

QUESTION: They are talking about moving our therapists off of our unit in which they currently reside which is such a benefit to our pt's. 1. Does inclusion of the rehabilitation treatment space including rehabilitation team office area within the Neurosciences Trauma and Stroke Unit impact individual rehabilitation outcomes?

2. Does an inclusive Neurosciences and Trauma unit including rehabilitation team and treatment area impact individual rehabilitation outcomes?

RESPONSES

We only have acute care rehabilitation services and cannot speak to the impact of having a designated rehab space in the Neurosciences areas. Although I must say that we currently have a designated treatment space on the ortho floor for the ortho patients and it is of great value for outcomes as well as patient care.

I don't think anyone will find research/evidence that says having a therapy office/gym in the stroke unit affects the patient outcomes in acute care. The impact would really be staffing consistency and that can be achieved without a centralized location; if the therapy department recognizes the need to provide for consistent staff who have an interest in neuro, and they are seeing the patients intensely enough (i.e. probably daily in acute care to be realistic) then the location of the central staffing is not important. If you get a different therapist every day with minimal knowledge in neuro rehab, then there will likely be an efficiency issue. Given the short acute LOS, the d/c location from acute is probably not going to be significantly impacted from either scenario but the semblance of a coordinated, goal-directed, patient-centered program will be. It will be a qualitative impact versus a quantitative one.