ACUTE CARE THERAPISTS CAN SURVIVE AND THRIVE IN UNCERTAIN TIMES

Combined Sections Meeting 2015
February 6th, 2015 Indianapolis, IN

Speakers

Baylor Institute for Rehabilitation System
Directors of Acute Care Therapy Services:

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• Donna Fitch Kaufhold, OTR
• Sharon Cheng, PT, MBA, MSPT

Course description

The current environment of health care reform and cost cutting require hospital therapists take significant steps to manage their culture and actual practice patterns. The physical therapy profession consistently promotes advancement, but are hospital therapy programs consistently following through with true best practice top to bottom? Are hospital therapists aware of health care system politics? Do hospital therapists have strategies to successfully navigate politics and influence change? How is a therapy department viewed by executive leadership in a hospital? How can hospital therapy programs ensure they are seen in a positive light? This course will discuss the urgent need to manage culture to help lead health care reform change in today’s hospitals to avoid becoming irrelevant.
Objectives

Upon completion of this course, you will be able to:
1. Recognize the impact of health care reform on acute care therapy practice.
2. Determine the correlation between hospital finances and therapy productivity.
3. Evaluate perceptions and its implications to the future of therapy programs.
4. Create strategies to advance professionalism within hospital practice.

What Problems are we Facing Today?

The Harsh Reality
International Comparison of Spending on Health

Health Care Expenditure as % of GDP

<table>
<thead>
<tr>
<th>Country</th>
<th>Expenditure as % of GDP</th>
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<tbody>
<tr>
<td>United States</td>
<td>17.7</td>
</tr>
<tr>
<td>Norway</td>
<td>11.6</td>
</tr>
<tr>
<td>Switzerland</td>
<td>11.6</td>
</tr>
<tr>
<td>Canada</td>
<td>11.3</td>
</tr>
<tr>
<td>Denmark</td>
<td>11.5</td>
</tr>
<tr>
<td>Germany</td>
<td>11.6</td>
</tr>
<tr>
<td>France</td>
<td>11.8</td>
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USA Health Care Outcomes
Uninsured Rates for Adults Ages 18-64

Texas % Uninsured by Federal Poverty Level

Disproportionate Share Hospital Allotments
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More People
and
Better Service
and
Higher Quality
and
Better Outcomes
with
Less Money to Pay for it all???

This Is Too Much!
How much of this $ is from PT?

Where does all the money go?

Where does all the money go?
Money in my Wallet

How much raise do you expect each year?

- 2%
- 3%
- 5%
- 7%

The Universal Equation

Total Value Added

\[
\frac{\text{Total Value Added}}{\text{Total Cost of Services}}
\]

The Universal PT Equation

Uncertainty of Total Value Added

\[
\text{Uncertainty of Total Value Added} = \frac{\$92,000 \text{ per Acute PT}}{}
\]

*Source: APTA. [http://www.apta.org/WorkforceData/](http://www.apta.org/WorkforceData/)*
The Universal Acute PT Equation

**Uncertainty of Total Value Added**

$1,988,764,000

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The Universal Acute Care Equation

**Uncertainty of Total Value Added**

$3,380,908,000

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Health Care Expenditure as % of GDP

- United States: 17.7%
- Norway: 11.6%
- Switzerland: 11.6%
- Canada: 11.3%
- Denmark: 11.5%
- Germany: 11.6%
- France: 11.8%

2013 The Organisation for Economic Co-operation and Development (OECD)
The Universal PT Equation

Uncertainty of Total Value Added

$92,000 per Acute PT

*Source: APTA. http://www.apta.org/WorkforceData/

Productivity!

Pop Quiz!
When was the theory behind productivity first developed?
1881
1909
1934
1953
The Impressive History of Productivity Measurement

Does This Encourage Quality Outcomes?

Level 1
Doing What We Do

Level 2
True Best Practice

Level 3
Ideal Hospital Stay

Level 4
Population Management
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How other professions see you

How do doctors and nurses ask about how patients are doing?

How do many PTs answer these simple questions someone asks about the pt?

How are you branded?

SBAR

Situation
Background
Assessment
Recommendation
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Low Potential Referrals

The Universal PT Equation

**Uncertainty of Total Value Added**

$92,000 per Acute PT

Level 1
Doing What We Do

Level 2
True Best Practice

Level 3
Ideal Hospital Stay

Level 4
Population Management
Changing Practice Patterns

Our Journey

May 2013

June – Oct 2013

Dec 2013

Problems
Time to Refocus

- Revisions to Guidelines
- Clearer Directions
- Leaders as Champions
- Staff Engagement

Best Practice Guidelines

Have we achieved Value – Added Therapy?
The Outcome Measure Hierarchy

- **Tier 1**: Survival
- **Tier 2**: Time to recovery and return to normal activities
- **Tier 3**: Sustainability

Process of Recovery

- **Tier 1**: Survival
- **Tier 2**: Time to recovery and return to normal activities
- **Tier 3**: Sustainability

