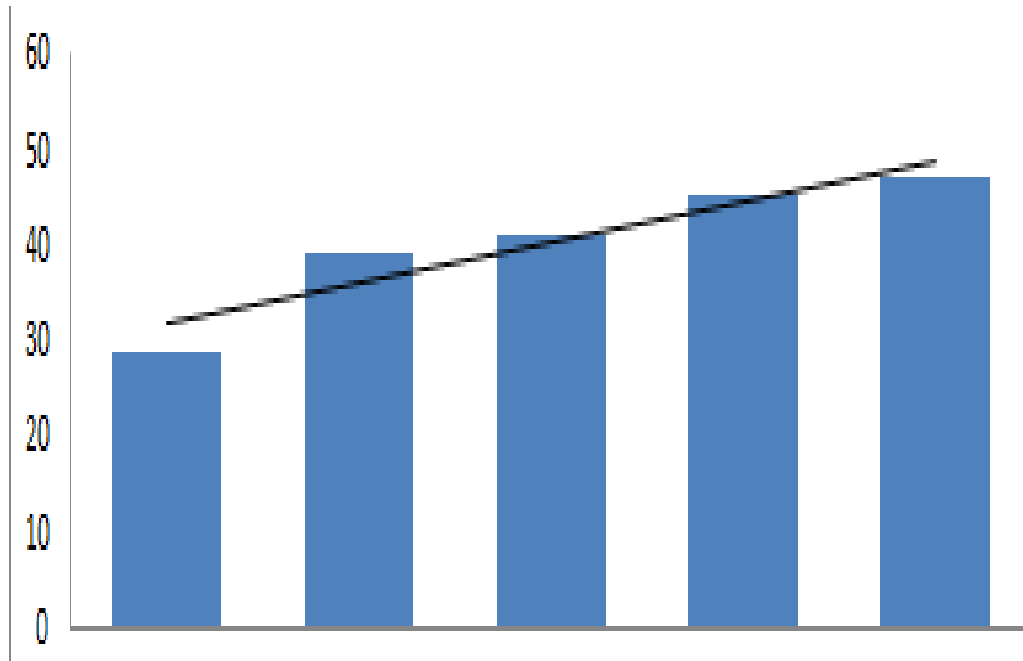
Notification Process

- Hospital Care Management staff will send a referral to the SNF notifying them of the member qualifying for the pilot admission.
- The admitting SNF will send a Secure Email to payer notifying them of the Pilot admission.
- Payer will reply to the SNF with the authorization number.

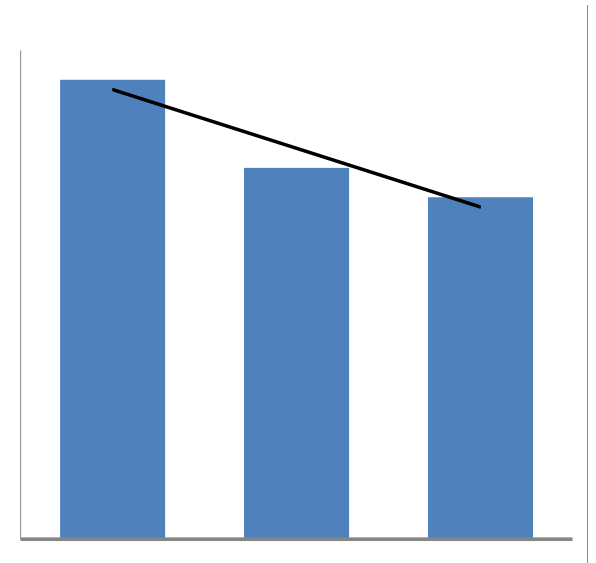
Pilot 90 Day Review

- Average 6 Click Hospital Score = 14.2
- Average 6 Click SNF Score 14.3
- All cases have met CMS Chapter 8 criteria as no cases have been denied on first review.

