

## Uniting Physical Therapy and Emergency Medicine to Reduce Admissions

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# Uniting Physical Therapy and Emergency Medicine to Reduce Admissions

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## Learning Objectives

- Examine the implementation of an emergency department-based physical therapy evaluation algorithm to reduce admissions relating to common musculoskeletal conditions.
- Use the Vizient Clinical Data Base (CDB) to benchmark hospital data against an appropriate comparison cohort for quality improvement.

## Background

- Utilizing CMS reporting, the Vizient Clinical Data Base (CDB), and evidence-based research, an emergency department (ED) back pain protocol was developed involving early intervention by physical therapy (PT).
- Lehigh Valley Health Network (LVHN) is a consistent high outlier for medical back pain admissions as per the CMS PEPPER report
- Confirmed using the CDB by comparing LVHN against other academic medical centers for MS DRG 551 and 552 admissions as well as PT utilizations

## Speaker Contact Information

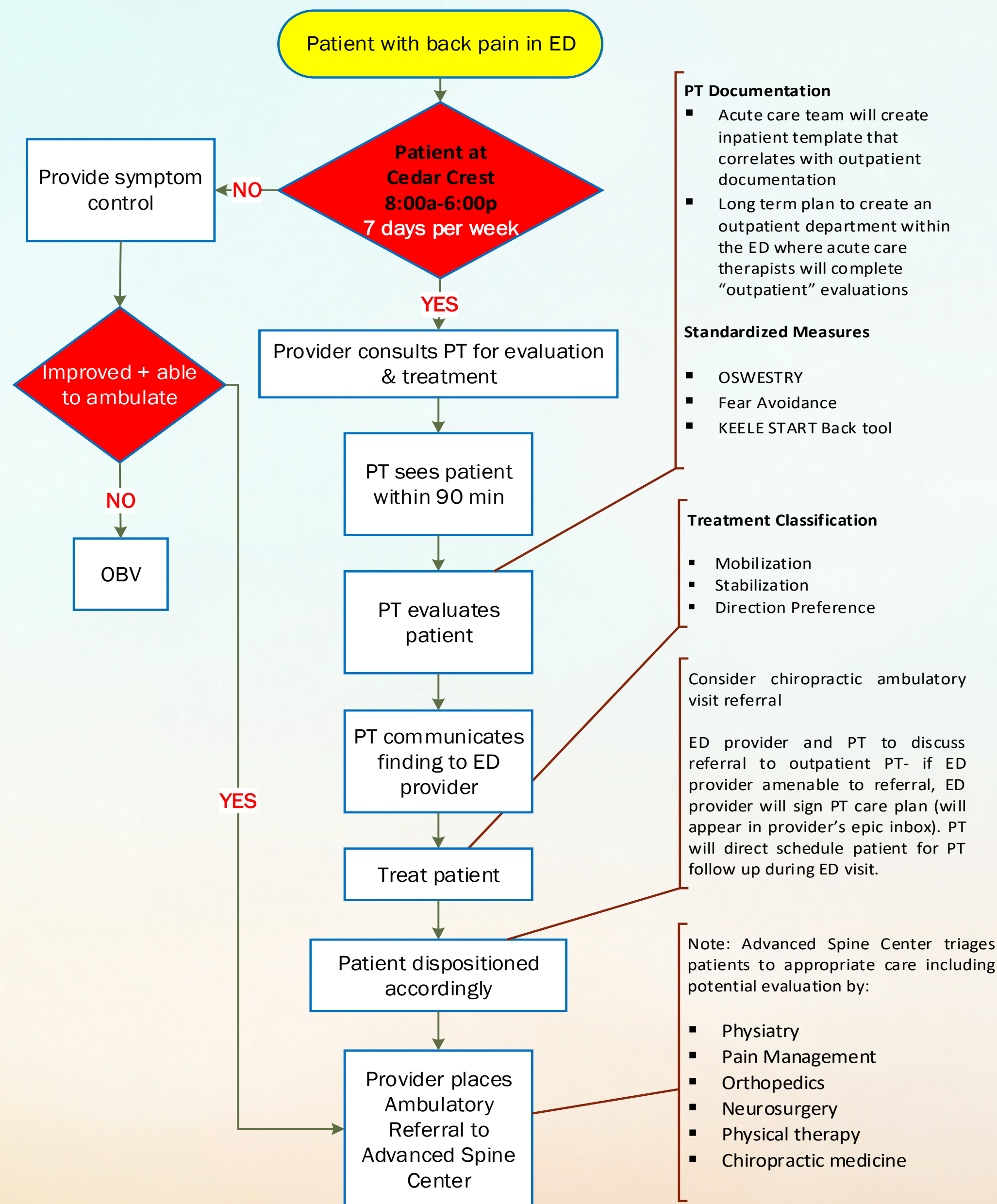
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- The authors of this presentation have nothing to disclose

