

Strategic Plan for Levindale Specialty Hospital Rehabilitation Unit 2018-2019

LifeBridge Health’s strategic goals are built upon four vital pillars: service, quality, people and value. This plan outlines Levindale Specialty Hospital Rehabilitation Unit’s goals and tactics, along with updates and clinical excellence workgroup individualized plans.

Levindale’s rehabilitation unit plays a vital role within the LBH continuum, providing a wide array of post-acute rehabilitation services that allow for fluid movement by our acute care hospital entities. Part of our role is to deliver intensive rehab services (including those that may require a longer length of stay) at a lower cost, which we are capable of as Maryland is the only state in the country that has an agreement with CMS requiring all payers to pay the same rate for the same service in the same hospital (Maryland Hospital Association) or Global Budget Rate system (GBR). This system requires us to look at controlling expenses and improving efficiencies for all hospital-based care. We also closely monitor avoidable utilization as a system (30-day re-admissions) and positive outcomes (reducing Maryland Hospital Acquired Conditions). From a budgeting standpoint, we are supported by the Levindale administration for operating expenses.

Levindale’s rehabilitation unit provides cost-effective, culturally appropriate, patient-centered rehabilitation services for various diagnoses. We specialize in brain injury and stroke. In addition, our programs focus on education, prevention, rehabilitation, research, and support for patients and their families with the goal of enhancing quality of life and returning patients to their highest functional level.

Due to the ever-changing landscape and uncertainty of Maryland’s healthcare system, we utilize an integrated and flexible strategy that allows us to provide persons served with the necessary resources to optimize their care and function. We consider many factors, including:

1. Expectation and service needs of our community and key stakeholders

2. The competitive environment (including analyses of our strengths, weaknesses, threats and opportunities)
3. Economic opportunities and threats facing our organization and programs
4. The organization's capabilities and areas of service needs
5. Use of technology to support operations and service delivery
6. Information from analyses of our performance

We have developed and shared information via formal and informal feedback from the following sources: persons served, families, Levindale staff members, other stakeholders including outside case management/SW, data gathered from Dear Deb response cards, unit rounding, Medtel follow-up reports, support groups, employee engagement survey, employee safety survey, participation in the Brain Injury Association of Maryland, and leadership and staff meetings.

Levindale has many clinical excellence workgroups that also contribute immensely to this plan. These interdisciplinary groups include:

- Stroke workgroup
- Brain Injury workgroup
- Wound care workgroup
- Parkinson's workgroup
- Cardiac workgroup

Prioritized Levindale Rehabilitation Center Goals

1. *Patient Satisfaction:* We strive to provide superior clinical outcomes and make Levindale a preferred provider for rehabilitation services for patients and providers.
 - a. *Measures-* We utilize Medtel reports, program-specific satisfaction surveys, Dear Deb response cards and feedback during interdisciplinary rounding. This data is communicated during staff meetings as well as on our website, unit bulletin board, and at our monthly quality oversight committee meetings.
 - b. *Tactics*
 - i. Continue the clinical specialist track and encourage additional staff to apply.

- ii. Initiate two other clinical excellence workgroups to continue to implement best practices and provide education to the facility and the community.
- iii. Increase access to the continuum of care at Levindale. Continue to refer patients to outpatient programming within the building (skilled facility if appropriate) and other LBH services.
- iv. Continue to offer onsite support groups (including stroke, brain injury and dementia).
- v. Continue to provide annual educational awareness events at our facility for patients, families and visitors (brain injury, stroke, mental health, skin, dementia, etc.).
- vi. Update the Levindale website to reflect current programming and increase the ease of accessing information for patients, families and visitors.
- vii. Add a unit bulletin board for patients, families and visitors to view outcomes and announcements.

2. To demonstrate clinical excellence within all the programs and specialty areas we provide.

a. Brain Injury-Tactics

- i. Continue striving to obtain ACBIS certification for all HICU staff.
- ii. Recruit new representation on the Brain Injury Association of Maryland Board of Directors.
- iii. Establish brain injury and stroke support groups in-house.
- iv. Continue to provide diverse educational opportunities surrounding brain injury to the interdisciplinary team.
- v. Provide lectures on our programs, low-level BI treatment to other entities, community.
- vi. Set up a TBI waiver lecture and meeting with the state to explore additional opportunities for admission to our program.
- vii. Update specialty content on the website.
- viii. Continue to monitor PI for satisfaction and MAS/tone management.
- ix. Continue bi-monthly spasticity clinic to manage patients with tone.

