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INSIDE

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American Health Consultants® is A Medical Economics Company

Technology, old-fashioned touch create new model of health care

From sickness center to healing center

Would your facility be mistaken for a resort? Given the unassuming — and often unappealing — design of most traditional hospitals, it's not likely. But at Celebration Health, a 315,000 square foot health care center located just south of Orlando, FL, travelers often are attracted by the 1930s Mediterranean style architecture, complete with octagonal tower, says **Des D. Cummings Jr.**, Phd, CEO of the development division of Florida Hospital.

"They think we're a resort. So they ask about rates or try to check in," he says.

The confusion is understandable. From the approach over the causeway to the light-filled atrium, the 60-bed facility looks like anything but a hospital.

For example, patients and visitors enter the campus via a causeway lined with palm trees. The 65-acre campus, carpeted with Kentucky blue grass, is surrounded by a lake. "The environment outside sets the tone for the healing that takes place inside," Cummings says.

In the building, the hotel-like lobby is also bathed in light, he adds. A sunlit atrium with flowers and greenery replaces the fluorescent lights and mazes of corridors typically found in hospitals.

Applying the 'front-stage concept'

The resort illusion continues because designers used what is called a "front-stage concept."

"You won't see any patients being wheeled on gurneys because we transport them through the back corridors. It not only gives them privacy, but it allows those who come for wellness programs or other services to have a soothing experience," he says.

For example, in addition to traditional primary care and specialist services, Celebration Health boasts such amenities as a world-class vegetarian restaurant and fitness center with a day spa featuring massage therapy, herbal wraps, and facials. **(See related article on these special services, p. 128.)**

"Celebration was built on the belief that the hospital of the future should be a facility for the whole person for his or her whole life — not just during sickness or surgery," Cummings says.

By providing a healing center for all phases of life, rather than a hospital for episodic times of illness, Florida Hospital, a 1,452-bed system on six-campuses, hopes Celebration Health will serve as a prototype for the future of health care.

"Our number one purpose is to help people see they are their own primary care givers. By the way they live their life, they are primary determiner of their health," Cummings says. **(See list of principles on which this health care system was founded, p. 127.)**

To this end, Celebration includes, but moves beyond, the traditional inpatient and outpatient services of the healthcare setting. In addition to the physician office building that houses more than 70 primary care doctors and specialists, the facility includes a "Lifestyle Management Center" that empowers positive changes by addressing emotional and spiritual needs, rather than just physical ones.

"If we're going to make Americans truly health-oriented, we need to change their views of the hospital from a sickness center to a healing center," Cummings says.

Technology enhances patient care

But Celebration isn't just an intangible warm and fuzzy concept. It's one of the most technologically advanced facilities in the world, says Cummings. More than 25 companies such as General Electric, IBM, Pfizer, Sprint, Hewlett-Packard, Johnson and Johnson, and GlaxoWellcome have formed strategic partnerships with Celebration.

"We knew that if we were going to launch the health culture of the 21st century, we couldn't do it by ourselves," Cummings explains. "So to create a model organization, we included partners who share the vision."

Crucial to the concept is that such state-of-the-art technology exists to "provide modern medicine with an old fashioned touch," says Cummings. "The basis of healing is the personal relationship between the patient and the caregiver. Technology should never intrude into that relationship," he says.

For example, computers are located right outside the patient rooms and not by the bedside. "You don't want the technology between the caregiver and the patient," he explains. "Neither do you want it to detract from the healing environment." By configuring inpatient areas to the "universal room" concept, technology can be added or removed according to the patient's needs, he adds. "Every room is certified for intensive care, med-surg, and rehab. If needed, the equipment slides out easily from behind a panel of armoires. That way, the room is transformed into the appropriate level of care and the patient never has to leave," he says.

Even in technology-intensive areas like the radiology department, the harshness of technology can be minimized. "Instead of looking up at the usual fluorescent lights and ceiling tiles, we have created healing pictures of illuminated nature photographs: lakes, trees, oceans," Cummings says.

