

Clinical Strong Practice (CSP)

Emergency Medicine Therapy Collaborative (EMTC)

Practice Purpose

A physical therapist (PT) or occupational therapist (OT) integrates into the emergency department (ED), is available to assess Veterans, and collaborates with ED providers to recommend the right care at the right time.

Documents Included

How to Establish Emergency Medicine Therapy Collaborative (EMTC) (Page 1)

- Describes stakeholders, a checklist necessary to establish EMTC in facility, training materials, and resources available for implementation

Template for Provider Education Handouts (Page 2-3)

- Describes situations where it is recommended to refer to the PT or OT in the Emergency Department (ED)
- This template is editable to be facility specific

Practice Flow Charts (Pages 4-5)

- Flow charts for PT or OT to reference for the evaluation, intervention, and discharge planning for Veterans who present in the ED with complaints of low back pain, a fall, or decline in function

Practice Origin: Cincinnati VA Medical Center

POC for Questions: Dr. Stephanie Christman, DPT | Stephanie.Christman@va.gov



This COVID Strong Practice was developed in response to the COVID-19 Pandemic to enable VHA to adapt quickly for the benefit of Veteran and employee health. Do you have feedback on this practice or would you like to submit a practice for consideration as a Clinical Strong Practice? Please email us here VHAClinicalStrongPractices@va.gov

How to Establish Emergency Medicine Therapy Collaborative (EMTC)

<p>Stakeholders to Engage</p>	<p><u>Leadership</u></p> <ul style="list-style-type: none"> • Rehab care line • Ambulatory care or emergency department 	<p><u>Emergency Department (ED)</u></p> <ul style="list-style-type: none"> • Physicians • Nurses • Staff (ex. mental health, social work, techs) 	<p><u>Therapists</u></p> <ul style="list-style-type: none"> • Approximately .25 FTE occupational therapist (OT) or physical therapist (PT) dedicated to the ED • Experienced therapist recommended
<p>Checklist to Establish EMTC in Facility</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Consider developing a service agreement/MOU between services (optional) <input type="checkbox"/> Determine the peak utilization times in the ED to decide when to staff therapist <ul style="list-style-type: none"> ▪ Use the VHA Support Service Center (VSSC) Patient Intake Report ▪ Peak patient intake times typically range between 10:00 AM - 3:00 PM <input type="checkbox"/> Identify and assign therapist(s) to cover peak times in the ED for your facility <ul style="list-style-type: none"> ▪ Consideration: When integrating therapist(s) into the ED, therapist time should be considered a staffing resource. Be sure to capitalize on workload of the therapist or clinic utilization where able <input type="checkbox"/> Co-location in ED vs. remote availability <ul style="list-style-type: none"> ▪ Collaborate with the ED to determine if the therapist is collocated in ED during service hours or located outside of ED and called to provide services ▪ If possible, recommended to collocate therapist during service hours to enable integration into ED team <input type="checkbox"/> Identify role of therapist in ED and review designated role with identified therapist(s) <ul style="list-style-type: none"> ▪ Please reference the practice flow charts of the most frequently identified issues presented in the ED to define therapist role (page 3 – 4) ▪ May need to modify practice flow chart materials based on your facility and therapist’s capabilities (PT vs OT) <input type="checkbox"/> Offer educational handouts and informational sessions for ED providers <ul style="list-style-type: none"> ▪ Provider education handout template (Page 2-3) ▪ Once completed with facility specific information, share the handout with ED providers <input type="checkbox"/> Set up a method of communication between therapist(s) and ED providers <ul style="list-style-type: none"> ▪ Examples: A skype or pager service <input type="checkbox"/> Establish equipment storage space, available equipment/bracing for use in the ED, and identify process for stocking therapy equipment in the ED for therapist use 		

Do you have feedback on this practice or would you like to submit a practice for consideration as a Clinical Strong Practice? Please email us here

VHAClinicalStrongPractices@va.gov

6/09/2020

1 of 4

When to Refer to Therapy in the Emergency Department

DECLINE IN FUNCTION

- Veteran expresses difficulty with activities of daily living (ADL's) such as getting dressed or bathing
- Veteran describes or displays cognitive changes which affect their participation in daily activities
- Veteran expresses limited functional mobility, such as difficulty getting out of bed, off the toilet, or walking around the room