b. Stroke Tactics

- i. Create a stroke-specific educational binder for patients and families.
- ii. Recruit additional staff to workgroups to fill vacancies.
- iii. Establish ABI/TBI support group for families.
- iv. Continue QI monitor to address compliance with stroke indicators.
- v. Continue PI to address patient satisfaction with the stroke rehab program.
- vi. Continue the annual stroke awareness event during stroke awareness month.
- vii. Provide diverse educational events to the interdisciplinary team.
- viii. Update specialty content on the website.
- ix. Continue bi-monthly spasticity clinic to manage patients with tone.

c. Wound Care Tactics

- i. Continue to recruit additional PT staff to become competent in wound care.
- ii. Continue to provide annual wound/skin awareness events for patients, families, visitors, and staff.
- iii. Continue to provide educational materials to patients on caseload.
- iv. Continue to provide onsite staff educational opportunities.
- v. Continue PI regarding wound care education/survey.

d. Parkinson's Tactics

- i. Establish an interdisciplinary Parkinson's workgroup to provide best practice across the Levindale continuum.
- ii. Establish a mission, vision and goals/strategic plan.
- iii. Develop staff competencies for Parkinson's.
- iv. Develop staff education and training modules.

- v. Promote striving to obtain increased LSVT certified therapy staff.

e. Cardiac Tactics

- i. Establish an interdisciplinary workgroup.
- ii. Establish a mission, vision and goals/strategic plan.
- iii. Research relevant cardiac assessments.
- iv. Create a Levindale cardiac program training guide.
- v. Establish and track a relevant PI indicator.
- vi. Promote striving to obtain cardiac/LVAD specialist position here at Levindale.

- 3. Levindale is committed to the ongoing recruitment and retention of highly skilled personnel to create an environment of continuous clinical stimulation for staff.

a. Actions/Tactics

- i. Promote the participation and leadership of clinical excellence workgroups.
- ii. Promote the clinical specialist ladder.
- iii. Provide financial resources to support the certification and clinical growth of personnel treating the persons served.
- iv. Market survey/adjustments to improve compensation in today's competitive market.
- v. Nursing sign-on bonus.
- vi. Continue to provide onsite CEUs for staff.
- vii. Continue monthly educational series and free webinars through Sinai to Levindale staff.
- viii. Continue robust nursing and therapy student programs.
- ix. Continue to encourage staff to present at conferences in their area of expertise.
- x. Support ACBIS certification for nursing and therapy staff.
- xi. Promote the obtainment of certification for rehab nurses.
- xii. Participation in annual employee engagement surveys with action planning by department managers.

4. Levindale administration recognizes that the environment of care is an essential contribution to the healing process and successful treatment by the rehabilitation team.
 - a. *Action/Tactics*
 - i. Capital budgeting for equipment, updating.
 - ii. Safety, facilities, EVS rounding.
 - iii. Provide single rooms when the census allows.

5. Levindale rehabilitation will continue to monitor, plan and enhance our revenue-based programming through calculated decisions and financial management.
 - a. *Actions/Tactics*
 - i. Provide an interdisciplinary team with education regarding the current Maryland reimbursement system.
 - ii. Initiate cardiac and Parkinson's workgroups to support increased admissions and programming.
 - iii. Continue to improve volumes to the rehab unit by adding additional positions for marketing our programs (including a director of admissions and marketing manager).
 - iv. Create, monitor and maintain the operational budget.

6. Levindale continues to enhance the utilization of technology to improve therapeutic approaches and integrate interdisciplinary team communication.
 - a. *Actions/Tactics*
 - i. Add IPADS in the therapy department to increase point of service documentation.
 - ii. Add additional COWS on the nursing unit.
 - iii. Explore EMR enhancement to the rehab documentation (including an interface with UDS for the QI and GG reporting).
 - iv. Continue to utilize the capital equipment request system to add or replace equipment.

7. Levindale rehabilitation continues to strive to stay on the cutting edge of best practices by participating in research opportunities.
 - a. Actions/Tactics
 - i. Utilize clinical excellence workgroups to identify and implement best practices in their areas.
 - ii. Participate in research opportunities within LBH (in progress for PMV and HME on the unit).
 - iii. Encourage participation or membership in professional organizations (ASHA, AOTA, APTA, ACBIS, MOTA, BIAM)

8. Levindale rehabilitation continues to provide outreach to the community through funding, events and educational opportunities.
 - a. Actions/Tactics
 - i. Annual stroke, brain injury and skin awareness events at the facility.
 - ii. Participation and funding for the annual Maryland Brain Injury conference.
 - iii. Onsite monthly stroke/brain injury caregiver support group.
 - iv. Corporate sponsorship between LBH and BIAMD.
 - v. Onsite board member representation for BIAMD.