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INSIDE

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Hospital incorporates NDT approach to therapy, and will study the results

Focus is on long-term success, not costs

Neurodevelopmental treatment (NDT) as a philosophy for rehabilitation of neurologically injured patients was introduced more than four decades ago, but in recent years it is becoming a popular way for therapists and rehab facilities to improve patient outcomes and long-term efficiency.

NDT training gives therapists a model for treating the whole patient through work with the patient, the family, and interdisciplinary teamwork. While it incorporates traditional therapy techniques, NDT involves additional training in how to treat and manage the patient's ability to function through the principles of movement science. Training is offered through the Neuro-Developmental Treatment Association (NDTA) of Laguna Beach, CA. **(See story on NDT's history, p. 39.)**

A philosophy, not a program

"You are always looking at the whole person, and that's the first and foremost thing, to understand the person you're working with," says **Tod Cain**, OTR/L, an active NDT approach occupational therapy instructor and the supervisor of occupational therapy at Siskin Hospital for Physical Rehabilitation in Chattanooga, TN.

"The NDT approach is not a program. It's a way of treating patients," Cain says. "It's more of a philosophy of how you approach patients."

While therapists can receive NDT training and then incorporate what they learn into their practice, it is far more effective for an entire rehab organization to endorse the concept and use the model in its treatment of neurologically injured patients, Cain says.

"Many variables can influence a person's recovery," Cain explains. "There's the actual damage to the brain, of course, and then there are things such as the environment in which the person is functioning, and how the person used to move, the family support, and how the family approaches the patient."

It takes a commitment from managers for the approach to work, and this includes a short-term financial commitment in training staff, Cain says.

"In the age of stricter reimbursement, it is extremely important that therapists are skilled at what they're doing," Cain says. "The more skilled therapists are, the better patients are going to recover."

Cain says he believes the NDT approach is helping Siskin Hospital improve its positive outcomes, so he is working with a neuropsychologist to study patient outcomes under the process of grading patients' activities, which incorporates the NDT approach.

The hospital also assesses outcomes through a competency exam given to each therapist annually.

"Each year, we complete a competency on all diagnoses and types of patients that our therapists treat," Cain says. "We go through an entire checklist of chart reviews and code treatments, and we make sure therapists are competent in treating their patients."

While the competency program does not specifically address the therapists' use of NDT, it does include an assessment of whether the patient is receiving the right treatment, whether or not it includes NDT, Cain says.

"If the person needs this approach, you give them this approach, and if they don't, then you give them something else," Cain adds. "So that's why we call it more the principles and philosophy of NDT vs. technique."

Here is how the rehab facility incorporates the NDT approach in treatment of stroke and brain-injured patients:

• **Addressing the patient's specific limitations:** Grading a patient's activities is a way to positively reinforce the patient for progress while taking into consideration that each individual patient has limitations and attributes.

"If we have someone who has specific range-of-motion deficits, then we may have to address that, and then we need to get the individual who is working on activities that are meaningful to them," Cain says.

Therapists trained in NDT are encouraged to grade the patient's activities so that a particular task is made easier, giving a patient an opportunity to complete it successfully.

"If they're given a task that they can't realistically accomplish, then they may work toward it, but in a way that's not therapeutic, and it may defeat them," Cain says. "If we grade activities to make people successful, then they'll be active and successful in the activity, and they'll be doing it more and more."

As the patient's skill improves, the activity can be graded at a more challenging level.

• **Looking at the patient's environment:** Once a patient is taught to do particular activities, the next step under NDT is to look at all of the methods that are working for the therapist and the patient and put them together in the patient's typical environment.

"In the clinic we have tools, but at home they may not have them, so we may have a patient who can do certain motor acts in the therapy clinic, but at home the patient is unable to do them because the two environments do not match," Cain says.

Setting up stations at home

Siskin Hospital therapists will address this issue by visiting the patient's home and observing how the patient and the family interact and carry out daily exercises.

"We will go in and restructure certain things in the environment," Cain says. "We'll set up stations at the patient's house."

