Embedded Physical Therapist in an Ambulatory Surgical Center Emergency Department

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Abstract

The purpose of this case study is to assess the efficiency, labor-saving, and cost-saving potential of embedding a physical therapist within a military ambulatory surgical center emergency department. Physical Therapists have been operating in civilian emergency departments (ED) effectively for years.[3,4] They often serve as musculoskeletal experts in a primary care role.[2] Within a military treatment facility, the physical therapist is able to independently evaluate and treat a patient without a referral.[5] This process will offload the emergency medicine physicians.

We believe that this process would decrease the workload burden on emergency medicine physicians, decrease length of time in the emergency department, and provide access to early intervention and referral. During this presentation, we will provide further justification for embedding a physical therapist within the emergency department. By assessing the current caseload compared to the potential caseload, we will demonstrate the effectiveness and need for physical therapists within a military emergency department.

Methods

The patient population are those with Emergency Severity Index (ESI) Level 4 and Level 5, whose chief complaint is of a primary, non-urgent, musculoskeletal origin. When a patient presents to the Emergency Department, they are initially triaged by a registered nurse and immediately directed to the physical therapist for assessment of appropriateness followed by evaluation and treatment by the physical therapist. The plan of care is approved by an attending physician prior to discharge.

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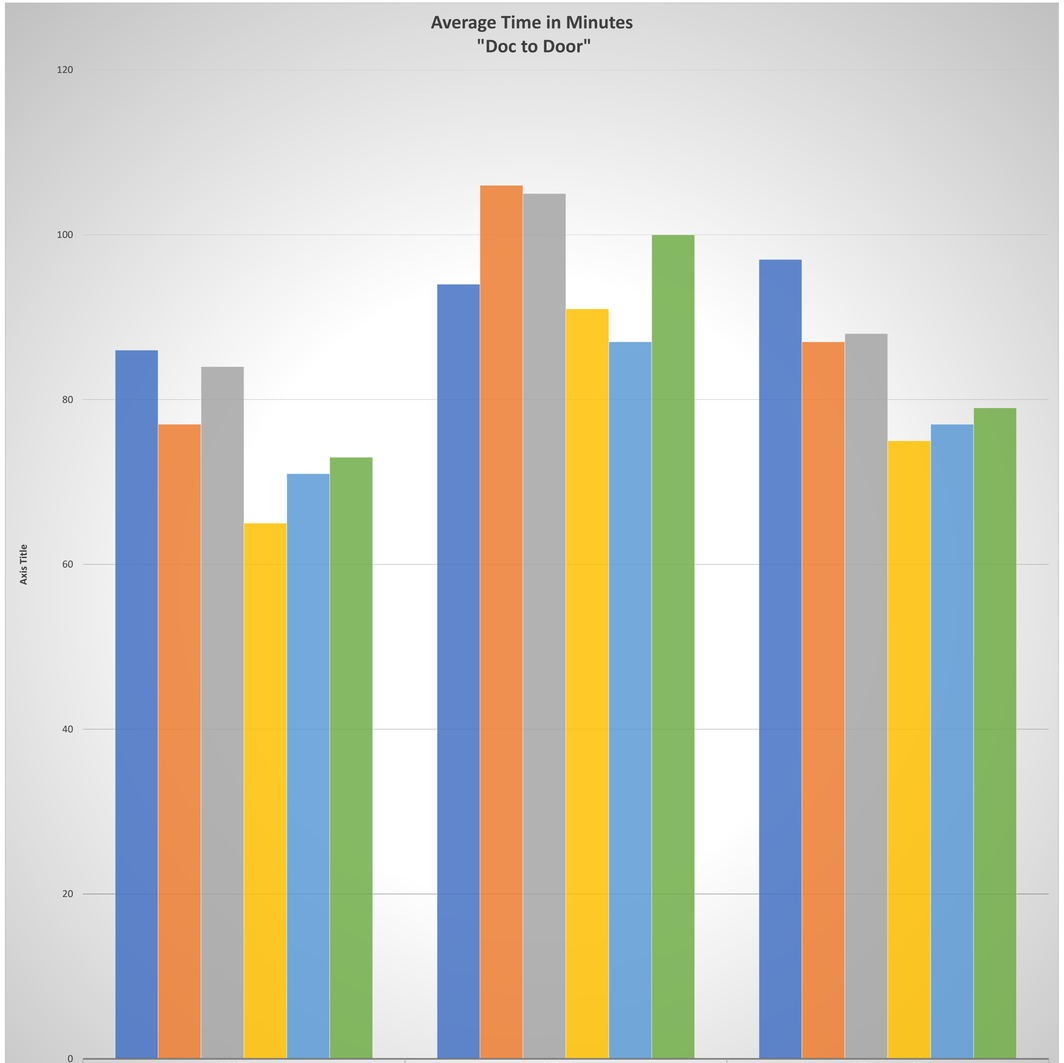

	MSK PT Present	All Patients	MSK without PT
June	86	94	97
July	77	106	87
August	84	105	88
September	65	91	75
October	71	87	77
November	73	100	79

Results

From June to November the average "Doc to D patients with a musculoskeletal diagnosis wa minutes (1:16). This is the time from initial co provider to the discharge of the patient. The " time for the sum of all patients was 1 hour an (1:37). This is an average of time difference of over the course of six months with the presen therapy working within the emergency depart that time period.

More specifically, during the duty hours with p therapy present the average "Doc to Door" fo musculoskeletal patients time was 1 hour and (1:16). The average "Doc to Door" time for all (non-duty hours for physical therapy) was 1 h minutes (1:23). This is an average difference o initial contact by a provider to discharge with therapist present.

73% of our patients were referred to physical those, 53% scheduled with an average wait ti to 1st appointment. Some patients were seen hrs after ED visit. This improved from the ave access to care following referral from Primary of beginning PT interventions in 14 days or le substantial reductions in healthcare utilizatio

Conclusion

Implementation of physical therapists in the E Department may have a cost and time savings including improved patient outcomes, decrea time, and decreased opioid prescription.