And during an MRI, patients can watch a movie through a viewer installed inside the equipment. For children, this treat can not only reduce the trauma and pain of the procedure but also the cost. "Instead of having to be poked with an IV and sedated, many children are able to undergo the procedure without it," he says.

Such a "soft technology" approach should exist to "keep documents and information, but people keep the relationship," he adds.

For example, to enhance the speed and accuracy of pharmaceutical services, physicians transmit prescriptions electronically. "This also frees up more time for pharmacists to have consultations with patients," Cummings says.

Creating Health for the Whole Patient

- ✔ **Choice** is the first step toward improved health. Making healthy choices is the key to lifestyle improvement. Research shows that people who believe they have more control over their life tend to be healthier and live longer.
- ✔ **Rest** is both a good night's sleep and taking the time to relax during the day. The stress and pressures of life can accumulate over time and create a generalized "dis-ease" with life. Research indicates that relaxation techniques, when practiced on a regular basis, can lower blood pressure, change one's mood and in general counteract the everyday effects of stress.
- ✔ **Environment** is what lies outside our bodies yet affects what takes place inside us. All of our senses — sight, smell, sound, touch and taste — can influence our mood as well as our health, either positively or negatively. Recent research demonstrates not only the importance of our larger environment (air and water quality) to health, but also our immediate environment (light, sound, aroma and touch).
- ✔ **Activity** includes stretching, muscle development and aerobic activity. The goal is to be active physically, mentally and spiritually. Activities should be something you enjoy and will participate in for years to come. Research indicates that an increase in activity translates directly into improved health.
- ✔ **Trust in God** speaks to the important relationship between spirituality and healing. Our faith, beliefs and hopes all affect our health. Research demonstrates the importance belief and expectation exert on the final outcome.
- ✔ **Interpersonal relationships** are important to your well-being. Knowing you have the support of others can fortify your resolve and contribute to improved health. Research has demonstrated the importance of support groups and family in recovery from illness.
- ✔ **Outlook** colors your perspective on life. Helping people to experience hope and acquire a positive attitude is our goal. Recent research highlighting the influence of the mind on the body suggests that attitude does influence your health and can even impact the progression of disease.
- ✔ **Nutrition** is the fuel that drives the whole system. Take time to evaluate your food intake, remembering that even small improvements, done on a regular basis, multiplies the health benefits many times over. Research has consistently shown the importance of a good diet on your health, as well as your overall energy levels.

Source: Celebration Health, Orlando, FL.

The same goes for the digitized technology at the imaging center. "In traditional settings, the radiology technician takes the images and then goes away for about 10 minutes to develop the film," Cummings explains. "In our setting, he or she can stay right beside the patient because the image takes about 30 seconds to appear on the screen."

In addition to increasing caregiver time with the patient, this instant imaging means an increase in quality. "There are fewer retakes; the tech can change the shadings immediately if needed. He or she can also print out a copy for the patient," he says.

Systems expedite registration, wait times

The facility's technology is evident the moment one walks through the front door — and even before. For example, a centralized scheduling system for all six Florida Hospital campuses allows patients to make appointments for physicians and procedures with just one phone call.

Patients who aren't pre-registered — about 30% — have to supply information only once, thanks to the paperless medical record system.

The majority, who are pre-registered, go directly to individual registration areas where attendants greet and provide them with pagers if the visit requires a wait, Cummings says.

"They are free to move around building until the appointment," he says. "With the pager, they can go check their children into the play area, visit the library, or the restaurant." (Child care costs about $2 per hour.)

They may also use computer hookups or phones to make a conference call or work on their laptops. For those who want to learn more

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Celebration Health, 400 Celebration Place, Celebration, FL 34747. Telephone: (407) 764-4000. Web site: http://www.CelebrationHealth.com

about their health concerns or those of their loved one, there are computer stations with touch-screen monitors in the lobby and other areas throughout the facility. "They can research health information, take health surveys, access Web sites," Cummings says.

For example, Health Compass is an Internet-based service that establishes a single place where patients can maintain, receive, and distribute personal health information about themselves and their families in an easy-to-use secure system.

