GTA REHAB Network

Inpatient Rehab/LTLD Discharge Planning Practices
Pre- and Post-Implementation Survey Results of TC LHIN Hospitals

1.0 BACKGROUND

The Patient Access and Flow Committee of the GTA Rehab Network developed a new resource, *Discharge Planning Guidelines for Inpatient Rehab* during the fall 2008 and winter 2009. The new guidelines set out guiding principles, standards and discharge readiness criteria for inpatient high tolerance and low tolerance rehab programs to promote best practices in discharge planning and facilitate timely discharge from inpatient rehab.

In preparation for the dissemination of the new guidelines in May 2009, clinical teams in the inpatient rehab setting were asked in April, 2009 to complete a brief survey to identify the goal setting and discharge planning processes that were in place. The survey results were used to provide a baseline of discharge planning practices that were in place before implementation of the guidelines.

In November 2009, a second survey was sent to inpatient rehab clinical teams to determine if the *Discharge Planning Guidelines for Inpatient Rehab* had been implemented and how well rehab programs were meeting the principles and standards within the new guidelines. This report provides a summary of the pre- and post-implementation survey results.

2.0 APPROACH AND PARTICIPANTS

Inpatient high tolerance and low tolerance rehab programs provided by GTA Rehab Network members were invited to participate in both surveys. The surveys were emailed to key contacts within organizations who were asked to disseminate the survey to their inpatient clinical teams. Reminder emails were sent to optimize the response rates for each survey.

Pre-implementation Survey Participants: In total, 27 programs from within the TC LHIN boundary responded spanning HTSD and LTLD inpatient rehab programs. The organizations represented by these programs were:

Baycrest, Bridgepoint Health, Providence Healthcare, Toronto East General Hospital, Toronto Grace Health Centre, Toronto Rehab and West Park Healthcare Centre,.

Post-implementation Survey Participants: In total, 19 programs from within the TC LHIN boundary responded to the survey, spanning High Tolerance Short Duration (HTSD) and Low Tolerance Long Duration (LTLD) inpatient rehab programs. The organizations represented by these programs were:

Providence Healthcare, Toronto East General Hospital, Toronto Grace Health Centre, Toronto Rehab and West Park Healthcare Centre.

Review of Guidelines: The majority (84%) of programs (HTSD=83%; LTLD=86%) reported that their clinical teams had reviewed the new guidelines.

<u>Implementation of Guidelines</u>: While only 42% of all programs (33% of HTSD programs; 57% of LTLD programs) have actually *implemented* the new guidelines, a further 37% of programs (42% of HTSD programs; 29% of LTLD programs) are ready to roll out the new guidelines within their organizations. In addition, 4 programs within 1 organization reported that although they have not yet implemented the guidelines, their current discharge practices are aligned with the new guidelines.

3.0 PRE- and POST- IMPLEMENTATION SURVEY RESULTS:

The questions in both surveys reflect the guiding principles and standards outlined in the *Discharge Planning Guidelines for Inpatient Rehab.* The questions and responses from the pre- and post-implementation surveys are summarized below. Survey results are also available in graphic chart form in the Appendix section.

3.1 DISCHARGE POLICY

- Do you have a discharge policy?

	All Programs (HTSD & LTLD)	HTSD	LTLD
Pre-Implementation Survey	74% Yes (N=27)	71% Yes (N=17)	80% Yes (N=10)
Post-Implementation Survey	**95% (N=19)**	**92% (N=12)**	**100% (N=7)**

- If no, are you in the process of implementing a discharge policy?

	All Programs (HTSD & LTLD) (Programs without a discharge policy)	HTSD (Programs without a discharge policy)	LTLD (Programs without a discharge policy)
Pre-Implementation Survey	71% Yes (N=7)	60% Yes (N=5)	100% Yes (N=2)
Post-Implementation Survey	**100% Yes (N=1)**	**100% Yes (N=1)**	**Not applicable**

Comments:

Since the pre-implementation survey was done, there has been an increase in the proportion of programs that have a written discharge policy with almost all HTSD programs (92%) and all LTLD programs having a written policy in place.

3.2 GUIDING PRINCIPLES: IDENTIFICATION OF PATIENT GOALS

- Are patient goals identified through a collaborative process between the treating health practitioner and the patient?

