

AN INNOVATIVE MODEL OF SERVICE DELIVERY

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Overview

Many health care organizations are experiencing changes in service delivery as a result of health care restructuring, fiscal restraint, operational reviews, and so on. West Park Healthcare Centre (WPHC), a large rehabilitation and continuing care centre, located in the West Greater Toronto area, is no exception. It has embarked on a major restructuring of the organization, of which was born the Clinical Consult Model, to fulfill a 'change vision' of "the right thing being done by the right person at the right time" (West Park Hospital, 1997). In the case of recreation therapy, the shift to consultant would ensure that "expert clinicians would be operating at the peak of their scope of practice, performing high level assessments and treatments, while routine interventions could be shifted to other primary team members" (West Park Hospital, 1997). The implementation of this model has required role redesign for recreation therapy services and other clinical disciplines, and has resulted in the emergence of professional practice issues requiring recreation therapy's collective and creative attention.

"Whatever parts of us we choose to use, we all share something in common: a need to find our way in the maze and succeed in changing times" (Johnson, S., 1998).

Introduction

As WPHC began its major organizational transformation project (OTP), the initial work (Phase I) was to complete an operational review of all programs and services which resulted in a realignment of its program management structure.



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Phase II of the OTP brought significant "reengineering" of systems and client care processes including admission, discharge and documentation systems. It was also in Phase II where significant work was focused on role redesign, as this was the stage where the Clinical Consult Model was born.

The vision of the Clinical Consult Model, stated above, relied upon all clinical disciplines clearly articulating their scopes of practice, and the subsequent development of consult criteria (Table 1). This exercise served to clarify our "shared" areas of practice, but more importantly defined our "unique" areas of practice.

Implementation of the Clinical Consult Model in Recreation Therapy Services

The Clinical Consult Model was designed following an extensive literature search by a transdisciplinary team (Woodruff & McConigel, 1988) and introduced in May, 1999. From its inception until November 1999, when recreation therapy made the transition, many clinical disciplines (clinical dieticians, social work, psychology, occupational therapy, physiotherapy) made the shift to become consulting disciplines.

The transition to the Consult Model for Recreation Therapy relied upon the following factors:

1. Clear delineation of recreation therapist and recreation therapy assistant roles that would maintain the integrity of our practice within the Van Andel Model of service delivery (Carter, VanAndel & Robb, 1995);
2. Adjustment and downsizing of the recreation therapy staffing pattern;
3. Role redesign and subsequent staffing and skill mix changes for nursing, specifically registered nurses (R.N.'s) and client care attendants (CCA's), that would support recreation therapy's service delivery;
4. Completion of orientation and training programs for R.N.'s and CCA's regarding their support roles to recreation therapy consultants;
5. Development and integration of new care co-ordinator roles;
6. Implementation of a new transdisciplinary documentation system to facilitate communication for primary and consulting team members.

Some key definitions are important to assist in understanding the Clinical Consult Model.

Consultation is defined as "an interaction between two or more professionals". The **Consultant** is considered the "specialist" who responds to the **Consultee**, who "requests assistance with a difficult issue, which is within the consultant's area of specialized competence" (Caplan, 1970).




The Recreation Therapist Role in the Consult Model

With the implementation of the Clinical Consult Model at WPHC, the role of the recreation therapist underwent significant changes in order to facilitate this consultation process. To begin the overview of the recreation therapist role in this model, a comparison will be made to a common role of recreation therapist in a healthcare setting. Today, many facilities across Canada function within a program management structure (Persaud & Narine, 2000), which organizes clinicians into interdisciplinary teams related to a population group or unit. Within this framework, the recreation therapist would typically provide individual assessments, develop treatment plans, conduct leisure education, plan, organize and implement therapeutic programs and attend rounds.

At WPHC, the recreation therapists are 'consulting' members of all transdisciplinary teams throughout the centre. Within this consulting role, recreation therapy services may be requested to provide consultation to a team related to: 1) an individual patient/resident issue; 2) team/service issue and/or 3) centre-wide recreation issue as per consult criteria (Table 1).



Table 1



Recreation Therapy Consult Criteria

Client specific

- Client feels / states disability / health status is a barrier to leisure/recreation (i.e. I won't be able to do _____ anymore)
 - Lack of awareness of possibilities, adaptive equipment required, activity modifications, etc.
- Client expresses "I'm bored" or refuses to participate
- Client specific goals are leisure related (i.e. desire to play golf,...) and there is an identified barrier prohibiting achievement of client goals.
- Client requests information regarding recreation resources in the community
- Lack of social supports/leisure partners
 - "custodial" versus "social" visits
- Experience recent traumatic life change resulting in abrupt change in recreation
- Cannot identify their personal activity interests
- Change in pattern of participation in unit based / hospital -wide activities (decreased)
- Restlessness, pacing
- Little / no motivation to engage in leisure/recreation activities independently or with others
- New admission to Complex CC – baseline leisure profile
- Inappropriate/disruptive behaviour *
- Attention seeking behaviour *
- Anxiety, frustration *
- Unsteady gait *
- Impaired memory / cognitive judgement, decision making *
- Other _____

* which impacts their ability to participate in leisure/ recreational activities.

