

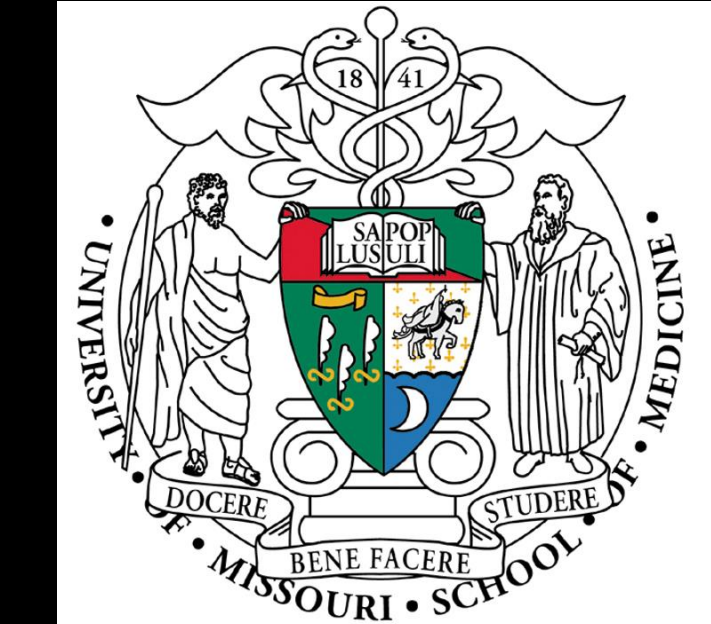


Role of the Physical Medicine and Rehabilitation Consult Service at an Academic Hospital

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INTRODUCTION

Physical Medicine & Rehabilitation (PM&R) physicians evaluate neurological and musculoskeletal diseases and provide patients with targeted rehabilitative care. As a consult service, they coordinate medical management, expedite patient discharge, and reduce readmission rates. Despite the benefits of integrating PM&R into care teams, there is often confusion among physicians and patients regarding the role of PM&R in post-acute care. This study examines the role of the PM&R consult service at University of Missouri Hospital, an academic 365-bed hospital. Using the results of the study, we will then suggest ways to increase provider awareness of PM&R and improve coordinated patient care in a hospital setting.

OBJECTIVES

- To identify the services that request PM&R consults at University Hospital
- To determine the point at which PM&R is consulted during patient hospital stay
- To identify primary reasons that the consult team sees patient
- To assess the discharge dispositions of PM&R consult patients
- To analyze the ultimate discharge location of PM&R consult patients
- To compare discharge recommendations of PM&R, Physical Therapy (PT), Occupational Therapy (OT), and Speech Therapy (ST)
- To examine the insurance coverage of PM&R consult patients

METHODS

We conducted a retrospective chart review of 283 patients seen by the PM&R consult team at University of Missouri Hospital between December 2019 and January 2020. We recorded admitting service of PM&R consult patients, length of patient hospital stay, point of PM&R consult, primary reason for being seen by PM&R, any medication recommendations, insurance coverage, discharge recommendations, and ultimate discharge location. Also recorded were PT, OT, and ST recommendations when applicable.