	All Programs (HTSD & LTLD)	HTSD	LTLD
Pre-Implementation Survey	100% Yes (N=27)	100% Yes (N=17)	100% Yes (N=10)

	All Programs (HTSD & LTLD)	HTSD	LTLD
Post-Implementation Survey	**100% (N=19)**	**100% (N=12)**	**100% (N=7)**

- Does your team have established mechanisms for the development and communication of goals and plans with each patient/family?

	All Programs (HTSD & LTLD)	HTSD	LTLD
Pre-Implementation Survey	89% Yes (N=27)	82% Yes (N=17)	100% Yes (N=10)
Post-Implementation Survey	**100% (N=19)**	**100% (N=12)**	**100% (N=7)**

- Are the patient's identified rehab goals documented in the patient's chart?

	All Programs (HTSD & LTLD)	HTSD	LTLD
Pre-Implementation Survey	100% Yes (N=27)	100% Yes (N=17)	100% Yes (N=10)
Post-Implementation Survey	**100% (N=19)**	**100% (N=12)**	**100% (N=7)**

Comments:

All of the HTSD and LTLD programs met the guiding principles pertaining to the use of collaborative processes to identify goals, established mechanisms to communicate goals and clear documentation of the patient's goals.

Most organizations indicated that goals are developed through formal and informal meetings between the patient/family and individual therapists or all team members in patient/family/team conferences. A few programs reported that they use a goal assessment document to summarize, track and review patient goals and in some programs, a "Goal" or "Care" Coordinator is assigned to meet with the patient/family to develop goals. The goal summary document is inserted into the patient chart for weekly tracking and review by the care team.

Team conferences and patient care rounds are also used to review the formal goals on a regular basis. Other tools used to communicate and track goals include patient communication binders, communication boards in the patient's room and goal sheets.

In some programs, goals are discussed prior to admission and one MSK program reported that pre-operative education classes are provided for patients undergoing elective procedures to review the patients' expectations for the program.

3.3 Early Identification of Estimated Discharge Dates and Destinations

- Is an estimated date of discharge determined following admission?

	All Programs (HTSD & LTLD) % Yes	HTSD % Yes	LTLD % Yes
Pre-Implementation Survey	96% (N=27)	94% (N=17)	100% (N=10)
Post-Implementation Survey	**100% (N=19)**	**100% (N=12)**	**100% (N=7)**

- Is an estimated *provisional* discharge destination determined following admission?

	All Programs (HTSD & LTLD) % Yes	HTSD % Yes	LTLD % Yes
Pre-Implementation Survey	85% (N=27)	82% (N=17)	90% (N=10)
Post-Implementation Survey	**89% (N=19)**	**100% (N=12)**	**71% (N=7)**

- Is the estimated date of discharge determined within 7 days of admission?

	All Programs (HTSD & LTLD) % Yes	HTSD % Yes	LTLD % Yes
Pre-Implementation Survey	50% (N=26)	56% (N=16)	40% (N=10)
Post-Implementation Survey	**63% (N=19)**	**58% (N=7)**	**71% (N=7)**

- Is the *provisional* discharge destination determined within 7 days of admission?

	All Programs (HTSD & LTLD) % Yes	HTSD % Yes	LTLD % Yes
Pre-Implementation Survey	81% Yes (N=26)	81% Yes (N=16)	80% Yes (N=10)
Post-Implementation Survey	**47% (N=12)**	**42% (N=12)**	**57% (N=7)**

Comments:

All of the HTSD programs and all of the LTLD programs estimate a discharge date and almost all identify a provisional discharge destination. However, this is not always done within the recommended timeframe (i.e. within 7 days of admission). LTLD rehab programs are better able to meet the timeframe for estimating a discharge date with 71% of programs identifying an estimated date of discharge. In HTSD, only 58% of programs estimated a discharge date within

the benchmark. Performance is poorer for estimating a provisional discharge destination within the recommended timeframe across both HTSD programs (42%) and LTLD programs (57%).

Programs that did not meet the timelines within this standard commented that it is difficult to accurately predict discharge dates and destinations early on in the admission for complex patients. It should be noted, however, that the intent of this standard is to encourage early discussions around possible discharge dates and destinations to support treatment planning rather than requiring 100% accuracy in the prediction of where and when patients will be discharged.

3.4 Identification of Barriers to Discharge

- Are patients screened for factors that may delay discharge?

