Physical Therapists and Hospital Readmissions
A Call to Action

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Foundation and Background: Physical Function as a Biomarker for Re-admission

- Hospital Readmissions: Overview of epidemiology and payment
- Predictors of Readmissions
- The Connection between Physical Function & Readmissions
- Current Care Transition Models
- Ideal Care Transition Models
- PTs Potential Role in Current and Ideal Care Transition Models

A Call to Action
Physical therapists can promote optimal functional recovery and potentially reduce readmission risk during care transitions from hospital to community. The following items will be discussed as part of optimal care transitions: https://www.ncbi.nlm.nih.gov/pubmed/26939601

- Discharge Planning, including patient-centered care planning
- Improving quality and clarity of communication between care providers and settings
- Involvement in advance care planning
- Medication Safety
- Educating patients to promote self-management
- Monitoring and managing symptoms after discharge
- Coordinating care among community providers and social support
- Promoting PT involvement in outpatient follow-ups

Physical Therapists and Hospital Readmissions: Across the Continuum

- What should we do?
- What can we do?
- How can you do it?
- What do you do tomorrow?
Hospital readmissions represent a significant focus in the current healthcare environment. Hospitals may be directly, or indirectly, financially penalized for readmissions. In addition, potential modifiable risk factors have been identified, and certain approaches have resulted in decreased readmission rates suggesting some readmission may be avoidable. Ideal models of care transitions from acute care have been proposed, but none address neither physical function or the role of the physical therapist.

**Medicare Priority Diagnoses:** PNA, HF, COPD, Total Joint Replacement, CABG, MI

**Predictors of Readmission**
- Non-modifiable: socio-economic status, age, comorbidity status
- Potentially Modifiable: Functional status, functional trajectory (decline post discharge), polypharmacy
- Patients w/ PNA: >30 minutes per day of PT in acute care associated with decreased risk

It appears there are important physical and functional factors (and their rate of change/trajectory) that are associated with, and potentially contribute directly, to readmissions. Further, physical therapists involvement in rounds, care transitions (DC recs, etc), and post-acute care interventions may directly decrease readmission rates. This is an area where physical therapists can play a large role across the continuum.

**Ideal Care Transitions**

**Discharge Planning:** Low threshold for home health PT recommendation

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Patient & family centered care planning: Engage patient, family, and social supports regarding recommendations in context of goals and desires
- Prescribed home program
- Physical and functional performance & symptoms to monitor
- Physical and functional red flags: decreased LE strength (sit to stand), decreased gait speed, decreased activity

**Improving quality and clarity of communication** between care providers and settings
- Communicate functional status to team
- Clearly written summary of functional status, progress, rate of change, barriers
- Recommendations: equipment, physical-functional red flags (sit to stands), patient specific considerations
- Ideally, communicated to team, patient, family/caregivers, and next level of care

**Medication Safety: Side effects, symptoms, and vitals response with activity**
- Vitals: Rest, Activity, Peak, Recovery
- Symptoms: Rest, Activity, Peak
- Consideration of medication types & dosages in context of functional status, symptoms

**Educating patients to promote self-management**
- Daily Activity Plan
- Home Exercise Program
- Monitoring of physical function and trajectory: independence, gait speed, sit to stands (speed, UE assist), steps per day

**Treatment Recommendations**
- Early, intensive progression towards independence or previous level of function
- Increase intensity (even if needs increased assistance!)
- Consider intervals
- Daily Mobility and Activity Plan
- Strength, Power, Endurance, High Intensity (relative) Intervals
- Monitor vitals and vitals response
- Engage patient, family, and RN staff on mobility, activity, and exercise prescription
- Why did you (or the patient) stop?

**Ideal Physical Therapist Role**
- Vital team member with frequent interdisciplinary communication
- PT on inter-disciplinary rounds (recs, case discussion, provider education)
- Communication & pass between units, levels of care, and inter-d team members
- Contribution to discharge summary regarding physical-function, recs, barriers
References & Resources


