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

Sander L. Hitzig, Lesley Gotlib Conn, Sara Guilcher, Stephanie Cimino, Larry Robinson
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 (≤ 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.

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!