Hospital to Home: Improving the Overall Patient Experience By Integrating a Home and Community Readiness Approach Into the Therapy Treatment Process and Discharge Planning

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OVERVIEW OF CAPSTONE SITE

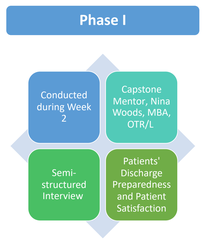
Baptist Memorial Rehabilitation Hospital is a free-standing inpatient rehab facility that provides interdisciplinary care to patients with various diagnoses including CVA, TBI/NTBI, Cardiac, Orthopedic, Neurological disorders, Amputees, Post-COVID, Oncology, and other diagnoses. The facility is own and managed through a joint venture between Baptist and Kindred Healthcare. The facility possesses general CARF accreditation and specialty certifications in stroke, brain injury, and is seeking specialty certification in amputations. Baptist Rehab takes an interdisciplinary approach to treatment and overall care of the community served. The patient is at the forefront of the make up with departments including nursing, therapy, physicians and other medical staff, respiratory, dietary, administration, pharmacy, plant operations, and EVS supporting the overall outcome. Baptist Memorial Rehabilitation Hospital's mission is to improve the health, function, and quality of life of the people in the communities we serve. The vision of Baptist Memorial Rehabilitation Hospital is to be the premier healthcare company in the world through trusted, innovative and compassionate partnerships that are driven by a culture that delivers exceptional patient experiences, meaningful outcomes and bonds for life. neighbors serving neighbors and providers offering quality, from hospital to home. Even in their vision they emphasize the importance of focusing on the transition from hospital to home

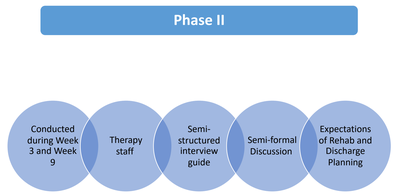
LITERATURE SUMMARY

Evidenced based literature was utilized to support the direction of the capstone project development and grounded in theory. The literature yielded several determinates to patients feeling prepared to discharge and overall patient satisfaction with care received. Discharge preparedness is multifaceted and assesses the physical, social, and psychological aspects of a patient including limitations, expectations, adaption, and management of the factors associated with illness. Discharge readiness is defined as the ability to leave the hospital and be equipped with the necessary tools to handle situations in daily life. A patient is more likely to be satisfied with care if they have a perception of readiness to discharge and are involved in the setting of goals. Additionally, important factors to discharge for patients included expectations of how life would be at home following discharge and engagement of the patient in their individual discharge plan. The discharge process should encompass a patient centered care plan and be individualized for each patient. Individualization, engagement of the patient, and practice within the actual environment were found to be integral part in improving patient satisfaction, discharge preparedness, and self-confidence. The root of the project was guided by multiple theories including the Rehabilitative Model, Rehabilitation Frame of Reference, and the Model of Human Occupations which were utilized to support the development of community integration as they include values related to adaption, facilitation of independence, volition, habituation, and performance capacity. The theories guide the rehabilitation of patients with varying diagnoses to facilitate the integration of community readiness approaches into the treatment process by implementing simulated and real community settings.

NEEDS ASSESSMENT

Phase I and Phase II Needs Assessments were conducted to guide the direction of the capstone project. A phase I Needs Assessment was conducted with the capstone mentor during week 2 of the capstone experience through a semi-structured interview to identify the overall goals and needs of the therapy department. The capstone mentor identified several needs within the department with a specification on the need for improvement in the discharge planning process to increase patient satisfaction and discharge preparedness. There was a need for implementation of community settings within the hospital in order to instill a perception of preparedness within patients by integrating the use of real-world experience within simulated and real environments within the hospital and the surrounding community. A need for educational instruments to better inform patients of the expectations of rehab and the discharge planning process to assist in the upcoming CARF accreditation process to meet standards on was identified as well. This piece lead to a more in-depth assessment to be conducted. A phase II needs assessment was conducted with the therapy staff to gather information pertinent to the admission and discharge processes. The therapy staff relayed important information through an informal discussion with semi-structured interview questions being asked to include what is expected of the patient while in inpatient rehab, what the patient can expect during the rehabilitation process on a daily bases, important materials to have on site, safety concerns, and recommendations.