HOME SAFETY CONCERNS

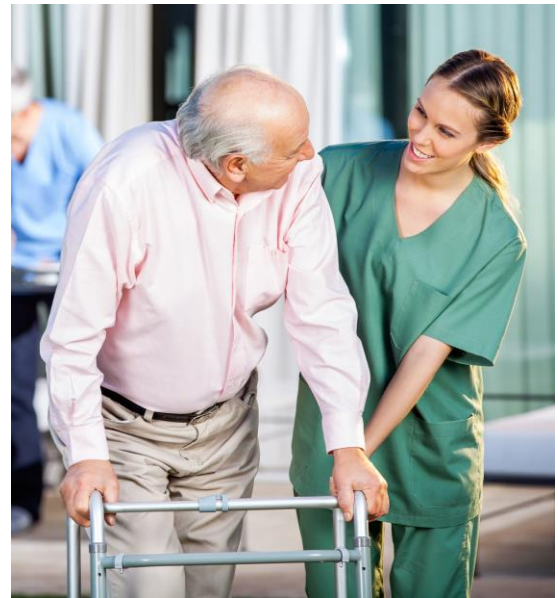
- For assistance determining if it is safe for Veteran to return home
- Veteran or family voices concerns for falls or other safety issues
- Veteran requires home safety assessment by a therapist
- Veteran requires other resources, such as home PT or OT, or home-based primary care (HBPC)

ADAPTIVE EQUIPMENT

- Veteran requires equipment such as a walker, wheelchair, bed rail, bracing, or dressing equipment to increase safety or independence

ED DISCHARGE PLAN

- Veteran needs admission to hospital or a higher level of care
- Veteran needs outpatient therapy services
- To recommend support available to Veteran in their community



Contact **<name of therapist(s) on EMTC duty>** for assessments.

Work phone: **XXX-XXX-XXXX** (please leave a message after hours)

Email: **name.name@va.gov**

Hours: **7:30 AM to 4:00 PM M-F**

When to Refer to Therapy in the Emergency Department

MUSCULOSKELETAL

- Veteran expresses acute pain related to minor trauma
- Veteran describes onset of movement limitation related to work or other specific activity
- Veteran has history of pain or movement limitation that has worsened recently

NEUROLOGIC

- Veteran has complaints of new or worsening problems with balance or coordination
- Veteran describes repeated injuries resulting from falls
- Veteran is experiencing changes in sensation or strength
- Veteran describes vestibular symptoms

EDEMA MANAGEMENT

- Veteran displays an increase in limb fluid retention
- Veteran is having difficulty managing vascular / venous insufficiency
- Veteran needs home equipment or compression
- Veteran experiences difficulties related to limb size

SKIN / WOUND CARE

- Veteran has chronic wound care needs and difficulty with self-management
- Veteran complains of pain related to vascular, venous, or neuropathic disease
- Veteran is at risk of limb loss related to vascular, venous, or neuropathic disease



Contact **<name of therapist(s) on EMTC duty>** for assessments.

Work phone: **XXX-XXX-XXXX** (please leave a message after hours)

Email: **name.name@va.gov**

Hours: **7:30 AM to 4:00 PM M-F**

Emergency Medicine Therapy Collaborative (EMTC)

PRACTICE FLOW CHARTS (1 of 2)

Evaluation	Collaboration with ED Provider: discussion of patient needs and medical consideration		
	Chart Review		
	<ul style="list-style-type: none"> • Emergency severity index • Past medical / surgical history 	<ul style="list-style-type: none"> • Vital signs • Labs / Diagnostics • Medications 	<ul style="list-style-type: none"> • Prior level of function • Past Consults / Services
	<u>COMPLAINT:</u> <u>DECLINE IN FUNCTION / FALLS</u>	<u>COMPLAINT:</u> <u>LOW BACK PAIN</u>	<u>COMPLAINT:</u> <u>FOOT / ANKLE / EDEMA</u>
	Interview	Interview	Interview
	<ul style="list-style-type: none"> • Chief Complaint and History • Patient / Caregiver Goals • Pain Management • Social History • Living Environment • Current and Past Equipment • Current and Past Therapies • Participation in Activities of Daily Living 	<ul style="list-style-type: none"> • Chief Complaint and History • Patient / Caregiver Goals • Pain Management • Social History • Living /Work Environment • Current and Past Equipment • Current and Past Therapies • Participation in Activities of Daily Living 	<ul style="list-style-type: none"> • Chief Complaint and History • Patient / Caregiver Goals • Pain Management • Social History • Living / Work Environment • Current and Past Equipment • Current and Past Therapies • Participation in Activities of Daily Living
Assessment Process	Assessment Process	Assessment Process	
<ul style="list-style-type: none"> • Cognition and orientation <ul style="list-style-type: none"> • Saint Louis Mental Status Examination (SLUMS) • Montreal Cognitive Assessment (MoCA) • Muscle strength • Range of Motion • Balance <ul style="list-style-type: none"> • Timed Up & Go • 4-Stage Balance Test • Functional Performance <ul style="list-style-type: none"> • Activities of Daily Living • Bed Mobility • Transfers • Ambulation / Stairs • Aerobic Capacity (including orthostatics as needed) • Functional Strength • Vision 	<ul style="list-style-type: none"> • Cognition and orientation • Visual Assessment of Spine • Joint Mobility and Alignment • Neuro Testing <ul style="list-style-type: none"> • Sensation / Pain • Muscle Recruitment • Reflexes • MSK Testing <ul style="list-style-type: none"> • Strength • Flexibility • Tissue quality • Functional Performance <ul style="list-style-type: none"> • Activities of Daily Living • Bed Mobility • Transfers • Ambulation / Stairs • Balance <ul style="list-style-type: none"> • Timed Up & Go • 4-Stage Balance Test 	<ul style="list-style-type: none"> • Cognition and orientation • Visual Assessment of Limb • Joint Mobility & Range of Motion • Neuro Testing <ul style="list-style-type: none"> • Sensation / Pain • Muscle Recruitment • MSK Testing <ul style="list-style-type: none"> • Strength • Flexibility • Tissue quality • Balance <ul style="list-style-type: none"> • Timed Up & Go • 4-Stage Balance Test • Skin <ul style="list-style-type: none"> • Vascularity • Tissue / • Edema • Gait Assessment <ul style="list-style-type: none"> • Footwear 	
Diagnostics as needed	Diagnostics as needed	Diagnostics as needed	
<ul style="list-style-type: none"> • Lab requests • Consult requests as needed 	<ul style="list-style-type: none"> • Radiology studies • Labs • Consult requests as needed 	<ul style="list-style-type: none"> • Radiology studies • Labs • Consult requests as needed 	

