



Integration of Rehab Services in a Large, Multispecialty Health System

Combined Sections Meeting 2014

Speaker(s): Gary Calabrese, PT
Scott Euyope, PT, DPT, MHS, OCS
Karen Green, PT
Doug Newlon, PT
Kari Orlandi, PT
Sandra Passek, PT, DPT
Christine Schulte, PT, MBA
Mary Stilphen, PT, DPT

Session Type: Educational Sessions

Session Level: Multiple Level

This information is the property of the author(s) and should not be copied or otherwise used without the express written permission of the author(s).

February 3-6, 2014

Las Vegas, Nevada

www.aptahpahp.org

Section on Health Policy & Administration
of the American Physical Therapy Association

24 Pages Total



Integration of Rehab Services in a Large Multi-Specialty Health System

Combined Sections Meeting 2014
Las Vegas, Nevada
February 3, 2014



- 10 Hospital nonprofit health care system (9 Ohio, 1 Florida)



Cleveland Clinic Rehab and Sports Therapy

Therapy Locations

- Cleveland Clinic Main Campus and 8 regional hospitals
- 100 IRF beds
- 85 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

CCRST Mission

- Our Mission: To meet the rehabilitative needs of our clients across the healthcare continuum. Patient centered and evidence based practice are used to foster optimal function. We are committed to the development and education of those who serve.
- Our Vision: Striving to be a leader in rehabilitation and sports therapy, patient experience, clinical outcomes, research and education.
- Our Values:
 - Quality
 - Innovation
 - Teamwork
 - Service
 - Integrity
 - Compassion