PROJECT GOALS / OBJECTIVES

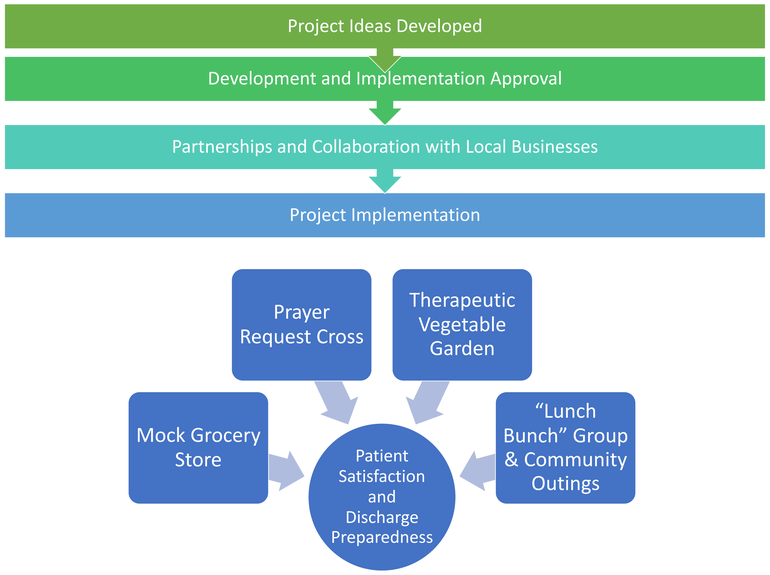
Goal 1
- Increased working knowledge, communication, role delineation, and advocation

Goal 2
- Development of community settings to assist in discharge preparedness and patient satisfaction

Goal 3
- Develop educational materials to assist with CARF survey readiness

PROJECT DEVELOPMENT AND IMPLEMENTATION

The capstone project was developed utilizing grounded theory, evidence-based research, and structured to fit departmental needs identified. Community preparedness is a large component of the expectations that CARF has of facilities when delivering patient care, therefore, the implementation of educational instruments along with the integration of community settings into treatment will assist the facility with the upcoming CARF accreditation. The capstone development started with research and creation of prospective ideas to address the needs. Once the project plan was solidified, approval from the CEO level was needed in preparation for further development and implementation of the capstone project. Locations to implement the community settings within the facility as well as identification of local businesses to partner and collaborate was the next step to implementation. Local businesses were contacted for approval for use of the facility for community outings and skill acquisition/improvement as part of treatment sessions as well as collaboration to provide donations for patient use. The capstone student conducted off site research within the community, completed in person visits with businesses and gather donations for implementation of the community settings. The community research, donations, and partnerships with local business allowed for implementation of a prayer request cross within the chapel, a therapeutic vegetable garden in the mobility courtyard, a simulated grocery store set up near the therapy gym, and a "Lunch Bunch" Group and community outings



PROJECT OVERALL GOAL AND PURPOSE

The goal of my capstone project was to assist in improving overall patient satisfaction and patients' discharge preparedness by equipping patients with the necessary skills and experience through various situations to increase confidence, independence and safety upon discharge from the facility back into the community. The purpose of the capstone project is to improve patient's perception of discharge readiness through the integration of community settings within the facility and in immediate vicinity of the capstone site in addition to educational classes and materials to ultimately improve overall patient satisfaction with care.

PROJECT EVALUATION

The project was not fully implemented until the final day s of the capstone experience, therefore, it was evaluated based on the projected impact the capstone project will have on patient satisfaction and discharge preparedness. The project was evaluated through the use of a Likert scale by the therapy staff. Including occupational therapists, physical therapists, and occupational therapists. The evaluation included items such as the likeliness of the therapist to integrate or increase the use of the various community settings into treatment, rank the various community settings in order of use or likeliness of use by the therapist, the ranking of the value the integration of simulated and real community settings will provide to the overall patient experience within inpatient rehab, the likeliness the settings will improve patient discharge preparedness, the level of comfort the therapist has with integrating the settings into treatment sessions, the benefits of the integration within treatment sessions, and any recommendations.

PROJECT SUMMARY AND FUTURE RECOMMENDATIONS

The capstone project directly related to program development and assisted with developing materials for the upcoming CARF accreditation. The capstone student developed and implemented simulated community settings within Baptist Memorial Rehab Hospital and collaborated with local businesses in the surrounding community to incorporate real scenarios for patients to enhance various skills through integration into Occupational Therapy, Physical Therapy, and Speech Therapy treatment sessions. The community settings included a therapeutic vegetable garden within raised flower beds positioned in the courtyard, establishing a prayer request cross to improve use of the chapel on site, the development of simulated grocery store within the facility, a "Lunch Bunch" and community outings at local restaurants within the immediate area surrounding the hospital twice a month to incorporate community dining and mobility to improve various skills in a real-world setting. The incorporation of the community with the development of the project will allow for future collaborations and partnerships. The capstone experience facilitated the development and improvement of several professional skills including adaption, management and leadership, selg-regulated learning, self-confidence, interprofessional communication and advocation for the profession at an administrative level, clinical level, and among patients and caregivers. Future recommendations of research include interprofessional skill development and training process to promote more interdisciplinary care and understanding of other departments, further enhancement and improvements of integration of simulated settings into treatment session, and an instrument/method for improved communication for among disciplines to promote carryover of care.

ACKNOWLEDGEMENTS

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References available upon request