

Expanding Rehabilitation Services in the Community: Admissions Coordinator Outreach



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Introduction

Improved coordination of care is expected to drive health care outcomes and costs in the future. In meeting this challenge, evaluation of the admissions process at our IRF revealed that most referrals came from our primary acute care hospital, as PM&R consultations were done on site for the pre-admission screening process. The need was identified to expand PM&R consultations on site at our affiliated community hospital. The Admissions Coordinator and PM&R Consultation Attending Physician developed a business plan with implementation timelines. This poster will demonstrate the role the Admissions Coordinator can play in outreach and expansion of referral sources. Outcomes will be shared including increased referrals, better decisions in relation to patients receiving appropriate level of care, and improved care coordination throughout the health care continuum.

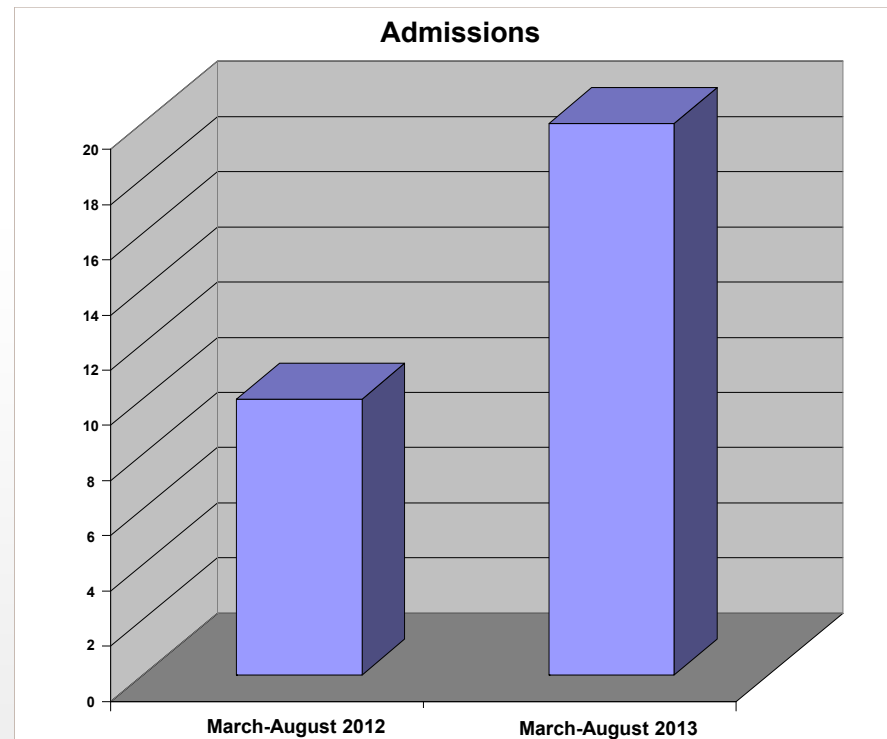
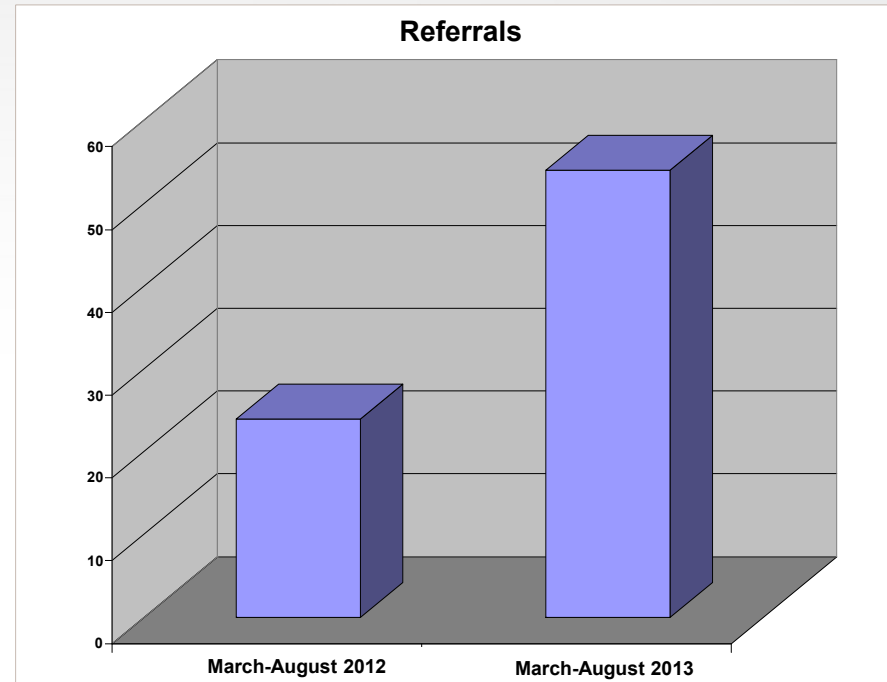
Needs Assessment

- Current practice of generating referrals and pre-admission screening was done through on-site PM&R consults at our primary 1006 bed acute care hospital
- At our 144 bed affiliated community hospital, referrals were generated and pre-admission screening done based on records review
- Expanding PM&R consultations on-site at our affiliated community hospital would add value to current referral process

Business Plan/Implementation Timelines

- PM&R staffing and credentialing: 6 weeks pre-implementation
- Identification of target team members/referral sources (case managers, social workers, therapists and physicians): 6 weeks pre-implementation
- Marketing and communication (intranet, email and face to face meetings): 4 weeks pre-implementation
- Education of team members including IRF admission criteria, how to enter consult in EMR system, PM&R consult process and timelines: 1 week pre-implementation

Outcomes



Outcome Highlights

- 125% increase in total referrals
- 100% increase in total admissions
- Patients seen within 24 hours of consult initiation
- Value PM&R brings to primary care team in providing recommendations for appropriate level of care when patients do not meet criteria for IRF
- Improved ability to follow patients through continuum of care and re-referral of patients to IRF who are discharged to SNF or LTACH

Recommendations

- Implement online survey to measure satisfaction of referral sources/primary team members
- Further targeted marketing/communication and education of physicians including internal medicine and hospitalists
- Ongoing feedback and communication of outcomes to referral sources/primary team members
- Ongoing education initiatives based upon survey results

References

1. Kortebein, P., Goodwin, M., Arant, A. (2012) Implementation of rehabilitation medicine consultant recommendations in acute care: a pilot evaluation. *Rehabilitation Nursing*, 37(1), 25-29.
2. Musick, D. W., Nickerson, R. B., McDowell, S. M., & Gater, D. R. (2003). An exploratory examination of an academic PM&R inpatient consultation service. *Disability & Rehabilitation*, 25(7), 354-359.