

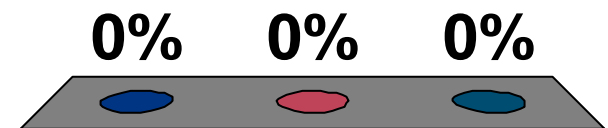
Clinical Scenarios

Scenario 1

- Mrs. P. is a 70 y.o. female with left above knee amputation, admitted with vascular insufficiency and right heel wound. Baseline functional status is independent with transfers from a wheelchair base.
- Therapy initiated for wound care and mobility with goal of return to baseline functional status.
- After 1 week of therapy, patient is not able to transfer independently due to wound on right heel. She will remain in the hospital at least one more week and wound PT will continue for wound care issues.

What is the Right Thing to do?

- 1. Continue PT twice a day** for intensive transfer training.
- 2. Discontinue PT** since patient is not progressing toward goal of independence.
- 3. Continue PT daily or 3 times a week** to work on transfer training.



Continue PT twice a d..

Discontinue PT since ...

Continue PT daily or 3...

Principles Applied: Pick One

**Continue
BID**

- **Continue PT twice a day** for intensive transfer training.

Discontinue

- **Discontinue PT** since patient is not progressing toward goal of independence.

**Continue
QD or QOD**

- **Continue PT daily or 3 times a week** to work on transfer training.

Principles Applied

**Continue
BID**

- The patient could benefit from continued PT but does not require “intensive” PT. She will continue with wound care therapy as well, so adding twice a day “intensive” PT will be challenging to schedule & likely not add value.
- Therefore daily PT is sufficient. It is the “**RIGHT AMOUNT**”

**Discontinue
PT**

**Continue
QD or QOD**

Principles Applied

**Continue
BID**

**Discontinue
PT**

- This is not the best option because the patient has an acute condition and loss of functional status related to this condition (unable to bear weight on RLE, so education and practice with alternative means of transferring is appropriate).
- This requires the skills of a physical therapist. **(RIGHT PROVIDER, RIGHT PATIENT, RIGHT SETTING)**

**Continue
QD or QOD**

Principles Applied

Continue
BID

Discontinue
PT

Continue
QD or QOD

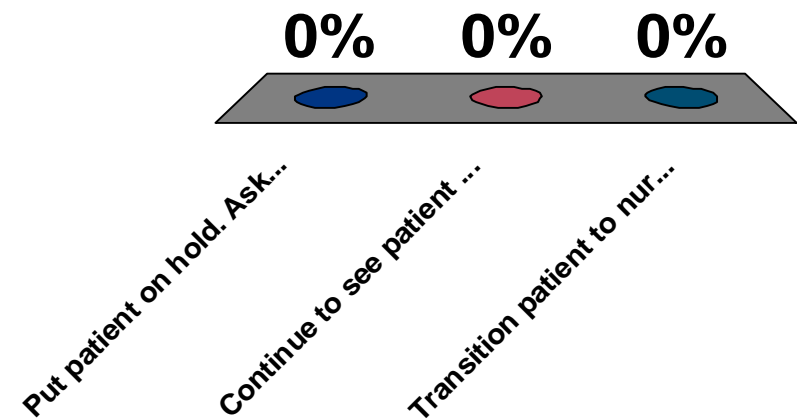
- Patient has an acute condition and loss of functional status related to this condition. This requires the skills of a physical therapist. (**RIGHT PROVIDER, RIGHT PATIENT and RIGHT SETTING**)
- Daily or QOD PT is sufficient. It is the “**RIGHT AMOUNT**”

Scenario 2

- Ms. M. is a 42 y.o. s/p recent thoracic surgery. Seen by PT to assist with functional mobility.
- Patient has transitioned from podium walker to FWW. After 3 sessions, patient able to mobilize 250' with modified independence (with nursing or family). However needs to negotiate 6 stairs to dismiss home.
- Patient has chest tube, O2, and is receiving IV medications which cannot be disconnected.

What is the Right thing to do?

- 1. Put patient on hold.** Ask nursing to carryover practice with transfers and ambulation; note on work list to see patient in 3 days for stairs
- 2. Continue to see patient** for PT once a day so you know when they can start stairs.
- 3. Transition patient to nursing carryover program** for transfers and ambulation.



Principles Applied: Pick One

HOLD Therapy

- **HOLD therapy.** Ask nursing to carryover practice with transfers and ambulation; note on work list to see patient in 3 days for stairs

Continue Therapy

- **Continue therapy** once a day so you know when they can start stairs

Nursing Carryover

- Transition patient to a **nursing carryover program** for transfers and ambulation

Principles Applied

HOLD Therapy

- Putting the patient on hold from services for a few days assures that we are performing interventions at the **RIGHT TIME** with the **RIGHT PROVIDER**

Continue Therapy

Nursing Carryover

Principles Applied

**HOLD
Therapy**

**Continue
Therapy**

- Currently the patient is not able to perform the amount of stairs required to go home due to multiple lines. Therefore it is **not the RIGHT TIME or RIGHT PROVIDER**. Nursing can ambulate until patient able to progress to stairs.

