

The variation in Physiotherapy discharge processes impacts patient and staff satisfaction and influences the length of stay in the subacute inpatients at Mc Kellar Centre.

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BACKGROUND

Evidence suggests that quality user experiences and care integration in subacute facility are challenging for older people, their carers and health providers due to service fragmentation and focus on acute episodic healthcare. (Ham, Imison, Goodwin, Dixon, & South, 2011; Productivity Commission, 2011) Despite knowledge about interventions that are effective in reducing re-admission rates and length of stay and increasing patient satisfaction outcomes, significant difficulties remain in improving care integration and users' experiences of discharge and transitional care. (Bauer et al., 2009; Mansah et al.; 2009; Parker, Lee, & Fadayeatan, 2004; Productivity Commission, 2011) At present, the physiotherapy discharge process is fragmented with inadequate patient engagement and communication.

AIMS

To explore the current physiotherapy discharge planning and processes on a subacute inpatient orthopaedic ward, identify the gaps and emerging themes in these processes.

METHOD

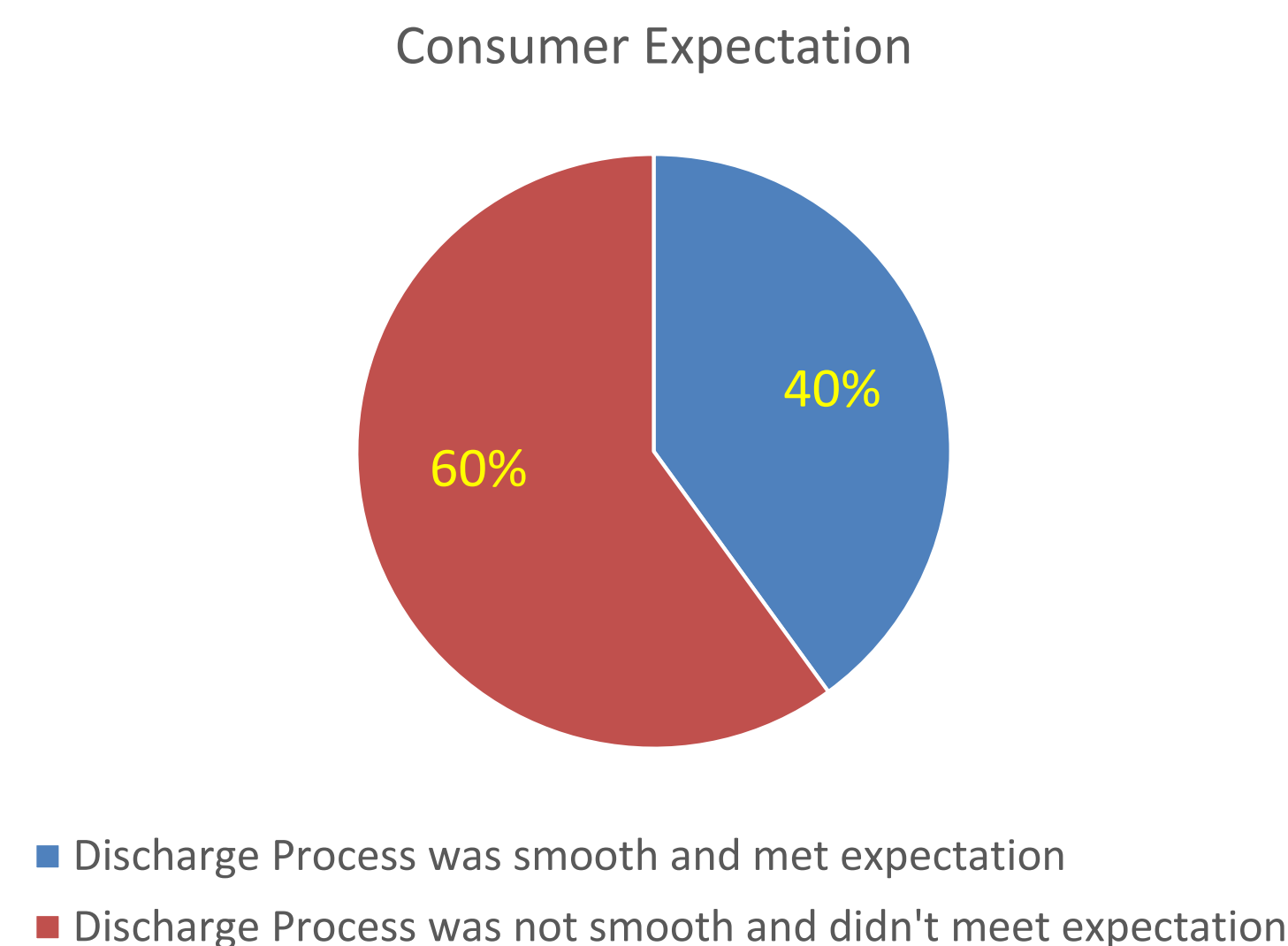
A mixed method approach of quantitative and qualitative research methodologies was used after approval from Barwon Health Research Ethics, Governance & Integrity (REGI) Unit. Patient and staff satisfaction surveys, systems data capture such as frequency of delay in discharge in the last seven days of expected date of discharge (EDD) due to physiotherapy reasons, total average Length of stay added due to the delay, audit of past Victorian Health Experience Survey (VHES) for feedback on discharge processes, audit of Australasian Faculty of Rehabilitation Medicine (AROC) Functional Independence Measures (FIM) and Individual Patient Attributed (IPA) time entered into weekly statistics by physiotherapists over the last week prior to discharge. The research study was completed for South wing inpatients at Mc Kellar Centre (MCK) to include orthopaedic subacute inpatients while excluding amputee and trauma inpatients over four months- July 2019 to October 2019.

