Physical Therapy in the Medical Observation Unit: Ideal Physical Therapist and Patient Profiles

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Purpose: Acute Therapy Services at Cedars-Sinai Medical Center (CSMC) applied existing operational strategies, to address readiness and appropriateness of referrals to the caseload on the new Medical Observation Unit (MOU). Data was analyzed to: 1) identify if these referrals required skilled PT intervention or, if the majority of the referrals were being screened by the PT with intervention deferred to the next level of care while in the MOU, 2) establish a profile of the patient population that did require skilled therapy intervention on the MOU, and 3) establish a profile of the competency a therapist should have for optimal staffing in the MOU.

Description: Design: Descriptive, Qualitative
Setting: Large urban academic medical center (886 beds)
Participants: 45 physical therapists
Main Outcomes Measures: Utilization of Acute PT services and patient profiles in the MOU.

Summary of Use: Results: Data from a 12 month time frame revealed that of the 411 referrals on the MOU, 9% were screened, using our established Acute PT Screen Algorithm, with intervention deferred to the next level of care. Of the remaining 374 addressed referrals, 68% were evaluated and discharged and 23% were evaluated and follow-up frequency established with a change in MOU status indicated. To establish a profile of the patients on the MOU that were being seen by PT, a convenience sample of 80 charts were reviewed: 40 from the Evaluated and Discharged Group (EDG), 40 from the Evaluated and Change in MOU Status Group (ECSG). The 80 chart sample revealed that the patient population consisted of: 39% Orthopedic, 34% Cardiac, and 27% Medical. Additionally, the EDG profile consisted of: patients under the age of 80 (55%), that lived at home with caregiver or family (90%), had no stairs at DC destination (80%), PT recommended an assistive device (25%), and the PT discharge recommendation was to home with no further skilled PT needs (40%); compared to the ECSG profile that consisted of: patients over the age of 80 (62%), that lived at home alone (58%), had stairs at DC destination (80%), PT recommended an assistive device (50%), and the PT discharge recommendation was SNF (55%).

Importance to Members: Established operational strategies allowed for effective utilization of PT services on a MOU with a less than 24 hour length of stay. Findings revealed that PT contributed to timely case management by collaborating with the healthcare team on recommended discharge disposition and in identifying cases that would benefit from a change in MOU status. Patient profiles revealed that environmental and social factors need to be considered...
early on, perhaps even in the ED to aid in identifying appropriate candidates for admit criteria to a MOU, for fall risk management, and for discharge planning. Our findings demonstrated that the diverse diagnoses addressed by PT on a MOU require staffing with therapists who have clinical experience in various patient care settings, demonstrate strong prognosticating and communication skills, and a thorough understanding of cost effective utilization of benefits and resources for integration into the community.