For example, if a patient has limited movement on the right side but needs to brush teeth each morning, the therapist might provide a sliding board for the sink. This will enable the patient to brush her teeth with her left hand while placing her right arm on the sliding board and pushing into that, both for support and to improve that arm's strength, Cain says.

Therapists also might spot environmental obstacles, such as countertops that are too high

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NDT developed from cerebral palsy treatment

The Neuro-Developmental Treatment / Bobath approach is a theoretical framework and problem-solving approach that involves the treatment of people with central nervous system dysfunction.

The Neuro-Developmental Treatment Association (NDTA) of Laguna Beach, CA, provides detailed historical and philosophical information about Neuro-Developmental Treatment (NDT) on its web site at www.ndta.org. Based on NDTA's information, here is a brief overview of how NDT has evolved:

• Karel and Berta Bobath developed Neuro-Developmental Treatment based on their work in the 1940s and their resulting philosophy that children with cerebral palsy should be evaluated and treated in a way that addresses neurological and developmental issues of movement disorders.

• The Bobaths first came to the United States in 1958 to participate in the American Physical Therapy Association's annual conference. After the conference, the Bobaths served as professors at Stanford University for several months and taught brief introductory courses around the United States.

• In 1963, the Bobaths taught an eight-week pediatric cerebral palsy course in the United States, and in 1966 they returned to teach a course at the Kiwanis Children's Center in Milwaukee, WI. This same year, NDT-trained therapists formed the International Bobath Alumni Association, which held its first meeting in 1966 in New Orleans at the American Academy for Cerebral Palsy meeting.

• In the early 1970s, eight-week pediatric courses were taught annually in Seattle, Milwaukee, Chicago, and New York. In 1972, the Bobaths began teaching two-week courses for therapists who work with hemiplegic patients. The organization was restructured and its name was changed to the Neuro-Developmental Treatment Association in 1973. By the mid-70s, there were six-week courses designed to help special education teachers manage physically challenged children.

• NDTA's membership grew through the 1980s and 1990s, and the number of coordinator instructors grew to more than 40 by the mid-90s. NDTA's membership also grew to more than 3,700.

• Now, NDT treatment sessions focus on functional activities, using goal-directed mechanisms. NDTA now has a staffed office and a web site that provides detailed information about NDT, as well as listings of instructors, courses, board of directors, its history, and other information. This year, the NDTA annual conference will be held May 1-5 at the Hyatt Regency in Albuquerque, NM. ■

or too low, and these can be modified to suit the patient's abilities.

Since the hospital bills these visits as therapy sessions and not as home evaluations, they typically are fully reimbursed by third-party payers, Cain says.

"You sit down with the case managers and tell them how you're going to help the patient function in the house," Cain says. "We get it paid as a regular therapy visit for outpatient treatment."

The hospital may incur a little more cost because therapists making home visits are not able to have the same level of daily productivity, but to reject such a program because of this expense would be short-sighted, Cain says.

"If you look at the patient satisfaction that comes from going out to the house and showing them how to function there, then that justifies any extra costs," Cain adds. "But there does need to be an acceptance of this from the administration level on down."

This is another reason the NDT approach requires administrative buy-in, because it is not a strict, number-crunching approach to therapy. "If they're not willing to look at the big picture, it won't work," Cain says.

Hands-on approach advocated

• **Physically handling patients:** Sometimes therapists incorporate all of the above practices into treatment and their patients still do not improve. So there's a third aspect to NDT that involves learning how to use body, mind, expressions, and one's entire self in a way that will help the patient accomplish tasks and activities, Cain says.

"We need to handle patients and help them learn how to interact with the environment

appropriately," he says. "And we help them be successful, and we can do that through physical handling."

Therapists must be hands-on, guiding a patient's arm into a position that is active. Even if patients cannot complete a range of motion and may not be able to move a tool by themselves, they can at least get a feel for the movement, Cain says.

"We can get them in a position where their muscles can fire most accurately," he explains. "As we work with them, our hands are on patients when they need to be helped."

Also, therapists can provide challenges to the patient's injured side of the body through physical handling, Cain says.

Therapists often will teach a patient to get by as best they can, using only their uninjured side of the body to walk and dress. The NDT approach says therapists need to teach them to use the injured side and develop its potential, as well, Cain says.