**Nursing
Carryover**

Principles Applied

**HOLD
Therapy**

**Continue
Therapy**

**Nursing
Carryover**

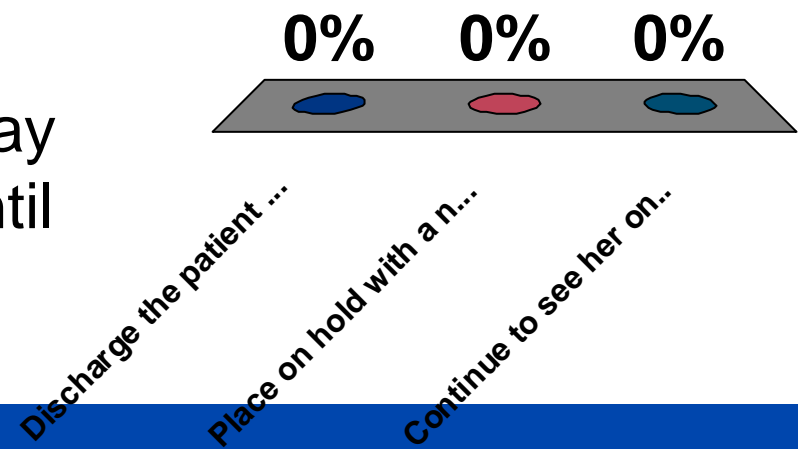
- The patient has unmet therapy goals. Therefore you would not transition to a nursing carryover program. **This is not the RIGHT TIME.**

Scenario 3

- Mrs. V is a 67 y.o. female S/P liver transplant who was evaluated by PT yesterday.
- On review of the EMR, you note she had a change in medical status and has -4 on the Richmond Agitation Sedation Scale (RASS) and is currently not able to be aroused. (-4 score means no response to voice, but movement or eye opening to physical stimulation.)

What is the Right thing to do?

1. **Discharge the patient** from PT since she is not able to actively participate in therapy
2. **Place on hold** with a note on the worklist to check status in 48-72 hours. Re-start PT when patient is able to participate with a RASS score of -2 or greater
3. **Continue** to see her once a day for passive range of motion until she can actively participate in advancing the therapy



Principles Applied: Pick One

Discharge Patient

- **Discharge the patient** since not able to actively participate in therapy.

Hold Therapy

- **Hold therapy** with a note on the worklist to check status in 48-72 hours. Re-start PT when patient is able to participate with a RASS score of -2 or greater

Continue QD

- **Continue therapy** for passive range of motion until she can actively participate in advancing the therapy

Principles Applied

**Discharge
Patient**

- The patient has unmet goals and could soon improve to a level that would allow participation in therapy, discharging the patient completely may cause a delay in patient receiving therapy services. **This is not the RIGHT TIME.**

**Hold
Therapy**

**Continue
QD**

Principles Applied

Discharge
Patient

Hold
Therapy

Continue
QD

- Putting the patient on hold from services for a few days assures that we are performing interventions at the **RIGHT TIME** with the **RIGHT PROVIDER**

Principles Applied

Discharge
Patient

Hold
Therapy

Continue
QD

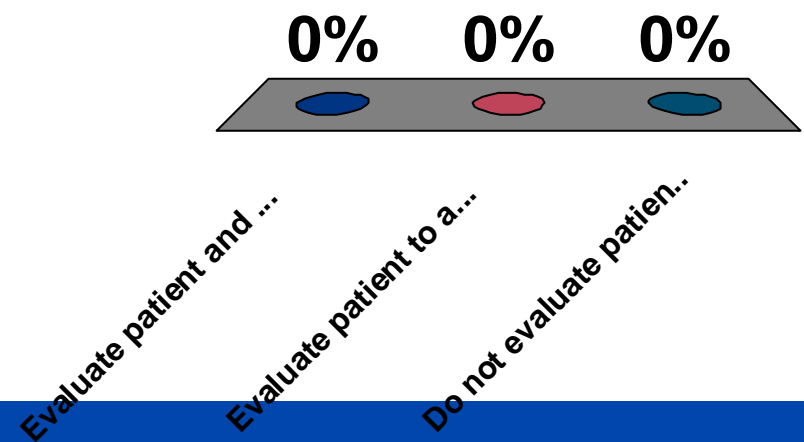
- Currently the patient is not able to actively participate in a therapy program. Therefore it is **not the RIGHT TIME or RIGHT PROVIDER**. Nursing can provide passive range of motion during nursing cares.

Scenario 4

- Mrs. K. is a previously independent 66 year old female admitted to the hospital for atrial fibrillation with subsequent cardioversion.
- She was previously seen as an outpatient for physical therapy to initiate an osteoporosis program.
- Referral received to continue program while in hospital and see Spine Center note from earlier this month.

What is the Right Thing to do?

1. **Evaluate** patient and **continue** outpatient plan of care.
2. **Evaluate** patient to **assess for other needs**.
3. **Do not evaluate** patient; recommend to referring service that since this is not an acute event patient can resume treatment when she is an outpatient.



