

Posters

---

## THE SECRET SAUCE IS AN ENGAGED STAFF...HOW A REHABILITATION DEPARTMENT MET THE CHALLENGES OF COVID 19

Daniel Sawyer PT, DPT  
*Lehigh Valley Health Network, Daniel.Sawyer@lvhn.net*

Michael Pechulis DPT  
*Lehigh Valley Health Network, michael.pechulis@lvhn.org*

Ryan Vetter MS-OTR/L  
*Lehigh Valley Health Network, Ryan.Vetter@lvhn.org*

Elizabeth Wetzler,PT  
*Lehigh Valley Health Network*

Mary Loose PT  
*Lehigh Valley Health Network, Mary.Loose@lvhn.org*

*See next page for additional authors*

Follow this and additional works at: <https://scholarlyworks.lvhn.org/posters>



Part of the [Physical Therapy Commons](#), and the [Physiotherapy Commons](#)

---

### Published In/Presented At

Sawyer, D., Pechulis, M., Vetter, R., Wetzler, E., Loose, M., Nelson, M., Phillips, L.A., Skrzat, J. (2021, February). *The secret sauce is an engaged staff...how a rehabilitation department met the challenges of Covid 19*. Presented virtually at *American Physical Therapy Association Combined Sections Meeting*. San Antonio, Texas

This Poster is brought to you for free and open access by LVHN Scholarly Works. It has been accepted for inclusion in LVHN Scholarly Works by an authorized administrator. For more information, please contact [LibraryServices@lvhn.org](mailto:LibraryServices@lvhn.org).

---

## Authors

Daniel Sawyer PT, DPT; Michael Pechulis DPT; Ryan Vetter MS-OTR/L; Elizabeth Wetzler,PT; Mary Loose PT; Matthew Nelson PT, DPT, CEEAA; Lee Ann Phillips MS, OTR/L; and Julie M. Skrzat PT DPT PhD CCS





# THE SECRET SAUCE IS AN ENGAGED STAFF...HOW A REHABILITATION DEPARTMENT MET THE CHALLENGES OF COVID-19

*Daniel Sawyer, PT, DPT; Michael Pechulis, PT, DPT; Ryan Vetter, MS, OTR/L; Elizabeth Wetzler, PT; Mary Loose, PT; Matt Nelson, PT, DPT, CEEAA; Lee Ann Phillips, MS, OTR/L; Julie Skrzat, PT, DPT, PhD, CCS*  
 Location: Lehigh Valley Health Network, Allentown, PA

Leave Empty

This space will be automatically filled with a QR code and number for easy sharing

## Purpose

To describe how the reorganization of a rehabilitation department's internal operations and communications assisted in response to the unique challenges presented when the COVID-19 pandemic struck.

## Description

- COVID-19 upended normal operations at our tertiary hospital, with the virus threatening to overwhelm our healthcare system.
- The major challenges our rehabilitation department needed address included:
  - Effectively communicate hospital and departmental initiatives amongst the department's >100 employees.
  - Maximize staff safety.
  - Expedite discharge rates.
  - Prevent intensive care unit (ICU) admissions.

## Background: Setting

- Magnet Designated, University-affiliated tertiary care hospital
  - 729 adult beds
  - Level 1 Trauma Center including Regional Burn Center
  - Joint Commission Comprehensive Stroke Center
  - 44 Medical Surgical ICU Beds and an additional 52 adult ICU beds
  - Pre-COVID volume: 368 patients on caseload in November 2019
  - COVID volume: 185 patients on caseload in April 2020
  - Rehabilitation Service lines organized around patient population including: Pediatrics, Orthopedics, Cardiopulmonary, Trauma, Neurologic, Burn, Critical Care, General Medical Surgical
- Includes 2 additional sites
  - 1) Short Stay Special Surgical Hospital (closed during the pandemic)
  - 2) 195 adult bed, 12 Medical surgical ICU beds
    - Certified Level 2 Trauma Center
    - Primary Stroke Center
- Divisionally, there were 2 additional short stay surgical sites and a 129-bed acute hospital that are not included in this work

## Summary of Use

### Challenge:

#### 1. Communication

- 100+ employees across 3 sites
- Managers offsite to minimize hospital traffic or in meetings to plan response
- Employees not allowed to gather due to social distancing restrictions

### Action:

1. A departmental leadership committee, consisting of the rehabilitation director, site managers, and clinical leaders, was established.
2. Telephone calls occurred each weekday and during times of peak stress which covered topics such as COVID-19 hospital census, personal protective equipment updates, workflow changes, new program successes, challenges and areas for improvement, and staff morale.
3. Clinical team leaders relayed this information to staff through multiple mechanisms including secure text, email, and verbal communication.