"Through handling techniques, we can help a patient find movement that they may not have had for years," Cain notes. "We take patients who've had their stroke literally 10 to 15 years ago and they had no movement in those arms for that long, and within one session they are able to move their arms."

With traumatic brain injury patients, there may be multiple factors to consider, including cognitive deficits and behavioral issues, so therapists will need to handle not only the patient's body, but also the patient's cognitive and emotional being.

"We focus on what's keeping this individual from resuming meaningful life roles," Cain says. ■

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Happy employees mean satisfied patients

Recognition programs should be specific

Amazingly, with all of the technological and clinical advances of the past 25 years, the most critical component of a facility's success is a motivated, enthusiastic staff.

Unfortunately, low employee morale is significantly higher than previous years. Not only is low morale discouraging for managers, but it also results in high turnover rates, dissatisfied patients, and a real threat to your financial health.

Low employee morale is one indication that your employees are not motivated to take pride in their jobs and assume responsibility for the program, says **Scott Halford**, a Glendale, CO-based consultant who helps organizations with morale, motivation, and work place performance.

"It is a myth that we can motivate others. Motivation must come from within the person, but we can inspire other people to see possibilities within their lives and their jobs that will motivate them," explains Halford.

An important step in building a motivated staff is to hire right, Halford says. "If people don't like the work they are hired to perform, they will never be inclined to do a good job," he says.

Diana Procuniar, RN, CNOR, nurse administrator of the Winter Haven (FL) Ambulatory Surgical Center, says, "I talk to candidates about my philosophy that physicians and patients are our customers and we have to make both groups happy or we go out of business," she says. "When I see their heads nodding in agreement and a look of understanding on their faces, I know that they will be right for my program."

Before you can make sure you hire the right people, examine the values of your organization, Halford suggests. "If your organization is only interested in profits to shareholders, employees will know it and feel left out," he explains.

There are three organizational values that are essential to building a happy work force, says Halford. Surprisingly, pay is not one of the motivating factors for employees, he says. If your pay scale is lower than other facilities, pay is a demotivator, but if your pay is equal or higher than other facilities, it is simply accepted as the paycheck the employee expects, he explains.

The factors that can create a motivated staff are:

Employee award program based on specific actions

Staff members fill out 'kudos forms'

Letting employees know that their efforts are appreciated is an important part of inspiring motivation, says **Diana Procuniar**, RN, CNOR, nurse administrator of the Winter Haven (FL) Ambulatory Surgical Center. It is important to make sure your appreciation programs reward employees for specific, identifiable contributions, or the rewards seem insincere, she adds.

"Our employee-of-the-month and employee-of-the-year nominees are determined by points accumulated from 'kudos forms' we use," Procuniar says. The simple forms are completed by any staff member who witnesses another staff member who goes out of the way to help finish paperwork, clean a room, or help with a patient, she says. The witnessing employee completes the form with the employee name and the activity for which he or she is being praised. The forms are then posted on Procuniar's door for her to collect, she adds.

The public posting is one way that word spreads about the praise; another is the personal thank-you note from Procuniar. "We also use the kudos to award employee-of-the-month points," she explains.

Employees who fill out the form earn one point, and the employee receiving the praise accumulates two points. Employees also accumulate points from praise included in patient satisfaction surveys, Procuniar explains. At the end of the month, the employee with the most points is employee of the month. At the end of the year, all employees vote on employee of the year from the 12 employees of the month, she explains.

The employee of the month and the employee of the year receive awards such as restaurant certificates or coupons for free car washes, says Procuniar. "These awards were suggested by staff members, but I'm considering giving up the car wash and offering a free massage or other type of gift certificate," she adds.

While the awards are not extravagant, they are effective, says Procuniar.

"The program does create a sense of pride in doing the job well, because everyone wants to hear us say 'thank you, you did a good job,'" she says. ■

• **Fairness.**

Make sure you treat all employees fairly, Halford says.

