RI: Practical Solutions to Increase Your Minutes

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Overview:

- Unit
- Audit
- Action
- Recommendations

All pictures in presentation are stroke floor staff and patients

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RI Minutes

- According to Core Health, RI Minutes are defined as "the total amount of time a patient spends actively engaged in **direct, one-on-one, goal-directed therapy**"
- At least 3 hours (180 minutes), for a minimum of 6 days a week
- OT, PT, SLP (OTA/PTA/CDA @ 33%)

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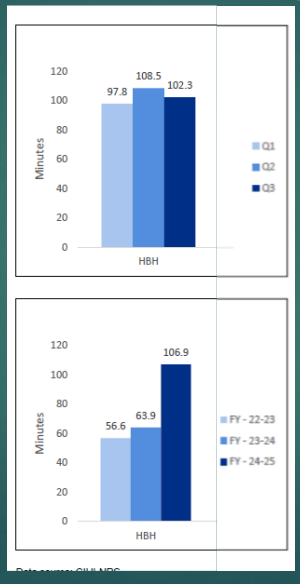
Small changes make large impact



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Context

BEDS

- 20 (+2) HI intensity beds
- 30 RC stroke/neuro other beds
- 10 medical beds

STAFF

- 6 OT; 6 PT
  - 2.5 OTA/PTA
- 3.6 SLP
  - 1.4 CDA

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Context

- OT/PT carry 1:10 mixed caseload (3-4 HI stroke)
- SLP carry 1:13 mixed caseload (5-6 HI stroke)

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Knowing your Context

- Have a deep knowledge of the therapist role------Human Factors

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Starting the Conversation and Goal Setting

- Met with HD team during monthly meetings
- Started talking about RI minutes consistently—new
- Reviewed audit of daily schedules –saw room for improvement solely based on scheduling; bigger opportunity of we un-mixed the caseloads
- Set Goal for 45 min therapy (up from 30) ----not well received

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"The math doesn't math"

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Audit

- Working group created with HD
- Physical scheduling task ---Un-mix the caseloads
  - Ratio of 1:6 needed to meet 180 minutes (based on a 7.5 hour day, 1 hour lunch, and 1 hour for documentation)

Possible Solution at 1:6 Ratio-

- 3 x OT/PT at 1:6 HI stroke, 3 x OT/PT at 1:14 RC/medical patients; 2xSLP at 1:10, 1.5 x SLP at 1:26
- Built in time for rounds, family meetings, huddles , lunches

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Audit

- Zero buy in to new schedules
  - Did not like "how it looked": too "constricting"
  - "We don't want only HI or RC"

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Audit

- Overall-asked if we could stay in the same 1:10 mixed caseloads and "do better"
  - Definition of insanity
  - Agreed with 6 month ultimatum
    - needed buy in, also knew if caseloads stayed the same, beyond "good will"

    other areas needed exploration

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Unit Action: Redefining Therapy

- Some therapists giving more RC therapy then others
  - Guilt around "reducing" therapy-debunking perceived inequities
- Some therapists giving more medical therapy then others
  - Giving more therapy than elsewhere in the hospital with comparable programs
- Lots of guilt around providing 'unnecessary therapy': not all HI Patients need 45 min
  - Ethical discussions around therapy vs Core Health's recommendation

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Unit Action: Increasing Productivity

- Physically hung up an algorithm of who gets what therapy
- Changing schedules to allow for 45 min time slots
  - Inability to schedule on paper schedules
  - Inability to flex from 45 min/30 min psychologically; disruptions to patient flow
  - The way we admit doesn't support direct replacement of HI for HI or RC for RC
- Tightening up of indirect task/documentation time to 80:20
- Research days when backfill available

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Unit Action: Working Effectively

- Optimizing perceived "free time" (patient appointments/ALC)
  - "1 minute matters"
- Engaging patients in indirect time tasks
  - Filling out applications (ie writing/typing or cognitive goal)
  - Calling families or vendors for quotes together (ie-speech goal)

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Unit Action: Working with Rotman

- Verified our internal data quality and reporting
- Provided platform on how to increase RI min in real time
- Demonstrated the impact on an increase in OTA/PTA

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Unit Action: Optimizing OTA/PTA

- Removal of 1:1 e-stim (purchased more), contrast bath (groups)
- Increasing culture of therapy time: 8 am capacity with ADLS; increasing 3 pm capacity with more referrals
- Helping with admin/indirect tasks
- Aligning OTA/PTA with therapists for more scheduling control
- OTA/PTA starting right away; opportunity for us

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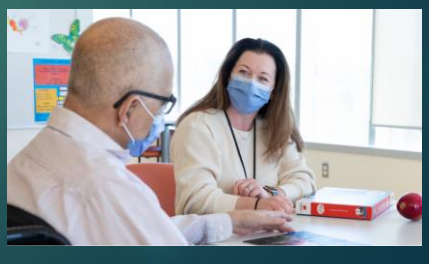
Unit Action: Re-education

- Entering RI minutes not always done despite veteran staff; especially on weekends
- Mandatory re-training
- Email sent every Friday to remind weekend staff to complete minutes
- Strong language that lack of entering minutes will result in performance management



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Unit Action: Revising Weekend Scheduling

- Less documentation/no discharges/few admits/less indirect time needs
- Pure therapy focused= can optimize RI
  - Redesigned all spreadsheets and schedules to accommodate more patients
  - Prioritizing patients that had weekday therapy missed; not previously done
  - Meeting with weekend team for engagement and feedback

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Unit Action: Monthly Audits and Accountability

- Team updates of progress
- Requiring justification for low minutes
- Observing that not all HI intensity were referred to OTA/PTA; made mandatory
- Trending high performers and performers with opportunity = sharing insights and performance management

ACCOUNTABILITY IS ESSENTIAL

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Unit Action: Team Process Changes

What can change outside of therapy to give you more therapy time?

- Moving Daily Safety huddles to 8:50 am = 37.5 hours a week
  - Moving meal trays (early orders)
- Reducing 2 hour rounds to 1.5 hours = 7.5 hours a week

45 hours a week = 45 opportunities for therapy sessions = 2.25 sessions/person = 15 min per patient per day

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Recommendations

- Processes/workflow/roles/environment
  - What are your big wins?
  - What are the small wins?
  - Are staff engaged to champion the wins?
- Audit performance --- accountability and performance management
- Take active control over scheduling/prioritize backfill/optimize free time
- Expand thinking around indirect time and what can be active therapy
- Expand focus beyond OT/PT/SLP and increase assistant capacity
- Re-education on minute importance and embed consistent conversations into workflow ---- if you don't use it, you loose it!

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THANK YOU! Questions?

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