#### 2. Safety and Staffing

- Minimize staff exposure to COVID-19
- Ensure consistent 7-day coverage
- Integrate available furlough outpatient rehabilitation employees

1. The rehabilitation director led a staff conference call recommending a split into two teams to reduce risk of viral exposure while allowing consistent, seven-day coverage.
2. Three days later, staff transitioned to this new schedule which lasted until the hospital resumed normal operations.

#### 3. Hospital Census

- Unprecedented ICU dependent proning, requiring a dedicated 24hr proning team
- ICU filled to capacity, which provided the challenge of preventing additional ICU admissions
- Availability of ward beds to allow ICU transfers despite restrictions on discharge to acute rehabilitation / skilled nursing facility

1. Furloughed outpatient rehabilitation staff oriented with the inpatient rehabilitation department and ultimately formed an ICU Proning Team for dependent positioning, which allowed ICU physical therapists to continue providing more skilled interventions.
2. Go "**GREEN**" was established. With this initiative, physical therapists were directed to expedite patient discharges to home using clinical judgement and AMPAC scores greater than 16. These patients were flagged on worklists to increase visibility.
3. A proning protocol for non-ICU patients was developed and implemented.
4. The program's success created resource competition, requiring the creation of an on-site staffing assistant for daily resource allocation and cross-team communication.

## Background: Department Structure

- Beginning in 2016, our management's focus was developing an engaged workforce.
  - **Created:** Shared governance committees to allow staff input into departmental decisions. The committees: operations, education, engagement, and orientation.
  - **Empowered:** Non-management, clinical team leaders guided decisions about best practice, and served as liaisons between management and staff.
  - **Developed:** Transparency through during daily huddles, weekly newsletters, and monthly meetings. Information shared included departmental metrics/summaries and implications of hospital and departmental status.
- This model was imperative to our department's success during their COVID-19 pandemic.

## Importance to Members

- Within 3 days, an interprofessional team developed and implemented a hospital wide protocol – including but not limited to nursing education on mobility techniques, clinical rounds, development of an electronic list containing patients with proning orders, documentation templates, patient educational materials demonstrating prone positioning – to optimize patient and staff safety.
- When staff leaders are empowered and collaborate with engaged and flexible colleagues anything is possible.
- Lessons learned include:
  - **Leadership without title:** Clinical team leaders were already comfortable with decision making and communication. The entire staff grew accustomed to receiving directions through non-traditional management structure, trusting departmental intentions because transparency was established pre-pandemic
  - **New communication methods:** These included conference calls, new work lists, and new classification of priorities.
  - **Adaptation:** All department members adapted to new PPE, process, schedules, evaluations and priorities. Despite decreased patient volumes during the pandemic, the department was able to demonstrated value to prevent any acute hospital rehabilitation services employees from being furloughed during the pandemic.

**References:**

1. McGowen E, Stokes EK. Leadership in the profession of physical therapy. *Physical Therapy Reviews*. 2015;20(2):122-131.
2. Falvey JR, Burke RE, Malone D, Ridgeway KI, McManus BM, Stevens-Lapsley JE. Role of physical therapists in reducing hospital readmissions: optimizing outcomes for older adults during care transitions from hospital to community. *Phys Ther*. 2016;96(8):1125-1134.
3. Fisher CA, Jabara J, Poudrier L, Williams T, Wallen GR. Shared governance: the way to staff satisfaction and retention. *Nurs Manage*. 2016;47(11):14-16.
4. Myers M, Parthen D, Geraci M, Brenholtz R, Knisely-Carrigan D, Hastings C. Using a shared governance structure to evaluate the implementation of a new model of care: the shared experience of a performance improvement committee. *J Nurs Adm*. 2013;43(10):509-516.
5. Nelson M. The effect of a shared governance leadership model on acute care rehabilitation services staff engagement, retention, and productivity. [abstract]. In: APTA NEXT Conference & Exposition; 2018 June 27-30; Orlando, FL.
6. Thomas P, Baldwin C, Bissett B, et al. Physiotherapy management for COVID-19 in the acute hospital setting: clinical practice recommendations. *Journal of Physiotherapy*. 2020;66(2):73-82.

Will be covered by controls if you define slides