## References

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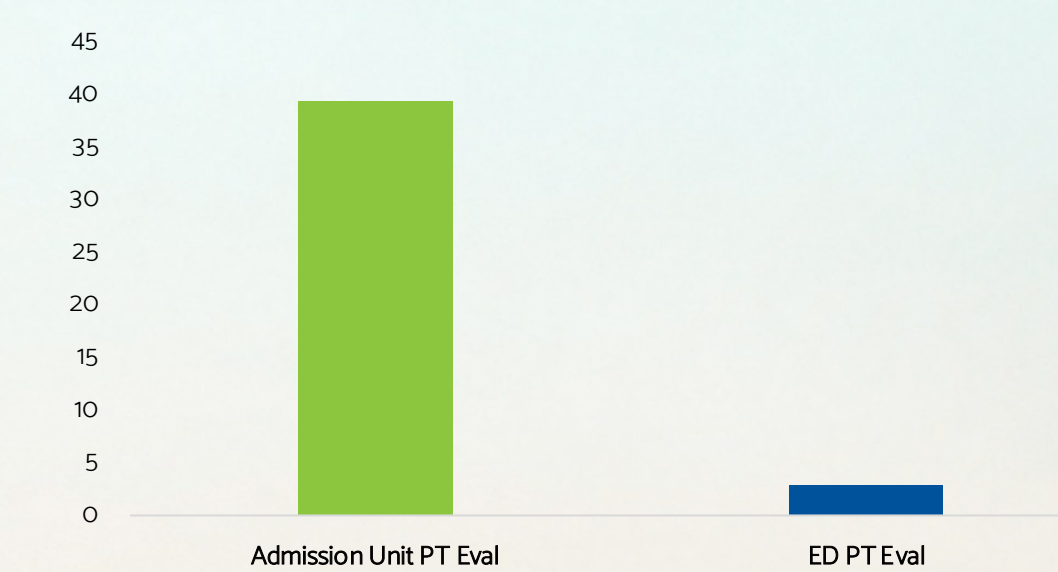
## PT in the ED Low Back Pain



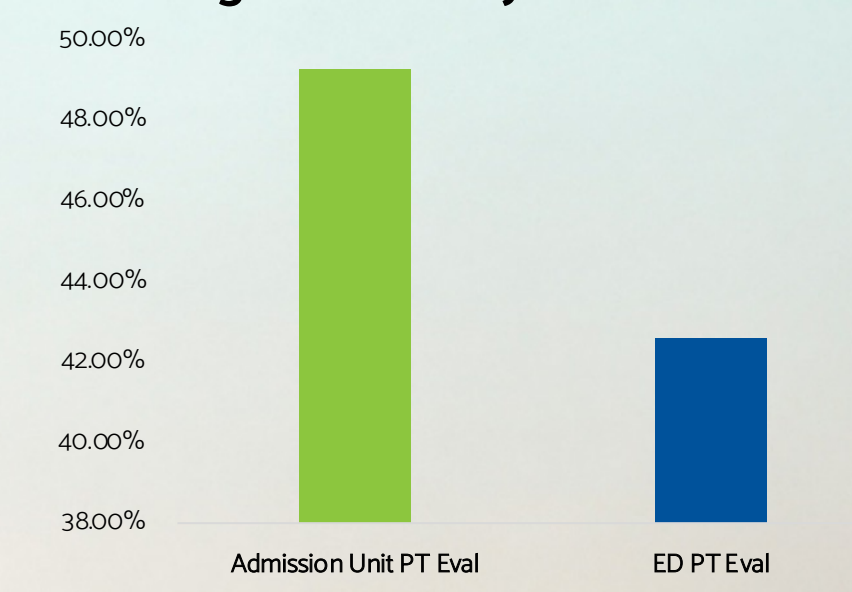
## Outcomes

- While several metrics have shown benefits, LVHN continues to experience a high admission rate for back pain patients
- FY2021 Q1 and Q2 CDB reports continue to show LVHN as having high admission rates for MS DRG 551 & 552 compared to other AMCs.
- LVHN recognizes PT in the ED algorithm as a necessary tool for better patient care. With the tapering of COVID-19 admissions, LVHN is experiencing its highest rates of PT evaluations for back pain patients since the start of our project.
- Rapid evaluation by PT in the ED allows for a shorter arrival to evaluation time and a reduction in unnecessary diagnostic imaging.

Arrival to PT Evaluation Time (hrs.)



Diagnostic X-Ray Utilization



ED PT Evaluation %