"If people feel like different rules apply to different people, you'll hear them complaining about the hours they work, the location of the parking lot, uniforms, or any number of other complaints," he says. "These complaints show that people are not focusing on their jobs but on minor irritations that have taken on a greater importance than their jobs."

Fair treatment includes recognition programs with clearly defined parameters that apply to everyone, Halford says. Recognitions such as gift certificates and pizza parties are great if the recognition is sincere and is connected to a real achievement, he says. For example, perfect attendance is not an achievement worth a special recognition, but a significant decrease in OR turnaround time is a true achievement, he explains.

At Winter Haven Surgical Center, staff recognitions are driven by peer recognitions, Procuniar says. An ongoing employee-of-the-month and employee-of-the-year program recognizes not only the employees being praised, but also those who offer the praise, she says. **(See story on employee recognition program, above.)**

• **Proper tools.**

Another key to maintaining employee morale, especially with increasing volume and reduced staff, is to make sure employees have the tools to handle their jobs, Halford says. With staff costs representing a significant part of any facility's expense, it is logical to cut staff during a budget crunch, he points out.

"Just make sure that you have the tools in place that enable the remaining staff to handle the workload," Halford says.

Use the latest, greatest tools to help staff members with their jobs, and be willing to pay overtime if it is needed to get the job done, he says. Computer programs that simplify medical records entries, the proper number of instruments so staff don't have to disinfect or sterilize between every case, and up-to-date equipment that is always working properly are just a few ways to make sure the remaining staff can handle the job, he says.

• **Input.**

Perhaps the most basic way to let employees know that they are appreciated and inspire them to motivate themselves is to ask what they need, Halford says. The most important part of asking, through formal or informal survey methods, is to make sure you follow up on any information employees provide, he adds.

An employee survey at Winter Haven Ambulatory Surgical Center uncovered dissatisfaction with the center's paid time-off policy, Procuniar says.

"We don't have separate vacation, sick, and holiday time," she explains. "Everyone accumulates hours of paid time-off each pay period, and it is used for holidays and other time off," she says.

Employees didn't believe the time was comparable to other programs in the area, so Procuniar surveyed other programs, compiled the data, and presented a recommendation to the board.

"The number of hours we increased paid time-off was not as much as employees wanted, but I was able to show employees the data I collected that demonstrated that the new paid time off policy was fair and comparable to other programs," she says.

Employees who are happy are good workers, Procuniar says.

"Taking time to make sure your employees are satisfied with their jobs pays off in terms of patient satisfaction and low turnover," she adds. Procuniar speaks from experience because not only does she rarely have employees leave her program, but she also adds, "I'm one of the fortunate managers who has a waiting list of nurses who want to work for me full time." ■

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Rehab patients respond well to pet therapy experiment

Visits from dogs bolster patients' overall well-being

When a program to evaluate geriatric patients with dementia was established in the behavioral health unit at Wausau (WI) Hospital, one of the problems the organizers had was finding enough therapies for cognitively compromised patients. They tried activities such as reading the newspaper, showing pictures of old appliances, and showing historical pictures of people, places, and events. These therapies worked quite well, but staff were still hard-pressed to come up with more activities. Then a consultant suggested pet therapy, explaining that it worked well with geriatric patients.

That's when staff logged onto the Internet and got information on Flanders, NJ-based Therapy Dogs International and successfully implemented a pet therapy program, says **Chris Zaglifa**, MSW, CICSW, CADC, social worker and alcohol and drug counselor with Family Counseling Services in Wausau, WI. Zaglifa is a former employee of Wausau Hospital who helped implement the pet therapy program.

Pet visits stimulate communication

Having owners bring dogs trained to make hospital visits into geriatric patients' rooms triggered long-term memory and proved to be a good reminiscing tool. The elderly would mourn the loss of their pets and jump from that association to the loss of important people in their lives and the loss of their mobility and functioning, and they would grieve. "I was especially impressed with the communication. People who could barely babble would begin talking, and you could see the joy in their face," says Zaglifa.