RESULTS

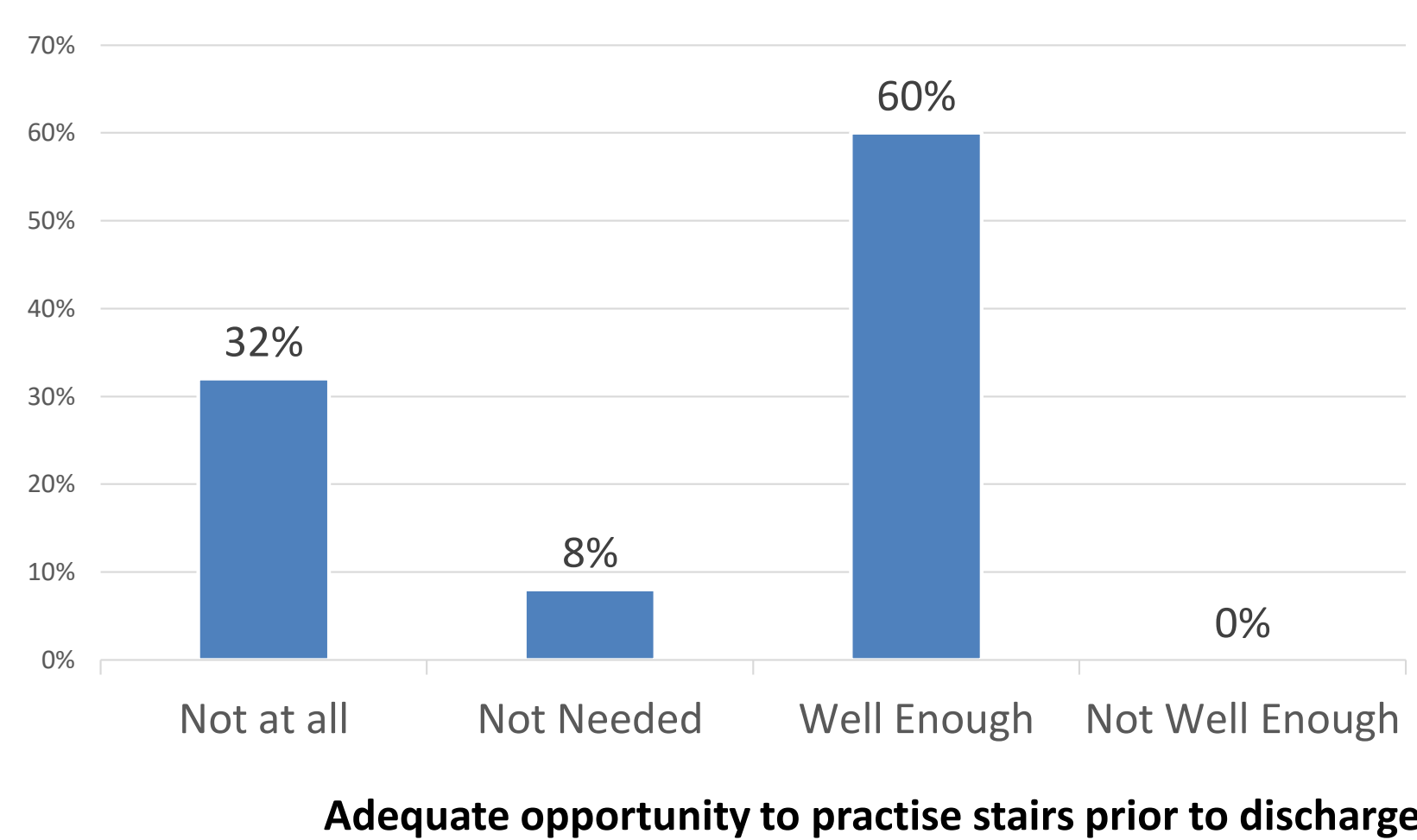
Voice of patients (N=25)

