

The Clinicians' Guide to Purposeful Rounding

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Session Objectives

- Identify ways to improve patient outcomes
- Gain an understanding of ways to identify and manage behaviors
- Identify ways to improve interdisciplinary communication

Facility Set-up/Layout of Unit

- Joint Venture Partnership
 - Geisinger Medical Center
 - Encompass Health
- 42 Bed Rehabilitation Hospital opened in 1997
 - 10 bed brain injury unit which can be locked

2017 Patient Population

- Program discharges: 125
- Average LOS: 12.6 (nat. adj. 15.2)
- LOS efficiency: 3.47 (nat. adj. 2.81)
- FIM change: 36.5 (nat. adj. 33.9)
- CMI: 1.41 (nat. adj. 1.33)
- Discharge to Community: 98/125 78.4% (nat. adj. 72.8%)
- Age: average 60.2 years old
 - 0-44 22 17.6%
 - 45-64 46 36.8%
 - 65-74 25 20.0%
 - 75-140 32 25.6%
- Gender:
 - Male 62 49.6%
 - Female 63 50.4%
- Case Mix:
 - TBI 79 63.2%
 - NTBI 46 36.8%

2018 Patient Population

- Program discharges: 109
- Average LOS: 11.7 (nat. adj. 14.2)
- LOS efficiency: 3.65 (nat. adj. 2.89)
- FIM change: 36.5 (nat. adj. 33.2)
- CMI: 1.28 (nat. adj. 1.33)
- Discharge to Community: 84/109 77.1% (nat. adj. 75.3%)
- Age: average 61.6 years old
 - 0-44 13 11.9%
 - 45-64 46 42.2%
 - 65-74 25 22.9%
 - 75-140 25 22.9%
- Gender:
 - Male 58 53.2%
 - Female 51 46.8%
- Case Mix:
 - TBI 46 42.2%
 - NTBI 63 57.8%

Purposeful Brain Injury and Behavioral Rounding

Brain Injury Rounds

- At least twice a week on all of patients within our brain injury program
- Everyone on the patients interdisciplinary team is involved
- Occurs throughout the patients entire stay (admission to discharge)
- Areas discussed
- Documentation/charting

BI Rounds

Name: _____ Rm. _____ CM. _____

Issues/Concerns: _____

Behaviors: _____

Overnight Events: _____

Medication Changes: _____

Happy Feet Program: _____

Continence: _____

Other: _____

ELOS: _____

Depression Screening _____

Education Recommended: _____

Training Recommended: _____

Family Conference: _____

Community Outing or Reason Declined: _____

ADL Overnight Stay: _____

Meal Prep in ADL Room: _____

Home Eval: _____

Patient/Caregiver Goal: _____

Status/Progress Towards Goal: _____

Staff Present: (circle) MD Rehab Psych CM PT OT SLP NSG RT

Behavioral/1:1 Rounds

- Encompasses anyone that demonstrates behaviors or that require a staff member to be with them during all or parts of their day
- Completed on a daily basis
- Everyone on the patients interdisciplinary team is involved
- Areas discussed
- Documentation/charting

DATE	TIME	1:1 ROUND PROGRESS NOTE
		RECOMMENDATIONS:
		<input type="checkbox"/> New treatment plan
		<input type="checkbox"/> Continue with current plan
		<input type="checkbox"/> Changes to current plan
		TREATMENT PLAN INCLUSIONS:
		<input type="checkbox"/> 24° 1:1 2° _____
		<input type="checkbox"/> 1:1 from _____ to _____
		<input type="checkbox"/> Stop 1:1 with q _____ ° checks
		<input type="checkbox"/> Bed/chair alarms
		<input type="checkbox"/> Medication changes
		<input type="checkbox"/> Low bed with mats
		<input type="checkbox"/> Stay with me
		<input type="checkbox"/> Restraints (MD orders)
		<input type="checkbox"/> Elopement risk (badge system)
		<input type="checkbox"/> Seat belt (self releasing) with alarm
		<input type="checkbox"/> Consult Rehab Psych (MD orders)
		<input type="checkbox"/> Room modifications: _____
		<input type="checkbox"/> Other: _____
SIGNATURES: PT: _____ OT: _____ SP: _____ Nursing: _____ Case Manager: _____ Physician: _____ Other: _____		

NOTE: ALL ENTRIES MUST BE SIGNED, DATED AND TIMED.

