

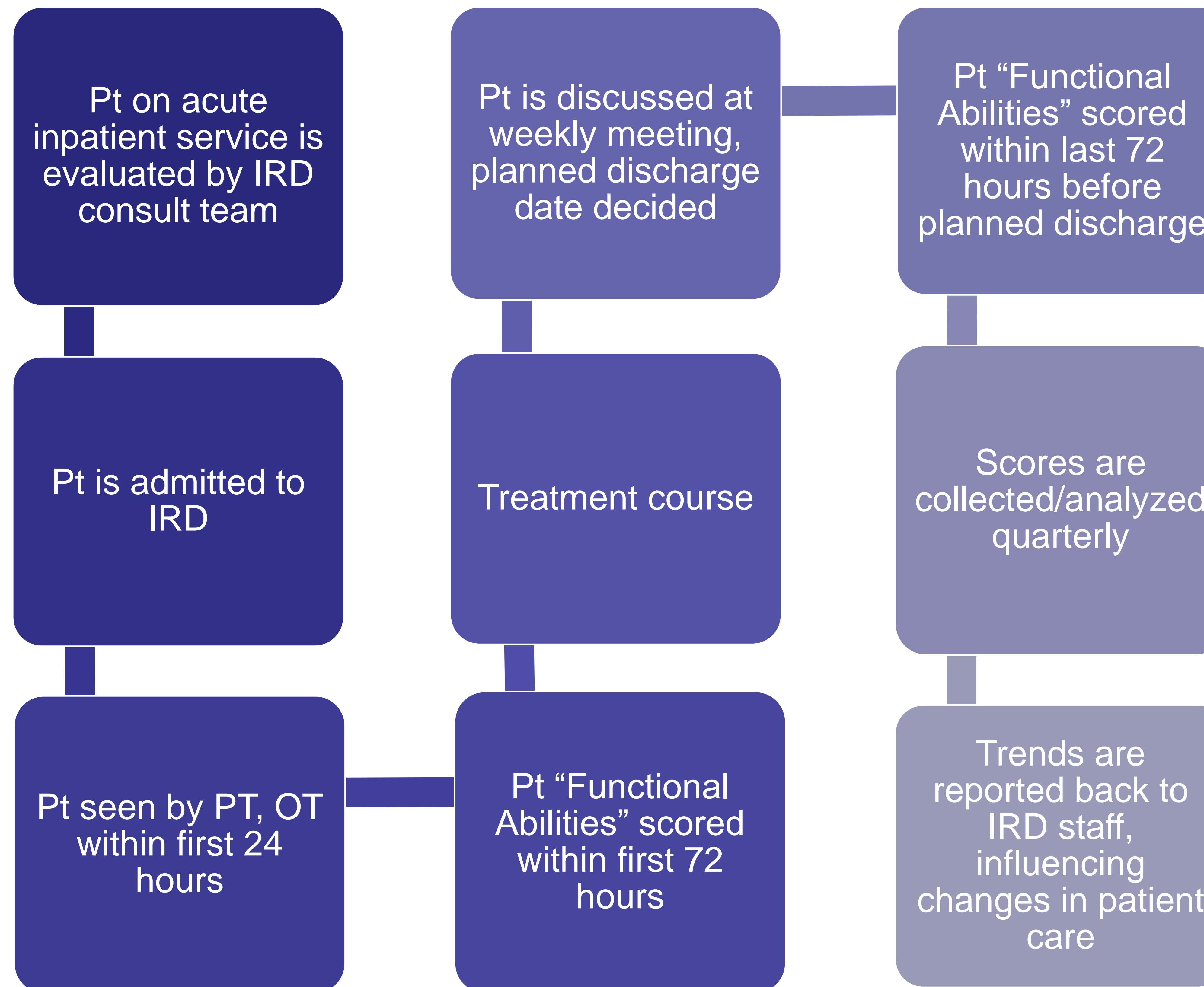
## BACKGROUND

At Vidant Medical Center (VMC), the inpatient rehabilitation department (IRD) provides care to patients as they transition from acute inpatient care to discharge with a goal to optimize patient status before they are discharged. To measure the change in patient status while admitted to the IRD, patients are scored on several areas, including functional abilities, at the beginning and end of admission to the IRD. Functional abilities is comprised of two subgroups: mobility and self-care, scored by physical therapy (PT) and occupational therapy (OT), respectively. The progress in functional abilities is recorded and can be compared to regional and national data. Currently, patients at VMC achieve less progress over their length of stay on IRD than both the regional and national rates. **The purpose of this study is to analyze the current process for scoring functional abilities in the IRD at VMC, and to offer recommendations on potential interventions to improve outcomes.**

## PROJECT DESIGN/STRATEGY

The control data set was comprised of FA scores from the IRD, regional, and national health centers for quarter two of calendar year 2018. To map the process, an inter-professional team from the IRD collaborated to examine the steps. Areas for improvement were identified, and potential interventions recommended.

## PROCESS MAP



## RESULTS

Three areas were identified that may decrease the reflection of progress of patients' functional abilities.

1. Healthiness of patients, inversely represented by the case mix index (CMI), admitted to the IRD.
2. Frequency of scoring by the PT and OT teams.
3. Patients who leave before planned discharge, resulting in no final score.

## RECOMMENDATIONS

By mapping out the process and identifying areas for improvement, three recommendations on potential interventions can be offered.

1. Raise the maximum CMI for patients entering into the IRD, if below appropriate levels, to increase the opportunity for progress in functional abilities.
2. Instruct and educate PT and OT teams on increasing the frequency of scoring, with reminders and feedback at the weekly patient centered meetings.
3. Score patients three days before the planned discharge date, so that data can be included for those that leave two or fewer days prior to the planned discharge date.

## ACKNOWLEDGEMENTS

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