

A day in the life of a rehabilitation ward: New initiatives to enhance the inpatient rehabilitation journey

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“better, best, brilliant...”

We seek continuous improvement in everything we do. We will become the national leader in health care delivery.

“The purpose of rehabilitation is to restore some or all of a patient’s physical, sensory, mental, and functional capacities that are lost due to injury, illness, or disease”

(www.who.int)

The issue

The NZ population is aging! People are living longer and the cohort of patients being admitted to ward 15 rehabilitation are becoming more complex, requiring more *time intensive* interdisciplinary rehabilitation.

Combine this with limited resource, and ward staff are faced with the challenge of how to do *more with less* on a daily basis, *whilst* maintaining the quality of rehabilitation to patients.

Research has shown through observational mapping studies that patients in stroke rehabilitation units spend very little time in therapy and a large percent of their day *inactive and alone* (Bernhardt & West 2012)

Current guidelines recommend that for patients undergoing active rehabilitation, physical therapy (physiotherapy and occupational therapy) ‘should be provided as much as possible *but* should be a minimum of one hour of active practice per day’, which accounts for only a small proportion of a patient’s day.

Changing ward culture to utilise patients *non therapy* time more effectively is essential. Providing opportunity for carryover from therapy sessions into daily living and increasing social, and cognitive engagement will enhance the patients rehabilitation journey and improve patient outcomes

The Questions were asked:



Method

■ A one day observational audit was undertaken in March 2015 on ward 15, where patients were observed every 15 minutes during their therapeutic day

