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INSIDE

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Will your computers and software work in the year 2000?

Act now to make sure you can still track outcomes, schedule staff

If your facility hasn't started a year 2000 (Y2K) review of all its computer hardware and software applications, start immediately. Otherwise, you may find yourself in a disastrous situation when the year 2000 rolls around. You should take the millennium bug problem very seriously. If you don't, you may not be able to bill, schedule your patients, pay your staff, collect outcomes data, or do any of the tasks that involve using a computer.

"No one should believe that they are immune from dealing with Y2K issues or that they can wait until halfway through 1999 and do a quick fix," asserts **Malcolm Morrison**, PhD, president of Morrison Informatics, a Mechanicsburg, PA, health care information systems consulting firm.

The Y2K problem arose because computer hardware and software use a six-digit field for dates, with the "19" in the year being assumed. When the year 2000 rolls around, it is anticipated that the computers will read "00" as "1900." A less common but also potentially distressing problem may arise because some programmers have used a string of nines to indicate a variety of conditions, such as "infinity" or "delete

Get ready for Y2K

As the clock ticks toward the millennium, rehabilitation providers are advised to make sure their information systems and medical equipment will be in working order when the year 2000 rolls around. Computers and computer systems, medical devices, elevators, cars, ambulances, climate control systems — anything computer-operated or with a date-embedded microprocessor — may be affected. In this issue of *Rehab Continuum Report*, we tell you what you need to do to ensure your computer systems are up-to-date. Next month, we'll look at medical devices and other equipment that may be affected by the "millennium bug." ■

Executive Summary

Subject:
Getting your computers ready for the year 2000

Essential points:

- ❑ Providers should make sure all computers, computer equipment, and software comply.
- ❑ Most older computers and software programs will have to be replaced or fixed.
- ❑ Call in the experts to check and fix older equipment, networks, and servers.
- ❑ Consider upgrading your information technology system as you fix your Y2K products to prepare for electronic reimbursement.

Start checking computers for Y2K compliance

Don't assume anything when determining if your computer hardware and software will work in the year 2000, warns **Malcolm Morrison**, PhD. President of Morrison Informatics, a Mechanicsburg, PA, health care information management firm, he advises against taking shortcuts when ensuring the millennium bug won't hit your facility. Here are some tips for what to do:

• List every piece of hardware and software you use and check off what is compliant. Some identical products have chips from different manufacturers or are made at different times.

• Test to ensure corrections are in place and your computer system will function in 2000.

• Check every PC in the facility. Even if one is OK, there's no guarantee other PCs will be.

• Assume nothing. Always check. The chance of a code being changed in the interior of a computer is small, but if it doesn't work correctly, everything on that computer could be lost.

• Start putting pressure on your vendors to make sure their products or upgrades will comply. Some vendors haven't yet started testing.

• If you buy any kind of computer, computer equipment, or software from a vendor, ensure your contract specifies your purchase is Y2K compliant. Have your legal department spell out exactly what "compliant" means. ■

this record." Therefore, some computers may start having problems in September, specifically on 9/9/99.

That's why you're advised to start making changes now and not wait until the last minute.

"It is taking a significant risk if, by the end of June 1999, every aspect of Y2K has not been tested and presumably corrected. In the last six months, other problems may arise, and it's inadvisable to be in the position of correcting them on December 31," he adds. **(For steps you should take to find out if your computers and software are compliant, see box, below left.)**

Morrison advises his clients to look on the Y2K problem as an opportunity to review all their computer systems and products. Make sure they are on the cutting edge and will be able to deal with the amounts of information health care providers will need to generate in the future, he suggests.

"If you have to upgrade your system because of Y2K, it's probably worth it to develop a strategic plan for what your information system will need to do in the future," Morrison adds.

Many providers will have to upgrade their computer systems to handle the software necessary for the Medicare prospective payment system for inpatient rehabilitation providers, which is scheduled to go into effect Oct. 1, 2000.

In addition, Medicare and Medicare are going to require electronic data transmission for payments in the future. "In the future, virtually all reimbursement is going to be done electronically. Managed care will still accept pieces of paper today, but HCFA [Health Care Financing Administration] has stated its intentions to get away from paper entirely," Morrison says.

