Non-Value Added Therapy Orders

Team Members:
Rehabilitation Services Department
Department of Operational Excellence

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Background

- **Problem Statement**
  - Current demand for PT and OT services is greater than available resources. Due to the high volume of non-value added consults, therapy services is not able to fulfill all new consultations within a 24 hour time period, leading to a potential delay in discharge due to unknown discharge recommendations. Prior to any potential resource allocation, removal of NVA evaluation requests is essential in order to fully capture appropriate volume. Capturing the appropriate volume will allow for therapy services to complete initial consults in a timely manner and provide more skilled interventions for patients in need.

- **Primary Metric**
  - Number of non-value added (NVA) referrals
High Level Process Map

SIPOC Diagram ---- Therapy Scheduling Process

**Suppliers**
- MD’s
- Nurse practitioners
- Residents

**Inputs**
- Patient Referrals
- # of therapists

**Process**
- Evaluations
- Discharge Recommendations
- Frequency of in hospital treatments

**Outputs**
- Physicians
- Patients

**Customers**
- Evaluations to be seen within 24 hrs
- Re-evals/treatments to be performed per SW request for updated therapy notes

**Requirements**
- Inappropriate orders
  - Therapist not able to complete within 24 hrs
  - Pt unavailable
  - Change in pt status

Step 1: MD places order
Step 2: Department receives orders
Step 3: Orders placed on boards
Step 4: Eval and Treat during hospital stay
Step 5: D/C patient

- If census high, only evals seen, therapist unable to cover all treatments
- SW calls for updated notes
- MD calls for same day d/c’s

- Therapist needs to provide equipment or family training
Data Collection Plan

Data collected on 428 new referrals across all service lines

- Questionnaire created to determine NVA consults
  1. ADL independence has declined due to pain or just “feeling sick”
  2. No recent history of patient falls
  3. Came from a skilled facility or home with home care and will return to a skilled facility or home with home care
  4. No acute impairment or exacerbation of chronic condition affecting function
  5. Patient ambulating independently with nursing and/or performs ADLs independently

- 104 NVA identified 24.2% of collected sample
- 65 NVA referrals from Gen Med and Gen Surg services
Baseline Data

**Total Referrals by Service**

<table>
<thead>
<tr>
<th>Service</th>
<th>Count of Referrals</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gen Med</td>
<td>129</td>
<td>30.1%</td>
</tr>
<tr>
<td>Gen Surg</td>
<td>69</td>
<td>16.4%</td>
</tr>
<tr>
<td>Neuro</td>
<td>52</td>
<td>12.8%</td>
</tr>
<tr>
<td>Ortho</td>
<td>50</td>
<td>12.0%</td>
</tr>
<tr>
<td>Trauma</td>
<td>25</td>
<td>6.2%</td>
</tr>
<tr>
<td>Hem/Onc</td>
<td>24</td>
<td>5.9%</td>
</tr>
<tr>
<td>Cards</td>
<td>18</td>
<td>4.4%</td>
</tr>
<tr>
<td>CV</td>
<td>14</td>
<td>3.4%</td>
</tr>
<tr>
<td>Oncology</td>
<td>10</td>
<td>2.4%</td>
</tr>
<tr>
<td>Other</td>
<td>37</td>
<td>8.9%</td>
</tr>
</tbody>
</table>

**NVA Referrals by Service**

<table>
<thead>
<tr>
<th>Service</th>
<th>Count of Referrals</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gen Med</td>
<td>46</td>
<td>44.2%</td>
</tr>
<tr>
<td>Gen Surg</td>
<td>19</td>
<td>17.7%</td>
</tr>
<tr>
<td>Hem/Onc</td>
<td>7</td>
<td>6.7%</td>
</tr>
<tr>
<td>Neuro</td>
<td>7</td>
<td>6.7%</td>
</tr>
<tr>
<td>Cards</td>
<td>4</td>
<td>3.6%</td>
</tr>
<tr>
<td>Oncology</td>
<td>4</td>
<td>3.6%</td>
</tr>
<tr>
<td>BMTU</td>
<td>3</td>
<td>2.7%</td>
</tr>
<tr>
<td>CV</td>
<td>3</td>
<td>2.7%</td>
</tr>
<tr>
<td>Burn</td>
<td>7</td>
<td>6.7%</td>
</tr>
<tr>
<td>Other</td>
<td>7</td>
<td>6.7%</td>
</tr>
</tbody>
</table>
Majority of NVA Referral Subset

- Majority of NVA referrals are from patients who are already independent with mobility and ADL’s
Solutions Implemented

- Rehab services leadership screened all Gen Med and Gen Surg orders to eliminate NVA consults
- 20% of all orders are deemed NVA and 71% of those orders are able to be cancelled following a conversation with the ordering physician
Barriers to NVA Project

- Therapy services mobilizing less individuals throughout hospital
- Ineffectiveness of nursing based activity program, E.A.G.L.E
- Decreased physician and patient satisfaction regarding level of activity performed during hospitalization
Next Steps

- Implement restorative tech program for Gen Med and Gen Surg service lines utilizing model created for the CV and thoracic surgery service:
  - Increase patient activity during hospitalization
  - Increase patient satisfaction
  - Decrease length of stay
  - Allow therapists to complete initial consults within a 24 hour window
  - Allow therapists to allocate necessary time to individuals requiring skilled services to optimize function
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