Yet, many patients still have to be encouraged to take advantage of these features. "They are so conditioned to waiting, so accustomed to thinking of the doctor's time as being sacred that they have a difficult time imagining there is another way to do this," Cummings says. ■

Hospitals should provide 'healthy pleasures'

Make getting fit and fighting fat fun

In order to satisfy the demands of the health-conscious baby boom generation, hospitals wanting to compete in the 21st century must provide services that promote optimum vitality for their patients, says **Des D. Cummings Jr.**, PhD, CEO of the development division of Florida Hospital in Orlando.

"They want healthy pleasures — and what better place to offer it than a health care facility?" he says.

For example, at Celebration Health, the all-vegetarian restaurant, Season's Cafe, offers dishes from the Mediterranean and the Orient, with items from South America, the Caribbean, and Florida to be introduced soon. In one section of the dining room, meals are made to order in the mesquite brick oven and presented on garnished plates.

It's extremely low fat, but tastes great," says **Ron Grange**, director of nutrition services. "The whole point is to make getting healthy and staying healthy fun."

There's also a pizza, wok, pasta, and grille areas which open to the dining room. A large salad bar, a drink station — including specialty coffees and cappuccino — baked goods, and a smoothie center offer additional choices.

"Anyone of any nationality or religion can feel comfortable with the food we serve," says Grange.

Another healthy pleasures is the facility's fitness center, which includes 60,000 square feet of exercise space for activities that appeal to all ages and all fitness levels (although rehab patients also use portions of the fitness center, non-patients may enroll in a membership.)

Adults can take advantage of the 25-meter, five-lane pool or the therapeutic warm-water pool equipped with an underwater treadmill. Or they can play basketball on a full court, which is surrounded by floor-to-ceiling windows to give it the feel of an outdoor court. There's also a room for "spinning" — a challenging workout done on bicycles.

Traditional fitness activities such as treadmills and stair climbers are enhanced by FitLinx, an interactive fitness network that has the ability to record users' every move, and guide them throughout each step of every workout and track it all back.

"An electronic notebook the size of a credit card fits into the equipment and provides instant information about the level of their last workout as well as what the member's goal should be," Cummings says.

If the member slacks off, the notebook signals a member of the staff.

Activities geared for children, too

For children, the fitness center offers a "virtual reality" game called Youtopica in which they "become" the joy stick and mouse and "join" the video game. "It's not like the typical, passive, video game. They jump and move along with the character. It is an exercise that helps them develop skills in speed, strength and agility," he says.

Parents may leave their children in these adult-supervised areas while they work out or go to a doctor's appointment.

"We often see children tugging on their parents, saying 'Do we have to leave now?'" says Cumming. ■

Study pinpoints savings areas for redesign

Benchmarking by functional groups for big picture

With limited time and resources, reengineering teams know it simply isn't practical to redesign every hospital process or system. So what areas of health care can benefit the most from operational re-engineering?

Bob Goodyear, acting president of LUMEN in Atlanta, shares his insights from the health care reengineering company's study, *Charting Re-engineering Potential.*

The benchmarking study, which includes 23 hospitals, showed the "dramatic savings potential that exists through properly implemented operational re-engineering strategies," he says.

Instead of calculating indicators for economic, quality, and service at just the hospital level, LUMEN also measured indicators within functional groups — collections of related departments and cost centers based on their primary service or function. For example, the functional group for the laboratory services includes all departments associated with blood and body substance testing, such as chemistry, hematology, pathology, specimen collection and so on.

Such functional groupings enhance validity of benchmarking, says Goodyear. "Comparing individual departments or cost centers between organizations can be misleading and lead to false conclusions and recommendations," he says. For example, in some hospitals, surgical services may be consolidated in one department; in others it may be spread among several administrative units.

By benchmarking to functional groupings, re-engineering professionals can take the larger view, he adds. "You can step back from the myopic view of individual departments and consider the big picture," he says. "It enables you to see all aspects of how a particular function is performed and evaluate the resources needed," he explains.

Also, the Oak Brook Terrace, IL-based Joint Commission Accreditation of Healthcare Organization is shifting its focus from departments to major functions.

1. Infrastructure.

This indicator measured the percent of infrastructure wages to total wages.