Team

- Team requests information / education on strategies for unit based diversional programs / activities

Service

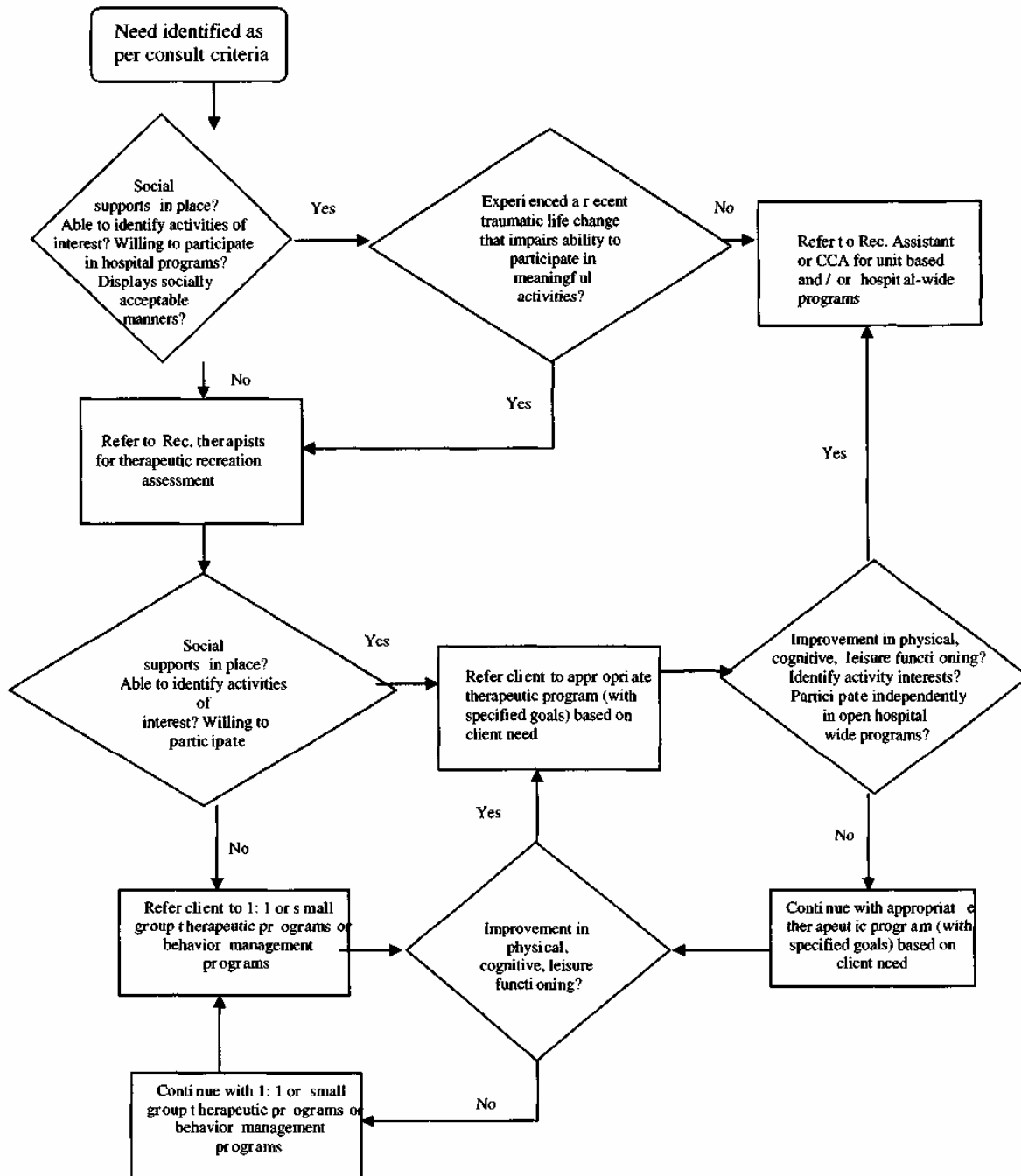
- Development of /need for leisure and/or recreation activity modifications to meet client population needs.