RESULTS

FIGURE 1

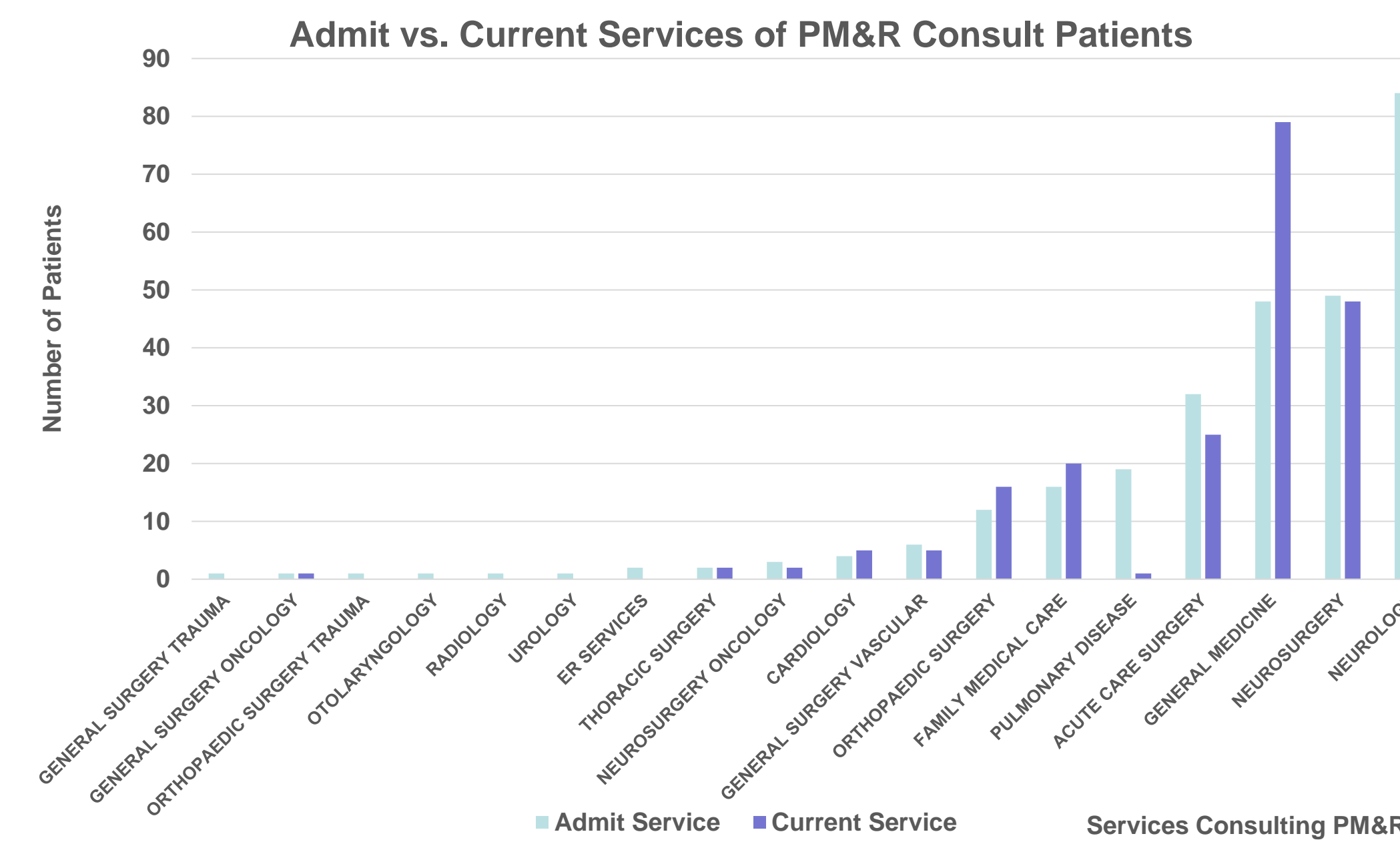


Figure 1: Current and admitting services of PM&R consult patients

FIGURE 2