"It's an important re-engineering measure because it reveals how much of every payroll dollar is spent on processing people, paperwork, and information," he says.

These functional groups showed the most opportunity for improvement:

❒ materials services, with an average savings of $308,000;

❒ food / nutritional services, with an average savings of $304,000;

❒ patient billing services, with an average savings of $268,000.

Rehabilitative care, nursery care, and GI studies services showed the least potential for improvement, with savings averaging $14,000, $15,000, and $35,000, respectively.

2. Management.

This indicator measured the percent of management wages to total wages in order to show how much of every payroll dollar is spent on managing other employees, including planning, budgeting, and supervising.

The following functional groups showed the greatest potential for improvement:

❒ laboratory services, with an average savings of $231,000;

❒ organizational services, with an average savings of $214,000;

❒ surgical Services, with an average savings of $168,000;

Patient transport services, telecommunication services, and community wellness showed the least potential for improvement with savings averaging only $21,000, $23,000, and $24,000, respectively.

3. Productivity.

This indicator measured the capacity for work as shown by such as tests or procedures performed, or doses filled, or patient visits, per $1000 of wages.

The greatest potential for productivity savings were in these functional groups:

❒ pharmacy services, with an average savings of $1,468,000;

❒ laboratory, with an average savings of $979,000;

❒ physical Rehab, with an average savings of $891,000.

The functional groups with the least potential of savings were process / work improvement services, cardiac rehab services, and telecommunications services at $56,000, $59,000, and

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$128,000, respectively.

Cutting costs saves millions

The study also calculated potential redesign savings hospital-wide by comparing the percent of management payroll dollars to total payroll dollars. The 12 hospitals with above-average infrastructure expenditures could save an average of $1 million, or 2% of their wages; if they brought their infrastructure expenditures down to the sample average of 9.7% of total wages, the study shows.

The 11 hospitals with above-management expenditures could also realize a million-dollar-savings if they succeed in decreasing their management expenditures to 12% of total wages, the study shows.

In addition, the study examined the redesign impact of decreasing length of stay. (The LOS for the 21 hospitals that submitted data ranged from 3.6 days to 7.8 days.)

"Looking solely at the inpatient areas and analyzing only employees whose workload directly ebbs and flows with patients, we found that reducing LOS to an average of 5.0 days would generate an average savings of $2.1 million for nine of the hospitals," he says.

If those same hospitals reduced their LOS to meet the best-in-class (3.6 days), the average savings would increase to more than $6.4 million. ■

GUEST COLUMN

Access 2000: A road more traveled

By **Mike Monahan**
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American business and the world in general are in the midst of the greatest change since the Industrial Revolution. All rules for success in organizations have been superseded by new rules that are still poorly defined.

Highly structured, multilayered provider organizations are having particular difficulty responding to rapidly changing market forces. The emerging successful organizations tend to be customer-focused, decentralized, highly interconnected both electronically and culturally, and with a seamless access system for patients.

The health care industry has been remarkably resistant to market forces for the past 50 years. Unlike any other industry, health care professionals and organizations have been the sole determiners of:

- What should be done?
- How much should be done?
- How well should it be done?
- Who should do it?
- Whom should they do it to?
- How much should it cost?

The result is a $1.3 trillion-a-year industry under tremendous pressure to respond to market influences. Health care economists, government agencies, and private commissions have studied the state of the industry and concluded that massive changes in organizational structure and traditional roles of personnel and financing are certain.

We are seeing evidence of this in such changes, strategies, and predictions as:

- **consolidations** — seeking economies of scale and reducing expenses;
- **role shifting** — changing the requirements for licensure, training, and utilization of health care professionals;
- **bed and/or facility closure** — responding to the marketplace;
- **increasingly pervasive managed care strategies** — controlling the cost of health care delivery by changing financial incentives;
- **widespread organizational redesign** — seeking effective and efficient organizations;
- **increasing government regulation** — trying to protect the federal budget and regulate quality;
- **changing practice patterns** — reacting to changing demands of patients, employer cost

initiatives, and advances in medical science.