Accreditation organizations are moving toward electronic transmission of data. For example, through its ORYX initiative, the Joint Commission on Accreditation of Healthcare Organizations in Oakbrook Terrace, IL, has begun to move to electronic data transmission and reporting.

"You may be able to make your 486 computer Y2K compliant and continue to use it. But the fact

COMING IN FUTURE MONTHS

- ■ How to use videotapes for patient education
- ■ How compliance issues will affect your facility
- ■ Critical pathways through the post-acute continuum
- ■ Infection control protocol for rehab patients

is that applications are now being developed that require more power to run than that computer can provide," Morrison adds.

The Rehabilitation Institute of Chicago (RIC) began tackling the Y2K problem in February 1998, nearly two years before the problem is expected to occur. "We are looking at anything with a computer system or anything with a date-embedded microprocessor," says **Larry Klein**, an RIC information systems employee who is working on the facility's Y2K task force.

The RIC task force has been working since February to compile an inventory of all equipment that might have problems. The initial group is made up of information technology (IT) and business office staff. They are evaluating the equipment and contacting the vendors to get statements of compliance. "You can't just clear it with your vendor. You have to evaluate each individual piece of equipment," Klein says.

Examine 286, 386, and 486

Most IBM-compatible PCs with 286, 386, and 486 microprocessors will not operate in the year 2000. Information technology personnel may be able to correct the problem on computers with 486 processors, Morrison says.

Most Pentium-type computers are Y2K compliant, but you still should run a check on them, he advises. "There are noncompliant ones. This has occurred when the internal software has been changed for one reason or another, and that made them noncompliant. It's important to check under any circumstance."

There is software on the market that will check and correct Y2K problems on personal computers. Morrison recommends the compliance-checking software as a minimum measure for the Pentium-type computers.

For older PCs, the compliance-checking software might not solve the problem, Morrison warns. "This is not something an untrained person can determine. Just because a program says it can be corrected doesn't mean it will."

In those cases, and in the case of any computers that are on a network, you need to get your hospital's information technology experts involved. An IT specialist should thoroughly check any computers used as servers, or servers that are part of a network system. If you don't have IT experts on your staff, hire a consultant to check out your equipment, Morrison advises.

"If the servers aren't correct, nothing will be

Resources to help you cope with Y2K

Here are some sources of information about the year 2000 (Y2K) problem:

❑ **The American Hospital Association** (AHA), based in Chicago, has a compiled a manual, *Y2K: Mission Critical,* an executive briefing that gives details of the problem and steps that hospitals should take to comply.

The manual is available to AHA members by mail or through the "Members Only" section of the AHA World Wide Web site. The cost is $25, plus $6.95 for shipping and handling. Contact the American Hospital Association, One N. Franklin, Chicago, IL 60606. Telephone: (800) AHA-2626. Fax: (312) 422-4505. Web: http://www.aha.org/y2K.

❑ **Rx2000 Solutions Institute** is a nonprofit organization that acts as an information clearinghouse on issues relating to Y2K in the health care industry. The organization offers a variety of services to providers, primarily through its World Wide Web site.

For more information, contact: Rx2000 Solutions Institute, 4620 W. 77th St., Suite 245, Minneapolis, MN 55435. Telephone: (612) 835-4478. Fax: (612) 830-0931. Web: http://www rx2000.org.

Here are some Web sites that offer information on the Y2K problem:

❑ **http://www.it2000.com/.** National Bulletin Board for Year 2000. Includes problems, solutions, and an interactive bulletin board.

❑ **http://wwwoirm.nih.gov/y2000/.** The National Institute for Health's Year 2000 Working Group World Wide Web site.

❑ **http://www.is.ufl.edu/bawb015h.htm.** University of Florida Y2K Information Center.

❑ **http://www.fda.gov/cdrh/yr2000/year2000.htm.** FDA activities related to the year 2000 date problem and medical devices.

❑ **http://www.mbs-program.com/.** Year 2000 Information Network, sponsored by a group of software vendors.

❑ **http://mmue.com/year2000/hlthcare.html.** Metro Detroit Healthcare Y2K User Group with links to a variety of government, business, organization, and health care Web sites.