Benefits of Purposeful Rounding

- Helps to identify barriers to discharge and discuss ways to fix them
- Helps to keep communication among all disciplines up-to-date
- Keeps the staff focused on their specific goals of the patient to ensure a safe and successful discharge
- Efficient way to manage the Length of Stay and maximize their level of Independence

Case Study #1

Case History RH

- 57 year old male found unresponsive; suspected that patient fell
- GCS 13 on admission
- Lifeflighted to level 1 trauma hospital
- Injury Complex:
 - Bifrontal hemorrhagic contusion
 - SDH along falx
 - R temporal SDH
 - R frontal convexity EDH vs SDH
 - Bilateral cerebral convexity SDHs
 - L frontal bone fracture extending to parietal suture
 - R skull base fracture
 - R temporal bone fracture
 - Scalp hematoma

Acute Care Hospital Course (10 days)

- Admitted to the ICU (5/3)
- Consults placed for trauma, neurosurgery, ophthalmology, ENT, therapy, psychology
- Repeat CT scan and monitor sodium levels
- Precedex drip for agitation
- Started antibiotics for + UTI
- Speech evaluation (5/7): cognitive evaluation indicated RLA VI and passed swallow evaluation with recommendations for NDD 2: dysphagia mechanically altered and thin liquid diet
- Developed fever: foley removed, Doppler completed to r/o DVT: continued to have fever even while on ABT for the UTI: central line removed: temperatures returned to normal
- Physical therapy (5/11): min A x2 for ambulation 200' – unsteady gait, postural sway
- Occupational therapy (5/11): supervision-min A

- Recommendation upon discharge from acute care: Acute rehabilitation facility
- Anticipated discharge destination: home with spouse and son

Status Upon Rehab Admission and Initial Evaluations

- Admitted to GEH rehab facility (5/12)
- Rancho Los Amigos: Level IV
- Min-mod A for self care/ADLs
- 6/28 Tinetti Balance and Gait Score
- Min-mod A for all transfers, gait, stairs, etc.
- Moderate-severe cognitive/communicative/executive function deficits
- Diet: regular and thin liquids
- Impulsive, agitation with hands on assist, refusing to do things, arguing and challenging staff and wife
- Patient/family goals: return home and increase safety

BI Rounding Information	5/15/18	5/17/18	5/22/18	5/24/18	5/29/18
Issues/Concerns	Impulsive, Bed/chair alarms, pain	Impulsive, Bed/chair alarms, pain	Impulsive, Bed/chair alarms	Impulsive, Bed/chair alarms	Impulsivity improving, Bed/chair alarms discontinued
Behaviors	Agitation with hands on assist	RLA IV, refusal, agitation, verbal agitation, arguing and challenging staff and wife	Mood and behavior improving	Mood and behavior improving	Mood and behavior improving
Overnight Events	None	Not sleeping	Not sleeping	Not sleeping	Not sleeping
Medication Changes	None	Added Seroquel	Added Melatonin, Tramadol, and Gabapentin	None	None
Happy Feet	Orange in hall RW	Orange in hall RW	Orange in hall RW	Orange in hall no device	Orange in hall No device
Continance	Continent	Continent	Continent	Continent	Continent
ELOS	Pending	06/14	06/14	05/31	05/31
Depression Screen	Ordered	Not yet completed d/t pt's difficulty understanding the questions Rehab psychology ordered	Completed 05/18 Seen by Rehab psychology on 05/17	n/a	n/a
Education Recommendations	Education on Brain Injury completed 5/15 with pt and spouse	No further education needed	n/a	n/a	n/a

BI Rounding Information	5/15/18	5/17/18	5/22/18	5/24/18	5/29/18
Hands-On Training Recommendations	Completed 5/14 with patient and spouse – mood/behavior management and use of adaptive equipment and safety	No additional concerns or training needed			
Family Conference	Offered	Offered	Offered	Offered	Offered
Community Outing	Not appropriate 2* impulsivity, agitation and pain	Not appropriate 2* impulsivity, agitation and pain	Being reconsidered; pending mood	Scheduled for 05/25 to OIP	Completed 05/25 – no concerns
ADL Overnight Stay	TBD closer to discharge	TBD closer to discharge	TBD closer to discharge	TBD closer to discharge	Not required
Meal Prep	Not appropriate d/t decreased safety awareness	Not appropriate d/t decreased safety awareness	Being reconsidered; pending status	Completed 05/24 at a spv level	Recommending SPV at discharge
Home Evaluation	Not at this time; 1 st floor set-up and no concerns	Not at this time; 1 st floor set-up and no concerns	Not at this time; 1 st floor set-up and no concerns	Not at this time; 1 st floor set-up and no concerns	Not at this time; 1 st floor set-up and no concerns
Progress Toward Goals	Safety is currently max A	Safety is currently max A	Safety is currently mod A	Safety is currently mod A	Safety is currently min-mod A