It is essential that individuals responsible for access to these changing health care organizations be adept at:

- developing a clear picture of the changes in the industry with an emphasis on discerning the difference between market forces and the results of personal decisions;
- increasing the ability to see trends and make better decisions;
- becoming masters at process redesign, systems management, and change leadership;
- understanding the intrapersonal forces associated with change and exploring one's abilities to adapt;
- understanding the group forces associated with change and how organizational success is affected by organizational adaptation;
- recognizing individual responsibility and accountability as a requirement for both personal and organizational success.

Checklist changes

When planning for the redesign of processes, these will serve as a useful checklist for determining your role in the process as well as the readiness of the organization and staff for change:

❑ What is to be changed?
❑ Why is it to be changed?
❑ What will be different after the change?
❑ When and how fast should change occur?
❑ Will the change really work?
❑ Who is for the change?
❑ Who is against the change?
❑ What kind of support will you get?
❑ How will the change be announced?
❑ Will everyone understand the change?
❑ Is your timing for the change appropriate?
❑ Will the change be perceived as beneficial?
❑ How will you monitor the change?
❑ Will the final outcome be worth the effort?
❑ Is there another path you should take?

In managing the change itself, there are some principles that, when observed, produce fewer surprises and greater cooperation; when ignored, they practically guarantee vigorous resistance and increase the likelihood of failure:

❑ Change is inevitable; resistance is natural.
❑ Maximized involvement means minimized resistance.
❑ Don't create losers — they'll get even.
❑ Make sure the changes support the process redesign efforts and goals.
❑ Seek alignment among the purpose of your organization, the processes in your department, and the utilization of your staff.
❑ Promote engagement of your staff in adapting to the change and looking for improvement opportunities.
❑ Measure to improve.
❑ Be prepared for dysfunctional and dependent behaviors — strong, positive leadership is the antidote.
❑ Separate from the past with a symbolic "ending" to the old way. Celebrate the new way.
❑ Remember that change requires more and more intense communication and follow-up than you might expect.

Working successfully through change

The reality of the health care environment today is one of change, financial responsiveness, and the perception of conflicting forces such as quality vs. cost, productivity vs. worker satisfaction, patient demands vs. plan restrictions, and patient satisfaction vs. access system restraints.

Reactive changes to the continually changing environment will not do anything to lessen these conflicts. Instead, you must design an access system in your facility that is based on processes that will secure sponsorship and maximize revenue as well as seamlessly ingress, process, and care for patients.

Proactively seeking a process-driven, seamless access system and careful attention to the change principles to enhance staff acceptance and support will benefit patients, providers, and payers. This is the road we must travel!

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Patient education is large piece of DM puzzle

Integrated plan required to ensure success

Patient buy-in is one of the most important components of any disease management program. "Unless the patient buys into the management process and accepts their part of the responsibility, it won't work," says **Robert A. Browne**, MD, FACP, senior health outcomes research consultant at Eli Lilly in Indianapolis.

Therefore, the education must do more than provide information. It has to get the patient involved enough to be willing to change his or her behavior. Many programs are finding that the best way to accomplish this goal is to tailor the education to the specific needs of the patient and family. The Childhood Asthma Initiative, designed for children in the New York City homeless shelter system and launched in April 1998, begins the education process with information most crucial to the family at that moment.

"It is an innovative approach to management in that it doesn't start with a prescribed sequence of classes. We have a set of sessions, but we start where families are. We do this whether the sessions are with individuals or conducted in a group. Then we move through all the topics as the families need those topics," says **Diane McLean**, PhD, MPH, director of the Childhood Asthma Initiative. The Initiative is a joint partnership of the Children's Health Fund, Montefiore Medical Center, and Schering-Plough Corp., all in New York City.

That means one family might begin with counseling on how to fit asthma into their lives, while another family might start with education on asthma symptoms.

The needs of the patient also drive the disease management program being piloted at the Center for Wellness and Prevention at The Ohio State University Medical Center in Columbus. Before education begins, patients are given a confidential personal health information assessment. Using this information, a health advisor, similar to a case manager, works with a patient to set specific goals and determine a plan of education, says **Sandra Cornett**, RN, PhD, program manager for consumer health education at the Medical Center.