❑ **http://www.microsoft.com/technet/topics/year2k/product/product.htm.** The Microsoft Year 2000 Resource Center Product Guide with details concerning Microsoft products.

❑ **http://www.year200.com.** An information clearinghouse. ■

correct. You can replace all your PCs, but if a server isn't compliant, it won't solve your problem," he says.

A significant amount of clinical, financial, scheduling, and other software is not Y2K compliant. Most of the time, your software vendors will be able to tell you if your software is compliant, and most Windows-based software designed in the mid-1990s should be, he says. "But that's not guaranteed. All of them have to be evaluated." ■

Need More Information?

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Visual triggers promote continuity in care

Staff have patient information at a glance

Faced with the challenge of providing continuity of care around the clock, the rehabilitation department at Kernan Hospital in Baltimore came up with visual triggers at the bedside, on the wheelchair, and at the receptionist's desk so each staff member can know instantly what the patient needs.

The tools were developed as a way to enhance communication among all levels of employees on all shifts and to make sure that everything a staff member does helps reinforce the patient goals set by the team, says **Linda Hutchinson-Troyer**, MGA, CRTS, patient therapy manager of the brain injury unit.

"We take the approach that staff need to share and reinforce what patients are learning at all hours of the day and night, whether it's bowel and bladder training, the special diet they are on, or the splinting schedule. Everybody has to understand what each patient needs," she says.

Executive Summary

Subject:
Visual triggers enhance staff communication

Provider:
Kernan Hospital, Baltimore

Essential points:
- ❑ Tools give staff quick patient information.
- ❑ Goal is to reinforce patient goals around the clock.
- ❑ Bedside tool includes information on precautions, functionality.
- ❑ The color of wheelchair seat belts indicates patient status.

(For details on how Kernan uses the Nursing Kardex to communicate between shifts, see story, p. 166.)

When staff go into patient rooms, they automatically glance at the Quick Bedside Evaluation (QBE), a legal-size sheet of paper posted in the room that gives staff capsulized information about the patient. Included is information on swallowing, diet, cardiac precautions, fall prevention precautions, transfer status, orthopedic issues, activities of daily living status in terms of independence, and a section for "other" which includes any information the team needs to share that isn't listed on the chart. **(See sample QBE, p. 165.)**

Anyone coming into the room has immediate information about the patient without having to track down the nurse. For instance, if a patient care associate (PCA) answers a call bell light and the patient has to go to the bathroom, the PCA can glance at the QBE and know immediately how to transfer the patient.

Recently, Hutchinson-Troyer happened on a situation in which a family member brought in pizza for a patient and offered a slice to the patient's roommate. The roommate was on a restricted diet and couldn't eat pizza. The family member wasn't aware of the diet restriction. Hutchinson-Troyer glanced at the QBE and explained why the roommate couldn't eat it.

The QBE is useful when staff such as the PCAs flex between units. Even when they enter the rooms of patients they've never seen before, PCAs know by glancing at the charts what the patients can and can't do.

When appropriate, the brain injury unit uses sitters for patients who are highly agitated and not easily directed. If the sitters are agency staff and unfamiliar with the patients, the QBE gives instant information at bedside. "The sitters

(Continued on page 166)

KERNAN HOSPITAL
BALTIMORE, MARYLAND

QBE

NAME	DATE
FALL PREVENTION LEVEL	
CARDIAC PRECAUTIONS	
DIET PRECAUTIONS	
TRANSFERS: W/C ↔ BED: W/C ↔ TOILET: W/C ↔ SHOWER:	
W/C PROPULSION	
AMBULATION	
ADLS	
OTHER	

Need More Information?

Linda Hutchinson-Troyer, Kernan Hospital, 2200 Kernan Drive, Baltimore, MD 21207. Telephone: (410) 448-2500. Fax: (410) 448-6253. E-mail: LHTroyer@Kernan.ummc.ab.umd.edu.

receive orientation, but this is more information posted right in the room," she says.

The staff update any changes as they occur and review the QBE every week. The therapy staff also use the QBE as a quality improvement monitor by tracking the accuracy and completeness of the tool. This tracking is done on a weekly basis.

