OVERCOMING OBSTACLES TO ACUTE CARE REHABILITATION RESEARCH
Handout – 9 pages

2015 Combined Sections Meeting
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Slides will be available following the conference

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COURSE DESCRIPTION AND OBJECTIVES

Acute care physical therapists and clinics are ideally positioned to generate evidence about the value of physical therapy. The Revised Research Agenda for Physical Therapy was released in 2011 to direct and prioritize issues and lines of research in physical therapy. The Agenda includes areas of basic and clinical science, epidemiological, work force, and health services research that are germane to acute care physical therapy practice. While there is a growing recognition of the value of rehabilitation interventions in acute care settings, there is also an increased demand for controlled studies of therapies on patient-centered (physiological function, mobility, and disability) as well as health services-related (e.g. cost, utilization) outcomes. Despite the high need for systematic studies of therapeutic interventions in acute care, the systems and environment of a hospital setting provide challenges to designing and implementing relevant yet feasible studies. This session will examine current challenges associated with the conduct of rehabilitation research in the acute care setting and suggest potential methods for clinical therapists and administrators to address these obstacles. Particular focus will be placed upon obtaining institutional approvals, employing partnerships between academic and clinical settings to yield a rigorous study design and navigate hospital systems barriers, utilizing valid, standardized outcome measures, and building research mentors and networks.

After this session, participants will be able to:
1. Evaluate the state of rehabilitation research in acute care physical therapy.
2. Describe the challenges associated with the following issues in acute care rehabilitation research and identify potential resolutions:
   a. Obtaining Institutional Permissions
   b. Selecting a study design to maximize the generalizability of the collected data
   c. Navigating Hospital Systems, Processes, and Pressures
   d. Utilizing systematic outcome measures
   e. Building a research network

Schedule
11:00 – 11:05  Introduction
   Moderator: Dianne Jewell, DPT, PhD, CCS, FAACVPR

11:05 – 11:15  Current State of Rehabilitation Research in Acute Care
   Patricia Ohtake, PT, PhD

11:15 – 11:30  Obtaining Institutional Permissions
   Steven Fisher, PT, PhD

11:30 – 11:35  Facilitated discussion

11:35 – 11:50  Systematically Employing Robust Outcome Measures
   Carmen Kirkness, PT, PhD

11:50 – 11:55  Facilitated discussion

11:55 – 12:10  Using Academic Partnerships to Strengthen Research Output
   Diane Jette, PT, MS, DSc, FAPTA

12:10 – 12:15  Facilitated discussion
Current State of Rehabilitation Research
Patricia Ohtake, PT, PhD

1. The environment is ripe for research, but the challenges are many

2. Case presentation: how a great idea in the clinic turned into a research agenda
   a. It starts with an intriguing question
   b. Identify a partner and a champion – obtain permissions, design, overcome obstacles
   c. Select suitable outcome measures
   d. Develop and foster research relationships

Obtaining Institutional Permissions
Steven Fisher, PT, PhD

1. Classifying your project
   a. In the acute setting that classification typically begins with identifying whether the project you have in mind relates to:
      i. Scientific questions – Research
      ii. Institutional change – Quality Improvement (QI) project
      iii. Formal description practice – Case Report

2. Differentiating between human subject research,1 QI projects, and clinical case reports, in the acute setting.

3. Considerations in obtaining institutional permissions based on your project:
   a. Research
      i. dealing with the Institutional Review Board (IRB)
1. Different classes of human subject research
2. Working with a Faculty sponsor
   ii. Registering your study
   iii. Obtaining informed consent from a hospitalized patient

b. QI project
   i. When QI is research
   ii. Are there intentions to use the information other than for local improvement of patient care?
   iii. Role of the IRB

c. Case Report
   i. Standard of care vs. an intervention
   ii. Institutional and Federal Guidelines regarding permissions for case reports
   iii. Scientific journal requirements regarding permissions for case reports
   iv. HIPAA


**Optimizing Health Systems Resources for Clinical Care and Research**
*Carmen Kirkness, PT, PhD*

1. Research starts with the physical therapist provider
   a. What are the data being collected for---what do you want to be able to accomplish? Can the data serve multiple purposes and, if so, how?
   b. Electronic database vs paper
      i. Choice of EHR
      ii. Involvement in set up of EHR
         1. Flowsheet or not?
            a. Case example Flow sheet vs Non flow sheet
            iii. Opportunities for discrete data vs. narrative
            iv. Examples of clinical benefit but not research benefit; example of research benefit but not clinical
c. Daily documentation
   i. Builds a base for state of the current science from which interventions can be evaluated
   ii. Useful data include interventions, intensities of interventions, duration of visits, number of visits
   iii. Accuracy (missing data)
   iv. Outcomes documented
      1. Example: pain poorly documented, walking distance well documented
   v. Development/selection of specific tools that may be helpful for acute care
      1. AMPAC 6 clicks, others?
      2. Tools with evidence for reliability and validity
      3. Minimal training requirements
      4. Measurement protocols that are easy to follow and not too time consuming
      5. Measures that make sense to clinicians

Using Academic Partnerships to Strengthen Research Output
Diane Jette, PT, DSc, FAPTA

1. Matching a clinician with researcher
   a. Working together to understand what types of questions can or cannot be answered with the data
   b. Starting with a research question → developing a protocol
   c. IRBs
d. Data use agreement

e. Who's study is it?

f. Authorship

g. Responsibilities
   i. Clinical value vs research value

h. Expectations

i. Case Examples-
   i. University collaborations with Community Hospitals

2. Types of studies most often feasible with clinical data

   a. Observational, comparative effectiveness

   **Managing Hospital Systems Processes and Pressures**  
   **Mary Stilphen, PT, DPT**

1. Research Structure in Hospital Setting

   a. Research Champion

   b. Physician Champion

   c. Management Champion

2. Hospital System

   a. Permission

   b. Design

   c. Navigate institutional help

   d. Data sets

   e. Examples

3. Hospital System Challenges

   a. Financing
b. Payment

c. Organizational Pressure

4. Acute Care Research Cleveland Clinic

a. Liver Transplant

b. 6 Clicks

c. PT during blood transfusion

d. Collection of data

Sample references of collaborative studies in acute care settings


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**Locating Mentors and Networking Support**

*Barbara Smith, PT, PhD*

1. Identify types of support available

   a. Teams
   
   b. Champions
   
   c. Networks
   
   d. Mentors

2. Determine your goal (s)

   a. Short and intermediate impact projects
   
   b. Longer term career and research planning
3. Teams and Champions – draw on “local talent”
   a. Institutional resources
   b. Establish pilot data and plant a seed, justify or change facility procedures and care

4. Networks
   a. Local and/or cast a broader net
   b. Sharing and constructive resources of ideas and resources, pooling time and talent, dividing labor on larger projects

5. Mentors
   a. Implies deeper investment in mentor-protégé relationship
   b. Promotes deeper learning, personal growth can result in professional strength, reciprocal learning
   c. Requires strategies to deepen learning and establish expectations
   d. Involves most significant commitment of time

6. Resources for Mentored Research in Acute Care PT
   a. Academic and alumni groups
   b. Professional associations
   c. National Institutes of Health

**Selected Resources**


