

## LTCS BEST PRACTICE CATALOG SUBMISSION

**Project Title:** Rehabilitation Therapy Service Framework

**Function Category:**

PATIENT-FOCUSED

ORGANIZATION

STRUCTURES

**Sub-category(s):** Care of Patient

**Heading:** Programming

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**Hospital:** Atascadero State Hospital

The following items are available regarding this Best Practice:

Schematic Org. Drawings

Rehab Treatment Protocols

Photographs

Video Tape

Drawings

Manual

1. **SELECTION OF PROJECT/PROCESS AREA** (Describe how and why your team selected this project/process area for improvement.):

There are 5 disciplines with in the ASH Rehabilitation Therapy Service: Dance Art, Recreation, Music, and Occupational Therapy. There also are 6 common focuses of rehabilitation treatment addressed by all 5 of those disciplines. Our patients are committed to us under several different commitment codes and have diverse treatment needs. Treatment must be selected and offered to best meet the dispositional track of the individual patient.

2. **UNDERSTANDING EXISTING CONDITION WHICH NEEDS IMPROVEMENT**

(Describe the relationship of your project to your goals for improvement, and describe current process performance.):

40 + rehab. Therapists were treating several different commitment codes, with a different discipline focus and different treatment protocols. This complex network resulted in 300 or more treatment protocols and little way to standardize or measure outcome. There was duplication of effort in forming protocols and the opportunity to take advantage of the best practices hospitalwide was not maximized.

3. **ANALYSIS** (Describe how the problem was analyzed.):

The sheer number of protocols, (over 300) the blurred distinctions between clinical intervention and “leisure activity, and the difficulty in gathering outcome data all pointed to the need for standardized and clinically focused protocols.

4. **IMPLEMENTATION** (Describe your implementation of the solution.):

The Rehab. Therapy Performance Improvement Committee took on the task simplifying the process.

The group looked though all the various protocols to find the common features and focus of treatment in order to determine the core RT interventions. On pilot units, those interventions were then condensed into standardized protocols so they could be shared across the hospital treatment programs and in some cases between the 5 Rehab. disciplines.

Rather than just describe the “**activity**” that typically defined the discipline (such as painting, dancing, or music) the reformatted protocols focused on the **strategy** that would lead to **a specific tx outcome**. (such as improved concentration, or social skills, or ability to follow directions etc.)

These concepts and the treatment protocols were presented to all the Rehab therapists, the Clinical Administrator, and the Program Directors.

5. **RESULTS** (Demonstrate that an improvement has occurred as a result of the project/process area implementation.):

This process clarifies the clinical aspects of the Rehab intervention and because the protocols are standardized, the ability to obtain outcome data is enhanced.

6. **LEARNING** (Describe what the team learned and how they used those lessons to continuously improve the success of this Best Practice.):

A Work group will be going from Program to Program to look at all existing Rehab. protocols and reformat and combine those with similar objectives and methodologies. It has become clear that it is important to make a distinction between '**Rehabilitation Therapy clinical interventions**' and "leisure" activities. Both provide value but the clinical interventions and the resulting changes in behavior are a critical part of the patient's progress in treatment.