Interventions to Reduce Inappropriate Physical Therapy Consultation in the Inpatient Setting

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BACKGROUND AND AIMS

• Physical therapy (PT) in the inpatient setting is a limited and valuable resource
• Inappropriate PT consultation is costly and can lead to delays in care
• Patients with minimal or no functional limitations frequently receive PT evaluation, diverting resources and delaying care for the patients with the greatest need.
• These delays in discharge are thought to represent significant cost to the medical system.
• Various nursing tools exist to better triage PT resources, including the Activity Measure-Post Acute Care “6-Clicks” Basic Mobility score (AM-PAC™)
• Baseline data at an academic hospital revealed that approximately one in four PT consults were inappropriate (N=29,230) across all services, as defined by AM-PAC™ score of >22
• AIM: to decrease inappropriate physical therapy consults across all inpatient services from 23.9% to less than 10%.

METHODS

• Analysis of retrospective cohort data via EMR abstraction used to establish rates of inappropriate PT consultation (April 2020 to November 2021)
• A process map was constructed to depict the existing process for ordering physical therapy in the hospital (Figure 1).

![Process Map](image)

• A multidisciplinary team comprised of nurses, physical therapists, informaticists, and physicians convened to perform a root cause analysis.

Recurring themes identified in RCA:
1) providers are unfamiliar with the AM-PAC™ assessment tool and the implications
2) typical interactions between providers and patients often fail to capture a patient’s functional mobility, and
3) providers often order physical therapy consults at the request of the bedside nurse.

Designed Intervention:
Two-phased intervention
• Modified EHR order designed with the assistance of a clinical informaticist
• Redistribution of PT ordering responsibility primarily to nursing staff, with the ability for other providers to order if needed

RESULTS & CONCLUSIONS

Results Summary
• Statistical analysis demonstrates no significant change in inappropriate PT consults after the EMR intervention alone
• Analysis demonstrates a sustained, significant decrease in the percentage of inappropriate PT consults to < 10% (p = .0019) after the roll-out of our nursing intervention

![Inappropriate Physical Therapy Consults - X Chart](chart)

Study Limitations:
• Baseline inappropriate PT consults may be overestimated as some consults flagged as inappropriate by AMPAC may be for non-mobility indications
• Statistical analysis may underestimate the individual effect of the EMR change and overestimate the individual effect of the redistribution of PT-ordering responsibility to nursing staff

Take-Home Points:
• The combined use of a two-pronged intervention that offers Clinical Decision Support to providers AND reallocates PT ordering responsibilities from providers to nurses can significantly reduce inappropriate PT consults.
• We can increase high value care by optimizing the EMR and encouraging all care team members to practice to the full extent of their license

Directions for future interventions:
• Evaluate the effect of our intervention on hospital length of stay
• Evaluate the effect of our intervention on team member satisfaction