The QBE contains only the patient's first name and last initial to retain confidentiality.

"The fact that we use only the first name and post the QBE in the room, not in the hallway in public view, addresses the issue of maintaining confidentiality," Hutchinson-Troyer says.

Color-coded belts

Another visual cue to communicate patient status among staff are color-coded wheelchair seat belts to communicate patient status. A red seat belt means, "Stop. Don't let this patient beyond your grasp." A yellow seat belt denotes a patient can be supervised from a greater distance. A green seat belt indicates an independent patient who needs a staff on hand because of impulsiveness.

"The color-coded seat belts are a small precaution, but they are effective in letting staff know the patient status," she explains.The intershift communication tools were made as part of the merger between Montebello Hospital and Kernan Hospital into a new organization. Both hospitals had been part of the University of Maryland Medical System but were located across town from each other.

An interdisciplinary transition team of staff from both hospitals wanted to make sure there were easy written and visual communication triggers so every staff member knows what each patient needs. "When we merged the staff of the two hospitals, we looked at it as a time to sort things out. We didn't necessarily want to adopt procedures from one side of town to another, but to use those we identified as most appropriate to what is going on in the health care environment," Hutchinson-Troyer says. ■

Nursing Kardex form used by all disciplines

Form gives staff information at a glance

When therapists at Kernan Hospital in Baltimore determine a patient's functional level has changed, they note the change on a Nursing Kardex form to alert the rest of the staff. If a family member visiting in the evening has concerns about the patient's discharge plan, the evening nurse writes the question in the Nursing Kardex to alert the day therapy team.

The treatment team on each unit uses it to identify patient issues that occur on each shift. Developed by an interdisciplinary team, the form has information on patient diet, lab and diagnostic studies that have been ordered, protection issues such as special mattresses, skin and wound care, procedures and treatment, isolation precautions, if any, patient and family teaching needs, and miscellaneous orders. It's in a flip chart format; each patient has one page, and pages are kept together.

"Instead of using the Kardex as only a nursing tool, we have changed it over time so it's a communications tool for all disciplines on all shifts," says **Linda Hutchinson-Troyer**, MGA, CRTS, patient therapy manager of the brain injury unit.

At the start of each shift, staff have a reporting meeting in which changes in status or teaching approach are noted for each patient. For example, if the occupational therapist has identified a change in splinting procedure, he or she changes the splinting schedule on the Kardex; the therapist also changes the schedule on the Quick Bedside Evaluation form at bedside. The change is noted at shift report, which is a way of notifying every person on every shift of the new procedures.

Executive Summary

Subject:
Nursing Kardex to communicate between shifts

Provider:
Kernan Hospital, Baltimore

Essential points:
- ❑ All disciplines use Kardex to note changes in patient status, orders, precautions, special needs.
- ❑ Tool was created by an interdisciplinary team.
- ❑ Goal: to inform all shifts of patient status.

The night and evening shifts also use the Kardex to report to the day staff. For instance, a family member visiting in the evening may have a question or a problem with family training initiated by therapy. The evening staff note it on the Kardex so it's passed on to the day staff and shared with the therapy staff. ■

Therapy programs for women bring new referrals

Physical therapy for women has become so popular that a fourth to a third of all new referrals to Progressive Steps Rehab clinics in northeast Florida are for the women's program. Comprehensive Women's Therapy Services, which started about five years ago, includes a program to teach pregnant women how to avoid and ease back pain, an incontinence and pelvic pain program, physical therapy after breast cancer surgery, and treatment for fibromyalgia and osteoporosis.

Many women who had sought help for some of these problems were brushed off by their physicians and not given the option of seeking effective care, says **Cynthia Neville**, PT, director of women's health for Progressive Steps Rehab's northeast Florida division, based in Jacksonville. Progressive Steps, an outpatient therapy provider based in Milwaukee, offers women health's services at five of its seven clinics in northeast Florida.

Physicians and patients alike have told Neville how much they like the program, which offers women alternatives to surgery and other medical interventions. After five years of marketing the program, she has seen a huge increase in referrals as well as an increased willingness among insurers to pay for services. **(See related story, p. 169.)** An average of 70% of its services are reimbursed by third-party payers. "We were concerned that we would not be reimbursed because they aren't standard diagnosis categories, but we are getting good reimbursement," Neville says.

