Baptist Memorial Rehabilitation Hospital is a free-standing inpatient rehab facility that provides interdisciplinary care to patients with various diagnoses including CVH, TBI/NCD Caritas, Orthopedic, Neurological, and vascular admissions from COVID, Oncology, and other diagnoses. The facility is open and managed through a joint venture between Baptist and Kindred Healthcare. The facility possesses 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 rehabilitation, therapy, physicians and other medical staff, respiratory, dietary, administration, pharmacy, plant operators, and EVS. These departments are supported by department directors, assistant directors, and directors of nursing.

The theories guide the readiness to discharge and satisfaction with care received. Evidenced-based literature was utilized to support the direction of the capstone project development and grounded in the literature. The literature yielded several determinates to patients feeling prepared to discharge and overall patient satisfaction with care received. Discharge preparedness is multifaceted and includes the physical, social, and psychological aspects of a patient including limitations, expectations, adaptation, 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 that is individualized for each patient. Individualization, engagement, of the patient, and practice within the actual environment were found to be integral in improving patient satisfaction, discharge preparedness, and self-confidence. The root of the project was guided by multiple theories including the Rehabilitation Model, Rehabilitation Frame of Reference, and the Model of Human Occupations which are utilized to support the development of community integration as they include values related to adapted, functional independence, occupation, habitation, and participation 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.

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 captive 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 captive mentor identified several needs within the department with a specification on the need for improvement in the discharge planning process to improve patient satisfaction and discharge preparedness. There was a need for the 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. It is needed 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 an ongoing basis. The needs of the project were identified to be 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 basis, important materials to have on site, safety concerns, and recommendations.

Project Ideas Developed

Development and Implementation Approval

Partnerships and Collaboration with Local Businesses

Project Implementation

Therapeutic Vegetable Garden

Mock Grocery Store

"Lunch Bunch" Group and community outings

Patient Satisfaction

Discharge Preparedness

Prayer Request Cross

References available upon request.

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 patients’ 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.

The project was not fully implemented until the final day of the capstone experience, therefore, it was evaluated based on the project 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 likelihood of the therapy staff increasing the use of the various community settings into treatment, the values of the various community settings in order of use or likelihood of use by the therapist, the ranking of the value of the integration of simulated and real community settings to provide to the overall patient experience within treatment rehab, the likelihood 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.

The project was directed 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, incorporate community dining and mobility to improve various skills in a real-world setting. The incorporation of the core curricular with the development of the project will allow the future occupational therapist to be familiar with the capstone experience facilitated the development and improvement of several professional skills including admission, evaluation, and management, leadership, self-regulation, self-confidence, and professional communication and collaboration for the profession at an administrative level, clinical level, and among patients and caregivers. Future recommendations of research include interdisciplinary 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 sessions, and an instrument/method for improved communication for among disciplines to promote carry-over of care.