Status at Discharge from Inpatient Rehab

- Discharged home GEH rehab facility (5/31)
- Rancho Los Amigos: Level VII
- Supervision to Independent for all self care/ADLs
- 25/28 Tinetti Balance and Gait Score
- Supervision to Independent for all transfers, gait, stairs, etc.
- Mild higher level cognitive/executive function deficits

- Patient/family goals: return home and increase safety

- LOS = 20 days
- FIM Change = 47 (Admit 46, Discharge 93)
- LOS Efficiency = 2.35 (below national adjusted)
- CMI: 1.1

Case Study #2

Case History KH

- 40 year old male s/p ATV accident; un-helmeted and + LOC
- Combative at the scene once becoming alert and transferred to a level 1 trauma hospital
- GCS 14 upon arrival to hospital – confused and combative; fairly rapid neurologic decline to GCS 7 with dilated L pupil
- Injury Complex:
 - R frontoparietal SDH
 - L frontal SDH
 - L frontal cerebral contusion
 - 8mm midline shift
 - Scattered SAH
 - Diffuse brain edema with evidence of downward herniation
 - Occipital fracture extending to foramen magnum and R occipital condyle
 - Epidural bleed extending to C4
 - R 3rd/4th rib fractures
 - Skull fracture

Acute Care Hospital Course (12 days)

- Admitted to the ICU (6/24)
- Intubated in the ER
- Consults placed for neurosurgery, therapy, psychology
- 6/24: + for benZos in UA
- 6/26: self-extubated and became agitated – Seroquel and Haldol – intubated again and taken to OR for decompression
- 6/27: worsening edema and brain compression, developing hydrocephalus – taken emergently to the OR: L frontotemporoparietal decompressive crani with temporal lobectomy and partial frontal lobectomy – no bone flap to his skull on the L side
- 7/1: Occupational therapy: supervision-minimal assistance
- 7/1: Physical therapy: minimal assistance
- 7/2: Speech evaluation: cognitive evaluation indicated RLA: VI with mod-severe cognitive deficits and passed swallow evaluation for NDD2: dysphagia mechanically altered and thin liquids

- Recommendation upon discharge from acute care: Acute rehabilitation facility
- Anticipated discharge destination: home with mother

Status Upon Rehab Admission and Initial Evaluations

- Admitted to GEH rehab facility (7/5)
- Rancho Los Amigos: Level IV
- Supervision-min A for self care/ADLs
- Min-mod A for all transfers, gait, stairs, etc.
- Severe-profound cognitive/communicative/executive function deficits
- Diet: regular and thin liquids
- 1:1 supervision at time of admission to maintain safety – agitation, physically acting out removing helmet, removing Miami-J collar, impulsivity
- Patient/family goals: return home with family support

BI Rounding Information	7/10/18	7/12/18	7/17/18
Issues/Concerns	Impulsive, decreased safety awareness, forgetting to wear helmet, continue 1:1	Impulsive, decreased safety awareness, forgetting to wear helmet, continue 1:1	Impulsive, decreased safety awareness, forgetting to wear helmet, continue 1:1
Behaviors	Periods of agitation, items within reach were removed	Periods of agitation, items within reach were removed	Periods of agitation, items within reach were removed
Overnight Events	None	None	None
Medication Changes	None	Risperdal increased, Ativan started PRN	None
Happy Feet	Orange hallway no device	Orange hallway	Orange hallway
Continence	Continent	Continent	Continent
ELOS	7/31/18	7/31/18	7/31/18
Depression Screen	Completed 7/7, score 0	Psych following	n/a
Education Recommendations	Completed 7/9, BI book given at family conference	n/a	n/a

BI Rounding Information	7/10/18	7/12/18	7/17/18
Hands-On Training Recommendations	To be completed closer to discharge	To be completed closer to discharge	To be completed closer to discharge
Family Conference	Completed 7/9/18	none	Completed 7/9, will schedule a 2 nd meeting
Community Outing	Not appropriate due to agitation	Not appropriate due to agitation	Not appropriate due to agitation
ADL Overnight Stay	To be completed closer to discharge	To be completed closer to discharge	To be completed closer to discharge
Meal Prep	Not at this time	Not at this time	Not at this time
Home Evaluation	Not at this time	Not at this time	Not at this time