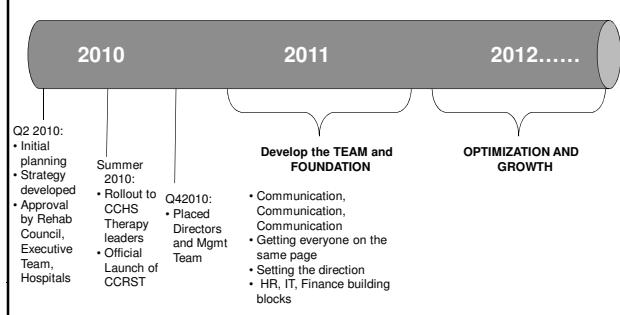
The Plan

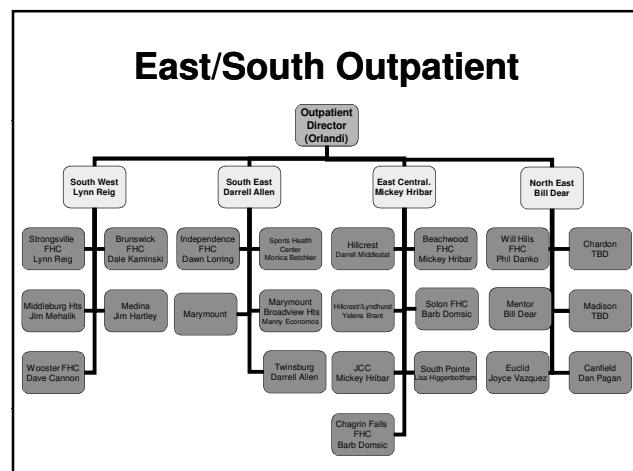
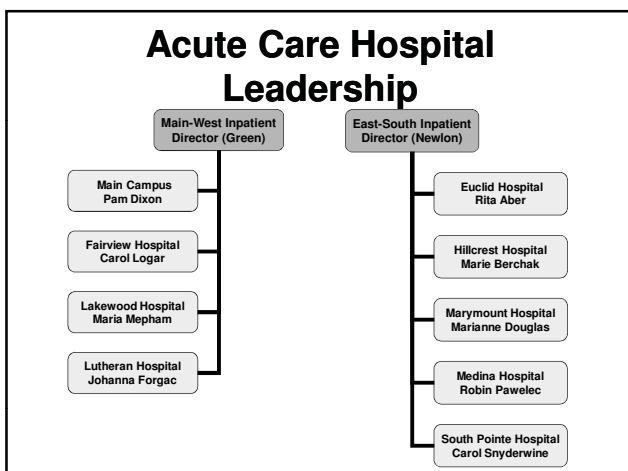
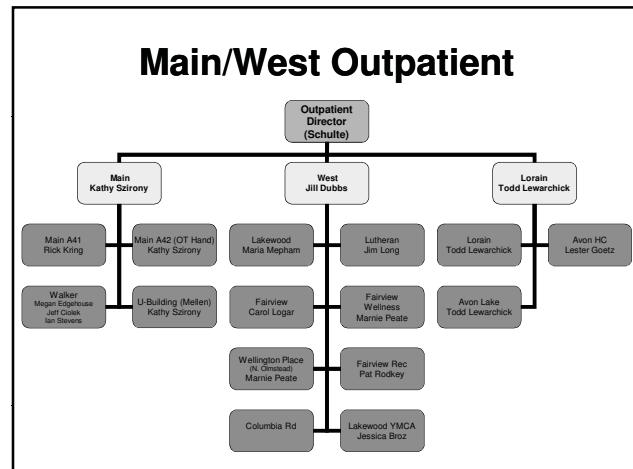
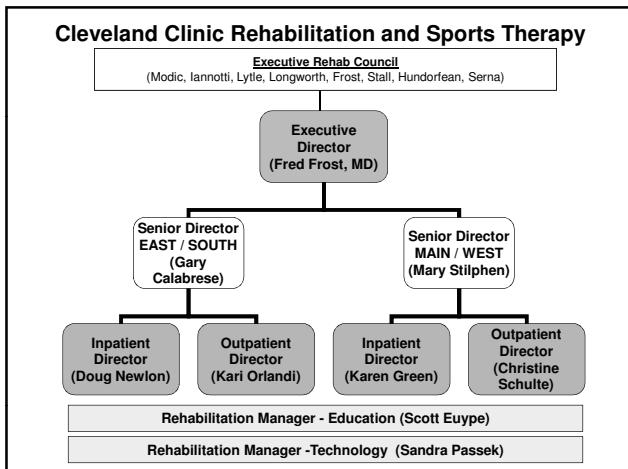
- Unify 700 therapy professionals across all sites into: Cleveland Clinic Rehabilitation and Sports Therapy
- Standardize care delivery model and quality across the health system
 - Consistent care across enterprise
 - Same information technology, patient treatment, productivity benchmarks, education, clinical competencies, management and financial reporting
- Increase market share
 - Stop internal competition and focus on strategic growth
- Improve financial margin: eliminate redundant costs, increase productivity, grow programs/volume

Objectives

- Discuss the value opportunities with the integration of PT/OT/ST/AT services.
- Identify the steps necessary to achieve successful system integration.
- Describe enhancements to patient care through integration.
- Examine possible solution to organizational resistance to change.
- Understand the importance of employee engagement and accountability to a successful integration.

Timeline: How did it come together?







- Unified Brand
- Unified Organizational and Leadership Structure
- Leverage our Critical Mass
- Aligned with Institute Model
- Positioning for Growth
- Increased Productivity, Efficiency, and Cost Structure

Electronic Medical Record

- History
- Collection of discrete data
- Unified documentation platform
 - Standardization of content
 - Compliance
- Standardization for roll out to regional sites
 - User security
 - Work flow
 - Training

Standardization of Operations

- Technology
 - Electronic Medical Record
 - Reporting
 - Time Management
- Outpatient Schedule Templates
- Documentation and Billing
- Quality and Compliance
- Performance Management

Electronic Medical Record

- Clinical Efficiencies
 - Increased efficiency with order to eval time in inpatient
- Institutionalize Best Practices
- Improve Productivity
- Financial
 - Integrated with registration systems
 - Improved charge capture → \$
 - Automated billing (CASS, HBOC & SMS)
- Reporting

Reporting

- Clinical, Operational and Financial
 - Patient Outcomes
 - Referral Patterns
 - Cancellation Rates
 - Inpatient Response Time to Order
 - Financial Outcomes
 - Time Management – Productivity Tool

Time Management

- Established a system wide standard for inpatient and outpatient therapists.
- An evolving system was created for recording the information.
 - Initially an excel spreadsheet with auto calculations
 - Currently a web based system with auto feed for data entry on the inpatient side and manual fill for outpatients.

