

Implementing Ramp Recommendations in Inpatient Rehab Consults to Shorten Inpatient Rehab Length of Stays



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BACKGROUND

A lower limb amputation is a significant event in the lives of both patients and their caregivers. An amputation makes access to enter the home very difficult, and access with a ramp is often necessary. Building a ramp often requires significant coordination due to cost and acquiring materials and labor to build the ramp. The complexity of these factors often contributes to increase length of stay in inpatient rehab.

PROJECT AIM

The purpose of this study was to engage case managers in the acute hospital, in order to notify families that a ramp will likely be needed, in order to facilitate the acquisition of materials and labor prior to admission to inpatient rehab.

PROJECT DESIGN/STRATEGY

Over the course of 10 weeks, we implemented the following dot phrase in the consult note of all amputee patients:

Due to patient's functional status due to amputation, a ramp will likely be needed before discharge home. Recommend acute case management consult to notify family regarding ramp need, in order to gather resources for ramp building.



Figure 1: Home access ramp
Credit: <https://homeaccess.nationalramp.com/>

RESULTS/OUTCOMES

During the 10 weeks, we had nine inpatient amputee consults. The dot phrase was placed on all nine consults and none of the patient were approached by acute case management to discuss ramp need. Therefore, our data showed that the implementation of this dot phrase into the consult note was unsuccessful

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DISCUSSION AND FURTHER DIRECTION

Acute case managers may have overlooked the recommendations of the dot phrase, since the PM&R consult notes offers numerous information addressing medical and functional needs. To facilitate better communication with IPR and acute case managers, a more direct line of communication to case managers may better facilitate the acquisition of ramp building resources. A case management consult order that explicitly states the recommendation for a ramp may lead to further discussion with patients and their families regarding ramp need prior to discharge home

CONCLUSIONS

Acquisition of a ramp for home access often presents with multiple barriers. Communicating with acute case management may assist in the process of building a ramp given the significant amount of time and coordination required. Although our project did not yield significant results, it helped the inpatient rehab team by providing future direction for communication with acute case management team to facilitate the discussion for possible ramp need prior to coming to inpatient rehab, which may shorten length of stay.