BI Rounding Information	7/19/18	7/24/18	7/26/18
Issues/Concerns	Impulsive, decreased safety awareness, forgetting to wear helmet, continue 1:1	Impulsive, decreased safety awareness, forgetting to wear helmet, continue 1:1 7am-11pm, Q15min checks 11pm-7am	Impulsive, decreased safety awareness, forgetting to wear helmet, continue 1:1 7am-11pm, Q15min checks 11pm-7am
Behaviors	Items within reach moved	Periods of agitation increased during visits with mother	Periods of agitation increased during visits with mother
Overnight Events	Agitated after call with mother at midnight	Periods of confusion continue, easily redirected	Pt. stating he wants to kill himself/ rehab psych to evaluate this afternoon, continue 1:1
Medication Changes	Keflex added for skin/soft tissue infection	None	none
Happy Feet	Orange hallway, no device	Orange hallway, no device	Orange hallway, no device
Continence	Continent	Continent	Continent
ELOS	7/31/18	7/31/18	7/27/18
Depression Screen	n/a	n/a	n/a
Education Recommendations	n/a	n/a	n/a

BI Rounding Information	7/19/18	7/24/18	7/26/18
Hands-On Training Recommendations	To be completed closer to discharge	Completed with grandmother, Aunt Cindy and son 7/23, rescheduled for mom 7/24	none
Family Conference	Completed 7/9 and 7/18	7/9, 7/18, 7/26	none
Community Outing	Not appropriate due to agitation	Not appropriate due to agitation	Not appropriate due to agitation/ mom will accompany patient to GMC on 7/24 for appt. 1:1 staff present
ADL Overnight Stay	To be completed closer to discharge	7/25 with mom	7/25 with mom refer to scanned 1:1 notes, ADL stay also offered to grandmother but declined due to adequate training
Meal Prep	Not at this time	Not at this time	Not at this time
Home Evaluation	Not at this time	Not at this time	Not at this time

Date	Time	Recommendations	Treatments	Misc.
7/6/18	1000	Continue with current plan	24hr 1:1 due to impulsivity, safety	
7/9/18	1500	Continue with current plan	24hr 1:1 due to impulsivity, safety	
7/10/18	1100	Changes to current plan	24hr 1:1, stay with me, remove throwable items	Ripped eraser holder off wall and threw across room. Swearing, says this is an awful place, looking for upstairs, kicking book around room, locked BI doors
7/11/18	1310	Changes to current plan	24hr 1:1, medication changes Seroquel added 7/10, consult rehab psych, privacy curtain removed, throwable items removed	
7/12/18	1100	Changes to current plan	24hr 1:1, medications changes Risperdal increased, Ativan added	
7/13/18	1300	Continue with current plan	24hr 1:1, stay with me	
7/16/18	1310	Continue with current Plan	24hr 1:1, stay with me	
7/17/18	1100	Changes to current plan	24hr 1:1, at the door	
7/18/18	1400	Continue with current plan	24hr 1:1, at the door	

Date	Time	Recommendations	Treatments	Misc.
7/19/18	1100	Continue with current plan	24hr 1:1, at the door	
7/22/18	1300	Changes to current plan	24hr 1:1, outside of the room	
7/23/18	1420	New Treatment Plan	1:1 7am-11pm, stop 1:1 with q15min checks 11pm-7am	
7/24/18	1125	Changes to current plan	1:1 7am-11pm, stop 1:1 with q15min checks 11pm-7am, bed alarms and stay with me	
7/25/18	1100	Changes to current plan	Same as above, ADL stay with mom	
7/26/18	1100	Continue with current plan	1:1 7am-11pm, stop 1:1 with q15min checks 11pm-7am, bed alarms and stay with me	

Status at Discharge from Inpatient Rehab

- Discharged home GEH rehab facility (7/27)
- Rancho Los Amigos: Level VI
- Supervision to modified independent for all self care/ADLs
- Supervision to modified independent for all transfers, gait, stairs, etc. secondary to safety
- Mild-moderate cognitive/communicative deficits and severe memory deficits

- Patient/family goals: return home with family support

- LOS = 22 days
- FIM Change = 55 (Admit 38, Discharge 93)
- LOS Efficiency = 2.5 (below national adjusted)
- CMI: 1.32

Summary

- When barriers are identified and addressed early it allows time to brain storm as a team to lessen the barrier/burden
- Purposeful rounding helps to keep communication among all disciplines up-to-date
- Purposeful rounding also keeps the patient/family specific goals in focus to ensure a safe and successful discharge

Questions???