Insurers increasingly are willing to pay for physical therapy for women's problems because often they can help prevent surgery or costly medical interventions, she says. "We are seeing a continuing trend toward conservative treatment of these problems." For example, pregnant women can become disabled from back pain and have to stop working. Pregnant women with back pain are likely to have it postpartum and may need surgery to relieve it. Tackling the problem during the early months of pregnancy and teaching women how to avoid back pain can pay huge dividends in the future, Neville says.

Incontinence is another problem that may require surgery to correct pelvic floor muscles weakened during pregnancy and vaginal delivery. Progressive Steps' incontinence and pelvic pain program can relieve the problems in as few as six visits, she adds. **(For details, see story, p. 168.)**

When she began the women's program for Progressive Steps Rehab, Neville took several continuing education programs for physical therapists interested in women's health treatments. She now conducts in-house educational programs.

She suggests other physical therapists interested in treating women's problems contact the American Physical Therapy Association's (APTA) section on women's health, which offers information and continuing education course for members of APTA. **(See box, below.)** ■

Executive Summary

Subject:
Therapy programs for women's problems

Provider:
Progressive Steps Rehab in Jacksonville, FL

Essential points:
- ❏ 25% to 30% of all new referrals for outpatient services are for women's therapy programs.
- ❏ Program includes back school for pregnant women, incontinence and pelvic pain treatment, therapy after breast cancer surgery, and treatment for fibromyalgia and osteoporosis.
- ❏ Program helps women avoid surgery or other medical interventions.
- ❏ 70% of all treatment visits are reimbursed by third-party payers.

Need More Information?

- **Cynthia Neville**, Progressive Steps Rehab, Northeast Florida, 1135 Beach Blvd., Jacksonville Beach, FL 32250. Telephone: (904) 241-4591. Fax (904) 249-6523.
- **The American Physical Therapy Association's Section on Women's Health,** 1111 N. Fairfax St., Alexandria, VA 22314. Fax: (703) 684-7343. Web: http://www:apta.org.

Rehab program targets incontinence, pelvic pain

Therapy strengthens pelvic floor muscles

Physical therapy can help women experiencing incontinence and pelvic pain avoid surgery or other medical interventions, says **Cynthia Neville**, PT, director of women's health for Progressive Steps Rehab's northeast Florida division, based in Jacksonville. Neville started the treatment program five years ago.

"Physical therapists are uniquely qualified to evaluate and treat these patients," she says. "Not only can we rehab the pelvic floor muscles, but we also can assess the muscular skeletal system, the spine, and abdominal and back muscles, which play a great role in pelvic pain."

When pelvic floor muscles become weak during pregnancy and vaginal childbirth, it can lead to incontinence and muscle pain in the abdomen, buttocks, thighs, and pelvic area, Neville says.

Anyone who has had a baby is at risk for incontinence. Progressive Steps has treated women as young as in their 20s, but the average age is 40 to 60.

In the past, she says, patients who complained have been told by their physicians, "What do you expect? You just had a baby."

At Progressive Steps, women are treated with electrical stimulation and biofeedback — to get the muscles functioning properly again — and behavioral therapy. For simple stress incontinence, patients usually come for a total of six visits, once a week. For more serious problems, such as overactive or unstable bladders, patients may require nine to 12 treatments.

Anyone who has had a baby is at risk for incontinence, Neville says. She's treated women as young as in their 20s, but the most common age of patients in the incontinency program is 40 to 60.

"The onset of menopause is associated with an increase incidence of incontinence because estrogen plays a significant role in maintaining bladder control," Neville says.

When patients are referred to the incontinence and pelvic pain program, a therapist asks them about their symptoms and performs a pelvic floor muscle examination to assess strength of the vaginal muscles.

Treatment typically involves a biofeedback assessment during which an electrode probe, similar in size and shape to a tampon, is inserted into the vagina. The electrode transforms the electric activities of pelvic muscles into signals that patient can watch on a computer screen, as they contract the muscles.