Depending on their needs, patients can be enrolled in a seven-week course on disease management; attend core group classes that focus on nutrition, behavior, and exercise; and receive disease-specific counseling as a group or as individuals.

While much of the curriculum already existed, the services were not integrated within the center. In the past, a case manager educated patients on an individual basis. While patients in the new program will receive individual counseling, they will often be taught in groups, making the system more efficient. Also, more of the teaching will be done by experts such as the exercise physiologist or dietitian.

Education only one component

Although patient education is an important element in any disease management program, other components always complement it. A disease management program must be designed to give patients resources, tools, and access to health care and services so they can manage the disease. It also must coordinate care across the sites of care delivery, says Browne.

The Childhood Asthma Initiative is a multilevel, multidisciplinary approach to asthma management that integrates four types of services, says McLean. In addition to education, it has a clinical component, a psychosocial services component, and an environmental component.

The clinical component provides assessment, diagnosis, and treatment based on specific guidelines. Full primary care services are provided to shelter children by a mobile medical unit. Computerized medical records are used to keep track of the child, even when he or she moves to a different shelter. When the child leaves the shelter system, he or she is given a pediatric referral to Montefiore Medical Center. Families can receive medical advice from a health care professional 24 hours a day by calling an 800 number.

The psychosocial service component includes referrals for counseling and social services, as well as stress reduction and management. This component is integrated with education because families cannot learn about asthma when other issues take precedence, says McLean.

The environmental component involves smoking cessation and harm reduction strategies as well as dust mite, roach, and rodent control.

Although the program's effectiveness is still under study, McLean says good disease management cannot be accomplished with just one

component; it must be approached in a multidisciplinary way.

The disease management program at the University of Texas MD Anderson Cancer Center in Houston was designed to organize and oversee the treatment of patients throughout the course of their illness. The components include clinical practice guidelines, a care pathway that has a large patient education section, and a patient pathway. Each component is designed for a particular cancer.

When a patient is enrolled on a pathway, a computer generates the entire package, which includes the pathway, the patient education materials, outcomes material the multidisciplinary staff chart on, and preprinted physician orders that the physician can modify if necessary.

All these components increase quality by decreasing diversity in practice, says **Loretta Murphy**, RN, BSN, MBA, OCN, associate administrator, practice outcomes program at MD Anderson. However, there must be a way to measure the effectiveness of each program to make sure quality of care is improving, she says.

A database is kept on pathway data to compare patients on length of stay, clinical outcomes, and cost. Action plans are created when improvements are necessary.

MD Anderson patients currently are placed on a care path within disease practice guidelines in the ambulatory setting, and it follows them into the inpatient setting. The next phase will be to extend the continuum and determine how the plan of care, pathway, and protocol integrate with the agency receiving the patient at the next stage of care, such as a subacute agency or hospice, says Murphy.

A good disease management program involves integration of care across the spectrum, from prevention to taking care of the very sick, says Brown. It also involves all parts of the health system. While many institutions are working toward this goal, few have achieved it, he says.

One reason is that it is difficult to coordinate care across sites. "We have delivered care in boxes. We have a physician office box, a hospital box, an emergency department box, and we haven't coordinated them very well," says Brown.

Physicians and other disciplines must buy into the program, says Murphy. At MD Anderson, physicians are not required to enroll patients in the disease management program. Yet, as data on program effectiveness are collected, more and more physicians are coming on board. In August 1996, the cancer center was enrolling 80 patients a month on pathways. By August 1998, the number had increased to 500 patients each month.

Another barrier is reimbursement, especially for education. The program at the Ohio State Medical Center is designed to last 12 months, but not all insurance companies will cover the cost. For example, many companies will cover a 12-week diabetes program, but not one that lasts a year. "It's difficult to do behavior change in such a short period of time," says Cornett. ■

Patients visit community without leaving hospital

On-site merchants provide real-life experiences

Rehab patients at Genesys Regional Medical Center no longer have to brave rain, ice, or snow to practice their activities of daily living in the community. Without leaving the medical center, patients can make daily visits to the pharmacy, gift shop, bank, beauty shop, or restaurants located in the Grand Blanc, MI, medical center's Health Park facility, which opened in February 1997.