- Only 47% reported they got enough opportunity to discuss discharge plans/ concerns with the physiotherapy team.
- 58% reported that they did not receive any information for after-discharge physiotherapy follow-up.
- Only 40% felt physiotherapy discharge process was smooth and met their expectations.
- 36.8% reported they were not made to practice the steps/ stairs though 10.5% reported they did not need to do that.
- Feedback received included-
 "Communication issues"
 "Let me know what's going on"
 "Please give at least 5-7 days notice before discharge"
 "Brilliant work but poor communication"

Voice of patients- Discharge process meeting expectation



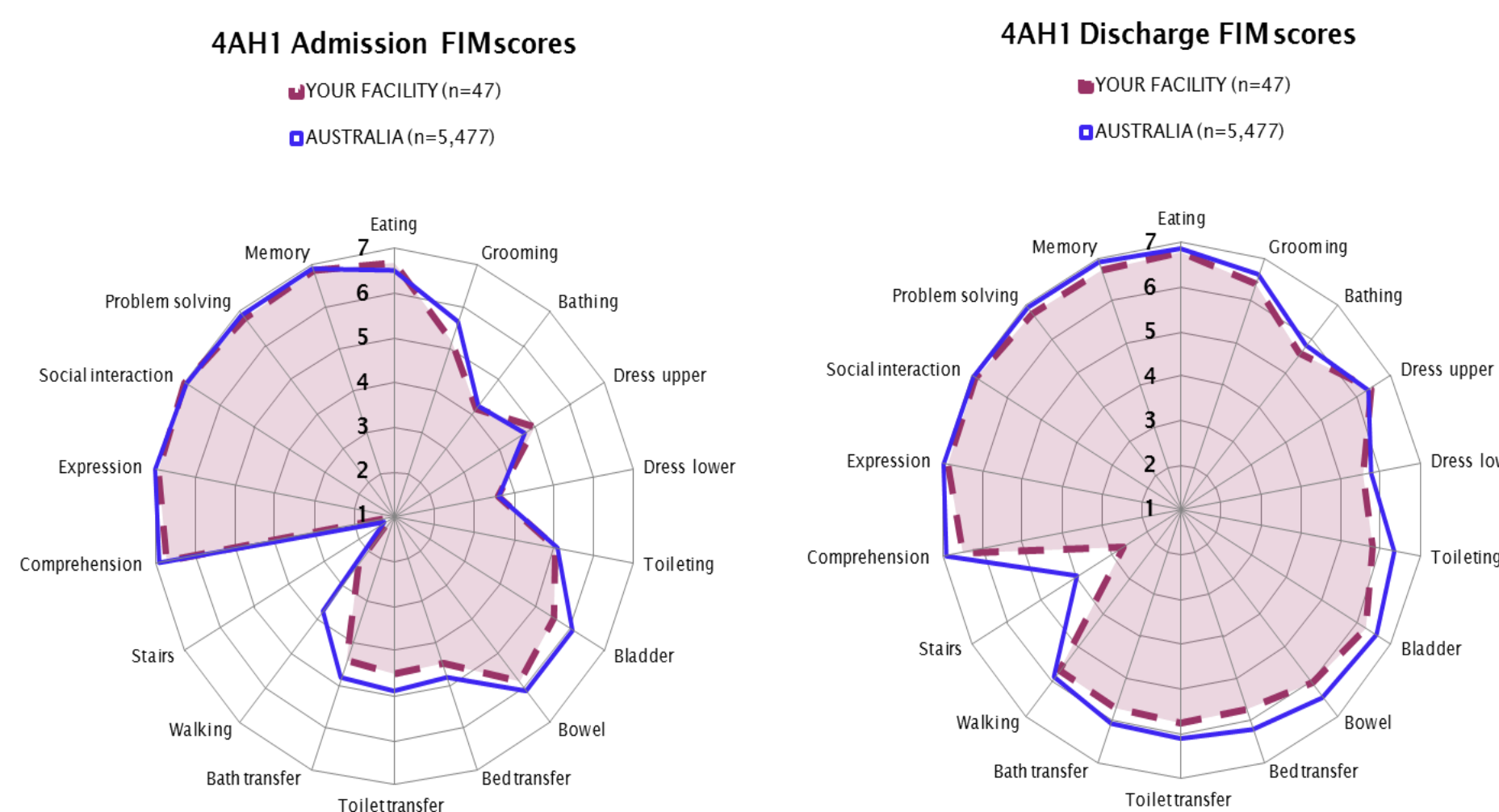
Voice of patients- Adequate opportunity to practise stairs prior to discharge