"As patients contract the pelvic floor muscles, they can watch the graph rise and see how strongly they are holding it and for how long," Neville says.

The images make exercising those muscles easier, she says. "These are internal muscles. You can't see them. You can't watch them, and after childbirth, you often can't feel them."

The treatment also is effective in treating bowel control problems and constipation.

Ultrasound and biofeedback used

For pelvic pain, therapists massage the pelvic floor with ultrasound to break up scar tissue and help the patients learn to strengthen the pelvic floor muscles using the biofeedback device.

For the behavioral portion of the incontinence program, patients are asked to keep a track of their intake of fluids and foods and to keep a voiding diary.

"Often their habits and their diets are influencing bladder control," Neville says.

For example, a woman who drinks a lot of coffee in the morning may have problems making it to the bathroom in time. The coffee may be irritating the bladder, and in combination with weak pelvic floor muscles, may cause urinary leakage, she says. ■

Executive Summary

Subject:
Physical therapy for incontinence, pelvic pain

Provider:
Progressive Steps Rehab in Jacksonville, FL

Essential points:
- ❑ Physical therapists help women strengthen the pelvic floor muscles.
- ❑ Biofeedback, ultrasound, and behavior modification are main components of the program.
- ❑ Six to 12 visits is the norm.

Education is key to referrals for therapy

Marketing targets include physicians, the public

Educating obstetricians and gynecologists about the benefits of physical therapy has become a mission for **Cynthia Neville**, PT, director of women's health for Progressive Steps Rehab's northeast Florida division, based in Jacksonville, FL.

Her interest in pursuing women's health issues began when she was treating orthopedic patients and noticed that a large number of women sought physical therapy for low back pain that was related to weak muscles following abdominal surgery.

"It bothered me that women weren't routinely referred for physical therapy after abdominal surgery," Neville explains. "After all, a patient who has knee surgery gets therapy for those muscles."

Her observation led her to seek further education on women's health in physical therapy and to start educating physicians about how therapy can help women with everything from back pain during pregnancy to incontinence and painful intercourse.

Start with OB/GYN visits

Neville began by visiting obstetricians and gynecologists. During the visits, she extolled the benefits of physical therapy. **(For some suggestions for getting in to see physicians, see box, above right.)**

"When I started calling on OB/GYNs about our women's programs, I found that most of them had no clue at all about how physical therapy can help women," Neville says. "Now, the doctors who refer patients are thrilled that they can offer these nonsurgical treatments for patients."

She continues to call on physicians in addition to writing them letters and sending them materials outlining the programs Progressive Steps Rehab offers. She's expanded her marketing efforts to include family practitioners and internal medicine specialists. She also has spoken at several physician conferences and has developed courses that give continuing medical education credits.

Because Florida allows self-referral for physical therapy, Neville markets directly to the consumers by participating in health fairs, speaking to community groups, appearing on local-access cable television channels, and advertising in the newspaper. ■

5 tips for marketing your program to physicians

It's not always easy to get an appointment to make an marketing call on a busy physician, says **Cynthia Neville**, PT, director of women's health for Progressive Steps Rehab's northeast Florida division, based in Jacksonville, FL.

Here are some techniques that Neville has used to get a chance to convince physicians of the benefits of her program, which uses physical therapy to treat everything from back pain during pregnancy to incontinence:

1. Try stopping by the office (making cold calls) just in case the physician has a free moment.

2. Call the physician on the phone and give a brief synopsis of the program, then call back and try to make a face-to-face appointment.

3. Be flexible. Set the appointment at whatever time is convenient for the physician.

4. Offer to bring lunch or breakfast to the physician in order to get your foot in the door.

5. Offer to treat one of the physician's staff members on a pro bono basis. It can help convince the physician of the benefits of your program. ■

Executive Summary

Subject:
Educating OB/GYNs about benefits of physical therapy for women

Provider:
Progressive Steps Rehab in Jacksonville, FL

Essential points:
- ❑ Most physicians don't know how physical therapy can help women's physical problems.
- ❑ Physicians who have referred patients are pleased with the results.
- ❑ The program also markets directly to consumers.