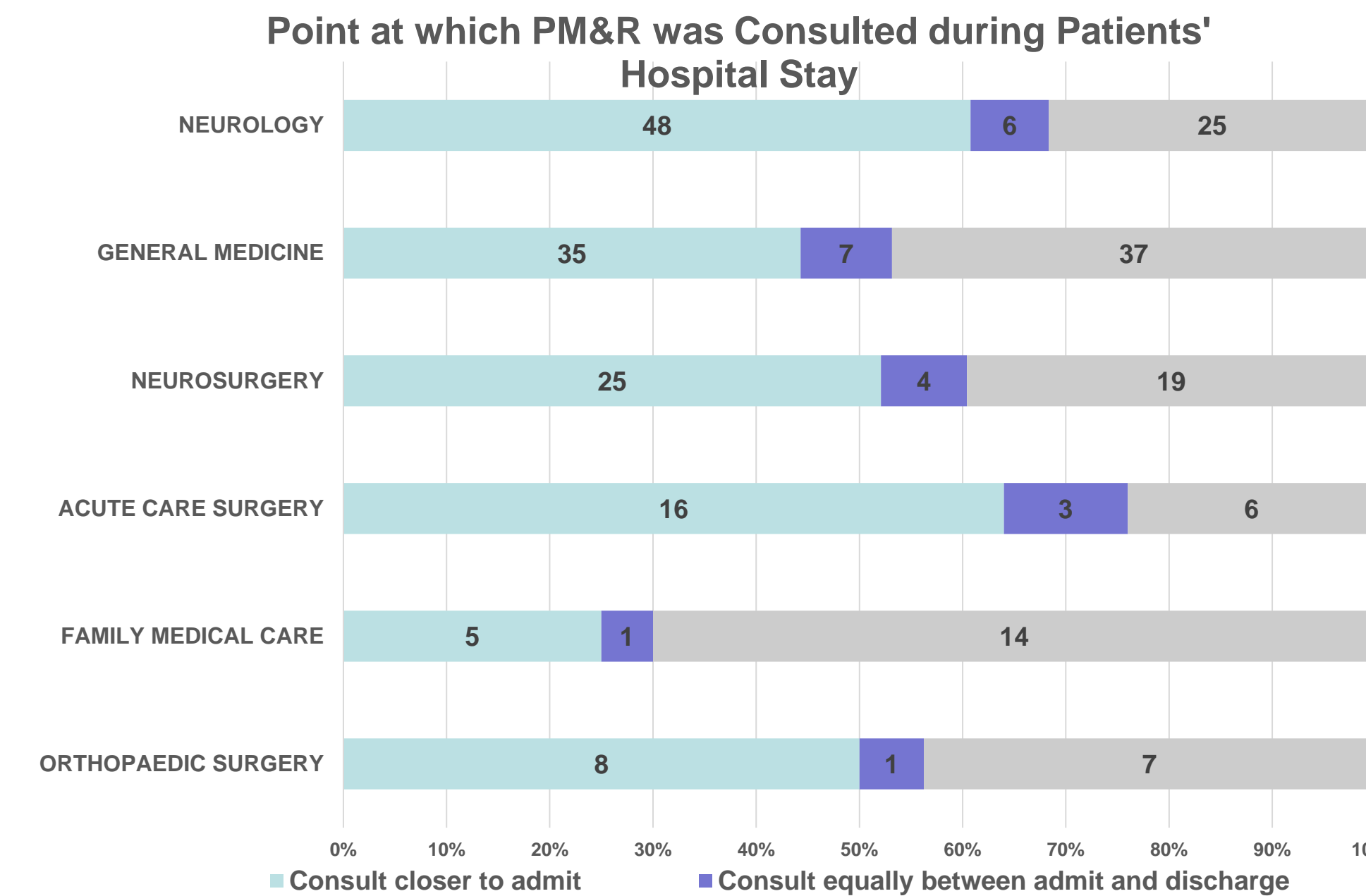


Figure 2: Point at which PM&R was consulted during patients' hospital stay

FIGURE 3