Reporting

- Sample report

Time Management

- Time Management includes all staff and leadership.
- Amount of patient care is based on operational responsibilities.
 - Manager:
 - 10 hours administrative
 - 30 patient care

Time Management

- Hours worked
- Scheduled slots and available slots
- Total visits
- Total evaluations
- Units/procedure
- Slot utilization
- Cancel and no show rate

Time Management

Time Management - Site Metrics											
Cleveland Clinic		Dates Worked between 01/01/13 and 10/31/13 (Inclusive)									
Facility	Discipline	Hours Worked	Slots Avail	Slots Filled	Total Visits	Total F/U's	Total Evals	Units/Visit	Cancel Rate	Slot Util	% Prod
OP											
Lorain											
PT											
PTA											

Time Management

Enter Worked Date Range (Begin) 1/1/2013 Enter Worked Date Range (End) 10/31/2013 View Report

Select Facility Type(s) Outpatient Sort by Facility and Discipline? Yes

Sort by Facility and Discipline? Yes Selected Facility(Les) Lorain

Select Practitioner(s) Display Detail? No

Select Discipline(s) PT, PTA

Report is being generated

Time Management

- Real time Queries
 - Viewed by each therapist
 - Discipline/ Site/ Region
 - By Date /Month / YTD
- Ability to export into excel or PDF for saving for review.
- Allows for real-time information to discuss staff performance
- Monitor cancel and no show to allow operational adjustments

Outpatient Schedule Standardization

Outpatient Schedule Standardization

- High degree of VARIABILITY of scheduling process
 - What type of schedule?
 - Electronic scheduling platform
 - Epic, PHS, Spectrasoft, TherAssist
 - Salon style schedule book
 - Who was scheduling?
 - Department secretary
 - Building operator
 - Therapist
 - All of the above

Outpatient Schedule Standardization

Prior State

- High degree of VARIABILITY of clinician schedule
 - Length of appointment time
 - Number of new patients each day/week
 - Number of follow up patients each day/week
 - Length of day: hours of operation
 - Types of patients



Outpatient Schedule Standardization

Current State

- Standardization
 - Hours of operation
 - 7:30am to 7pm office hours, Mon-Thurs
 - 7:30am to 5pm office hours, Fri
 - Appointment length
 - Evaluation
 - 60 min evaluations, 45 in post op ortho locations
 - Follow up based on patient mix
 - 30 min ortho
 - 45 min neuro/lymph/vestibular/pelvic floor

Outpatient Schedule Standardization

Patient Mix	Ortho	Neuro/Specialty	Ortho>Neuro	Neuro>Ortho
New	15	13	14	13
		32-45'	10-45'	20-45'
Follow Up	42-30'	2-30'	32-30'	20-30'
Total	56 slots	47 slots	56 slots	53 slots
Patient Mix	PTA Ortho	PTA Ortho>Neuro	PTA Neuro>Ortho	
	10-45'	22-45'	44-45'	
Follow Up	55-30'	40-30'	9-30'	
Total	65 slots	62 slots	53 slots	

Outpatient Schedule Standardization

Standardization and Customization

- Number of appointments each week
 - Based on clinician patient mix
 - Ortho
 - Neuro/Specialty
 - Ortho > Neuro
 - Neuro > Ortho
 - PT vs PTA



Challenge:

Get the right patient scheduled with the correct clinician in the correct location to address their problem.

Patient Access

Where we started:

- Rehabilitation Order
 - Physician order by specialty services and location of clinic through drop down lists in Epic (EMR).

Reason for Visit and Subgroup

25334 - RSQ PT Gait	DECONDITIONING
25334 - RSQ PT Gait	DEVIATIONS GAIT
25334 - RSQ PT Gait	DYSFUNCTION GAIT
25334 - RSQ PT Gait	FALLS PROGRAM
25334 - RSQ PT Gait	GAIT DEVIATIONS
25334 - RSQ PT Gait	GAIT DYSFUNCTION
25334 - RSQ PT Gait	GAIT TRAINING
25334 - RSQ PT Gait	PHYSICAL THERAPY
25334 - RSQ PT Gait	TRAINING GAIT