	All Programs (HTSD & LTLD) % Yes	HTSD % Yes	LTLD % Yes
Pre-Implementation Survey	81% (N=26)	81% (N=16)	80% (N=10)
Post-Implementation Survey	**95% (N=19)**	**100% (N=12)**	**86% (N=7)**

- Do you develop a plan of care to address the identified barriers to discharge?

	All Programs (HTSD & LTLD) % Yes	HTSD % Yes	LTLD % Yes
Pre-Implementation Survey	85% (N=26)	88% (N=16)	80% (N=10)
Post-Implementation Survey	**100% (N=19)**	**100% (N=12)**	**100% (N=7)**

- Do you hold patient/family team meetings for patients who are at risk of a delayed discharge?

	All Programs (HTSD & LTLD) % Yes	HTSD % Yes	LTLD % Yes
Pre-Implementation Survey	100% Yes (N=26)	100% Yes (N=16)	100% Yes (N=10)
Post-Implementation Survey	**100% (N=19)**	**100% (N=12)**	**100% (N=7)**

- For patients at risk of delayed discharge, during which week following admission is your first patient/family team meeting held?

	All Programs (HTSD & LTLD) % Yes	HTSD (Benchmark: By 2nd week of admission) % Yes	LTLD (Benchmark: Within 4-6 weeks of admission) % Yes
Pre-Implementation	60% met benchmark	44% met benchmark (N=16)	89% met benchmark

	All Programs (HTSD & LTLD) % Yes	HTSD (Benchmark: By 2nd week of admission) % Yes	LTLD (Benchmark: Within 4-6 weeks of admission) % Yes
Survey	(N=25)		(N=9)
Post-Implementation Survey	**77% (N=19)**	**58% (N=12)**	**100% (N=7)**

❒ Is there a written policy to address challenging discharge situations?

	All Programs (HTSD & LTLD) % Yes	HTSD % Yes	LTLD % Yes
Pre-Implementation Survey	64% (N=25)	53% (N=15)	80% (N=10)
Post-Implementation Survey	**68% (N=19)**	**67% (N=12)**	**71% (N=7)**

❒ Are weekly team meetings held to promote consistency in the treatment approach, review the patient's progress and begin formulation of discharge plans?

	All Programs (HTSD & LTLD) % Yes	HTSD % Yes	LTLD % Yes
Pre-Implementation Survey	100% (N=25)	100% (N=15)	100% (N=10)
Post-Implementation Survey	**100% (N=19)**	**100% (N=12)**	**100% (N=7)**

Comments:

Almost every program screens for factors that may delay discharge and all programs develop a plan of care to address discharge barriers and hold weekly team meetings for patients at risk of a to support treatment planning and address potential barriers to discharge. Improvement is needed in the timing of the first patient/family team meeting across HTSD programs. In the pre-implementation survey, 44% of the HTSD programs met the benchmark for HTSD (i.e. by the second week of admission) and improved slightly to 58% in the post-implementation survey. In comparison, almost all of the LTLD programs pre-implementation (89%) and all programs post-implementation met their benchmark (i.e. within 4 to 6 weeks of admission).

The survey also asked if programs have a written policy to address challenging discharge situations. Although this is not a requirement and a stated standard in the guidelines, only 68% of the programs have a written policy. Such a policy, through its development and implementation, can help to promote consistency and equitable responses to complex discharge issues and should be encouraged across all programs.

3.5 MEASUREMENT TOOLS/CRITERIA TO DETERMINE DISCHARGE READINESS

- Does your team use any criteria or measurement tools to determine when a patient is ready for discharge?

	All Programs (HTSD & LTLD) % Yes	HTSD % Yes	LTLD % Yes
Pre-Implementation Survey	69% (N=26)	56% (N=16)	90% (N=10)
Post-Implementation Survey	**89% (N=19)**	**100% (N=12)**	**71% (N=7)**

Comments:
There has been an increase in the proportion of HTSD programs that use measurement tools to determine if a patient is ready for discharge -- from 56% of programs pre-implementation to 100% post-implementation. However, there has been a decrease in the proportion of LTLD programs that do so from 90% pre-implementation to 71% post-implementation.

3.6 BENEFITS AND CHALLENGES OF IMPLEMENTING THE GUIDELINES

- Have the *Discharge Planning Guidelines for Inpatient Rehab* been helpful to your clinical team?