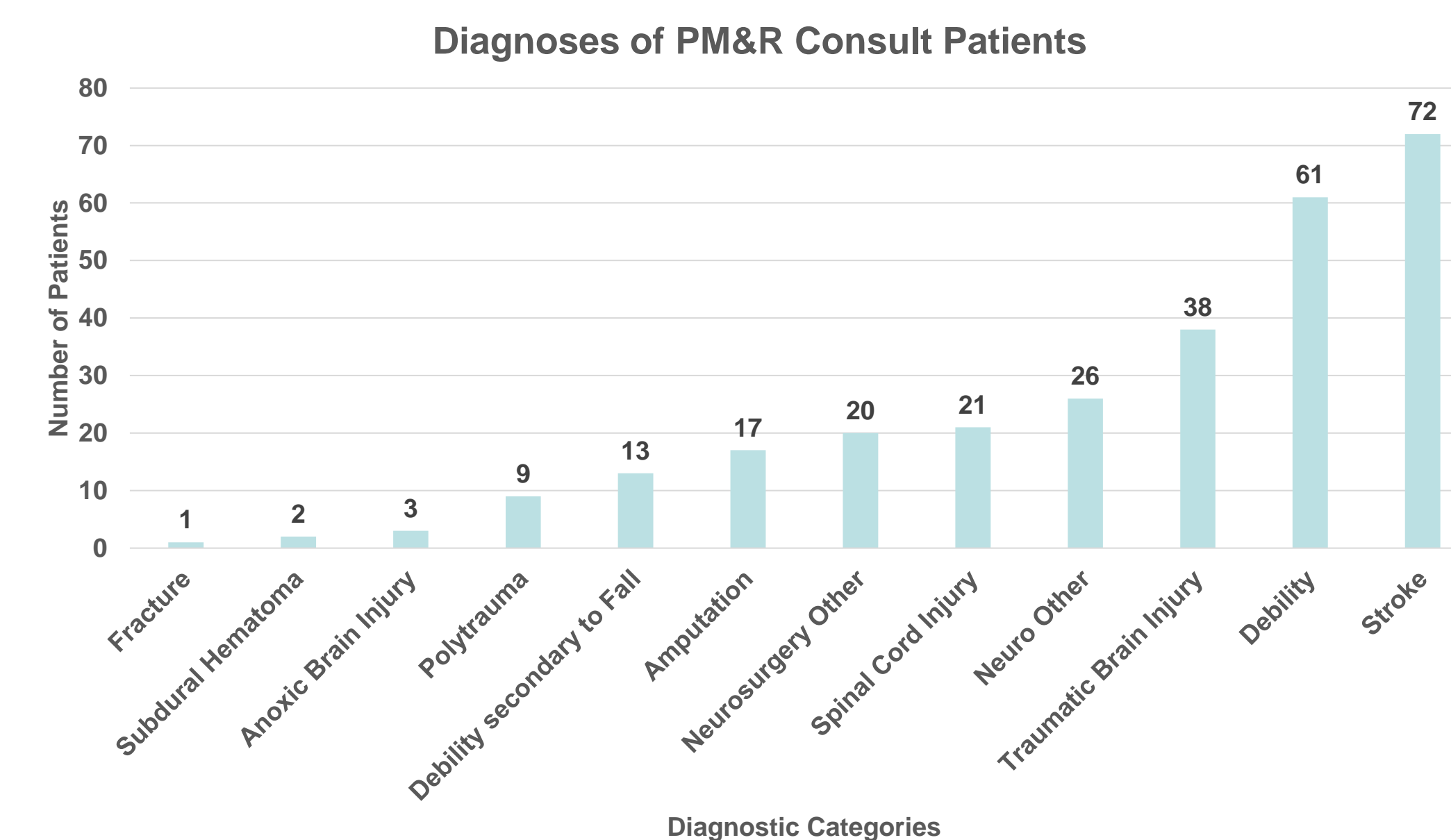


Figure 3: Primary diagnoses of patients seen by the PM&R consult service

FIGURE 4