Creative staffing ensures continuity of patient care

Aim is around-the-clock reinforcement of goals

When two rehab nursing aides decided to become therapy aides at Lourdes Regional Rehab Center in Camden, NJ, the supervisory staff realized there was a gap between nursing and therapy orientation and practice.

They found that instead of helping the patients learn to do for themselves, as is the case in therapy, the former nursing aides were working with patients from a nursing perspective in which they had to do everything quickly.

"There is a gap between what our nursing assistants learn and do in the nursing environment, where they need to do things quickly, and on the therapy floor, where they assist the therapists with two patients an hour," reports **Tammy Feuer**, MA, CCC, administrator of rehabilitation and post-acute services.

On the nursing floor, for instance, when all patients are getting up and dressed at the same time, speed may become an issue that takes priority over therapeutic goals. So, instead of helping patients ambulate or dress themselves with assistance, the aides tend to do it for them.

That's why the hospital administration has looked at ways to make sure that the therapy goals are reinforced by all staff, even on weekends and evenings. "As patients become more medically acute, nurses become so involved in medical care that they don't have time for rehab nursing techniques. We are trying to find efficient ways to carry out mobility and activities of daily living goals on the nursing unit," Feuer says.

The hospital has therapy aides who assist on the therapy floor weekdays and nursing aides who assist on the nursing floor around the clock, seven days a week. Physical therapy and occupational therapy students from local schools work as therapy aides on weekends.

The hospital originally set out to cross-train aides to work as both therapy aides and nursing aides. "We want our people to be flexible so they can go to the area of greatest need, but more than flexibility, [that need] is to achieve carry-over of therapy goals on the nursing unit," Feuer says.

However, they ran into some resistance when therapy aides balked at working on weekends and saw nursing assistants as doing more toileting than ambulating. "We backed off for a while. It's still a good concept, and we still are looking at how to carry it out," she adds.

Here are a few ways the hospital is working to increase communication between shifts:

• **Changes in shift times.** In the past, the therapy aides worked 8 a.m. to 4 p.m., and the nursing aides changed shifts at 7 a.m., 3 p.m., and 11 p.m.

The nursing aide shifts were changed to 8 a.m. to 4 p.m., 4 p.m. to midnight, and midnight to 8 a.m. The move will make it easier to rotate aides between therapy and nursing during weekdays. In addition, it will help with the nursing shift changes because the aides remain on shift during the nursing report and are available for answering lights and attending to patient needs.

• **Evening rehab nursing tech.** A staff member who has worked both as a nurse's aide and a therapy aide now works from 4:30 p.m. until 9:30 p.m. Monday through Saturday.

She's not counted in the nursing care numbers, but she is an additional employee whose primary function is to carry out therapy goals. For example, she works with activities of daily living during dinner, helps patients with adaptive devices in the shower, and helps them work on their undressing techniques at bed time.

"Her primary focus is to work with the occupational therapy and physical therapy plan of care," Feuer says.

Sunday nights are more family-oriented, and patients don't shower, so there isn't the need for the extra help with showers and other activities of daily living, she says. The evening rehab tech is training the nursing aides to help the patients meet their therapy goals.

• **Extra staff during crunch times.** The rehab tech is on hand for dinner, showers, and undressing Monday through Saturday. The day shift nursing aides arrive an extra half-hour before the

Executive Summary

Subject:
Increased communication between shifts

Provider:
Lourdes Regional Rehab Center, Camden, NJ

Essential points:
- ❑ Nursing aides are trained to help with therapeutic goals.
- ❑ Shift overlaps help ensure continuity of care.
- ❑ Therapists train nurses in transfer techniques.

night shift leaves, which gives double coverage for the morning crunch time.

At Lourdes, the regular staff work eight hours with a half-hour for meals and get paid for 7½ hours. The day aides work 8½ hours and are paid for eight.

"It's not a big increase in patient care hours, but it makes a big difference because we have extra hands when we need them," Feuer says.

• **One-on-one training in transferring patients.** When a patient who needs moderate or greater assistance is admitted to the nursing unit, a therapist trains a nurse and an aide on the day and evening shift on how to transfer the patient.

The goal is to have the nurses trained on transferring the patient within 24 hours of admission.

