

**UNDERSTANDING THE ROLE  
OF THE PHYSIATRIST & HOW  
TO IMPROVE THE  
CONTINUUM OF CARE FOR  
TRAUMA PATIENTS: A  
QUALITATIVE STUDY**

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# Background

- Transitions across care settings can be stressful for trauma patients.
- Early Physical Medicine & Rehabilitation (PM&R) consults in acute care can optimize the continuum of care for trauma patients.
- This model of care was introduced at Sunnybrook in 2015 but there is a need for additional insight on its effectiveness.

# Early PM&R Consult ( $\leq$ 8 days)

- Shorter LOS in acute care.
  - Few complications.
  - Less use of benzodiazepines.
  - Less use of antipsychotics.
  - But unclear of impact on acute and rehab staff.
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- Robinson LR, Tam AKH, MacDonald SL, Hanada EY, Berbrayer D, Abdullahi A, Camilotti BG, Tien H. The Impact of Introducing a Physical Medicine and Rehabilitation Trauma Consultation Service to an Academic Level 1 Trauma Center. AM J PMR. 201830;98(1):20-25.

# Objectives

- To explore acute care & rehabilitation staff views on how to improve continuum of care for patients with trauma.
- To assess the effectiveness of early PM&R consults by a physiatrist using staff views.

# Methods

- Qualitative Study.
- 4 Focus groups with inter-professional teams:
  - ▣ 2 Trauma
  - ▣ 2 Rehab
  - ▣ 21 Staff Total
- Data Analyzed via Content Analysis.
- Two investigators independently coded the transcripts & investigation team worked to develop the themes.

# Four Main Themes

- Patient Appropriateness for Rehabilitation.
- Patient Education about Rehabilitation.
- Organization Issues.
  - ▣ Communication across acute & rehab settings
  - ▣ Institutional capacity
  - ▣ Discharge processes
- Physiatrist Role.
  - ▣ Role expectations
  - ▣ Positive features
  - ▣ Negative features
  - ▣ Role ambiguity

# 1. Patient Appropriateness for Rehab

- Tension between acute & rehab sites.
- Acute care staff felt pressure to move patients along to rehab.
- But were not sure they were ready yet
  - ▣ Mental health issues
  - ▣ Patient safety in rehab

“....we might get a referral for a patient that we feel based on the information that we have may not be appropriate **perhaps they have underlying psychiatric issues** that again not at the level that we can safely manage & we’ve had to push back to try & take those patients & we have had to take them & sometimes not with ideal outcomes.....”  
(rehabilitation staff, ID#1)

## 2. Patient Education About Rehab

- Need to further educate patients about what rehab is & set expectations.
- Many patients lack understanding about the rehab process. Thought to negatively impact them – *acute patients have misconceptions about rehab, not adequately prepared & creates a high level of stress.*

“We’ve had a few cases along those lines where **some hostility is actually developed**, with the families in particular, where there has been **this expectation that people are going to be coming here for convalescence**... & people have this misconception that you’re going to come out here & have a lawn chair out in the back & sun yourself & **have a couple of months of R&R**.... “(rehabilitation staff ID#3)

# 3. Organizational Issues

- Communication across acute & rehabilitation settings.
- Institutional capacity.
- Discharge processes.

“.. there's a lot of faith in the receiving rehab hospital that, I guess it goes both ways, like the application we send they have good faith that we're being accurate & presenting a realistic perspective but we have faith that they're going to take that & go & continue the process & with the same goals ....”(acute care staff ID#5)

I think there's the occupancy pressures. We hear about them regularly, we get lots of emails and notes, requests & demands from senior leadership with the goal of reducing occupancy & so by doing that there's a discharge pressure ...” (acute staff ID#5)

## 4. Physiatrist Role

- Role Expectations.
- Positive Role Features:
  - ▣ Advocate for patients & rehab staff
- Negative Role Features:
  - ▣ Not enough time in acute care;
  - ▣ Not necessarily better access for patients to rehab.
- Role Ambiguity.



“..if you polled the hospital as to what a physiatrist does I think **you still might be get the ‘psychiatrist’?**” (rehabilitation staff ID#3)

# Conclusions

- Acute & rehab staff find early PM&R consults an important part of recovery for trauma patients.
- Need for greater role clarity of the physiatrist across both settings.
- Need to better meet the communication needs of clinical staff & to create greater access & flow between acute care & rehabilitation.
- Need to better meet the rehabilitation needs of trauma patients with unique medical issues &/or mental health concerns.



Thank you for your attention!