



The Value of Caregiver Training

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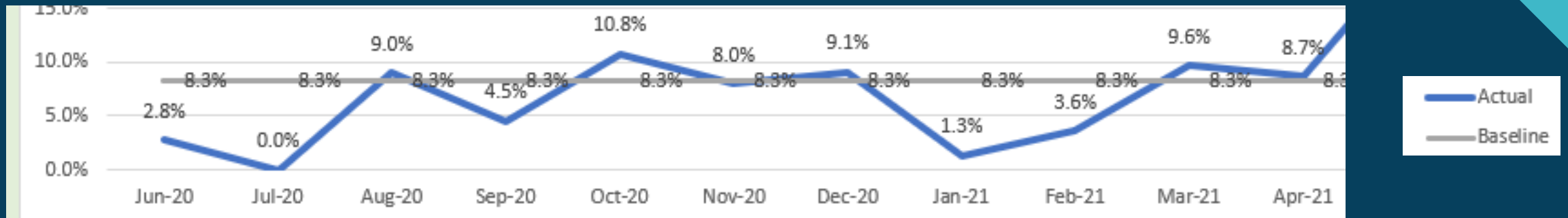
Defining the Opportunity for Improvement

- *Why is this important?*
 - *Promotes discharge home rather than to rehab*
 - *Supports ERAS and ECIP programs for surgical patients*
 - *Supports the Joint Center of Excellence*
 - *Encourages Caregiver confidence and competence*
 - *Improves communication with Caregiver regarding patient needs at discharge*
 - *Promotes safe discharge home*



Defining the Opportunity for Improvement

- *Prior to COVID, the percentage of completed caregiver training was 24%*
- *Our baseline in June 2021 was 8%*



What Are We Trying To Accomplish?

Improve the process of scheduling and providing Caregiver training for patients discharging home in order to:

- Increase the percentage of completed trainings*
- Increase patient satisfaction for discharge instructions*

Better Health

1. Redesign care to continue to provide the best health outcomes to our patients and the community we serve

1. Redesign key work processes to better meet customer requirements and improve health outcomes across the care continuum and service lines

Better Care

4. Redesign key work processes for equitable care access, care delivery, and care transition to improve the patient experience

6. Achieve targeted customer service measures (CAHPS)

By 7/31/2022



Who are we collaborating with?

Our stakeholders include, but are not limited to:

- *Joint Center of Excellence (pre-surgical education)*
- *ECIP coordinator (anticipated d/c plans for surgical pts)*
- *Case Management*
- *Physicians*
- *Nursing*
- *Universal Screening group (visitor exceptions)*
- *Patient*
- *Caregiver*



What Changes Did We Make to Solve for the Problem?

- *Scheduled patient visits on Snapboard*
- *Contacted our prescheduled orthopedic patients*
- *Created Rehab Pool for MyChart Messaging*
- *Provided option for virtual training when Caregivers are unable to be present*
- *Enhanced sticky note communication for therapists*
- *Gained access to Case Management sticky notes*



What Changes Did We Make to Solve for the Problem?



- *Visual management*

Scheduled (Y/N)	Virtual /Live	Training Attending/ Scheduled with	Family Training Coach	Contact info/ Comments	MyChart message sent	My Chart reply Y/N
Y	L	7:45; 9:15	Aileen ██████ (mother)	410-790-████	2/17 @11:52am RM 2/17 @2:27pm	Y
Y	L	1:15; 9:15; 7:45	Ronald (husband)	443-564-████	2/15 @4:14pm RM 2/16 @2:50pm	Y
Y	V	3:45; 10:15	Diane (sister)	520-975-████	2/17 @11:55am RM 2/17 @7:40am 2/17 @11:57am	Y

OT DC Recommendation	OT FT Rec ▲	OT Frequency
Subacute rehab	●	3 times a week
Long term care	●	2 times a week
Subacute rehab	●	Daily
Subacute rehab	●	4 times a week
Subacute rehab	●	6 times a week
Home with intermittent supervision/ass...	●	3 times a week



Outcomes & Lessons Learned Unit 58



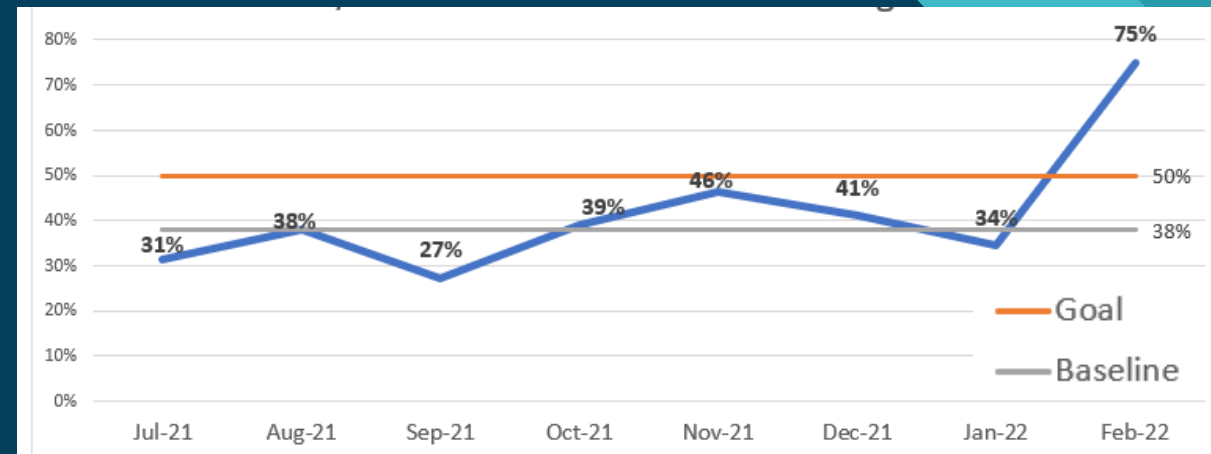
- *Initially called patients on Thursdays to schedule family training sessions for pre-scheduled therapy times*
- *Messaging patients first by MyChart on Monday/Tuesday allowed greater responses*
- *Incorporating family training expectation into pre-op teaching > patients are prepared for our contact or reach out independently*



Outcomes & Lessons Learned Unit 38/46



- *Biggest challenge is patients who disregard recommendations for rehab and decide to return home*
- *Collaborated with Case Management to determine a method of notifying our department when they become aware a patient has declined our d/c recommendation*
- *Overall, learning how to utilize the LMS process for future re-designs*



Next Steps



- *Scaling this process to all the medical units allows increased opportunities*
 - *To perform standard work*
 - *To problem solve due to potential increase in barriers*
- *Determine alternative virtual training platforms for Android devices*
- *Continually updating Skills Matrix when staffing changes and training new staff. Include JIBS training on orientation checklist.*





QUESTIONS?

COMMENTS?