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ASCIP Essay Entry

“As an interdisciplinary organization, ASCIP promotes the development of interdisciplinary team work in the field of Spinal Cord Injury medicine to promote quality, patient-centered care. In 1000 words or less, describe your ideas of how to promote quality, patient-centered healthcare and develop interdisciplinary team work. If this is an active project, please describe the project; if not, describe how would you take your idea to the next level and implement it in the real world.”

“Where will I go next? When will I be able to go home?” Nearly every patient asks me these two questions as a neurologic physical therapist at a Level I trauma center. While these may seem like simple questions to most, they are far more complex for patients with traumatic spinal cord injuries (SCI). I believe that the best way to promote quality, patient-centered healthcare and develop interdisciplinary team work is by focusing on the patient’s most basic needs and autonomy first.

As a current neurologic physical therapy resident, I have the unique opportunity to work with patients with SCI in the acute, inpatient rehabilitation, and outpatient settings at a SCI Model System center. From this perspective, I see patients transition through each phase of their recovery. They receive copious amounts of information from physicians, nurses, therapists, case managers, and more; however, one commonality remains clear. Rather than leading their own recovery journeys, they often take the seat as a passenger. While not every patient is in the right state of mind to navigate our complex medical system, restoring a patient’s autonomy is imperative for his long-term success and wellbeing.

Following a SCI, healthcare providers are preoccupied with countless variables: strength, sensation, range of motion, pain, vital signs, endurance, simultaneous injuries, spasticity, and more. Physicians create medication regimens to address pain and tone, and therapists design stretching/strengthening programs to optimize mobility. We focus so much time on addressing physical impairments; imagine how empowered patients would feel if we spent equal amounts of time on fostering patient/caregiver independence? How many life-threatening pressure injuries or respiratory complications would be prevented? Patient-centered care cannot truly be patient-centered if he or she is not adequately equipped to understand and address his/her own needs, and simply giving an informational handout or recommending follow-up with XYZ specialist after hospital discharge does not suffice.

While I do not have a current project addressing this issue, I have actionable strategies to promote quality, patient-centered care. At the personal level, I focus on patient education, retention of information, and encouragement of participation in care. Once a patient can physically perform a task, I no longer assist, even if it is easier in the short-term. This may include propelling to and from therapy sessions, donning/doffing shoes, getting dressed, reaching for a phone, and more. This should be reflected across disciplines in the patient’s daily care while

still in the hospital. At the interdisciplinary level, one of the best ways to promote these habits is by discussing patient progress in team rounding and setting expectations for patient participation in care. This can help team members determine patient readiness to learn and physical ability to initiate certain self-care skills, such as bowel/bladder management. While ideally patients should have every opportunity to exercise independence with mobility and activities of daily living, there are systemic barriers that prevent this from occurring, such as staffing shortages and lack of proper staff training/education. Ensuring adequate nursing/nursing aide coverage on hospital and inpatient rehabilitation units is vital for patients to master the skills and gain the confidence necessary to transition home. Nursing staff members need the opportunity and time to teach patients vital skills and allow them to take part in all activities. Additionally, all staff members working with patients with SCI must have thorough, hands-on training in appropriate mobilization techniques for bed mobility and transfers. While this may seem like a given statement, it can often be a large barrier to patient autonomy. As a physical therapist who has worked in inpatient rehabilitation, I have seen many patients unable to transfer out of bed, take showers, etc. because their caregivers didn't have adequate training in active transfer techniques. Without this training, staff is either at risk for injury, or patients are stuck doing passive hoist transfers. I propose that a designated therapy team needs to collaborate with nursing staff to provide comprehensive mobilization training specific to individuals with SCI at the beginning of job orientation and provide regular competencies to ensure staff safety and comfortability when working with this population.

Next time a patient asks, "Where will I go next? When will I be able to go home?," my goal is to empower him to take charge of his own care and clearly understand how he plays a role in the recovery of not just his mobility, but his overall independence. As a clinician working with persons with SCI, what can you do to best serve your patients?