Patient-Centred Consultation

In order for patient-centred consultations to be initiated in a timely and appropriate manner, other clinicians/team members require knowledge of each disciplines area of specialized competence. In addition, new documentation systems have been developed in order to facilitate this process. Foremost, the patient/resident profile that is completed upon admission includes sufficient screening questions related to each area of the patient's health. In addition to this, there are trigger questions that assist the admitting clinician in determining the need for a consultation from a specialized clinician (Table II).

Table II

Recreation Therapy: Decision tree to determine appropriate services / programs



Once the request for clinical consultation is received by the recreation therapist, he/she must refer to the patient chart and contact the referring clinician in order to obtain the necessary information prior to beginning an assessment. This is of particular importance in the Consult Model because the role of the consulting clinician does not allow for regular interaction with patients/residents on the unit or regular attendance of rounds. Once the recreation therapist has become familiar with the patient/resident history, the assessment process can begin.

Similar to the role of most recreation therapists, at WPHC both formal and informal assessment takes place as required. Goals are then developed by the patient with the assistance of the recreation therapist. The treatment plan is then developed with the patient and documented in the transdisciplinary documentation tools. It is at this point in the recreation therapy process that practice may differ as a result of the Consult Model.

As previously mentioned, within the Consult Model, routine interventions may be shifted to other team members as deemed appropriate by the consulting clinicians. In the case of recreation therapy intervention, components of the treatment plan may be transferred to recreation therapy assistants and CCA's primarily, but also to other team members as required. As an illustration, the recreation therapist may request that the CCA ensure that the patient/resident is assisted to get to a particular centre-wide program or engaged in a 1:1 activity of interest. This component of the treatment plan is documented not only in the patient plan of care, but also in the care summary which facilitates monitoring of the treatment plan. Although components of the treatment plan may be shifted to other team members, the recreation therapist remains accountable for the process. Therefore, the recreation therapist must ensure that the CCA is fully aware of the goals and receives any training required to implement these components competently and successfully.

Team/Service-Centred Consultation

Similar to the patient-centred consultation process, the recreation therapist receives a request for clinical consultation to complete a team/service centred consultation. Team/service consultations commonly involve the need for unit-based activities, assessment of recreation and leisure needs, activity modification and/or information/education for team members.

Once the request is made, the recreation therapist must communicate with the team to determine specific needs and develop a contract for service outlining expectations, roles and timelines. Once input is solicited from team members and recommendations developed, a final report and plan for implementation is then shared with the team. Education and training of team members, CCAs in particular, is often required at this stage in order to support the recommendations. Specifically, CCA's may become involved in facilitating a unit based activity that has been identified as a need. Lastly, the recreation therapist is involved in ongoing formal and informal evaluation of the project(s) and resulting activities .

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Centre-wide Recreation Consultation

While the recreation therapists are not responsible for the implementation of centre-wide programs, they do provide consultation to the recreation therapy assistants for the development, implementation and evaluation of these programs. As will be described further in this document, the recreation therapy assistants play a significant role in this area of service delivery. The recreation therapists are involved in the ongoing and quarterly evaluations of centre-wide programs, which may involve coordinating and implementing focus groups and developing formal evaluation tools. With this information, the recreation therapists work with the recreation therapy assistants to ensure that patient feedback and suggestions are incorporated into the upcoming program calendar.

The Recreation Therapy Assistant Role in the Clinical Consult Model

The transition to the Clinical Consult Model has resulted in key role changes for the recreation therapy assistant. There are three (3) major dimensions within the recreation therapy assistant role to support the continuum of recreation therapy service delivery. These are centre-wide recreation programs, patient-centred consultation and team/service-centred consultation.

Centre-Wide Recreation Programs

The recreation therapy assistant has primary responsibility for the development, planning, implementation and evaluation of all centre-wide recreation programs and services including daily groups, community outings and special events. There is active consultation with the recreation therapists in the design and development phase of these programs, as well as in the evaluation phase on a quarterly basis.

The recreation therapy assistant works to actively involve CCA's in supporting participants in the centre-wide programs. This requires the recreation therapy assistant to mentor, coach and /or train the CCA's for their supportive role.

In addition, the recreation therapy assistant provides supervision and direction to many volunteers recruited specifically for centre-wide recreation programs. Periodically, the recreation therapy assistant must also provide supervision training and/or mentoring to students enrolled in post secondary programs such as gerontology, activation or recreation leadership.

Clearly, the implementation of the Clinical Consult Model has enhanced the recreation therapy assistant role to take major accountability for centre-wide recreation services and independent decision-making.

Patient-Centred Consultation

The role of the recreation therapy assistant is important to the patient-centred consultation process. They may be requested to monitor and report patient/resident progress and involvement in group programs. Through this observation and monitoring of patient participation, it is not



uncommon for the recreation therapy assistant to initiate a patient request for consultation to the recreation therapist.

