

QUESTION

Which day should rehab services (PT/OT particularly) seeing patients - not day of admission; but hospital day 1 or 2? We are having a huge debate as we look at competing assessments/testing as well as work towards decreasing length of stay.

RESPONSES

- We have the order for rehab placed day of admission. We encourage them to be seen within 24 hours.
- Our pathway states to initiate therapy on day 1 (after 24 hours). If therapy can start sooner, we obtain a physician order to start sooner. If patient is not stable therapy begins as soon as patient is stable and can participate.
- Our stroke order set automatically enters PT and OT orders once the pt is admitted. As a department, we have the autonomy to review the EMR and determine when we will make pt contact. Usually we wait until the neurology consult has been done. However, we always respond to the referral within 24-48hrs of admission. This meets the pt's needs, avoids unnecessary therapy contact in the event of symptom resolution (in those cases therapy signs off and does not eval), and saves therapy time from trying to find the pt during the time of multiple tests/procedures during that very acute time frame. We have not There has been no delay in discharge or referral to the Phys Med MD, or referral for OP therapy follow up.
- Our protocol is for PT/OT/ST to see patient within 24 hours.
- Our PT/OT and IPR see the patient ASAP. If they are admitted in the AM and can receive an initial eval the day of admission they do. If they come in later in the day or can not be fit into the PT/OT daily rounding then they are seen the next day. But PT/OT/IPR are on our stroke admission orders.
- At our hospitals - PT, OT and SP see day of admission if feasible and patient is stable. The earlier the better for us.
- As part of our stroke standing orders, we have an automatic order for PT/ OT/ SLP. These disciplines see our patient that next day after they are admitted.
- Our rehab services see our patients within 24 hours of admission.
- *We evaluate based more on the patient- not a set date. This is decided on when they are medically stable. PT, OT and Speech work with the patients from day 1 and will document the potential for rehab. Then in care conference we will*

determine when to call for the "formal" eval. That may be day 1,2,or 3 depending on how stable the patient actually is.

- We do PT/OT/Speech consults on the day after admission, or hospital day 2.
- HFAP requires that the patient be seen within 48 hours of admission
- We start PT/OT on day 1
- Most of our patients are seen hospital day 1. Very critically ill patients may have to wait until they are more stable. Orders for therapy evaluations are on our admission orders.
- This should be first addressed by the physician and the stability of the patient. That being said, PT/OT is on the admission stroke orders which are frequently utilized. If that checked we will see that on day #1 and sometimes if the department is able and the patient is stable will see them on day of admission. So really, once the physician refers to us, unless otherwise noted, we attempt to eval the patient as soon as we can, which would include day of admission and day 1.
- We have a unique situation, we have a new building built around the needs for our different programs. Our problems recognized in the old building were resolved during new construction. Our care would be very different if in a regular med-surg environment.
- At Metro Health our Stroke Unit (85% of our stroke admits) is incorporated with the Center for Restorative Services. This 36 bed med-surg unit delivers service to Orthopedics, Neurosurgery and Neurology (and some other random services at times). It is located on the same floor as our Acute Rehab Unit (with full gym services). The nursing staff practice by the rehab nursing philosophy of quick, safe mobility for all admits (almost impossible on a regular med-surg unit). Our stable stroke patients are admitted by our Hospitalist (Internal Medicine) service on remote telemetry for 24 hours after admission and therapy consults are almost always completed in 24 hours. Neurologist (we have only 3) are consulted as needed. The admitting RN completes the Dysphagia screen at the time of admit to the unit, diets can be implemented from the results of that screen. (if the patient fails the Speech Therapist does a full eval within 24 hours). All patients are NPO until either screen is passed. Diagnostics are completed during the first 24 hours. The initial CT is done in the ED and sometimes the MRI (if needed) is done prior to admission. All necessary stroke admit orders are completed in a standard digital format (complete EMR, no paper) so all bases are covered prior to leaving the ED. Foley catheters are removed on day 1, if they were ever

started in the first place. Case Management, UR and Social Work are consulted day one. Our average LOS is about 3.2 days for about 250 admits. Our ICU admits (big hemorrhages, post-TPA and hemispheric events) follow a totally different path initially but end up on the unit eventually. The Intensivist service manages them initially with close coordination with Neurologist or Neurosurgeon consultants. The Hospitalist service provides post-ICU care.

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