Clinician and Subgroup

Patient Access

Call Center implementation

- Scheduling questionnaire based on:
 - Reason for visit
 - Diagnosis/problem
 - Clinical presentation
 - Subgroups
 - Clinician/location/specialty
- Singular phone number: 216-444-6262

Documentation and Billing

Documentation and Billing

Documentation variability

- Process
 - Paper
 - Individualized based on community hospital
 - Electronic Medical Record
- Content
 - No standardized format
- Quality
 - Inconsistent across enterprise
 - Audit process vs. chart/peer review
- Reimbursement
 - Medical record support of billing practice

I will adopt Best Practices
I will adopt Best Practices



Documentation and Billing

- Billing variability
 - Education
 - Current standards
 - Resources
 - CCI Edits
 - CPT Codes
 - Coder access/education
 - Process
 - Electronic vs. paper process

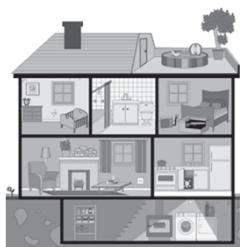
Documentation and Billing

Strategy

- CHANGE culture
 - TEAM process
 - Clinical experts
- Focus on EMR

Documentation Template “HOUSE”

- Standardized SHELL of information that is MANDATORY for all documentation templates
- Movement away from SOAP note format
- Change focus of documentation
 - clinician activity/work to patient activity/work



Documentation and Billing

- Continuous Improvement
 - Staff education
 - Efficiencies
 - Response to change
 - Medicare



Documentation and Billing

- EDUCATION
 - MEETINGS
 - Training
 - Expert peers
 - Managers
 - Resources
 - Peers
 - Power point
 - Articles



Quality Compliance

- Systematic review of best practices across the entire system 2010-2011
- Cleveland Clinic Compliance review across all Institutes and Regional Hospitals throughout 2011
- Outside Consultants reviewed the current structure and validated current processes (12/2011)

Quality Compliance

- Educated the leaders throughout the entire Rehab and Sports therapy (3/2012)
- Educated entire staff regarding documentation and Compliance issues (5/2012)
- Updated the Annual Documentation Audit tool (5/2012)
- Adjusted documentation templates to include required components (6/2012)

Quality Compliance

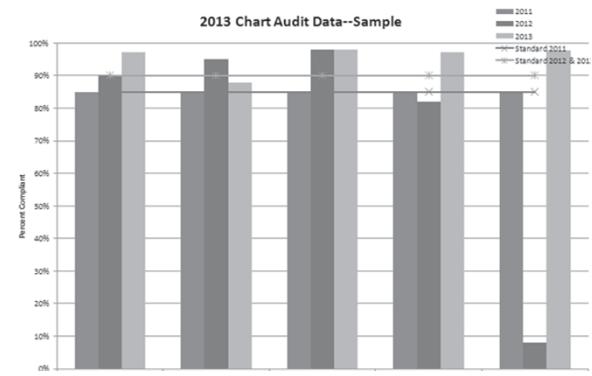
Therapist Full Name (First & Last)
Evaluation:
Patient subjective information: onset date and comparison of limitations compared to prior level of function
Pain scale: location, and description
Initial Functional Outcome Measurement present
Patient's goals documented
Falls Assessment completed based on clinical presentation
Systems review/medical screen/vital signs
Initial objective impairment measures present, include comparisons to non-involved side, and demonstrate limitations
Treatment provided is documented and supports billed charges: demonstrating skill and work of therapist & clinical problem solving.
Education/instruction provided to patient/caregiver: Education assessment completed (encounter or paper assessment)

Quality Compliance

- Annual documentation audit tool comprised of specific indicators based on regulatory requirements.
- Compiled recording tool for individual therapist, sites and regions.
- Initial compliance was 85% 2011, advanced to 90% in 2012 to improve overall standard of performance.
- Tiered review based on individual scores.