Sustainability of Health

- **Tier 1**: Survival
- **Tier 2**: Time to recovery and return to normal activities
- **Tier 3**: Sustainability

An Example from our BPG on Falls

- Mortality
- Functional level achieved
- Pain level achieved
- Return to Prior level of Function
- Time to treatment
- Time to return to PLOF
- Pain, LOS, PE, DVT, delirium
- Maintain functional level
- Ability to live independently
- Loss of mobility due to recurrent falls
- Risk of fracture
- Reduced mobility

Comparison of Pre & Post Data: Falls

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<tbody>
<tr>
<td>Education PT:</td>
<td>0/30 (0.00%)</td>
<td>33/77 (42.86%)</td>
<td>27/67 (40.88%)</td>
<td>6/10 (60.00%)</td>
</tr>
<tr>
<td>Education OT:</td>
<td>1/39 (1.69%)</td>
<td>12/71 (16.90%)</td>
<td>8/63 (12.93%)</td>
<td>5/8 (62.50%)</td>
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<td>Special Test PT:</td>
<td>0/30 (0.00%)</td>
<td>39/77 (50.65%)</td>
<td>31/67 (46.27%)</td>
<td>8/10 (80.00%)</td>
</tr>
<tr>
<td>Special Test OT:</td>
<td>0/39 (0.00%)</td>
<td>28/71 (39.44%)</td>
<td>21/63 (33.33%)</td>
<td>7/8 (87.50%)</td>
</tr>
</tbody>
</table>
Pre & Post-Data Results for Falls:
Graph

National Stats on CPGs
- 1/3 are aware of CPGs
- 13% know how to access
- 9% have “easy” access
- < 50% use them frequently

Culture Changes
Lessons Learned

Non-Negotiables

Every minute
= value

It’s all about me
It’s only me....

Strategy vs Culture

“Culture eats strategy for lunch”
~Peter Drucker

“Culture Eats Strategy for Breakfast, Lunch, Dinner and a Midnight Snack”
~Sharon Cheng
“In reality, culture does not trump strategy, rather they work together to enhance the success of one another.”
~Mike Myatt

**Definition of Culture**

“Culture is the deeper level of basic assumptions and beliefs that are shared by members of an organization, that operate unconsciously and define in a basic ‘taken for granted’ fashion an organization’s view of its self and its environment.”
~Edgar Schein

**Polynesian Culture**
White Star Lines

Best Practice Guidelines

Why were we more successful than literature suggests?

Roadblocks

• Group leaders didn’t understand the goal
• Team members new to reading research
• Team members were assigned 40-50 articles to read per week
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Roadblocks

- Staff didn’t use existing clinical practice guidelines and systematic reviews
- Staff didn’t implement guidelines because too busy and didn’t see the need for them

Shifting Culture

- Partner therapists strategically
- Select your groups purposefully
- Keep groups small, 6 to 8 people

Shifting Culture

- Members should be skilled in critical thinking and group dynamics
- The leader should be skilled in keeping the group on task
Delancey Street Foundation

- Started in 1971
- No government funding
- Average resident:
  - convicted felon
  - high school dropout
  - substance abuser
  - illiterate

Delancey Street Foundation Results

- Over 10,000 people have received high school equivalency degrees
- Over 1000 graduates from their state accredited vocational three-year program

How Was It Done?

- Teach people to find and develop their strengths
- The best way to learn is to teach
- Function as an extended family, a community in which every member helps the others
Teach people to find and develop their strengths

• Who is good at reading research?
• Who is clinically experienced?
• Who can help these two groups communicate with each other?

The best way to learn is to teach

• Let your staff do the teaching
• You may need to train your staff to teach

Function as an extended family, a community in which every member helps the others

• The each-one-teach-one process
• Use a diverse group of trainers by discipline and generation
The Blame Game

It’s All Healthcare Reform’s Fault

Reality Check

- US healthcare is not the best
- We cannot sustain the current percentage of GNP for substandard results
It’s management’s job to tell us what we need to do.

Reality Check
Therapists have the most knowledge about how to best prioritize patient care.

I can’t do any more than what I’m doing now.
Reality Check

- You probably can’t do more if you continue to do things the way you have always done them
- Are you still focusing on units/visits?
- Are you consistently using evidence-based practice?

“If you do not change direction, you may end up where you are heading.”

~ Lao Tzu

No More Blame Game

- Successful people focus on their strengths
- The best way to learn is to teach
- Function as an *extended family, a community* in which every member helps the others
Therapists Can Add Value

- Active participation in decreasing Average Length of Stay (ALOS)
- Active leadership in fall reduction
- Minimize low potential referrals and treatments
- Intervene purposefully using our strengths

How YOU Can Survive and Thrive

- Define your passion
- Share with your manager
- Share with your work support system
- Share with your home support system

What if You are a Team of One?
What if You are a Team of Many?

How YOU Can Survive and Thrive

• Find out if you are a team of one or many
• Pick your first project
• Figure out what support you need
• Ask for support

“The greatest danger in times of turbulence is not the turbulence – it is to act with yesterday’s logic.”

~Peter Drucker
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References