Principles Applied: Pick One

Evaluate and Continue

- **Evaluate** patient and **continue** outpatient plan of care.

Evaluate and Assess

- **Evaluate** patient to **assess for other needs**

Don't Evaluate

- **Do not evaluate** patient; recommend to referring service that since this is not an acute event, patient can resume treatment when she is an outpatient.

Principles Applied

Evaluate
and
Continue

- This is not the best option because this is **not the RIGHT SETTING**. Performing an evaluation and establishing a plan of care while in the hospital adds cost to care. This patient was admitted for a condition unrelated to her osteoporosis and since she already has an OP POC for the osteoporosis, she can continue with that intervention once she is well enough to proceed.

Evaluate
and
Assess

Don't
Evaluate

Principles Applied

Evaluate
and
Continue

Evaluate
and
Assess

Don't
Evaluate

- This is not the best option because this is **not the RIGHT TIME or RIGHT SETTING**. This patient was admitted for a condition unrelated to her osteoporosis. She was independent on admission. Since she already has an OP POC for the osteoporosis, she can continue with that intervention once her acute medical issues have resolved and she is dismissed to her home.

Principles Applied

Evaluate
and
Continue

Evaluate
and
Assess

Don't
Evaluate

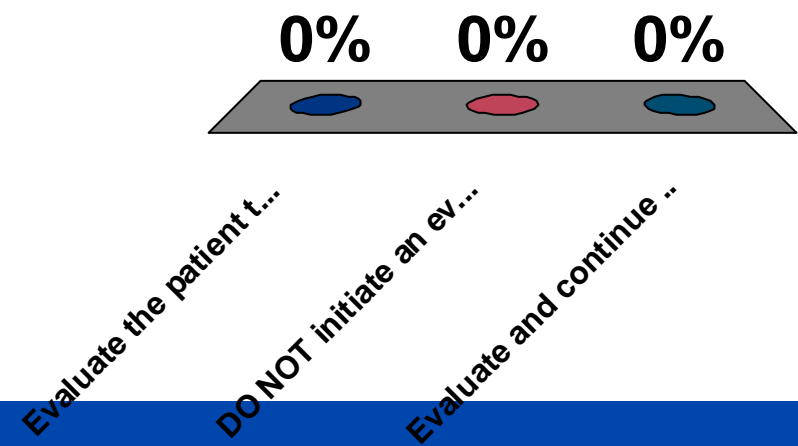
- Deferring treatment for her osteoporosis to the OP setting assures **that therapy is received in the RIGHT SETTING**. Seeing the patient in the acute setting adds cost to the episode of care but adds little value.

Scenario 5

- Mrs. H. is a 43 year old female with a 10 year history of multiple sclerosis. Admitted to hospital for a small bowel obstruction.
- She has no change in her functional status. Was independent with mobility prior to admit, but is weaker than usual now due to dehydration.
- The primary service has sent a referral to PT for functional mobility.

What is the Right Thing to do?

- 1. Evaluate the patient** to determine PT needs/goals during acute hospitalization.
- 2. DO NOT initiate an evaluation** because the patient is at or near baseline. Write a note in the EMR indicating reasons why she will not receive PT in the hospital.
- 3. Evaluate and continue** to see the patient for daily PT because the patient requests it.



Principles Applied: Pick One

Evaluate

- **Evaluate the patient** to determine PT needs/goals during acute hospitalization.

DO NOT Initiate an Evaluation

- **DO NOT initiate an evaluation.** Write a note in the EMR indicating reasons why she will not receive PT in the hospital.

Evaluate and Treat

- **Evaluate and continue** to see the patient for daily PT because the patient requests it.

Principles Applied

Evaluate

- The patient was independent in mobility prior to admit. The primary change in her status is due to dehydration which will improve with medical intervention. **This is not the RIGHT PATIENT, not the RIGHT PROVIDER.**

**DO NOT
Initiate an
Evaluation**

**Evaluate
and Treat**

Principles Applied

Evaluate

**DO NOT
Initiate an
Evaluation**

Evaluate
and Treat

- Patient is back at baseline. There is no functional loss. Her weakness is due to dehydration which will improve with medical intervention. **This is not the RIGHT PATIENT, not the RIGHT TIME.**

Principles Applied

Evaluate

**DO NOT
Initiate an
Evaluation**

**Evaluate
and Treat**

- Patient was independent in mobility prior to admit. Nursing can assist with mobility until her weakness improves. **This is not the RIGHT PATIENT, not the RIGHT PROVIDER.**

Acknowledgements

- Brad King, PT, DScPT- Therapy Clinical Education Specialist at Mayo Clinic Rochester.
- Workgroup members
 - Lyndsey Vandenberg, PT, DPT
 - Mary Wehde, PT, DScPT, NCS
 - Tanya Peterson, PT, DScPT
 - Aaron Biedermann, OT, MBA
 - Mickey Liepold, PT, DScPT

Questions?



Thank You!

boysen.julia@mayo.edu

mcgarry.kimberly@mayo.edu