90-100%: Annual
80-89%: 6 months
Below 80% : 3 months

Quality Compliance



Performance Management

Previous State:

- 72 different job descriptions and titles
- No consistent job responsibilities

Performance Management

The Performance Management process includes:

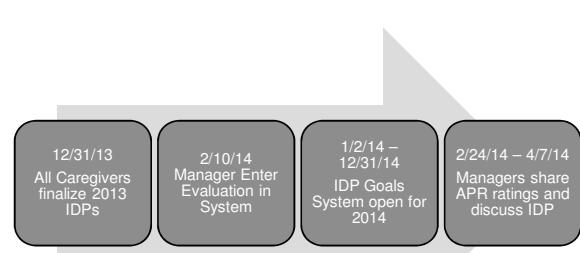
- Annual Performance Review (APR)
- Individual Development Plan (IDP)
- Business Goals
- Mid Year Review
- 90-Day Review

Performance Management

Current State:

- Uniform Key Job Responsibilities by job title
- 15 Job titles
- Formally review Employee job performance
- Established performance expectations, goals and development opportunities
- Build on the strengths of our employees
- Set the tone for ongoing coaching discussions

APR Timeline - 2014



APR – Performance Ratings

- **Exceptional Performance (EP)**
- **Fully Meets Expectations (FM)**
- **Meets Most Expectations (MM)**
 - Require Performance Improvement Plan after 2nd year
- **Needs Improvement (NI)**
 - Require Performance Improvement Plan

APR – Form A

SECTION I: DRIVES MISSION, VISION, VALUES

This section includes a series of performance dimensions and behaviors expected of each Employee, relative to proficiencies that drive the mission, vision and values:

- Cleveland Clinic Experience
- Values
- Employee Engagement
- Adaptability
- Efficiency & Effectiveness
- Key Job Requirements

APR Forms

- **Form A**
 - For Employees in non-supervisory positions or for Employees in supervisory roles who have fewer than two direct reports
- **Form B**
 - For Employees in supervisory roles who have two or more direct reports

Key Job Indicators – PT, OT, SLP

- Promotes / provides safe patient care.
- Supports Corporate compliance initiatives.
- Provides age specific care.
- Provides patient care meeting quality standards of CCRST and CCF.
- Participates in CCRST educational initiatives.
- Actively works to save costs, generate revenue, and optimize reimbursement.

APR – Form B

SECTION I: DRIVES MISSION, VISION, VALUES

This section includes a series of competencies established for Employees functioning in a managerial capacity, relative to proficiencies that drive the mission, vision and values:

- Cleveland Clinic Experience – 10%
- Employee Engagement – 25%
- Serving Leadership – 15%

Individual Development Plan (IDP)

- Professional goals for the individual
 - Clinical and/or Leadership
- Reviewed at Mid-year
- Available online

APR – Form B – con't

SECTION II: FUNCTIONAL/TECHNICAL EXCELLENCE

Within this section, the Manager identifies and evaluates job specific performance requirements, with particular emphasis on how the Employee's documented performance relates to Quality, Innovation, Teamwork, Service, Integrity and Compassion. – 50%

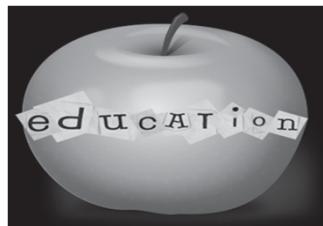
- Facility Specific Metrics

Mid-Year Review

The Mid Year Review supports a conversation between the Manager and Employee to mutually:

- Recognize performance and development so far this year
- Evaluate progress on goals
- Collaborate on the direction for the remainder of the year
- Redirect efforts for the remainder of the year, if necessary

CCRST Education



Continuing Education

- Multiple In-house conferences taught by our staff
 - Evening Based
 - ½ Day Weekend
 - 3-Day and 1-Day theme based conferences
 - Local / Out of state
 - Guest speakers
- Special Interest Group driven
- Specific clinical interests



Continuing Education

- System wide process adopted and carried out
- Improved tracking of continuing education
 - Central recording site
- Courses brought in
 - Based on staff survey of educational interests
 - Staff Professional Goals / Plan
- National based courses brought into Cleveland
 - APTA
 - McKenzie