When nurses transfer patients, they strive to do it quickly. When therapists transfer patients, they concentrate on making sure it is done accurately and with the functionality of the patients in mind.

The hospital has always had an orientation session in which the therapists demonstrated how to transfer each kind of patient. The new method makes it more meaningful because the nurses learn what is needed with each individual patient. "It's a patient they know and can ask questions. It really means something as opposed to the first days of orientation when they don't know the patients," Feuer says.

Nurses may use two or three staff for a difficult transfer, but the therapist may be able to do it alone. "It's possible that this training will help with efficiency, too," she adds.

The training also gives therapists a chance to observe what kinds of problems the nursing staff encounter when they transfer patients, and it allows therapists to solve problems on the patient floors.

Feuer says she hopes an added benefit will be a reduction in workers' compensation injuries because the nurses will learn firsthand how to transfer a patient safely. Traditionally, the nursing units have experienced far more back injuries than the therapy units, she says. ■

Need More Information?

Tammy Feuer, 1600 Haddon Ave., Camden, NJ 08103. Telephone: (609) 757-3699. Fax: (609) 968-2522.

REHABILITATION RESOURCES

Publications target spinal cord injury

An extensive collection of audiovisuals and publications on spinal cord injury is available from the Spain Rehabilitation Center at the University of Alabama in Birmingham.

The materials are produced and distributed by the Medical Rehabilitation Research and Training Center in Secondary Complications in Spinal Cord Injury at the University of Alabama in Birmingham. They are written for individuals with spinal cord injury, families, teachers, personal care assistants, and health care professionals. Subjects include accommodating students with disabilities, family adjustment to spinal cord injury, lists of organizations for individuals with

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spinal cord injury, nutrition, bowel management, bladder management, sexuality, and a review of research.

Some of the publications are available on the organization's World Wide Web site at http://www.spinalcord.uab.edu.

For more information, contact: University of Alabama in Birmingham-Spain Rehabilitation Center, Training Office, Room 506, 1717 Sixth Ave. S, Birmingham, AL 35233-7330. Telephone: (205) 934-3283. TDD: (205) 934-4642. Fax: (205) 934-2709. ▼

CARF monograph deals with ethical issues

CARF...The Rehabilitation Accreditation Commission, with headquarters in Tucson, AZ, has developed a 130-page monograph, *The Persons Served: Ethical Perspectives on CARF's Accreditation Standards and Guidelines*, tailored for medical rehabilitation providers.

The monograph was edited by **John D. Banja**, PhD, coordinator of clinical ethics education at Emory University Medical Center and professor in the department of rehabilitation at Emory University School of Medicine.

Develop policies, resolve problems

Written by 10 authorities in the field of medical ethics, the monograph was developed to assist providers in developing practical policies and mechanisms for resolution when ethical dilemmas occur in rehabilitation.

Each chapter is tied to CARF accreditation standards from a recent *Standards Manual and Interpretive Guidelines for Medical Rehabilitation*. Topics include records access and the records of persons served, admission criteria, benefits, dignity, patient satisfaction, individual rights and the disability rights movement, guardianships and conservators, and confidentiality.

The monograph (item 5140.24) costs $60 plus $7 shipping and handling. To order, contact CARF, 4891 E. Grant Road, Tucson, AZ 85712. Fax: (520) 318-1129. Telephone orders are not accepted, but for questions about ordering, call (520) 325-1044. For more details, see the CARF World Wide Web site: http://www.CARF.org. ▼

Book educates children about disabilities

A book that educates children about other children with physical limitations has been written by **Jamee Heelan**, OTR, coordinator of the children's amputee program at the Rehabilitation Institute of Chicago (RIC).

The Making of My Special Hand tells the story of a girl born without a left hand who was fitted with a battery-powered "helper" hand at the RIC. The book is designed to demystify disability for all children.

Heelan's second book, the story of a child in a wheelchair, is slated for publication by the end of the year. The first book, which costs $14.95 plus $3 for shipping and handling, can be ordered from the Education and Training Department, Rehabilitation Institute of Chicago, 345 E. Superior St., Room 1641, Chicago, IL 60611. Telephone (312) 908-2859. ■