Evidence- AROC (Australasian Faculty of Rehabilitation Medicine) data

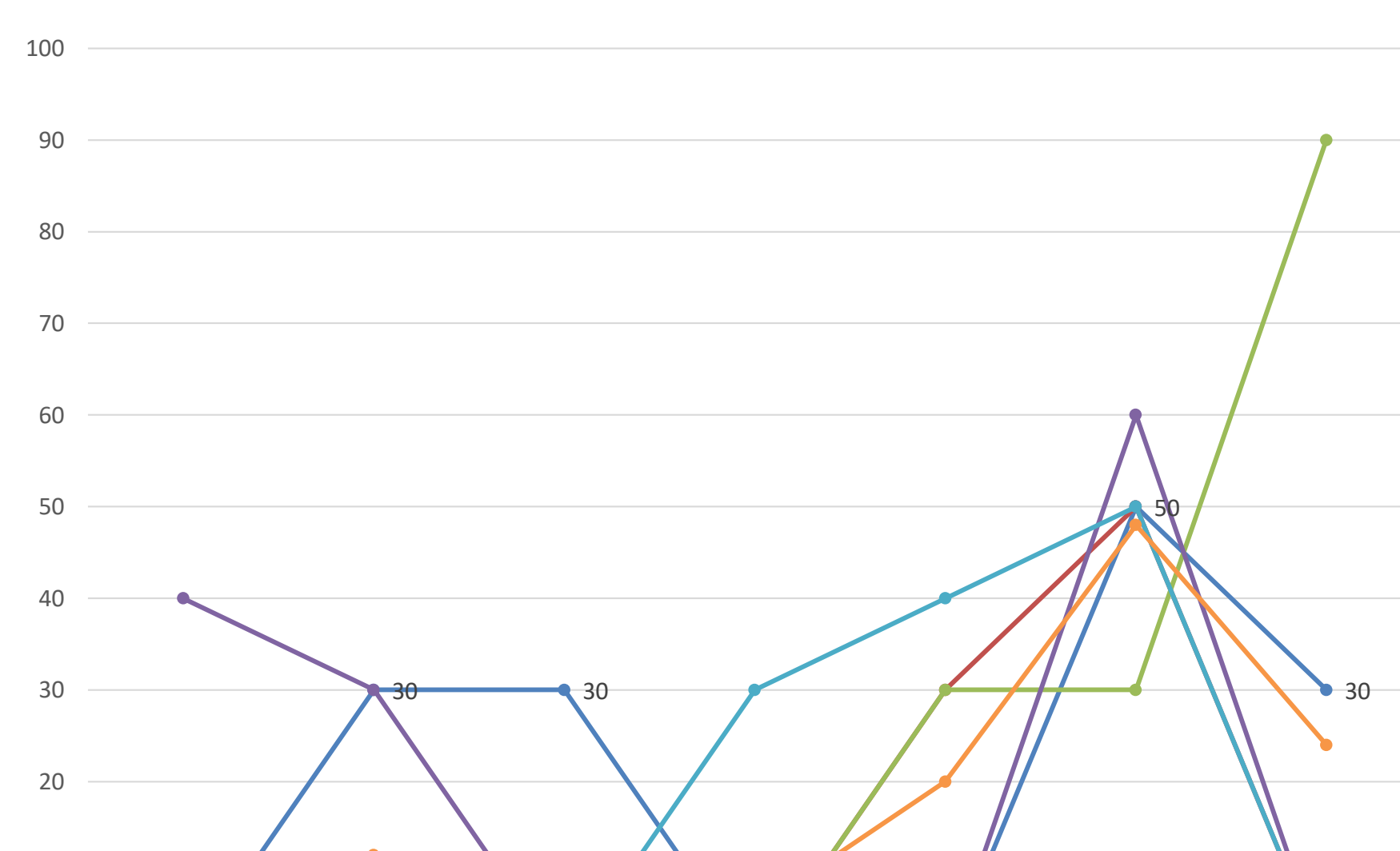
AROC spider web graphs comparing FIM on admission and discharge clearly show inconsistency in stairs practise before discharge by the physiotherapists.