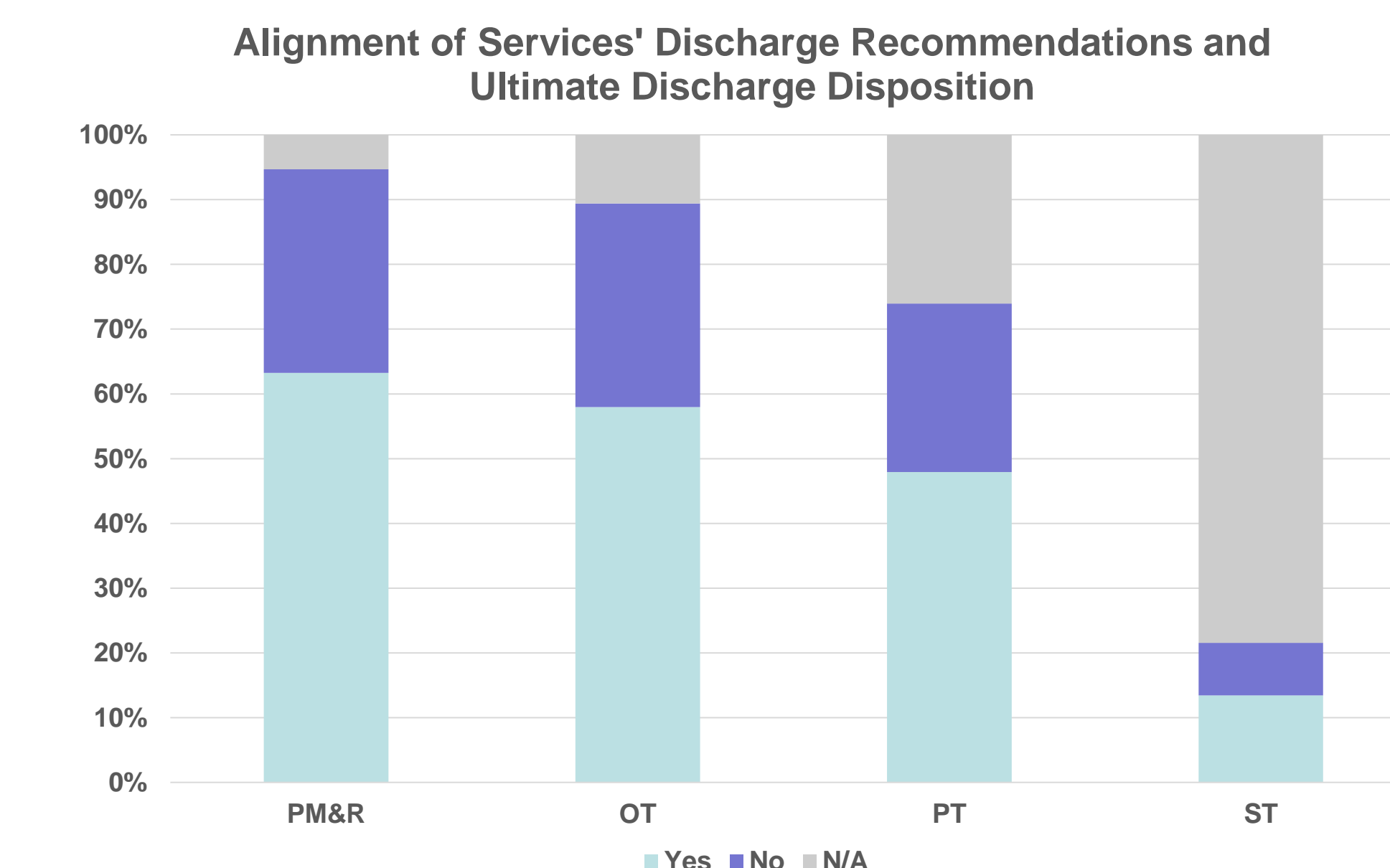


Figure 4: Comparison of PM&R and therapy discharge recommendations and ultimate discharge disposition