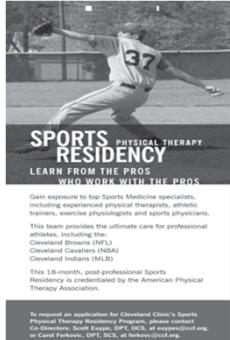


Clinical Education

- Greater than 300 student interns for Athletic Training, Occupational Therapy, Physical Therapy and Speech Pathology disciplines
 - 120 PT students
 - 20 PTA students
- Affiliations with over 45 Colleges / Universities
- Facilitation and support given to Clinical Instructors in becoming Credentialed instructors
- System wide Student Hand Book
- System wide On-boarding

PT RESIDENCY PROGRAMS

- Sports Physical Therapy Residency
 - 18-Month program
 - 2012: APTA Credentialed
 - 2013: 4th resident
 - CCRST staff are faculty
 - Resident provides education to staff quarterly
 - 2013 Traveling Fellowship initiated in Cleveland



Clinical Care Paths

- To optimize the value of care across the Cleveland Clinic by improving outcomes and reducing unnecessary variations in cost and care
- Evidence Based
- Multi Disciplinary Collaboration
 - MDs, RNs, OTL/R, Speech, Psych



PT Residency Programs

- Currently developing PT residency in Orthopaedics
 - Weekend format
 - Internal staff development
 - CCRST staff faculty
- Future plans also include:
 - Complex Acute Care
 - Neurology
 - Women's health
 - Wound Care



Clinical Care Paths

- Total Joint Replacement
- Low Back Pain
- Osteoporosis
- Rotator Cuff Tear
- Concussion
- Urinary Incontinence
- Neck Pain
- Headache
- Multiple Sclerosis
- Stroke / TIA
- Fibromyalgia



Evidence Based Practice

- Educated staff on Evidence Based Practice
- Quarterly newsletter published of peer reviewed clinical based articles
- Establishment of system wide Journal Club for evidence based practice discussion
- Bi-Annual Case Reports Night
 - Neuro/Acute and Orthopaedic/Sports injuries
 - Many of these have been accepted as Platform/Posters at National Conferences



Osteoporosis

- Osteoporosis and bone health rehabilitation program was developed in 2011
- Purpose
 - To identify and positively affect the pathophysiology, impairments, functional limitations and disabilities of bone diseases
 - Decrease modifiable risk factors, and to educate patients and clients on prevention strategies and overall wellness.
- Educated entire rehab staff with a post test competency
- Program has been instituted as a part of Cleveland Clinic's employee health plan

Competencies

- Based on needs of department
 - Documentation
 - Osteoporosis
 - Low Back Pain
 - Total Joint Replacement
 - Medical Screening



Vestibular Rehabilitation

- Supported training of staff to be come certified in vestibular rehabilitation
- Staff positioned in geographic areas of CCRST system
 - "Center of Excellence"
- Will train new staff internally

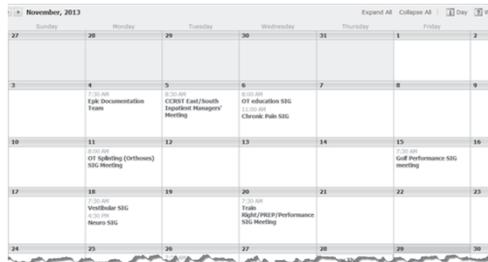


Special Interest Groups

Communication SharePoint Site

Key Features

- Department Activities Calendar



Communication

Communication SharePoint Site

Key Features

- Staff Resources

Rehabilitation and Sports Therapy

Rehabilitation and Sports Therapy

Home CCRSType RST Education EPIC Medlinks Marketing Leadership Managers

View All Site Content

Documents

- AT Education/Exercises
- Outcomes
- Compliance
- Resources - Staff
- SIG / Workgroups
- Technology
- Rehabilitation Guidelines
- Reimbursement
- Competencies

Calendars / Contact Lists

- CCRST Calendar
- Valley C22 / Helen PTO Calendar
- CCRST Locations Contact List
- Lorain Region PTO
- East Event Kit Calendar
- West Event Kit Calendar

Sites

- ATC
- CCRST Jobs
- EPIC Info
- CVA SIG

SharePoint Site

- **Purpose – To create a common, universal communication platform that would decrease variances in messaging**

