



Discharge Recommendation Algorithm for Acute Care Physical Therapists

CONTROL ID: 2332330

POSTER NUMBER: 1028

AUTHORS: Collins, Julie E.¹; Shumock, Kara M.¹; Kumble, Sowmya¹

AUTHORS/INSTITUTIONS: J.E. Collins, K.M. Shumock, S. Kumble, Physical Medicine and Rehabilitation, Johns Hopkins Hospital, Baltimore, Maryland

Purpose: Currently discharge recommendations are primarily based on subjective information and the experience of the clinician. Objective measures are underutilized and there is little literature to assist the new clinician in this process. This leads to more conservative decisions made by the inexperienced clinician. Evidence suggests that there is a lower incidence of hospital readmission rates for patients that were discharged to settings recommended by Physical Therapists (PTs) as compared to patients discharged to settings not in-line with the PTs recommendation.

The purpose of our report is to develop an algorithm that will assist in the discharge recommendation process for PTs in the acute care setting.

Description: The algorithm is formatted with yes or no questions that the PT can use to guide decision making. The algorithm is multifactorial and considers level of assistance/supervision, discharge destination, and collaboration with other health care providers. This algorithm is based on evidenced based outcome measures that are embedded in each question to assist the therapist in deciding how to proceed through the algorithm. The outcome measures used can all be performed in the acute care setting without specific equipment.

Summary of Use: The goal of this project is to develop a tool to guide the PTs thought process related to making discharge recommendations. This guidance should then help to reduce both inappropriate discharge placement and readmission rate, thus improving patient safety and resource utilization.

Importance to Members: The acute care setting is a complex environment characterized by a fast pace. With the creation of an evidence based discharge recommendation algorithm we hope to decrease some of the complexity surrounding discharge recommendations.