Emergency Medicine Therapy Collaborative (EMTC)
FUNCTIONAL ISSUES FLOW CHARTS (2 of 2)

	<u>COMPLAINT:</u> <u>DECLINE IN FUNCTION / FALLS</u>	<u>COMPLAINT:</u> <u>LOW BACK PAIN</u>	<u>COMPLAINT:</u> <u>FOOT / ANKLE / EDEMA</u>
Intervention	<p>Potential Interventions</p> <ul style="list-style-type: none"> • Prescription and training with most appropriate equipment: <ul style="list-style-type: none"> • Sock Aide, Reacher • Cane, Walker • Consult With PT /OT for other ADL or Mobility needs • Patient/Caregiver Education: <ul style="list-style-type: none"> • Home Safety • Community Access • Activity Modification • Energy Conservation • Therapeutic Exercises • Education and discussion of Therapy recommendations and plan of care <ul style="list-style-type: none"> • Additional services • Additional equipment • Lifestyle considerations 	<p>Potential Interventions</p> <ul style="list-style-type: none"> • Spinal or Soft Tissue Mobilization • Bracing, Taping, or Strapping • Dry Needling • Acupuncture • Self-management Plan <ul style="list-style-type: none"> • Therapeutic Exercise • TENS prescription • Prescription and training with most appropriate equipment • Patient/Caregiver Education: <ul style="list-style-type: none"> • Home Safety • Community Access • Activity Modification • Energy Conservation • Spinal / Body Mechanics • Back Hygiene 	<p>Potential Interventions</p> <ul style="list-style-type: none"> • Joint or Soft Tissue Mobilization • Bracing, Taping, or Strapping • Dry Needling • Acupuncture • Wound Care: <ul style="list-style-type: none"> • Dressing • Debridement • Suture Management • Compression • Self-management Plan <ul style="list-style-type: none"> • Wound Care • Therapeutic Exercise • TENS prescription • Prescription and training with most appropriate equipment • Patient/Caregiver Education: <ul style="list-style-type: none"> • Home Safety • Community Access • Activity Modification • Foot Hygiene • Diabetes Management
Plan	<p>Discharge Planning Recommendations</p> <ul style="list-style-type: none"> • Admit to: <ul style="list-style-type: none"> • Acute care • Rehab facility • Assisted Living • Long term care • Discharge home: <ul style="list-style-type: none"> • Home Therapy • Other Home Services • Hospital in Home • Home-based Primary Care • Outpatient Consults <ul style="list-style-type: none"> • Geriatric Evaluation • Rehab Services • Pain Clinic • Health / Wellness Groups • Equipment <ul style="list-style-type: none"> • Request for home delivery 	<p>Discharge Planning Recommendations</p> <ul style="list-style-type: none"> • Admission needs • Recommendation for Higher Levels of Care • Outpatient Consults <ul style="list-style-type: none"> • Physical Therapy • Chiropractic Care • Physical Medicine • Orthopedic Surgery • Pain Clinic • Health / Wellness Groups • Recommendation of Community Resources <ul style="list-style-type: none"> • Health / Wellness Groups • Massage • Meditation • Additional Equipment <ul style="list-style-type: none"> • Request for home delivery 	<p>Discharge Planning Recommendations</p> <ul style="list-style-type: none"> • Admission needs • Recommendation for Higher Levels of Care • Outpatient Consults <ul style="list-style-type: none"> • Physical Therapy • Nutrition • Podiatry • Wound Care • Orthopedic Surgery • Pain Clinic • Health / Wellness Groups • Recommendation of Community Resources • Additional Equipment <ul style="list-style-type: none"> • Request for home delivery