After pet therapy proved to be beneficial to geriatric patients, it was implemented in the psychiatric unit, hospice, and rehabilitation as well. While the therapy dog is licensed to bring comfort to patients who are hospitalized and to make them feel better for at least a short while, the dogs can be used as a part of therapy, says Zaglifa. For example, a woman who was blinded as a result of a traumatic brain injury used a visit from one of the dogs to practice identifying

things by touch. She would identify the dog's nose, ear, and tail.

One woman in the psychiatric unit suffered from depression and would not participate in any activities, so her psychiatrist asked that a therapy dog visit her. "She played with the dog and began talking about the pets she had in her life," says Zaglifa. The next day she went for a walk with the dog, and when she returned to the unit she went to the day room to watch football.

"Pet therapy reinforces the efforts the hospital makes to meet the needs of the patient, not just in providing medical and clinical care, but the overall well-being of the patient. I think a therapy dog does that easily; it is a natural fit," says Zaglifa.

Caregivers select patients

When therapy dogs are scheduled to make a visit at New Mexico Veterans Administration (VA) Health Care System in Albuquerque, the volunteers are given a list of clients submitted by the physical therapist or psychiatrist who works with the patients. Currently, a team of seven volunteers visits the VA four times a month, seeing patients in the spinal cord injury unit and rehabilitation unit during one visit. The volunteers then visit patients in the restorative care unit and psychiatric unit next time, says **Michelle McKenzie**, MA, a therapeutic recreation specialist with the VA physical medicine and rehabilitation service and a pet therapy volunteer.

"The visits are scheduled in the evenings and on weekends because the volunteers are more accessible at that time, and during the day the patients are in other therapies that would create a conflict," says McKenzie, who oversees the visits and makes note of the patient's response. Part of the visit is social, but frequently there is a goal approach. For example, to help one patient who had a stroke, the volunteer was asked to approach from the left side so the patient would look to the left and try to pet the dog with his left hand, thus strengthening his weaker side.

To ensure that the dogs will be well-behaved while in the health care facility, they are well-trained and certified by a dog therapy group. Dogs are screened to make sure they are in good health and have an up-to-date veterinary record. They are also tested in simulated clinical environments, says Zaglifa.

For example, the dogs will be taken into a large room where people are walking around on crutches, with walkers or in wheelchairs, and the handler will have the dog greet someone using an assistive device. While the dog is being petted, someone will go up behind the dog and drop a metal pan on the floor to see how the dog reacts. Dogs can attend special obedience classes in preparation. Dog handlers have a set of rules for how they are to conduct themselves, says Zaglifa. **(See Wausau Hospital's pet therapy policy, inserted in this issue.)**

Therapy dogs at the VA medical center are not allowed in certain areas, such as those that are sterile or where drugs are distributed. Volunteers are trained in hand-washing techniques and in reading signage because they are going from patient to patient, says McKenzie.

"There are so many different therapeutic values to pet therapy, but for the most part, you are hospitalized for a reason — and it is not a good one — so this gives patients some relief," says Zaglifa. ■

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Club therapy is success for Detroit rehab facility

Rehab model saves money

When administrators with the Rehabilitation Institute of Michigan in Detroit began to explore expanding outpatient facilities to satellite sites that would provide a better geographic distribution, they quickly realized that a large new facility wouldn't be financially feasible.

"So we thought of partnering with health clubs," says **Patty Jobbitt**, MSA, PT, administrative director of outpatient services.

"We had been working with metropolitan YMCA, and they were looking at bringing in a medical facility or health care environment into their club, so it was a match," Jobbitt explains. "We went on a tour of many of their facilities in the spring of 1998, and we found three locations that worked for us."

Six months later, the rehab institute opened three small therapy clinics within the fitness centers. The space used at the Birmingham YMCA measured less than 300 square feet, and the outpatient rehab services quickly reached capacity, Jobbitt says.

By 2001, the rehab institute was looking for a larger site with room to expand, so the next step was to move into the Oakland Athletic Club while keeping the facility within the Birmingham YMCA, Jobbitt adds.

"Within two months of going to the 1,000-square-foot space, we had more than doubled our volumes," Jobbitt says. "Since starting this, we've opened five different sites in health clubs, and then in January, we closed the Birmingham YMCA location because most clients were willing to come down the road a mile to the athletic club."

