

SUBJECT: PERFORMANCE IMPROVEMENT PLAN	REFERENCE #5003
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PURPOSE / OBJECTIVE:

The Rehabilitation Services Department participates in an organizational Performance Improvement (PI) program designated to monitor, evaluate and improve the Rehabilitation Services Department quality and services by:

- Identifying opportunities through continuous assessment of systems and processes of care;
- Implementing solutions and actions which will bring about the desired change;
- To facilitate a positive patient outcome;
- While maintaining a safe environment for personnel, patients and visitors.

- **Responsibility:**

The Director of Rehabilitation Services is responsible for establishing and implementing a Rehabilitation Services Performance Improvement (PI) program. The program shall integrate rehabilitation services quality assessment/improvement and quality control activities into a system that will foster improvements in patient care. The Director of Rehabilitation Services also shall delegate responsibilities for monitoring, action, evaluation, and reporting.

The Director of Rehabilitation Services will report all Rehabilitation Services Performance Improvement activities to the Organizational Performance Improvement Committee for its review and recommendations. The Organizational Performance Improvement Committee will in turn report their evaluations to the Medical Executive Committee.

- **Scope of Care:**

Patient services are provided to both the inpatient and outpatient population and include:

- Initial evaluation and assessment of patient needs;
- Establishment of treatment plans and goals;
- Application of appropriate modalities and exercises aimed at preventing and reducing disability or pain and restoring loss of function;

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- Patient and family education;
- Recommendation for the continuity of care;
- Monitoring the extent to which services have met the therapeutic goals relative to the initial and subsequent examinations, as well as the degree to which improvement occurs relative to the identified physical dysfunction or the degree to which pain associated with movement is reduced.

- **Aspects of Care:**

The Performance Improvement program for the Rehabilitation Services Department shall monitor those important aspects of care which are felt to be high risk, high volume or have demonstrated a trend toward potential negative patient outcome (problem prone). In addition, those aspects of care, which have been identified through the Continuous Quality Improvement (CQI) process as an area where a system or process of patient care may be improved, will be monitored. Aspects of care will be identified and chosen for monitoring through a collaborative effort utilizing information obtained from Nursing Services, Administration, Utilization Management, Regulatory Body reports, Medical Staff evaluation, and other clinical services throughout the facility, as appropriate.

Proposed aspects of care for assessment include, but are not limited to:

- Timeliness of physical (rehabilitation) therapy services;
- Appropriateness of treatment;
- Patient treatment plan and goal setting;
- Documentation of patient progress;
- Assessment of the efficacy of treatment administered;
- Patient/Family education;
- Equipment preventive maintenance and safety assessments;
- Infection Control practices;
- Personnel inservice education and training;
- Patient/Family/Physician and other personnel complaints.

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Aspects of care are subject to change due to the collaborative processes outlined above.

- **Performance Measures and Outcomes:**

Performance measures and outcomes will be established as a means to systematically monitor the identified aspects of care in an ongoing manner and to provide operational linkages between the risk management functions related to the clinical aspects of patient care and safety and the performance improvement functions. Performance measures will relate to the identified aspects of care and will be specific. Performance measures will be structured to relate to both the processes and outcomes of patient care. Performance measures will pertain directly to all components of rehabilitative medicine practices and will use objective criteria that reflects current knowledge and clinical experience.

- **Thresholds:**

Statistical evaluation of performance measures will be structured to focus on an improvement in patient care. Thresholds will represent either preestablished levels that, when reached, trigger an intensive evaluation of the indicator under review; or benchmarks that have been identified by facility experience, which require an in-depth evaluation of the proposed aspect of care and relating performance measures.

- **Data Collection and Monitoring Methodology:**

The Rehabilitation Services Department will routinely and systematically monitor and evaluate the major patient care related activities in a continuous and ongoing manner. Existing information from risk activities that may be useful in identifying clinical problems and/or opportunities to improve the quality of patient care will be accessible and included in the monitoring and evaluation of PI functions.

Monitoring and collection of data will be performed with a frequency sufficient to identify departures from the criteria, problems in patient care and areas for improvement. An outline of actual aspects of care under review will include description of the frequency of monitoring for each activity, how and from where the data will be obtained.

The Rehabilitation Services Department will maintain a PI log for the routine collection of data on selected key aspects of care. The Director of Rehabilitation Services, with approval from the Clinical Director and the _____ Committee (medical staff committee with oversight responsibility for rehabilitation services), shall establish standards of compliance with each criterion for all performance measures under review. The Rehabilitation Services Department will monitor the selected aspects of care at a predetermined frequency and enter the results of compliance on the respective data

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collection record. The Director of Rehabilitation Services or the designee will aggregate the data collected for reporting purposes.

Data shall be collected from a variety of sources to analyze patterns or trends in care, including but not limited to: daily logs, computer reports, daily census reports, QC charts, medical records and documentation from the patient "Kardex".

- **Evaluation:**

The Director of Rehabilitation Services and department as a whole, shall review and evaluate the data presented for analysis of outcome. Evaluation shall focus on identifying opportunities to improve both the processes of patient care and actual identified problem areas that effectuate a negative outcome. Conclusions will be drawn regarding the evaluation of data presented with recommendations considered.

- **Action:**

Upon review of the data presentation, conclusions and recommendations, the Rehabilitation Services Department will take actions to resolve identified problems and will direct efforts to those areas which have the greatest potential for improving patient care. The Rehabilitation Services Department shall utilize existing facility resources, committees and problem-solving techniques to resolve identified problems and to improve patient care.

- **Assessment for Effectiveness:**

The Rehabilitation Services Department will perform follow-up monitoring to assure that actions taken are effective and that any progress achieved is sustained. The criteria used for follow-up monitoring should be the same or similar to those used in the initial identification of the problem/opportunity for improvement; however, the sample size may vary or focused monitoring may be utilized for effectiveness.

- **Communication and Integration of Information:**

The Director of Rehabilitation Services shall ensure that documentation is maintained and that reports are forwarded as prescribed by the organizational PI plan. Medical staff committees reviewing the outcome of the Rehabilitation Services Department's ongoing PI activities include: Rehabilitation Services Committee, Organizational Performance Improvement Committee and the Medical Executive Committee. Other medical staff and clinical department committees may also receive performance/quality related information as appropriate. The frequency of reporting will be as defined in the Organizational Performance PI plan, but not less than quarterly. Documentation and reports shall include:

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- Findings from monitoring activities;
- Conclusions regarding identified opportunities for improvement;
- Recommendations concerning potential actions;
- Actions taken to effectuate change;
- Outcome of action effectiveness (results of follow-up monitoring performed to determine extent of effectiveness).

- **Annual Evaluation of Quality Improvement Program:**

The Rehabilitation Services Department shall evaluate the effectiveness of the performance improvement monitoring and evaluation program on at least an annual basis. Other sources that interact with the Rehabilitation Services Department during the course of patient care activities will be encouraged to participate in the evaluation of effectiveness of the program. The evaluation shall be documented and forwarded through the appropriate medical staff reporting structure to the Board of Directors.

- **Rehabilitation Services Department Performance Improvement Approval:**

Director of Rehabilitation Services: _____, MD

Date: _____

Performance Improvement Chairperson: _____, MD

Date: _____

Director, Rehabilitation Services Department: _____

Date: _____