	All Programs (HTSD & LTLD) % Yes	HTSD % Yes	LTLD % Yes
Pre-Implementation Survey	NA	NA	NA
Post-Implementation Survey[1]	**100% (N=10)**	**100% (N=6)**	**100% (N=4)**

Comments:
The programs that have implemented the guidelines report that the guidelines have been helpful in:

- Increasing clarity and consistency in the discharge planning process
- Facilitating team communication around discharge planning practices
- Validating and reinforcing existing processes

Survey respondents provided the following comments when asked to identify any challenges encountered in implementing the new guidelines:

- In one program, allied health found it easier to embrace the new guidelines more readily than nursing, who were adapting to a number of other changes within the organization during the same period.
- Some teams have had no education about the new guidelines.
- There are competing priorities within one organization, delaying implementation.

[1] Only responses from programs that have implemented the new guidelines have been included in the calculation.

- ► The lack of available and timely access to Long Term Care (LTC) beds can delay discharge. Patients/families at times express reluctance when asked to revise their LTC choices to facilities with shorter wait lists.
- ► Occasionally, patients/families have difficulty accepting that the patient's progress has reached a plateau and that the patient cannot go home.

4.0 SUMMARY:

4.1 IDENTIFIED STRENGTHS IN DISCHARGE PLANNING PRACTICES

The pre-implementation survey results showed that most rehab programs had incorporated a number of discharge planning practices within their programs pertaining to the communication of goals, estimating a provisional discharge date and destination, screening for factors that may delay discharge and developing a plan of care to address barriers to discharge. In general, each of these areas has improved since implementation of the guidelines with a higher proportion of programs meeting these standards.

In the post-implementation surveys, all programs reported that they:

- Identify patient goals through a collaborative process with the patient/family
- Have established mechanisms for the identification and communication of goals and treatment plans
- Document the identified patient/family rehab goals in the chart
- Estimate a discharge destination following admission
- Develop a plan of care to address identified barriers to discharge
- Hold patient/family team meetings when there is a risk of a delayed discharge
- Hold weekly team meetings to promote consistency in the treatment approach, review the patient's progress and begin formulation of discharge plans.

4.2 OPPORTUNITIES FOR IMPROVEMENT

There are 3 broad areas in need of improvement. These include:

1. Implementation of the Discharge Planning Guidelines for Inpatient Rehab
   While the majority of HTSD and LTLD programs have either implemented or are ready to implement the new guidelines (79%), all programs are encouraged to formally implement the new guidelines into their discharge planning practices.

2. Formal written policies:
   There has been little improvement in the proportion of programs with a written policy to manage challenging discharge situations:
   - ► In HTSD, 67% of programs have a written policy in place.
   - ► In LTLD, 71% of programs have a written policy in place.

   The development and implementation of written discharge policies promote clarity and consistency in the management of discharge issues.

3. Early Discharge Planning:
   There is room for improvement in meeting the benchmark for the *timing* of when the discharge date and destination is estimated (i.e. within 7 days of admission).

   - Only 63% of programs post-implementation met the benchmark for estimating a discharge date (HTSD=58%; LTLD= 71%).

   - Only 47% of all programs (combined) in the post-implementation survey met the benchmark for early identification of a provisional discharge destination (HTSD 42%; LTLD 57%).

   There is also room for improvement among HTSD programs, for meeting the benchmark for the timing of the first patient/family team meeting for patients who are at risk of a delayed discharge (i.e. by the 2nd week of admission for HTSD patients; within 4 to 6 weeks of admission for LTLD patients).
   - Across HTSD programs, only 58% of programs post-implementation met the benchmark. (All LTLD programs met the benchmark.)

