# **Rehabilitation Unit Based Council: A Journey to Excellence**

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## BACKGROUND

UMC has started its journey toward Magnet Status and has elected to champion Shared Governance in all the hospital units. Historically, areas of emphasis have been centered around Nursing Units. In 2021, hospital leadership encouraged a movement toward the involvement of ancillary departments. Rehab UBC has set an example for an ancillary department to be a successful UBC; laid the ground work and blue print ; As a result, Shared Governance has grown to include other departments such as Rehabilitation, Respiratory and Dietary, etc. and led to the creation of the Rehabilitation Unit Based Council. Our UBC is unique as it is comprised of three separate disciplines. The Rehab UBC includes 4 Occupational Therapists (OTs), 1 Occupational Therapy Assistant (OTA), 3 Physical Therapists (PTs), 1 Physical Therapy Assistant (PTA), 1 Speech Therapist (ST), and 1 Rehab Technician; these clinicians represent more than 60 rehab staff clinicians in our department

### PURPOSE

1.To identify different processes to improve clinical practice 2.Develop a united/standardized clinical vision for patient care delivery emphasizing clinical quality, interdisciplinary collaboration, and efficiency.

### METHODOLOGY

Rehab UBC is comprised of volunteers representing OT/PT/ST; We had elections for Chair and co-Chair (s); Bylaws and Guidelines are in place and provided to all UBC chairs and members; Meetings are held Monthly; Chair and Co-chair(s) do ensure that we are in line with Magnet guidelines in SG;

We have tabled a few key points/ideas we need to focus on as a group. Some issues may be discipline specific.

If so, we discuss this in our specific sub-council, bring forth ideas and solutions needed and then present to our main Rehab UBC meeting. Implementation of goals/programs may require rehab leadership's

reviews and approval

All meetings and activities are documented and reported to Congress

#### **Rehab UBC Group Projects:**

- Screening Tool for MDs
- **EPIC documentation**
- Skills fair
- New hire Orientation
- New student Manual
- Pain Assessment
- Fall Council
- Mmodal fluency Dictation 8.
- Integrative Joint Unit
- Review of DonJoy products 10.
- 11. Mobility team
- 12. Morale Board
- 13. Preceptor for Rehab clinicians
- 14. New staff member board

# **DISCIPLINE LED INITIATIVES**

#### A.Screening tool for MDs B.Skills fair C.EPIC documentation D.New hire orientation E.New student manual F.Mmodal Fluency G.Fall council initiative **H.Integrative Joint Unit** I. Morale Board J.Review of DonJoy Products K.Mobility Team L.Preceptorship Program for rehab Professionals M.DIEPS/FLAPS N.Gender Dysphoria and OT i. Shoulder replacements j. Deferral guidelines

OT

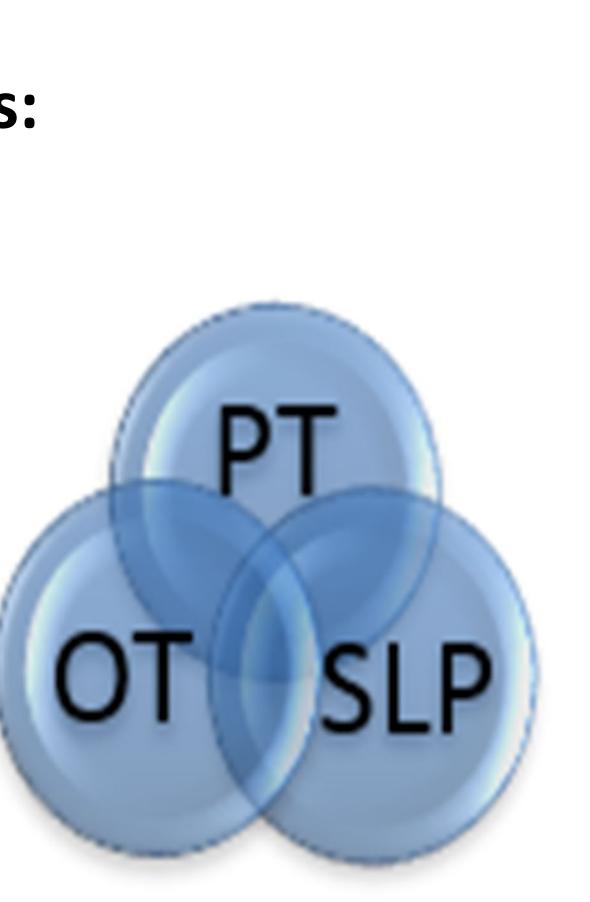
k.OT and NICU/PICU UBC collaboration

## **P**1

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K.DIEPS/FLAPS

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# CONCLUSION

- clinicians
- groups
- and Rehab UBC
- changes in NICU and PICU
- 7.Promotes accountability, innovation
- project development/ improvements

Our rehabilitation Unit Based Council has future projects lined up that will require collaboration with other nursing departments such as Cardiac UBC, BCU UBC and Respiratory UBC

Rehab UBC has focused on encouraging other staff members to have a voice with providing a suggestion box for our rehab team

Clinical competencies in our specialty areas is an area of focus for our rehab UBC this year as our rehab department grows



1.Shared Governance empowers employees to pursue staff led initiatives and program development

2. It becomes a platform for change and program development 3.Rehab UBC becomes a platform for change and voice amongst

4. There is a need to further expand UBC in non-nursing, ancillary

5. There is a need to have a collaboration of Nursing departments

6.Continue collaborative practice in NICU and Pediatrics and rehab departments; these collaborations have produced some collaborative

8. Creates a sense of pride amongst clinicians who are involved in

### A Road Ahead