An inexpensive way to expand

Expanding through partnerships with fitness clubs has been an inexpensive way to expand and improve profits, Jobbitt says. However, the rehab institute continues to invest in renovations and physical expansions in the more traditional sense. **(See story on the institute's recent 50th anniversary renovation/expansion, p. 45.)**

The difference is that expanding through partnerships with fitness centers is far less expensive. The capital investment typically is between $30,000 and $35,000, and the patient volume includes 20% of clients referred through the health clubs. "We're finding that these small locations are very profitable," Jobbitt says.

Here are a few details about how the rehab institute established the small outpatient satellites:

- **Staffing:** Each location has an experienced physical therapist and an athletic trainer, and their hours are determined based on patient volume. Initially, administrators thought they would have therapists move between sites, but the volumes have been high enough to require that each site have its own staff, Jobbitt says.
- **Scheduling and billing:** All clients need a physician prescription, and their insurance is verified before their outpatient visit is scheduled.

  All scheduling, billing, registration, and insurance verification are handled in the institute's downtown office by that staff.

  "Therapists fax in their charge sheets each day, and the remote clerical staff does the charging, as well," Jobbitt says.

  This type of arrangement saves considerable costs with regard to support staff, she adds.
- **Relationship to fitness clubs:** "What's nice for the clubs is this service is a retention factor," Jobbitt says.

  Fitness club employees will promote the therapy services and refer clients who have questions about health and fitness to the rehab institute's staff for advice.

  "Then the rehab staff can recommend a type of doctor or answer a question about the injury," Jobbitt adds. "So we're a health care resource for the club, and our patients at all the sites are offered a 30-day trial membership to the clubs when they've finished therapy."
- **Fitness equipment:** One of the chief benefits of partnerships with fitness clubs is that the rehab facility does not need to invest in expensive fitness equipment and exercise machines, because these items are already available for clients' use, Jobbitt says.

  "We have treatment tables and some of the lower weights, but when patients need real exercise equipment, we can take them into the wellness centers and health clubs and use all that exercise equipment," Jobbitt says.
- **Rehab space:** "The biggest benefit is we don't need to build as large of a facility, so we do not have as large of a lease payment or capital outlay," Jobbitt says. "In the YMCA sites, we've retrofitted into spaces they had available."
- **Patient visits:** Most patients visit the small outpatient satellites two or three times a week, and the range of visits for each site is from 100 visits a month to 250 visits a month.
- **Market share:** By expanding to Detroit's suburbs, the institute has been able to expand its market share and its geographical reach.

  "Absolutely, we would be missing clients if we only had one large downtown facility," Jobbitt says.

  The Rehabilitation Institute of Michigan already had three large free-standing outpatient facilities when administrators decided to open

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the smaller satellites. The larger spaces included 10,000-square-foot sites in Westland and Warren and a 24,000-square-foot site in Novi.

"After we did the Novi site, we realized we didn't want to spend the time it takes to get one of those sites up," Jobbitt says. "With these small sites, we now can get into two or three of them in a year without a problem as far as planning, marketing, and starting to see patients." ■

Renovated facility will offer unique services

Rehab institute celebrates 50th year

The Rehabilitation Institute of Michigan in Detroit celebrated its 50th anniversary with plans to renovate, expand, and create a new and unique rehabilitation model at a cost of $35 million.

Construction on a 26,000-square-foot addition and renovations to the existing eight-story hospital building will begin in April and are expected to be completed in 2004.

"Our new outpatient extension will be very state-of-the-art, and no other rehab facility will look like us in the country," says **Cheryl Angelelli**, director of marketing and public relations.

The institute was founded in 1951 as a health care facility that treated polio survivors and World War II veterans who had disabling injuries. The current building was opened in 1958, and since then it has had only face-lift renovations, except for a three-story expansion in 1971, says **Terry Reiley**, MBA, CHE, president of the institute.

"There were no major construction or renovation projects after we added several floors to the top of the building," Reiley says. "Now we will renovate all of the four inpatient units and 94 licensed beds."