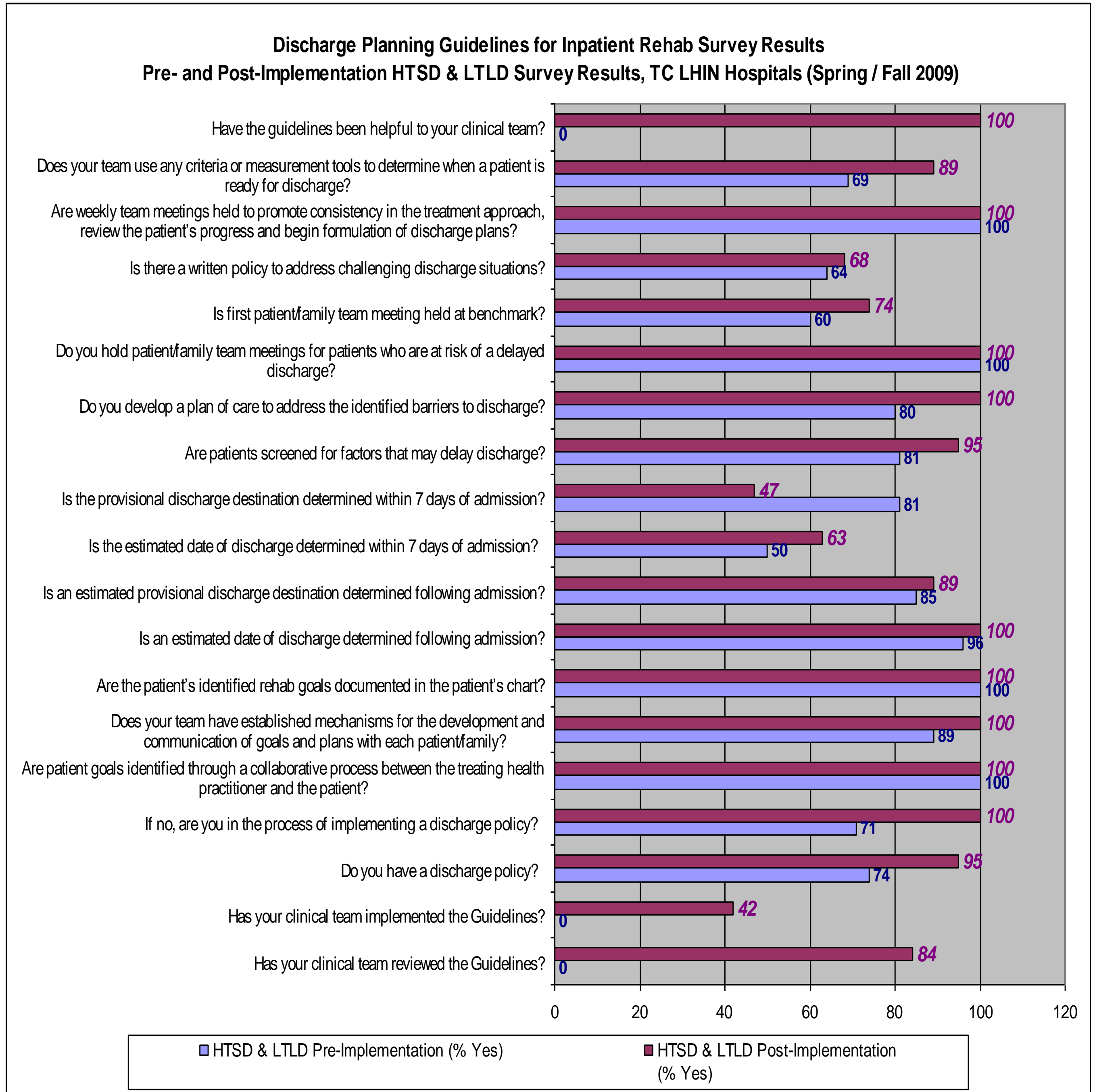
   Initiating early discussions around when and where patients will be discharged is key to effective discharge planning as it sets the stage for working with patients/families to discuss expectations for rehabilitation and identify realistic goals.

4. Use of Measurement Tools to Determine Discharge Readiness:
   While all HTSD programs in the post-implementation survey use some kind of measurement tool to determine discharge readiness, fewer LTLD programs do so (71%). The use of measurement tools can help to track progress, guide treatment and monitor discharge readiness consistently.

