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Addressing Productivity for Physical Therapy at Fairfield Medical Center

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Introduction

Fairfield Medical Center is a vibrant healthcare organization focused on providing exceptional healthcare experiences to everyone it serves. Fairfield Medical Center encompasses Cancer care, diabetes managements, emergency care, Gastroenterology, Heartburn Care, Hospice Care, Infectious Disease, Maternity Care, Neurology, Obstetrics & Gynecology Care, and Orthopedic Care.

From a physical therapy standpoint, FMC operates two outpatient clinics, and one inpatient service at the hospital. There are over 40 therapists who will either stay primarily at outpatient and inpatient, and some float between the two depending on the volume of patients.

I had the pleasure of being welcomed with open arms by the entire staff, especially Dr. Marcus Brown who was my practicum supervisor and the physical therapy manager at Fairfield Medical Center.

Initial Goals

The first goal will be able to understand how to define and view productivity from both an inpatient and outpatient setting for physical therapists and assistants.

The second goal will encompass the value of critical thinking, to identify ways to increase productivity from a therapy standpoint.

The third goal will be to identify the ethical considerations for a supervisor when someone has or has not met productivity standard.

The fourth goal will be to identify workspace factors that may affect productivity, especially with how COVID-19 has impacted all healthcare workers.

The last goal is to identify new objective and subjective methods of collecting data for patients to increase or maintain sufficient means of productivity. Having new means of data collection may increase productivity and income for the business

Overview

Projects

One project I helped with was trying to discuss ways of increasing productivity from the inpatient perspective. One problem was trying to figure out who needs to be seen more or less in the acute setting. To combat this, the AM-PAC testing was implemented to address these concerns. AM-PAC is used with all evaluations and treatment sessions. This measures aspects such as difficulty, assistance, and limitations in activities of daily living. The usage can be administered quickly to provide health care professionals with data to assist in predicting acute care hospital discharge destinations. It address bed mobility, sit to stand, stand to sit, supine to sit, seated transfers, ambulation, and ascending stairs. My job was then finished after examining the productivity percentage per therapist before this as implemented and after.

To also combat the barriers of productivity to emphasis the importance of who needs to be seen, I helped developed frequency of treatments per patient based upon the plan of care. Once there as an order for physical therapy for the patient, an initial evaluation was performed. Once this evaluation was completed, the therapist would govern a plan of care. Which could be twice a week all the way to seven. After each treatment session was provided by any therapist, I would then update the frequency for that patient.

Another project I was responsible for was tracking the average time spent for therapist spending time on documentation, looking up patients prior to entering the room, and time spent trying to track down nurses to see if their patient was able to be seen for physical therapy. One solution was looking up patient's recent history and performance as you first go into the room. It was found very helpful for a productivity standpoint that the therapists look up their information as they're asking subjective questions such as pain. For seeking out nurses, a solution was provided that nurses could place outside the door if their patient would be okay for therapy. To do so, the nurse would have to do this when they rotate in the morning after performing assessment. For example, they could place on the door the patient would not be okay because of low hemoglobin, agitated, certain procedures, or anything related. This would decrease unnecessary time spent by therapists that could be spent seeing patients.

From an outpatient perspective, I had the chance to interview some therapists to get some perspectives on productivity. One of the biggest barriers to productivity was having patients calling off from therapy before their spot could be filled, or when a no show occurs. Another problem was time to document from each session. Often in outpatient, therapists see patients back-to-back with little to no time in between. Many therapists suggested that there needs to be more time allocated in their schedule for documenting. There's currently 15 minutes of documentation set aside before lunch. Therapists state this during this time, they can only document their morning patients, and need more time for the afternoon. One suggestion was to add another 15 minutes of documentation prior to their designated clock out schedule, to help give them time to document patients in the afternoon.

I had the chance to attend all staff meetings, and from these meetings there were common themes that needed to be addressed. One was communication, specifically in the inpatient aspect of therapy. Having communication not being at its full potential can place a barrier to towards productivity. Communication such as finding out which therapist has patients on each floor can create time not being used towards total treatments. One solution was creating a white board that could be hung up in the therapy office, to show which therapist has what floors and patients. This is placed so that they don't have to track each other down and waste time. After lunch, therapists will update this white board to see who still needs to be seen, or if any therapist is available to help on treatments due to specific holds or refusals by the patient.

Daily Activites

Daily activities: starting the practicum one of the first activities I was involved with was attending monthly staff meetings with the physical medicine department, and leadership meetings with the FMC organization. Within these meetings I would take notes as to any implications or barriers towards productivity, to generate general problems that the organization could overcome.

I would also shadow and monitor physical therapists and assistants to document minute by minute of all activities to help showcase barriers of productivity. Per one of the developed projects, I would help document frequencies of treatment and day of evaluation of patients in the hospital. To regulate the frequency's, I would have to examine the plan of care per patient and the charge sheet to see if they've been seen. I would also gather the number of refusals within each patient on each floor, to compare it to the national average.

Time spent going into each room to give a treatment just to have the patient refuse can create a barrier towards productivity standards. When monitoring and following therapists, I would gather data on the average time spent trying to track down nurses to see if their patient was doing well enough to seek therapy treatment. I would then finally average out time spent it took to document therapy sessions and time it took to look up patients prior to going to their associated room.

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