**The Problem**

The inpatient physical therapy (PT) and occupational therapy (OT) departments are unable to deliver efficient, comprehensive and evidenced-based care across the medical center regardless of the provider’s experience level.

- Review of productivity and competencies of all staff demonstrated increased length of time to perform chart reviews and complete documentation.
- Chart audits revealed that there was inconsistency throughout the rehab department of use of specific tests and measures, prognostic indicators, as well as formatting of documentation.

Our project impacted both the inpatient PT and OT departments in patient population specific examination, documentation, clinical education and staff orientation. The IOM Dimensions of Quality Care we sought to improve were Effectiveness and Efficiency.

**Aim/Goal**

The goal was to increase efficiency in documentation time and consistency among the rehab staff. Our secondary objective was to increase the use of evidenced-based practice to improve the quality of examinations for specific patient populations.

**The Team**

- Deb Adduci, PT, Clinical Manager Inpatient PT/OT
- Laura Driscoll, PT, DPT, GCS
- Brian McDonnell, PT, DPT, GCS
- Katelyn Campbell, OTR/L
- Meghan Church, PT, DPT
- Erin Milton, PT, DPT, NCS
- Danielle Nugent, PT, DPT

**The Interventions**

- Gathered time study data for documentation and productivity and observed variety of individual macros written by therapists
- Committee formed to identify patient populations that could be served by customized macros to include outcome measures, prognostic information and specific exam procedures
- Macros written and reviewed by therapists with expertise in different patient populations
- Macros were rolled out to the staff for evaluations, progress notes and outcome measures
- Continue to meet regularly to make changes to all macros with feedback from staff

**The Results/Progress to Date**

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<tbody>
<tr>
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<td>Progress Note Macros</td>
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<td>Standardized Assessments</td>
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Quotes from inpatient rehab staff about new documentation macros:

- “It helps hold the department to a higher standard of evidence-based practice as well as documentation standards.”
- “I feel like it takes me half the time to document for patients s/p TKA or THA.”
- “When I started in the ICU, it was very helpful to have the macro to help organize my examination. I needed cues for all the different things I needed to document and assess.”
- “It is nice not to have to reinvent the wheel every time I work with a patient who is on a clinical pathway.”
- “When issuing a call bell, I get to complete a more streamlined evaluation allowing me to spend more time on patient care.”

**Lessons Learned**

As a committee, we learned that testing the macros prior to rolling out to the entire staff eased a lot of anxiety and prevented frustration when errors were found in the macros. Since the work was divided between committee members, we did not have consistent language and formatting with the first roll out of evaluation macros, which led to frustration among the staff.

**Next Steps/What Should Happen Next**

- Make further edits to current macros based on feedback from staff
- Make language in the macros consistent with ICF model of disability per new guidelines adopted by APTA
- Consistently update macros with new examination techniques and prognostic information
- Include a patient-specific standardized assessment with each evaluation macro
- Write macros for OT standardized assessments
- Write new macros for more patient populations (SCI, vestibular, antepartum)

For more information, contact:
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