

---

---

---

---

---


---

---

---

Advocating For Increased OT  
Staffing-Our Successful  
Journey

Cindy Jaeger OTR  
UCLA Medical Center  
Los Angeles California

 Health 2

---

---

---

---

---


---

---

---

Learning Objectives:

- Participant will understand and be able to describe specific data points that might be helpful to justify a staffing proposal
- Participant will understand the process used in our facility to justify increased OT staffing

 Health 3

---

---

---

---

---

---

---

---

## Why OT

- Importance of OT in your setting
  - Educational difference from PT
  - Essential use of occupation/purposeful activities
- Evidence for Utilizing OT services
  - LOS (length of stay)
  - Readmission rate

---

---

---

---

---

---

---

---

## Preparation

- Metrics
  - Do you really need more staff
  - Current staff productivity
    - Cancellations
    - Patients per day
    - Evets waiting

---

---

---

---

---

---

---

---

## Preparation

- Find an advocate
  - Director
  - MDs
- What format should data be presented
  - Graph vs table vs paragraph

---

---

---

---

---


---

---

---

**Data Driven**

- Collection of statistics
- Staff buy in to collect accurate data
- Data through electronic means vs manual
- Understand and explain variances
  - Mandatory training
  - New hire training
  - Seasonal drop in census (July due to new residents)
  - Staff out sick
  - Staff on LOA (changes workload but not productive FTE)

 Health 7

---

---

---

---

---


---

---

---

**Data Driven**

- Collecting the "right" data
  - Financial driven data
    - Units of service (workload)
    - Productive full time equivalent (FTE)
    - APC relative weight (ambulatory payment classifications)
    - Cost of services
  - Daily cancellations of OT treatments
  - Evaluations left at the beginning of day
- APC Relative Weight means the relative value assigned to each APC and is the same as Medicare's weight

 Health 8

---

---

---

---

---


---

---

---

**Submission Process**

- Get support from my boss
- Complete requisition
- Enter justification for new position
  - Have data ready to attach
- Contact financial analyst
- Cross your fingers

 Health 9

---

---

---

---

---


---

---

---

**Presenting data**

- In person vs proxy
  - Proxy-financial analyst for our dept
- Connect with others prior
  - Always have a discussion prior
  - Explain variances
  - Explain future state
- Format that is clear

 Health 10

---

---

---

---

---


---

---

---

**Hospital Initiatives**

- Comprehensive Stroke Center (use any regulatory reason)
- NICU step down
- Pediatric Step Down Unit
- Geriatric Emergency Department (ED)
  - Need OT staffing available

 Health 11

---

---

---

---

---


---

---

---

**Hospital Initiatives**

- Tertiary Quaternary (TQ) population
  - Goals of hospital
  - Throughput
- ECMO (extracorporeal membranous oxygenation) patients
  - COVID
  - Transplants
  - Nursing, RT able to justify-used some of their data

 Health 12

---

---

---

---

---


---

---

---

**Hospital Initiatives**

- LOS and throughput
  - Response time
  - Cancellations
- Pediatric step down unit
  - Created 6 beds
- Regulatory opportunities
  - Comprehensive stroke (requires 7 day staffing)

 Health 13

---

---

---

---

---


---

---

---

**Attempts**

- Sept 2019
  - request for new OTA
- February 2020
  - 2 full time OTs denied
  - 1 full time OTA denied
- December 2020
  - 1 full time OT denied
  - 1 full time OTA denied
- April 2022
  - 3 per diem OTs approved in August 2022

 Health 14

---

---

---

---

---


---

---

---

**Outcomes for staffing**

- November 2019
  - One full time OTA
- September 2021
  - One full time OT suddenly approved
  - One full time OTA suddenly approved
- September 2022
  - 3 per diem OT (all are working full time)

 Health 15

---

---

---

---


---

---

---

---

•BE PERSISTANT

 Health

16

---

---

---

---


---

---

---

---

- George S, Barrell M, De Iorio J, Fletcher L, Choo WS, Rivas-Dominguez S, Romanic N, Lizarondo L, Stern C. Experiences and effectiveness of occupational therapy interventions delivered in the acute setting: a mixed methods systematic review protocol. *JBI Evid Synth.* 2021 Jun 7;19(9):2457-2463. doi: 10.11124/JBIES-20-00407. PMID: 34100827.
- Pontius EA, Anderson RS Jr. Physical Therapy, Occupational Therapy, and Speech Language Pathology in the Emergency Department: Specialty Consult Services to Enhance the Care of Older Adults. *Emerg Med Clin North Am.* 2021 May;39(2):419-427. doi: 10.1016/j.emc.2021.01.005. Epub 2021 Mar 16. PMID: 33863469.
- Roberts P, Robinson M, Furniss J, Metzler C. Occupational Therapy's Value in Provision of Quality Care to Prevent Readmissions. *Am J Occup Ther.* 2020 May/Jun;74(3):7403090010p1-7403090010p9. doi: 10.5014/ajot.2020.743002. PMID: 32365306.
- Rogers AT, Bai G, Lavin RA, Anderson GF. Higher Hospital Spending on Occupational Therapy Is Associated With Lower Readmission Rates. *Med Care Res Rev.* 2017 Dec;74(6):668-686. doi: 10.1177/1077558716666981. Epub 2016 Sep 2. PMID: 27589987.

 Health

17

---

---

---

---

---

---

---

---