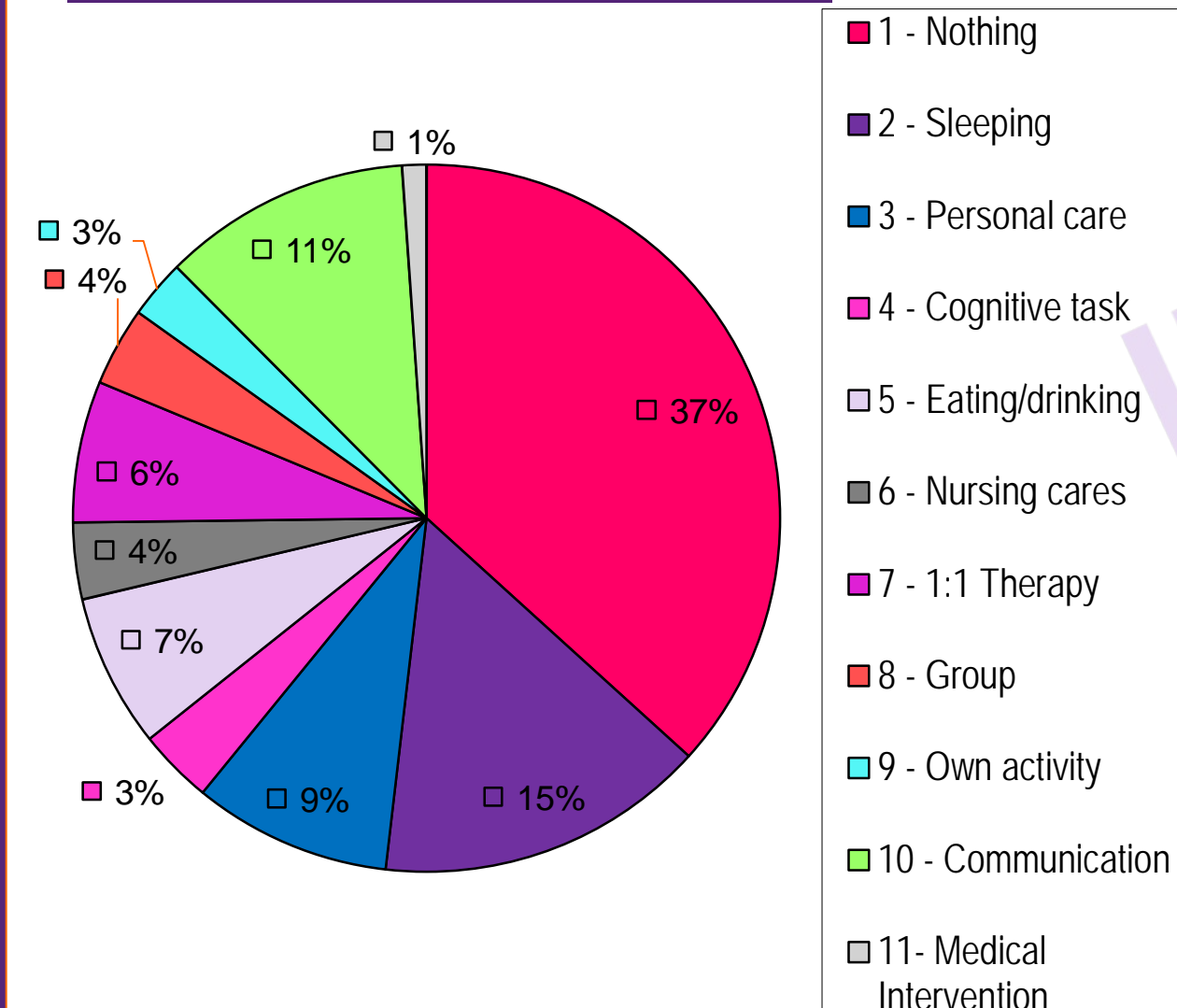
Therapeutic day = 8.00am to 4.30pm

■ The observer recorded:

1. The patient's location
2. Who the patient was with
3. The *main* activity they were participating in

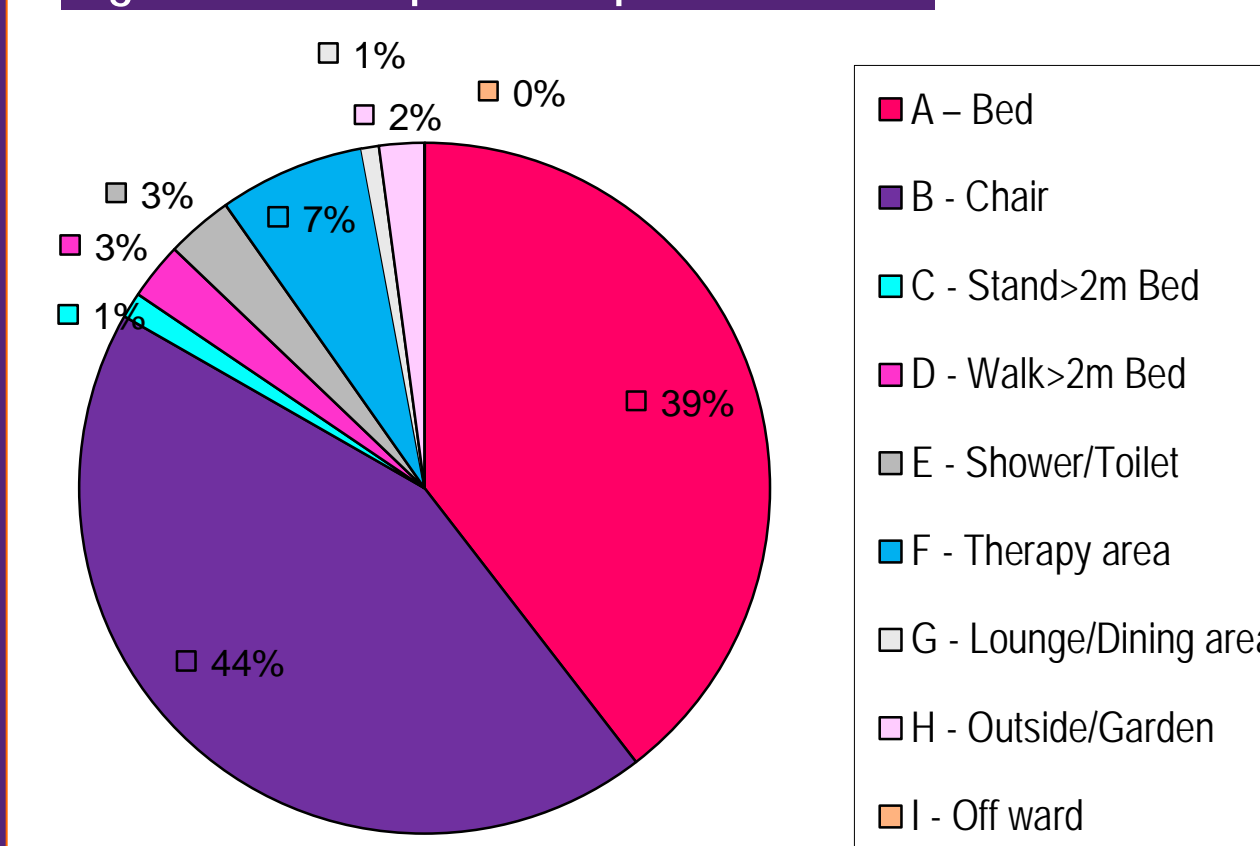
Results

Figure 3. How patients spend their day



■ 63% of the day was spent **ALONE**.
■ Only 9% of the day, which accounts for 45minutes, was spent with allied health therapists.(NOT per discipline!)
■ Scant (1%) patient to patient interaction was observed (ward 15 has multiple 6-bedded rooms)

Figure 1. Where patients spend their time



■ Patients spent 83% of their day sedentary, in bed or sitting in the bedspace.
■ On average 35mins was spent in a therapy area, this included the OT kitchen area on the ward or in the physio gym
■ Minimal time was spent out of the bedspace in the communal areas of the dining/lounge area or outside garden

Non-Therapy time



References

Stroke Foundation of New Zealand and New Zealand Guidelines Group. Clinical Guidelines for Stroke Management 2010. Wellington: Stroke Foundation of New Zealand; 2010)
Tanya West and Julie Bernhardt, “Physical Activity in Hospitalised Stroke Patients,” *Stroke Research and Treatment*, vol. 2012, Article ID 813765, 13 pages, 2012. doi:10.1155/2012/813765

Action Taken

The results of this observational audit paint a vivid picture of sedentary patients spending their rehabilitation journey inactive and alone. The ward culture provides little opportunity for patients to participate in physical, social, and cognitive activities outside their usual therapy sessions. Additionally patients are not receiving the recommended amount of daily occupational/physio - therapy.

■ The results of this audit were presented to the ward 15 quality group, and quality workshops were held to explore innovative ways of working smarter within the current staffing resource, to optimise the use of non therapy time, and change the current culture of the ward.

Education sessions were presented to ward staff, educating on:

- The importance of increasing activity levels and minimising functional decline
- Changing ward culture to ensure patients are engaged in more incidental physical activity, and socially and cognitively stimulated.
- Interdisciplinary collaboration to maximise the use of patients non therapy time

New Initiatives implemented



Doug and his golden retriever 'Harper' visit ward 15 every Thursday. Pet therapy in hospital settings has been shown to help patients physically, emotionally and socially.

Collaboration between physiotherapists, occupational therapists, nurses, and health care assistants to run this group provide patients opportunity to socialise, and spend time away from the bed side. This group is also an opportunity for incidental mobilisation.



■ Two extra exercise groups have been implemented, making this a daily group, increasing the opportunity to participate in physical activity in addition to usual therapy sessions

■ The upper limb group has increased from x2 per week to 3x per week

■ A daily afternoon quiz session runs in the lounge, supported by health care assistants and nursing staff. This group encourages social and cognitive engagement

Future directions

To enhance the inpatient rehabilitation journey, ward culture needs to evolve further, shifting from 'rehabilitation' in therapy time, to becoming a constant process, where *everyone is responsible & every moment counts!*

Looking forward, future plans include:

- A repeat observational audit planned June 2016 to investigate the effect of the initiatives already implemented
- Investigation into the use of volunteers on the rehabilitation wards to assist in supporting social/cognitively stimulating groups
- A time in motion study has been conducted in Nov 2015, and a business case is being developed to gain funding for additional therapy resource for ATR