While many health care facilities have focused more on cutting costs in recent years than on starting costly expansions and renovations, the Rehabilitation Institute of Michigan decided it was exactly the right time to expand both outpatient and inpatient services, renovate inpatient space, and create a new look through the addition of a sports and fitness / wellness center that will be built on what now is a parking lot and will be attached to the existing facility.

"Our volumes are increasing, and we're looking at other growth opportunities and specialty areas," Angelelli says. "For example, with oncology rehab, we're trying to get into niche services, and we've really outgrown our building."

As the largest free-standing rehabilitation hospital in Michigan, the institute is overdue for a major change to its design, Angelelli says.

"We provide state-of-the-art care here, and we'll now have a state-of-the-art facility to match the care we provide," Angelelli adds.

The not-for-profit rehab institute is affiliated with the Detroit Medical Center, which is affiliated with Wayne State University in Detroit. Through fundraisers and investments, the institute has raised 80% of the money needed to pay for the expansion and renovation, Angelelli says.

Jerry Stackhouse, who is captain of the Detroit Pistons basketball team, is on the institute's board of directors and has assisted the hospital in raising capital funds, Reiley says.

Stackhouse hosted a wheelchair basketball celebrity event that raised more than $24,000.

"Wheelchair athletes played against sportscasters, and the wheelchair athletes won," Reiley says. "We had about 400 people watching the game, and money was raised through sponsorships."

The hospital has four specialty units, including traumatic brain injury (TBI), spinal cord injury (SCI), stroke and geriatrics, and orthopedics / general. There are 90-100 spinal cord injury admissions per year, about 200 traumatic brain injury inpatient admissions, and a total of 1,600 inpatient admissions, Reiley says.

In keeping with the times and the last decade's focus on greater efficiency, the rehab institute has one of the most efficient lengths of stay (LOS) nationwide, Reiley says.

"Our spinal cord injury LOS is running 32 days, and our TBI is about 22 days, and those two compare well against benchmarks," Reiley explains. "Our overall LOS is 15 days."

The institute's focus is on moving patients out of the inpatient facility and into outpatient treatment through a seamless transition, Reiley adds.

"Outpatient will continue to be a growth trend for us, but we're still working on growing the inpatient market as well," Reiley says. "There are people whose injuries are so severe they do need inpatient first, and when you have a system where you can focus on specialty diagnostics, you can draw a broader patient base from across the Michigan region."

For example, when the expansion and renovation are complete, various inpatient services will be expanded, including services for amputee patients, oncology rehab services, and orthopedics, Angelelli says.

Also, the hospital will be better prepared for handling medically challenging patients who have acute care needs as well as inpatient rehab needs.

"We'll completely gut and design from scratch, making semiprivate suites, individual bathrooms and showers, and large family rooms for people to spend the night," Reiley explains. "We will have wall gases installed with oxygen tanks, and this will advance our ability to take more medically complex patients and to accommodate ventilator patients, as well."

Renovations to the current space will be as follows:

• The first floor has the lobby and outpatient services, including physical therapy and outpatient therapy. There also is an outpatient gym and a recreational pool. When the expansion is complete, the lobby will be expanded, as will the gift shop, and outpatient services will be moved to the new connected building. The pool will continue to be used for outpatient therapy. The hospital's chapel may be moved to the first floor.

• The second floor has an activities-of-daily-living apartment, recreational rehabilitation, an assistive technology laboratory, a lab for gait and motion analysis, and an inpatient therapeutic gym.

• The third floor, which had been leased out, now will serve as a transitional floor during the construction. Once construction is complete, this floor will be one of four floors that have semiprivate and private suites for patients.

• The fourth, sixth, and seventh floors are patient care units that now have four-bed wards. The renovated space will have semiprivate and private suites.

• The fifth floor has the research offices and a patient education library.

• The eighth floor contains the administrative offices.

A new sports, fitness, and wellness center will be built as a two-story addition connected to the west side of the existing building. People will be able to enter the addition through the spinal cord injury unit, as well as from the outside.

The sports center will have a walking and wheelchair track, state-of-the-art sports equipment, and a therapy treatment area. "We have a therapeutic pool already, and we'll expand the sports medicine capability in downtown Detroit and offer fitness memberships," Reiley says.

