

PHYSICAL THERAPY UTILIZATION IN OLDER ADULTS HOSPITALIZED FOR FALL-RELATED INJURY: A RETROSPECTIVE CHART REVIEW

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BACKGROUND AND PURPOSE: The CDC reports one-third of people 65 and older fall each year. The primary purpose of this retrospective chart review study was to determine utilization of inpatient Physical Therapy (PT) services by persons 65 years and over who have sustained accidental fall related injuries requiring hospital admission.

METHODS AND MATERIALS: A retrospective chart review was conducted using Trauma Registry data and patient electronic medical records (EMRs) from January 1, 2012 to June 30, 2015. From 1828 patients, 150 patients were randomly sampled and reviewed for data extraction and coding.

ANALYSES: Descriptive and correlational statistics were calculated. The kappa statistic measured the agreement between abstractors. Statistical analysis was performed using SPSS.

RESULTS: Patients were 81.2 ± 9 years of age, had a LOS of 4.9 ± 4.1 days, had AIS scores of 2.7 ± 0.9 and ISS scores of 9.6 ± 6.5 , and participated in 3.2 ± 2.2 PT sessions. The majority of subjects were female (68%), Caucasian (97.3%), from SE MN (72.6%), and discharged to a SNF/LTAC (60%). 85.3% of patients sampled were seen by a PT. 76% of patients received PT recommendations in their hospital discharge summary. 9.3% were readmitted to the hospital or seen in the emergency department within 6 months for another fall. The two most commonly documented falls were "Other falls" (36.7%) and "Accidental fall on same level from slipping, tripping or stumbling" (26.7%). Falls occurred evenly across all months.

CONCLUSIONS: Managing falls remains a complex task. Nearly 15% of the patient charts sampled had not seen a physical therapist following a fall related hospitalization, and 24% did not receive recommendations for PT services within their hospital discharge summary.

IMPLICATIONS: Guidelines for physical therapy services established for older adults who have sustained serious enough fall related injury requiring hospitalization are not being fully met. Future utilization of and recommendations for PT may be warranted.