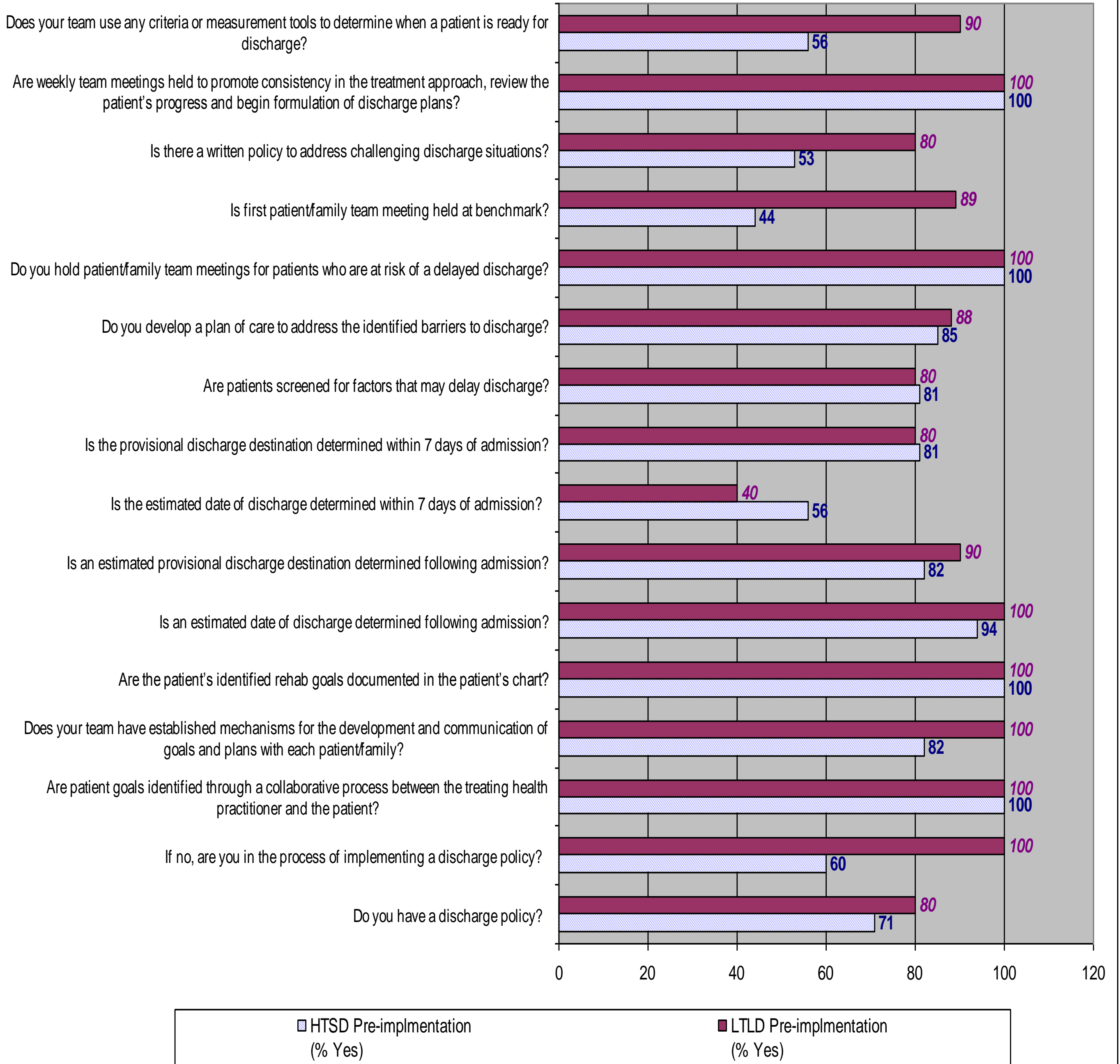
5.0 CONCLUSION:

Following the implementation of the *Discharge Planning Guidelines for Inpatient Rehab* developed by the GTA Rehab Network's Patient Access and Flow Committee in 2009, the clinical teams providing inpatient rehab have reported that this new resource has been helpful in promoting proactive, client-centered and consistent discharge planning practices across inpatient rehab programs. The guiding principles, standards and discharge readiness criteria for inpatient high tolerance and low tolerance rehab programs set out in the new guidelines support increased clarity and communication around discharge planning processes, including goal-identification and care planning. The new resource also enables the ongoing monitoring of discharge planning practices against the standards within the guidelines. While there are opportunities for improvement, the results of the pre- and post-implementation surveys also clearly indicated that rehab programs have incorporated many effective discharge planning practices to facilitate timely discharge from inpatient rehab.

APPENDIX A: Aggregated Survey Results for HTSD and LTLD Inpatient Rehab



APPENDIX B: Pre-implementation Survey Results for HTSD and LTLD Inpatient Rehab



APPENDIX C: Post-implementation Survey Results for HTSD and LTLD Inpatient Rehab