In addition, the recreation therapy assistant may be asked to implement a component of a treatment plan that is goal oriented and developed by a recreation therapist. This may require the use of specific observation/monitoring tools developed by the therapist.

As the recreation therapy assistant finds it necessary, they may identify specific activity modification that may benefit individual patients. It is necessary that these modifications be communicated to other clinicians/team members.

Team/Service-Centred Consultation

As recreation therapists respond to requests for team/service centred consultations, the recreation therapy assistants may play a role in training the CCA's to facilitate unit based activities. Specific work is usually focused on the practical components of planning and implementing an activity such as how to advertise to patient/resident groups, specific resources and equipment required, scheduling and booking space, requesting volunteers, set up requirements, communicating to team members, and so on.

Often the recreation therapy assistants will support the team/service centred consultations underway, by maintaining ongoing communication with the team regarding progress and by assisting with problem solving.

The recreation therapy assistant involvement in these consultations is essential because they are able to share information about recreation needs and interests, as well as centre-wide participation patterns that may impact the development of unit specific activities.

Practice Considerations

There are several issues to consider when working in the Clinical Consult Model, which both enhance and challenge recreation therapy practice.

Communication Systems

Sharing information regarding patient treatment plans and progress is a challenge as a consulting discipline, since individual services/units manage and communicate information differently. Many forums exist to exchange information however, all team members do not attend all forums. At WPHC, documentation systems have been redesigned in order to enhance communication between all team members.

Dependence on Other Clinicians/Team Members

Due to the fact that recreation therapists are dependant on other team members to identify the need for a recreation therapy consult, it becomes necessary to educate them regarding their scope of practice. Moreover, the transfer of routine interventions and unit based activities relies on the recreation therapists' ability to trust other team members, identify the skills necessary to facilitate recommendations and coach, mentor and train other team members. For some, this

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facilitation of unit based 'activities' rather than 'therapeutic programs' creates concern due to the fact that recreation therapist, in the Clinical Consult Model, are not implementing therapeutic programs regularly.

Knowledge of Patient Populations

Recreation therapists work with every population in the rehabilitation and complex continuing care programs throughout the hospital. Clearly, this increases the therapists' knowledge base, yet may also hinder their ability to become specialists with any one population.

Monitoring Treatment Plan Implementation

Although components of the treatment plans are transferred to others, recreation therapists are accountable to ensure these recommendations are implemented. When the charts are reviewed and the implementation has not occurred, the recreation therapists need to investigate this gap in the care plan, which often leads to reporting the performance of other team members.

Co-Existence of Consult Model and Transdisciplinary Model

In the Transdisciplinary Model all disciplines work together with the patient/resident and family members to assess, identify goals and develop a plan based on the patient/resident needs. This differs from other disciplinary models as team members make a commitment to teach, learn and work together across discipline boundaries to implement integrated plans. Recreation therapists are faced with the challenge of being a "consulting member" of every team, therefore making it difficult to be involved in an integrated care planning process. However, the documentation system is effective in facilitating the co-existence of these models as it includes all disciplines.

Workload and Caseload Management

The caseloads of the recreation therapists are difficult to determine due to the centre-wide allocation of 2.5 therapists. Essentially, the number of patients/residents seen by a recreation therapist at any given time is determined by need throughout the centre rather than by a pre-determined caseload. Clearly these numbers will fluctuate, as will the length of stay with recreation therapy. In addition to balancing patient centred consults, recreation therapists must also respond to team/service-centred and centre-wide recreation consults.

Scope of Practice Highlighted

The Consult Model highlights what recreation therapy can achieve and thus increases the awareness of recreation therapy to other team members. The consult criteria and patient centred goal setting also provide other clinical disciplines with better understanding of recreation therapy outcomes.

Consulting Skills

Through day-to-day practice in the Consult Model, recreation therapists have the opportunity to develop and enhance consulting skills. Recreation therapy staff require knowledge



and understanding of other disciplines' areas of specialized competence in order to consult effectively. The balancing of the three consultation responsibilities make it necessary for the recreation therapists to develop negotiating and contracting skills.

Enhancement of Recreation Therapy Assistant Role

The Clinical Consult Model has necessitated the development of improved communication processes within recreation therapy, especially with respect to reporting patient/resident participation patterns and progress.

The recreation therapy assistant also has a key role in establishing rapport and effective working relationships with CCA's and nursing staff so that all team members are able to understand the importance of recreation in the quality of the lives of patients.

Another significant change has been the education and training required by recreation therapy assistants to communicate within the patient plans of care and progress notes on the medical record. This direct accountability is an important change made within the organization's documentation guidelines.

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