Comparative FIM item scoring AN-SNAP class 4AHI



NOTE: Includes only completed episodes with valid FIM scores
 AROC Impairment Specific Report on Orthopaedic Fractures (Inpatient- Pathway 3) | Barwon Health- McKellar Centre Campus | January 2018 - December 2018

Evidence- Systems Data capture Audit of Individual Patient Attributed time by Physiotherapists over the last 7 days of discharge indicating overloading of information over last couple of days before EDD.



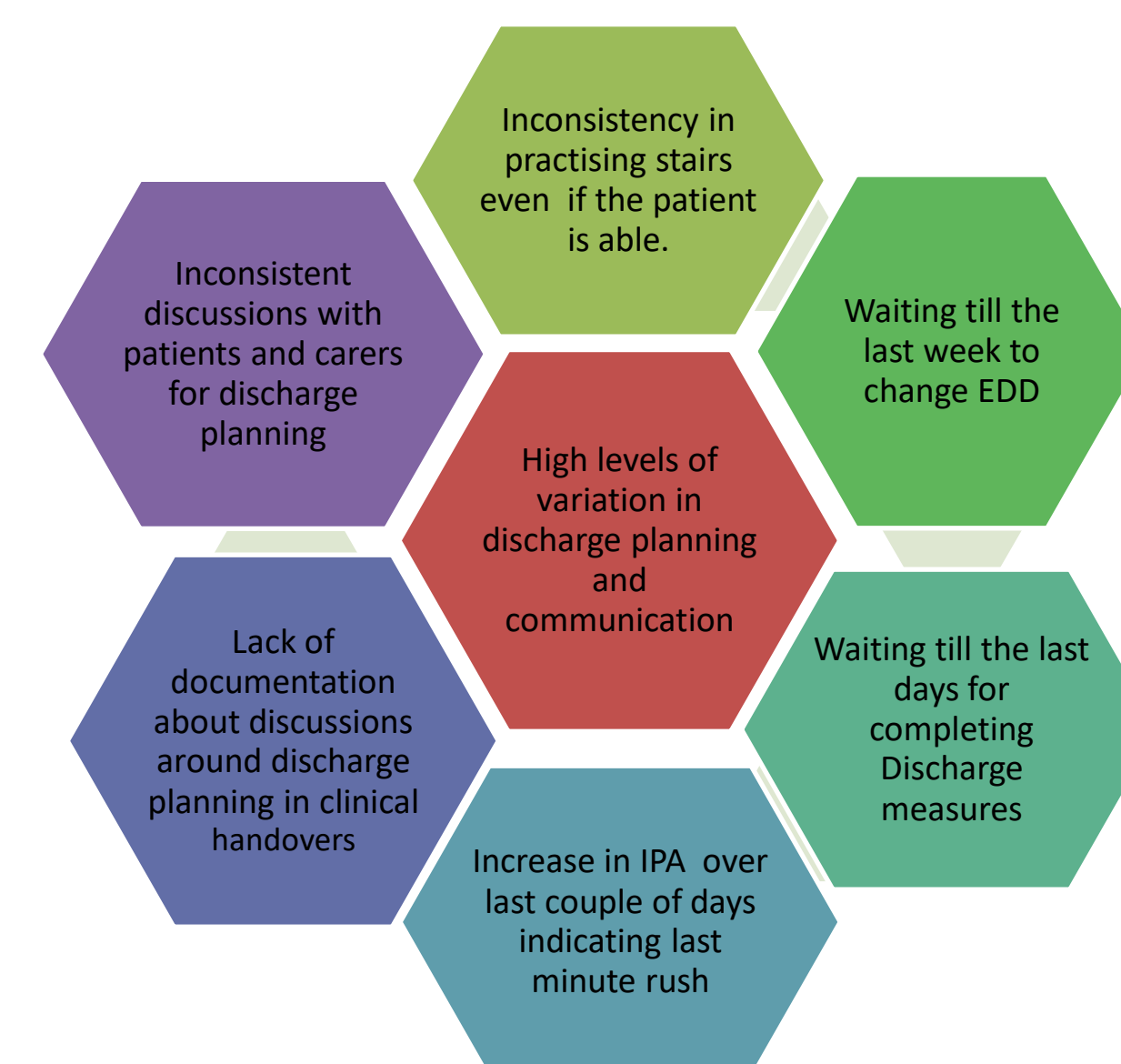
Evidence- Delays in discharge by Physiotherapists

Average number of times discharge was postponed within one week of the expected date of discharge (EDD) over last four months = 12
 Average increase in length of stay due to delay in discharge within last one week of EDD because of physiotherapy reasons = 83.5 days per month in a 30 bedded ward.

EMERGING THEMES

Theme	Examples	Evidence
Poor communication	Fragmented communication with patients and carers. Poor handover regarding discharge planning amongst physiotherapy team.	Staff survey Patient survey VHES (Victorian Health Experience Survey) audit
