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).

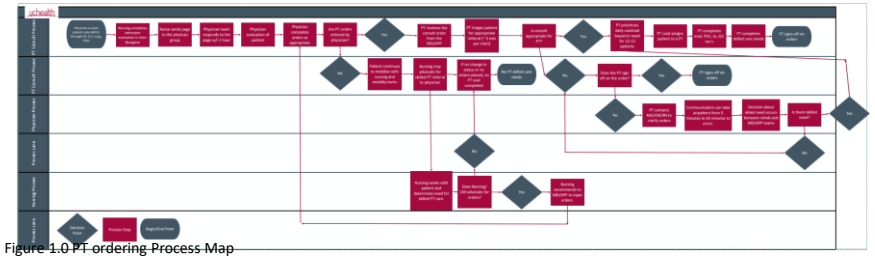


Figure 1.0 PT ordering Process Map

- 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:

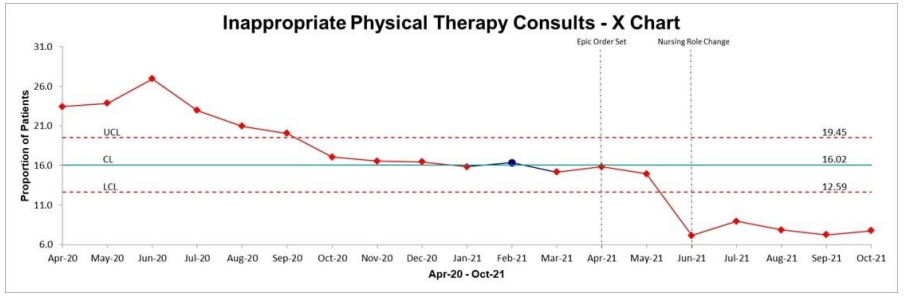
Two-phased intervention

- 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



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