Specific Payer Precert Trend

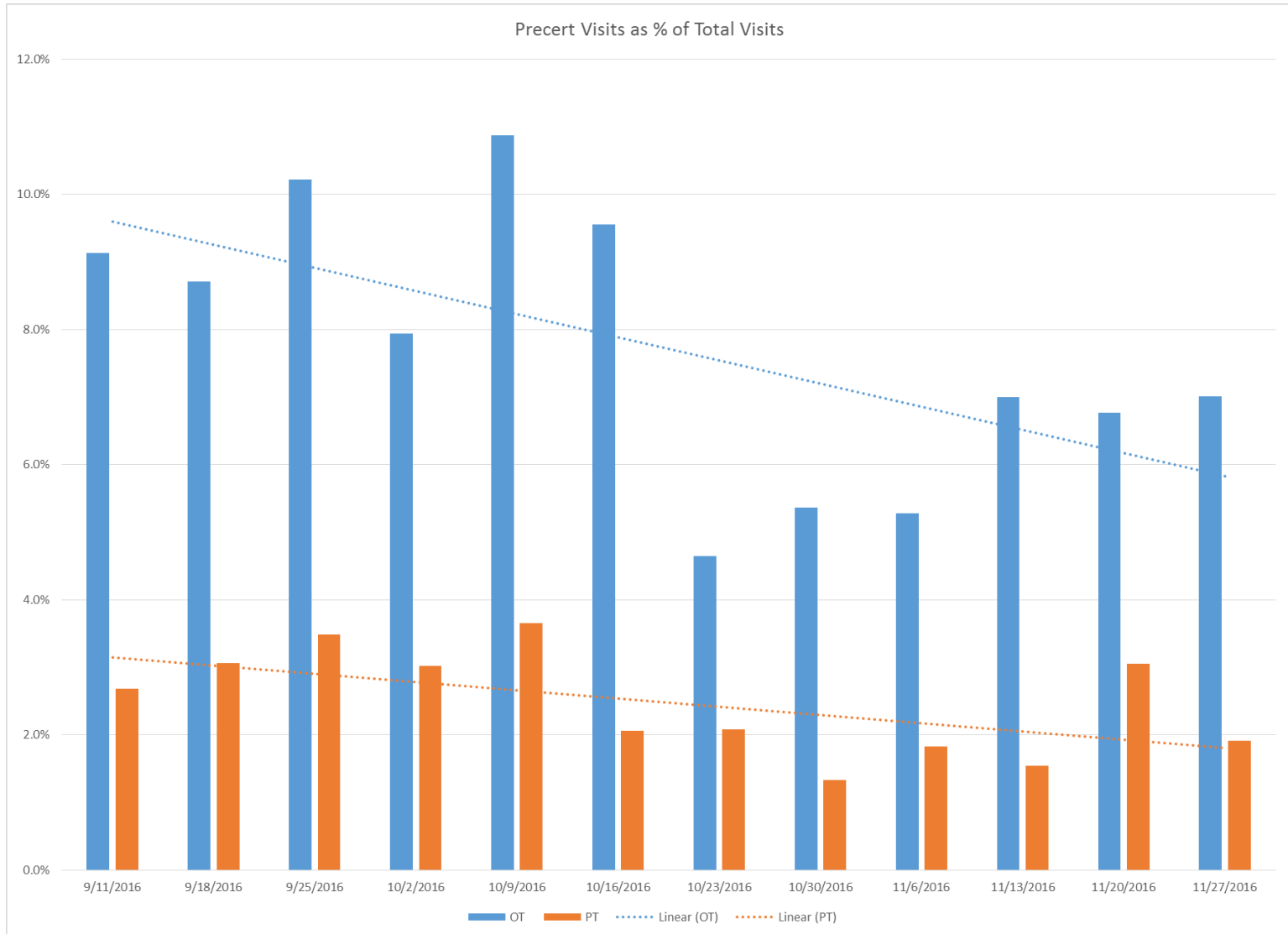


Before Pilot



After Pilot

All Payer Precerts



Challenges

- Finding the right partner - External
 - Not all payers are all in
 - Find a partner with some skin in the game
 - Shared savings
 - Matching post-acute partners
- Finding the right champions – Internal
 - Physician(s)
 - Care Manager(s)
 - Hospital Leaders

Future Opportunities

- Greater standardization of tool use
 - Multi-site
 - State
 - Payers
- Discharge Recommendation Tool
 - What are the factors that most greatly impact decision
 - Scan EMR for factors and suggest disposition
- Identify indicators that impact re-hospitalization to add dimension to functional tool

Research Report

Validity of the AM-PAC "6-Clicks" Inpatient Daily Activity and Basic Mobility Short Forms

Diane U. Jette, Mary Stilphen, Vinoth K. Ranganathan, Sandra Frederick S. Frost, Alan M. Jette

Background. Standardized assessment of patients' activity in care settings can provide valuable information. Existing measures are widely implemented.

Objectives. The aim of this study was to provide evidence

AM-PAC "6-Clicks" Functional Assessment Scores Predict Acute Care Hospital Discharge Destination

Diane U. Jette, Mary Stilphen, Vinoth K. Ranganathan, Sandra Frederick S. Frost, Alan M. Jette

Background. Physical therapists and occupational therapists play a crucial role in discharge planning. A patient's function could be useful for discharge recommendation.

Objectives. The study objective was to determine the mobility and daily activity measures for predicting discharge destination to a home or institutional setting.

Design. The study was retrospective and observational.

Research Report

Research Report

Interrater Reliability of AM-PAC "6-Clicks" Basic Mobility and Daily Activity Short Forms

Diane U. Jette, Mary Stilphen, Vinoth K. Ranganathan, Sandra Passek, Frederick S. Frost, Alan M. Jette

Background. The interrater reliability of 2 new inpatient functional short-form measures, Activity Measure for Post-Acute Care (AM-PAC) "6-Clicks," has yet to be established.

Objective. The purpose of this study was to examine the interrater reliability of AM-PAC "6-Clicks" measures.

Design. A prospective observational study was conducted.

Methods. Four pairs of physical therapists rated basic mobility and 4 pairs of occupational therapists rated daily activity of patients in 1 of 4 hospital services. One therapist in a pair was the primary therapist directing the assessment while the other therapist observed. Each therapist was unaware of the other's AM-PAC "6-Clicks" scores. Reliability was assessed with intraclass correlation coefficients (ICCs), Bland-Altman plots, and weighted kappa.

Results. The ICCs for the overall reliability of basic mobility and daily activity were .849 (95% confidence interval [CI]=.784, .895) and .783 (95% CI=.696, .847), respectively. The ICCs for the reliability of each pair of raters ranged from .581 (95% CI=.260, .789) to .960 (95% CI=.897, .983) for basic mobility and .316 (95% CI= -.061, .611) to .907 (95% CI=.801, .958) for daily activity. The weighted kappa

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