Soon they'll be able to practice getting in and out of a car, walking up stairs, manipulating a wheelchair ramp, and opening the screen door and front door to a house — all within a few minutes of their rooms.

It's all part of the Genesys Therapeutic Rehabilitation Approach to Independent Living program (T.R.A.I.L.), which incorporates real-life experiences into patients' daily activities whenever possible.

Instead of trying to create a simulated community environment where patients could practice shopping, banking, or driving a car, **Daniel Swank**, MPA / CRRN, director of rehabilitation, says the staff decided patients could benefit from the real thing, using space and businesses in the new facility.

"We have tried to capture as many real-life experiences as possible right here on the campus," Swank says.

The T.R.A.I.L. system was developed by a multidisciplinary committee that included representatives from case management, social work, and physical, occupational, recreation, and speech therapy.

"We started by looking at what we have available here and how we can use it to create ways that we can help patients prepare for life after discharge," says **Eileen Gibbs**, RN, BSN, MA, case manager and chair of the T.R.A.I.L. committee.

T.R.A.I.L. makes use of physician offices, a gift shop, a pharmacy, a bank, a medical equipment store, and three restaurants on the main floor of the facility. Construction crews are building the facade of a house on the rehab unit ground floor. The house will have a front porch with a side ramp on one side and steps on the other. Patients will be able to practice going into the house by opening the screen door and the entry door. A series of raised planters surrounding the porch will be used for recreational therapy.

General Motors Corp. donated a 1996 Cadillac Seville for the hospital to use in its simulated environment. The engine has been removed and the front end removed up to the fire wall. Swank worked with the fire marshal to meet regulations for bringing the donated car into the building. "We give patients as many opportunities as possible to try their skills and to feel better about what they can accomplish in the real world," Gibbs says.

Before rehab services moved into the new facility, the rehab staff took patients on community outings and tried to simulate community-type activities in the hospital. "Community outings take a lot of planning and involve a lot of staff time. With shorter lengths of stay, often patients were able to go into the community only once during their stay. Now we can work on it on a daily basis," Swank says.

Having community activities available on campus is easier on the patients, who often get tired when they go on outings, Gibbs adds. Using the real-life environment of a shop or a bank works better to help patients make the adjustment to their communities than setting up a simulated environment, Swank says.

"One of the problems we've encountered is that we train patients here in a simulated environment, but it's stressful for them when they go home and have to stand in line and make decisions," he says.

Now patients can go to the automated teller machine (ATM) at the bank, withdraw a small amount of money from a special account, and go to a restaurant.

"There are so many factors involved in the real community as opposed to practicing on a pretend basis on a mock-up of an activity," Gibbs says. For instance, when brain-injured patients use the ATM or cash a check, staff can observe if they can calculate how much money they'll need, if they can write the check, if they can manipulate the ATM or manage at the teller, and how they manage their money.

Patients also experience "real-life" situations such as having a stranger waiting in line behind them, something they can't experience in a mock-up, she adds. Trips to the bank, store, restaurants, and beauty shop are scheduled as part of patient therapy as well. How often a patient participates and in which activity depend on their goals and treatment plan.

Whenever possible, family members work with the patients and rehab team on the activities, Gibbs says.

Getting merchants involved

Swank has arranged with the merchants in the Healthpark facility to accommodate the patients. He's creating a campaign to let the public know the establishments are working with the hospital to provide rehab patients with real-life experiences. The rehab staff plan to hold informal training sessions for staff at the commercial establishments to teach them what to expect and how best to deal with people with disabilities, Gibbs explains.

When the donated car is set up in a room in the hospital, patients will be able to practice using the power windows and seats, opening the trunk and putting a wheelchair in, and getting in and out of the car on various surfaces, such as concrete and gravel.

"In Michigan, we have such severe winters that it becomes very difficult to practice outside. In the past, patients have been able to practice car transfers only a few times. Now we have the ability to work with the family and patient throughout the whole stay," he says.