Variation in processes	Timeframes discussion varies. Some clearly discuss for after-discharge follow up, some physios do not. Variability in Stairs/step practice.	Patient survey Staff survey Systems Data capture
Suboptimal documentation of discharge FIM scores	Discharge FIM scores not documented correctly for steps/ stairs.	AROC data report South Wing meeting Staff survey

OBSERVATIONS AND ISSUES



CASE FOR CHANGE

There is significant potential to improve physiotherapy discharge planning and communication for best patient care.

CONCLUSION

The variation in Physiotherapy discharge processes impacts patient and staff satisfaction and influences the length of stay in the subacute inpatients at Mc Kellar Centre.

REFERENCES

- AROC Impairment specific report Orthopaedic inpatient - Pathway 3 Barwon Health, Mc Kellar Centre campus Report Jan 2018 – Dec 2018
- Guidelines for physiotherapy discharge planning and processes, PROMPT, Barwon Health
- Victorian Health Experience Survey (VHES) Patient experience report- Adult inpatient at MCK for April- June 2018

ACKNOWLEDGEMENT

This research was made possible by the support of Physiotherapy team, Project Management Office, REGI and Allied Health Senior Researchers.



OUR VALUES / RESPECT / COMPASSION / COMMITMENT / ACCOUNTABILITY / INNOVATION