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## The New Demands of Acute Care: Are We Ready?

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## The New Demands of Acute Care: Are We Ready?

Physical therapy practitioners in the acute care world have a challenge. The segment of the US population aged 65 years and older is projected to increase from 35 million in 2000 to an estimated 71 million in 2030.<sup>1</sup> Incorporated into this demographic bulge is a substantial projected increase in the number of people aged 80 years and older, from 9.3 million in 2000 to 19.5 million in 2030.<sup>1</sup> An aging population combined with a longer life expectancy will increase the prevalence of chronic diseases and conditions associated with aging, leading to increased hospitalizations and need for rehabilitation services.<sup>2</sup> A frail, increasingly dependent population will place enormous strain on health care providers. Are physical therapists and physical therapist assistants who work in acute care prepared for this challenge? Do we have sufficiently streamlined, efficient work processes? Do therapists have the necessary skills? Do we have the staffing?

In this issue of **PTJ**, 2 articles offer unique insights into acute care physical therapy and should be harbingers of continued dialogue and research. In “Development of a Unique Triage System for Acute Care Physical Therapy and Occupational Therapy Services: An Administrative Case Report,” Hobbs et al<sup>3</sup> tackle a common concern in acute care practice: too much to do, and not enough time to do it. All physical therapists and physical therapist assistants who have worked in acute care know the difficulties of managing a voluminous patient caseload. The daunting caseload, combined with non-patient care duties, affects job satisfaction and sometimes feels like a Sisyphean ordeal. If you recall, in Greek mythology, King Sisyphus is punished by the gods for his trickery and deception. He is required to roll a huge boulder up a hill, only to have it escape his grasp and roll back down, dooming him to repeat his labor for all eternity. I do not wish to imply that working in acute care is punishment; the ability to effectively treat patients across the broad spectrum of acute care is a challenging aspect of our profession, and one I’ve relished for more than 18 years. But I’ve also watched as talented therapists choose to leave the acute care setting because of the many changing demands in the health care environment that can lower job satisfaction (eg, electronic health records, documentation requirements, therapist productivity expectations).

Staffing resources are increasingly limited in hospital settings, and there are persistent turnover and vacancy rates among therapy staff, especially junior staff.<sup>4,5</sup> As Blau et al<sup>6</sup> and Lopopolo<sup>7</sup> recognized, physical therapists have an increased sense of burden due to time constraints associated with non-patient care duties, and this increased burden negatively affects physical therapists and physical therapist assistants in their pursuit of work-related objectives. Hobbs et al provide an interesting case example of how they established a tool to reduce inappropriate consults across multiple sites in an academic health care system, thereby improving the efficiency of a finite therapy resource.

Acute care physical therapy requires skill and a resolve to focus on the functional capabilities of the individual who has impairments to multiple organ systems. Physical therapists and physical therapist assistants must consider multiple factors—the pathophysiology of disease and surgery, medications, physiologic monitoring and support equipment, the patient’s social support network, and so on—to provide optimal care and enable



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timely discharge to the appropriate postacute destination. To highlight the distinctiveness of acute care practice, the article by Gorman et al<sup>8</sup> titled “Nationwide Acute Care Physical Therapy Practice Analysis Identifies Knowledge, Skills, and Behaviors That Reflect Acute Care Practice” in this issue of **PTJ** identifies the specialized skills and expertise necessary for clinicians to be successful in an evolutionary area of practice. The authors have a stated objective of identifying acute care physical therapy as an area for clinical specialization. In addition, they contend that their practice analysis may identify educational foundations that can contribute to professional physical therapist education as well as provide a framework for acute care residencies and fellowships. As a lifelong acute care practitioner, I am a biased proponent of the first goal; as an educator, mentor, and practicing clinician, I am intrigued by the second goal.

Health care reform may add new dimensions to these goals. The creation of a bundled payment system, for instance, was discussed in a **PTJ** Health Policy in Perspective article by DeJong<sup>9</sup> and in a **PTJ** podcast with DeJong and Moore.<sup>10</sup> These experts contend that both challenges and exciting opportunities exist in this payment proposal. For example, payers will need performance metrics that demonstrate value defined not only in financial and medical terms but by functional, cognitive, and social outcomes. This should encourage physical therapists to demonstrate and define our value. Current research highlights the value of physical therapy for patients who are critically ill in terms of functional status, cognition, and length of stay.<sup>11,12</sup> Additional studies demonstrate that physical therapists are essential components of the health care team in the accurate identification of post-acute care needs, thereby having an impact on readmission rates and possibly health care expenditures.<sup>13</sup> The acute care articles in this issue highlight the value of physical therapy. Identification and instruction of unique acute care skills and implementation of triage systems will improve staff allocation and proficiency, enabling physical therapists to be most effective in providing care.

The articles cited here should inspire us—acute care practitioners, therapy managers, and educators—to examine and evaluate how to provide services as well as how to facilitate the integration of the specialized knowledge, skills, and behaviors that will bring success in acute care. We face many challenges ahead—an aging population; changes in work processes and care delivery; recruitment and retention of high-quality staff; and the imperative to define the value of physical therapy to our many stakeholders, including patients, referral sources, and third-party payers. *Are we ready?*

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