With the new sports and wellness space, the institute also will be able to design a sports disability focus program in which newly injured people with disabilities will be able to engage in water sports, such as adaptive sailing, kayaking, and skiing. There also will be tennis, basketball, and golf available to disabled patients.

"We plan to have the fitness area wheelchair-accessible," Angelelli says. "So someone in a wheelchair can join the fitness gym and use the equipment."

Other benefits will be that the new space will accommodate an expansion of the institute's assistive technology, and the rehab facility will have a more formal wheelchair-seating program in which patients may be referred from all over Michigan and from the bordering state of Ohio.

"Wheelchair-seating is where you study a person's posture comfort and position the wheelchair for them," Reiley says.

"A lot of people in wheelchairs are not well-positioned and do not have the right adaptive equipment," Reiley adds. "This is especially true of older persons who may be sitting in an oversized wheelchair, so they don't have the best body alignment." ■

Need More Information?

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JCAHO Standards Review Task Force examines rules

Goal is to clarify and eliminate redundancy

The Standards Review Task Force is making progress in its effort to find redundant and needlessly burdensome rules in Joint Commission standards. At its most recent meeting, the group reviewed the Environment of Care and Human Resources standards.

According to a Joint Commission report, the task force members suggested a new structure to help clarify and eliminate redundancy. For example, there are separate standards dealing with planning, implementing, managing, testing, and evaluating fire safety systems. The task force suggested including each aspect in one standard covering fire safety. Task force members also focused on survey process issues, indicating a need to clarify the Environment of Care standards or issue clarifications on the Joint Commission web site. That would help reduce the potential for surveyor inconsistencies, they said.

For the Human Resources chapter, the task force focused on standards concerned with assessing competency. Lack of compliance with these standards results in a large number of Type I calculations during the survey process, the Joint Commission reports. Task force members indicated a need for clarification of the competency standards to facilitate compliance and reduce the paperwork burden. In addition, the task force received a preliminary draft of the revised Performance Improvement chapter for review. ■

Educate community about anxiety disorder screening

Assessment tools available

May 1 is National Anxiety Disorders Screening Day, and health care sites interested in commemorating the occasion by doing a public screening can obtain all the necessary tools from Freedom From Fear, the Staten Island, NY-based organization sponsoring the event. These materials include educational brochures, promotional flyers, screening forms, a video about the various anxiety disorders and their symptoms, bookmarks, and instructional information for running a screening.

"We do a lot of publicity and promotion to remove the stigma around mental illness, specifically anxiety and depressive disorders, by educating the public," says **Jeanine Christiana**, associate director of Freedom From Fear.

Community education prior to the screening can attract the interest of people who may be suffering from these disorders. It's a good idea to publicize the symptoms beforehand, Christiana says. These symptoms include:

- **Depression:** Not able to concentrate or eat.
- **Obsessive-compulsive disorder:** Repetitive obsessive thoughts and compulsive behavior

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such as hand-washing.

• **Social anxiety disorder:** Fear of doing things in front of others because of the possibility of being scrutinized or humiliated.

• **Panic disorder:** Panic attacks that come out of the blue and cause shortness of breath, sweating, and rapid heart rate.

• **Post-traumatic stress syndrome:** Those who have experienced a traumatic event and are having flashbacks, problems sleeping, and the tendency to relive the event.

The organization advises health care facilities to use licensed mental health professionals at the screenings to evaluate the forms. These could include social workers, psychiatric registered nurses, psychiatrists, and psychologists. "It takes about 10 to 15 minutes to review the form with the individual and to provide them with referrals if they screen positive," says Christiana.

Screenings are free and can be anonymous. "Most of our promotion is around symptoms so people will know about anxiety disorder. We want them to know that there is treatment, it is effective, and they can get help," says Christiana.

For more information, contact Jeanine Christiana, National Anxiety Disorders Screening Day, National Mental Illness Screening Project, Freedom from Fear, 308 Seaview Ave., Staten Island, NY 10305. Telephone: (718) 351-1717. Web site: www.freedomfromfear.org. ■