Key Features

- Staff Resources

Rehabilitation and Sports Therapy > Resources - Staff

Resources - Staff

New Upload Actions Settings

Type Name

- Acute Care
- Clothing
- Documentation
- How To
- KP
- Marketing Resources
- Medlinks
- Professional Development
- Quarterly Staff Mtg Presentations
- SNF
- Sharepoint Reorganization

Communication SharePoint Site

Key Features

- Special Interest Group Sites (SIG's)
 - Goals
 - Meeting Minutes
 - Resource Documents

Communication

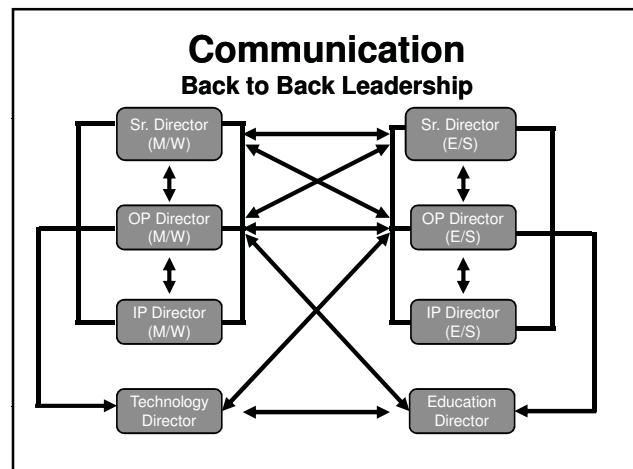
Back to Back Leadership

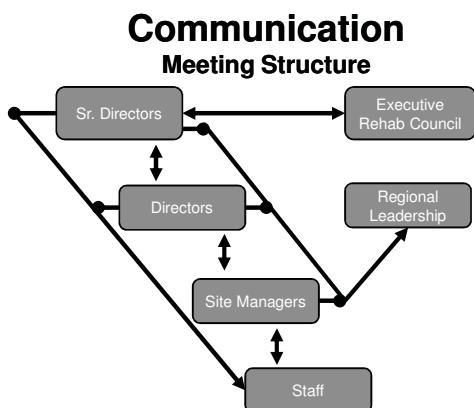
- **Purpose** – To encourage consistent and coordinated messaging from the leadership level of the organization to managers and staff

Communication SharePoint Site

Key Features

- Rehabilitation Guidelines





Development of a Uniform Data Set to Improve Outcomes and Decrease Cost

- Use of a standardized outcome tool
- Collect uniform data upon which both clinical and operational decisions are made.

Outcome Reporting

Outcome Tools

Acute Hospital

- 6 Clicks Basic Mobility
- 6 Clicks Daily Activity
- Mini Cog

SNF's / Connected Care Units

- AM-PAC Basic Mobility Adapted
- AM-PAC Basic Mobility Adapted with w/c
- AM-PAC Daily Activity

Outcome Tools

Outpatient

- AM-PAC Short Forms both Basic and Adapted versions
- Diagnoses specific Tools
 - LEFS
 - QuickDash
 - Oswestry
 - NDI
 - FactB +4

Lessons Learned

Using Data to Drive Decisions

- Acute Hospital
 - Discharge disposition
 - Resource Utilization
- SNF – Connected Care Units
 - Compare LOS,
 - # visits,
 - Patient's functional change between facilities
- Outpatient
 - G Code Reporting
 - # Visits
 - Functional change

Questions

References

Gawande A. Can Hospital Chains Improve the Medical Industry? *New Yorker* August 13, 2012.

Blanchard K, Jennings K, Stahl-Wert J. *The Serving Leader: 5 Powerful Actions That Will Transform Your Team, Your Business and Community*. Berrett-Koehler Publishers Inc. 2003.

Future in Focus: Paths to Sustainability in the Value-Driven Marketplace. The Advisory Board Company Web site. WWW.advisory.com. Accessed 2/28/13.

Haley SM, Ni P, Coster WJ, Black-Schaffer R, Siebens H, Tao W. Agreement in functional assessment: graphic approaches to displaying respondent effects. *Am J Phys Med Rehabil*. 2006;85(9):747-755

Lynn ML, Osborn DP. Deming's Quality Principles: A Healthcare Application. *Hospital Health Service Administration*. 1991 Spring 36(1):111-20

Thank You