Future plans call for setting up part of the patient dining area as a restaurant. Currently, there's a cafeteria and patient dining room with tables and chairs. Swank would like to install booths with hanging lights so patients can practice maneuvering into the booths.

"The medical center was built to be patient-focused. What we were trying to do is to bring part of the world into it. It has worked out very well for rehab patients," he says.

[For more information on T.R.A.I.L., call Dan Swank at (810) 606-6511 or Eileen Gibbs at (810) 606-6544.] ■

Use creativity to design real-life experiences

Look at what you already have on campus

If you want to set up real-life experiences for your rehab patients, look at what's already available on your campus and use your creativity, advises **Eileen Gibbs**, RN, BSN, MA. A case manager, Gibbs chaired a committee at Genesys Regional Medical Center that designed the hospital's Therapeutic Rehabilitation Approach to Independent Living.

Most hospitals have a credit union, some sort of restaurant, and a gift shop. "It might not be all together, but it could be used," Gibbs says.

Here are some components of the program:

ATM/bank: This component makes use of the hospital's credit union. Patients may write a check or make an automated teller machine (ATM) withdrawal from a special account funded by the rehabilitation department. The patient then uses the money to purchase a meal at one of the food service shops or items at the gift shop, pharmacy, or medical equipment shop. Patients:

- ❏ practice money management;
- ❏ physically and cognitively manage the functions of the machine;
- ❏ propel a wheelchair or ambulate to the ATM;
- ❏ interact directly with the teller using effective communication skills.

Food shops: A coffee shop, sandwich shop, and restaurant are in the hospital atrium. Patients:

- ❏ practice making appropriate dietary choices;
- ❏ communicate appropriately and effectively;
- ❏ practice money management physically and cognitively;
- ❏ receive and transport food;
- ❏ ambulate or wheel themselves in the region;
- ❏ transfer on / off dining room chairs;
- ❏ demonstrate safe swallowing strategies.

Gift shop, medical shop, and pharmacy: These are businesses in the atrium. Patients:

- ❏ practice money management;
- ❏ practice decision-making skills, such as what items to purchase;
- ❏ interact with cashier and other customers;
- ❏ transport items to be purchased;
- ❏ move through the environment.

Information booth: As part of therapy, patients are asked to visit the hospital information booth, ask directions, and locate a place. Patients:

- ❏ interact appropriately and effectively with staff to inquire about the location of a doctor's office or other location;
- ❏ ambulate or propel themselves through the environment to reach a location;
- ❏ use maps of the facility to find a location, such as a doctor's officer or rehab unit.

Lounge: Located at one end of a long patient dining hall, the lounge area contains a television, books, and magazines. Patients are encouraged to visit the lounge for socialization when they are not undergoing treatment. On weekends, the staff show movies in the lounge and serve popcorn. Plans call for setting up a patient library with a card catalog or other cataloging system and adding a sewing center. Patients:

- ❏ search for books or audiovisual materials using card catalog or other system;
- ❏ reach for books;
- ❏ manipulate a VCR or tape player;
- ❏ practice sewing clothing in a supervised setting;
- ❏ clean the aquarium and feed the fish;
- ❏ water and tend to indoor plants.

Car activities: These will be conducted inside,

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using the donated car. Patients:

- ❏ transfer in and out of car from various surfaces;
- ❏ manipulate a curb step;
- ❏ use a parking meter;
- ❏ practice pumping gas.

Home entrance: This is a simulated home with front porch, steps, and wheelchair ramp, built on the hospital grounds. Patients:

- ❏ ambulate / propel a wheelchair up / down ramp;
- ❏ ambulate or bump up / down stairs;
- ❏ manipulate doors while on the porch;
- ❏ get mail out of the mailbox;
- ❏ sweep the porch;
- ❏ ambulate on different indoor surfaces.

Transitional living apartment: Before discharge, those patients identified by the team who would benefit spend at least 24 hours in the apartment to test their ability to function on their own and to prepare them for discharge. The apartment is equipped with call buttons and other equipment so staff are alerted if patients need help.

Outdoor activities: Genesys Regional Medical Center is located on 480 acres surrounded by woods, ponds, and wildlife. The property includes trails open to the community at large. ■