FIGURE 5

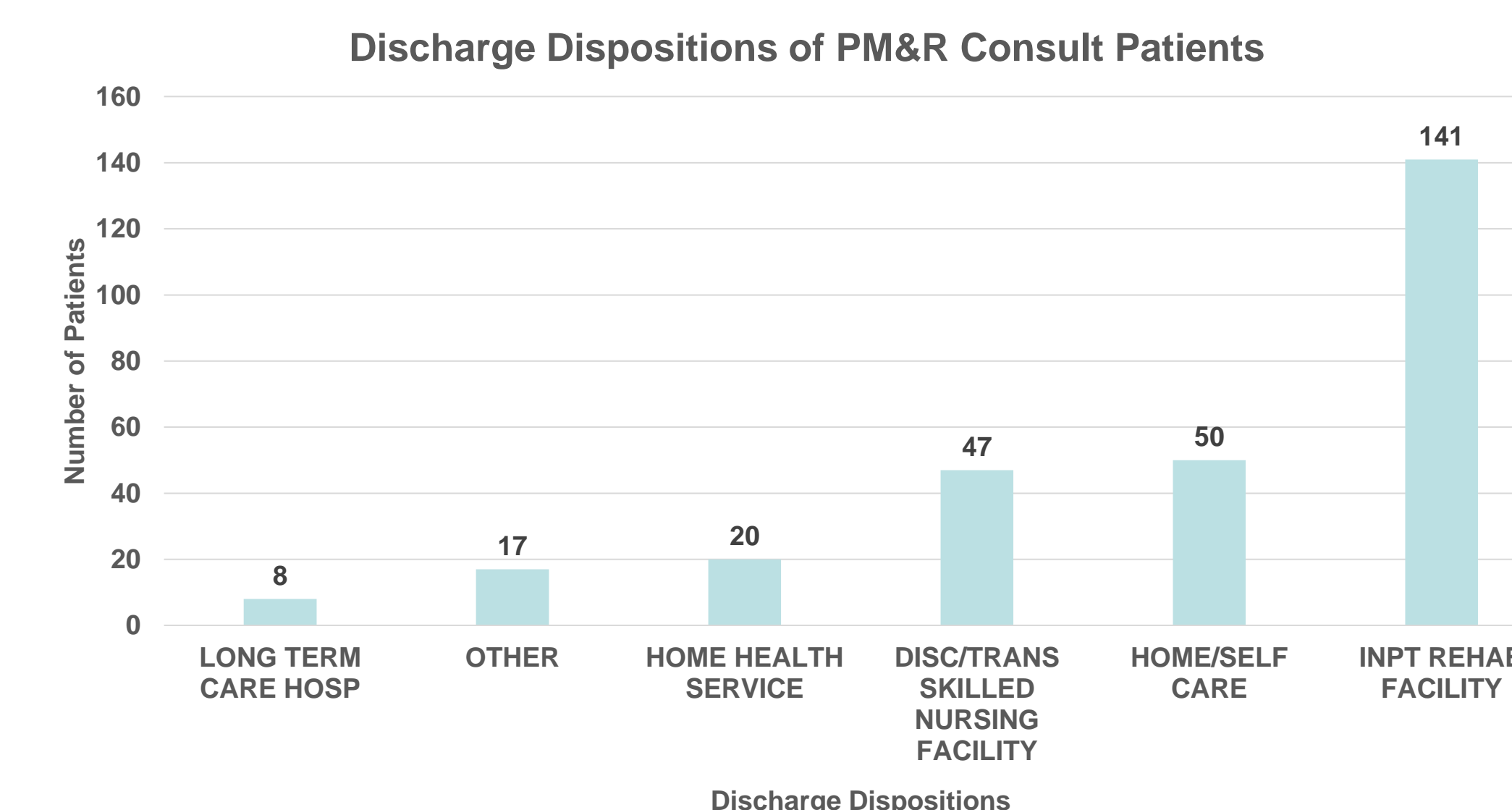


Figure 4: Primary discharge dispositions of patients seen by the PM&R consult service

