Using Technology to Improve the Rehabilitation Pre-Admission Process

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Purpose

Rancho Los Amigos National Rehabilitation Center implemented InterQual and CERMe software as a tool to improve the quality of communication of care and efficiency in the screening of cases and ensure care continuum amongst clinicians in the hospital.

Due to increasing demands of rehabilitation transfers with high medical complexity, it was vital for the hospital to use an evidence based tool with criteria to screen and review cases for timely acceptance of appropriate admissions and effective communication between departments.

Background

Rancho Los Amigos National Rehabilitation Center is an acute hospital consisting of 85 Acute Rehab budgeted beds and 104 budgeted acute beds. Rancho's service lines cover recovery, rehabilitation, and reintegration.

There are 10 FTE clinical rehab specialists performing pre-admission reviews for over 4,000 admissions per year. Of those 4,000 about 1,600 are acute inpatient rehabilitation admissions. There are 6 full time Inpatient Case Managers with a 85 bed capacity in acute rehab.

Goals

- Use technology available in the hospital to improve electronic documentation and streamline communication
- Promote evidence-based practice through the use of standardized criteria sets
- Improve turnaround time for preadmission review
- Improve quality and productivity of preadmission screening process

Process

Before the New Process (<2010)

- Paper based process
- Inpatient Rehab CMS Guidelines lacked criteria related to acute medical issues
- Subjective- clinician reviews based on hospital developed criteria and comfort level of each clinician
- Limited communication between clinical rehabilitation specialist and inpatient case manager

Planning Phase (2010-2011)

- First 6 months
- Assess barriers
- Obtained computers & software
- Assess functionality of CERMe software and analyze potential pitfalls
- Educate and train the clinical rehabilitation specialist to use computer program
- Pilot program

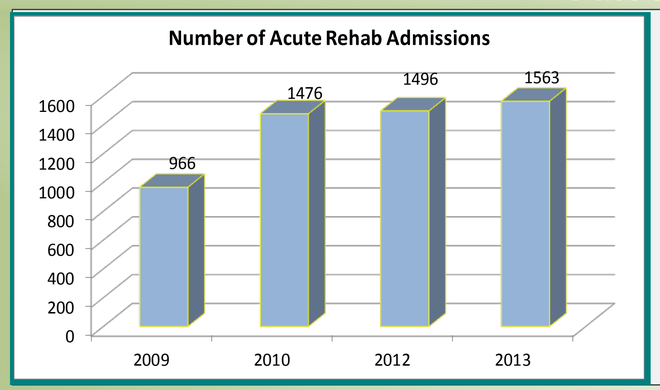
Implementation Phase (2011)

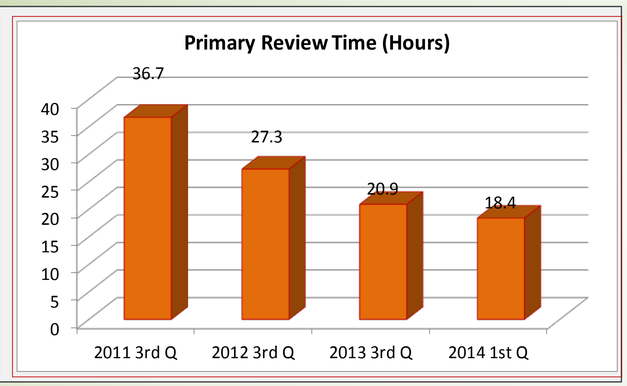
- Second 6 months
- Addressed perceived barriers: staff complaints, slower process, low data input
- Addressed actual barriers: computer capability, staff computer knowledge
- Enforced 100% compliance for preadmission
- Inter-Rater Reliability Test (IRR) for standardized knowledge assessment
- Ongoing training and education for staff
- Survey to assess usage & communication

Sustainability Phase (2012-present)

- Solidify the new behavior in usage of InterQual
  - Practice, Practice, Practice
  - Start from inpatient expanding to outpatient clinics
  - Expanded to screen Transfer from Acute Unit
- Ensure accountability through reports
- Continue ongoing education and training.
- Increase satisfaction and confidence in communication and collaboration
- Yearly IRR test and 100% competency

Outcomes





Evaluation

Before

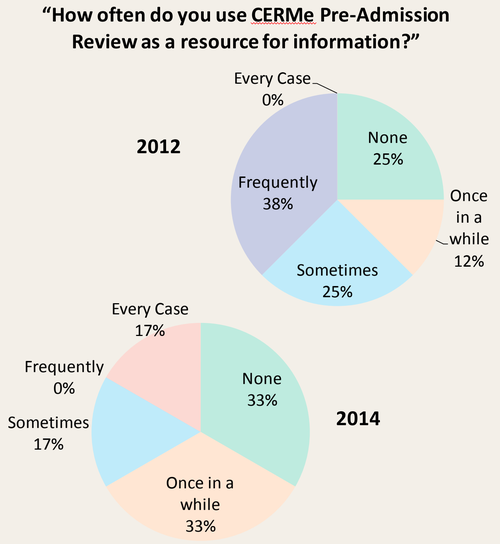
- Subjective
- Informal & inconsistent secondary review process
- Lack of communication
- Frustration due to prolonged review time
- Manual reporting of productivity

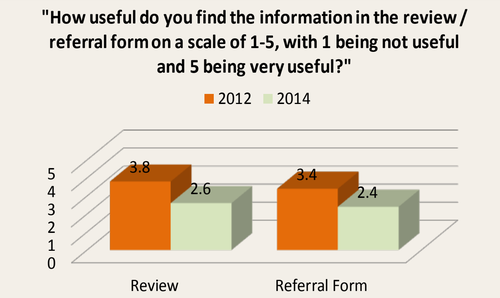
After

- Objective
- Formalized secondary review process
- Improved communication
- Increased clinician confidence in referral review outcomes
- Automatic system generating reports

Outcomes (Cont)

Inpatient Case Manager Perception





Comments from Survey in 2012:

- "Not all cases have review and referral forms in the system"
- "Prefer to have discharge summary attached"
- "Pre-admission Nurse to include patient's preferred discharge destination and some social background"
- "Include weight bearing status if applicable"

Comments from Survey in 2014:

- Include contact information for family and insurance
- Document outcomes in Hospital electronic record so other discipline can have access
- Anticipated Discharge Plan if information available
- Better communication with inpatient CM via phone/email.