FIGURE 6

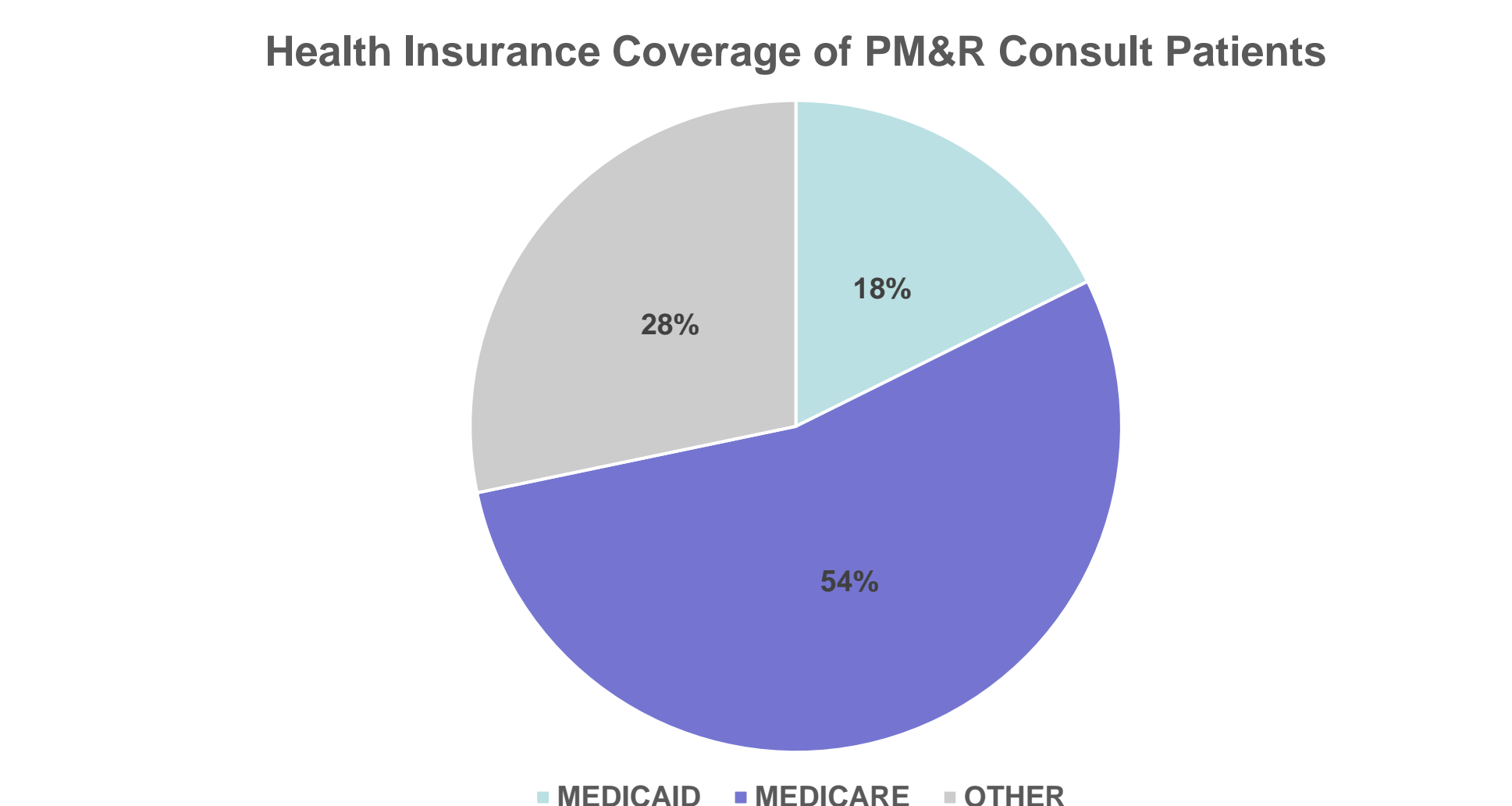


Figure 6: Types of health insurance coverage of PM&R consult patients

CONCLUSIONS

- Most PM&R consults were requested by Neurology, Neurosurgery, General Medicine, Acute Care Surgery, Pulmonary, Family Medicine, and Orthopaedic Surgery, in decreasing order
- Of these services, all but General Medicine and Family Medicine requested consults closer to patient admission than discharge
- PM&R was primarily consulted for patients with stroke, debility, traumatic brain injury, spinal cord injury, or amputation
- Most PM&R, PT, and OT discharge recommendations aligned with ultimate discharge
- Most patients were discharged to Inpatient Rehabilitation, followed by Home with Home Health, Skilled Nursing Facility, and Long-Term Care
- The majority of PM&R consult patients were covered by Medicare or Medicaid

DISCUSSION

- Biases/limitations:** Several patient charts lacked clear PM&R discharge recommendations. Though we recorded one primary diagnosis for each consult patient, some were seen by PM&R for multiple reasons and/or complications
- Recommendations:** We suggest that the PM&R consult team receive an automatic consult on core diagnoses such as stroke, traumatic brain injury, spinal cord injury, and amputation. We also recommend that University Hospital services, especially General and Family Medicine, receive detailed information regarding PM&R as a resource for pain management, spasticity, and neurogenic bowel and bladder
- Future studies:** Investigate whether PM&R consults are made primarily for medical management or discharge disposition, the impact of type of insurance coverage on discharge disposition, and reasons why PM&R and therapy discharge recommendations may not have aligned

