PMR, Frazier and Crossing the Hot Lava

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Peds PMR

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What is PMR

- Aims to enhance and restore **functional ability and quality of life** to those with physical impairments or disabilities affecting the brain, spinal cord, nerves, bones, joints, ligaments, muscles, and tendons

- Acute and Chronic pain
- Strokes
- Brain injuries
- Neuromuscular disorders
- Sports injuries/musculosketal conditions
- Pediatrics
- Spinal cord injuries
- Work injuries
- Amputees
- Cancer rehabilitation

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What is Acute Inpatient Rehab

- Intensive rehabilitation-based hospitalization
- Mandatory Requirements:
  - Functional decline
  - Daily physician visits from physician specialized in rehabilitation
  - Ability to participate in and benefit from 3 hours of therapies a day
- Conditions and caveats
  - Viable disposition
  - Goals can be met within reasonable period of time
  - Medical status will not preclude ability to participate/benefit

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Challenges in transition from NCH to Frazier

- Insurance
- Different hospital systems
- EMR
- Formulary
- Labs/Radiology
- Construct of acute inpatient rehab vs acute care
- Structural difficulties and physical building access

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Mitigate the confusion

- Frazier nursing team rounding at NCH
- Improvement in dialogue between admissions and families
- Clarity in expectations from PMR team
- What Frazier and the PMR team can/cannot manage
  - What are the opportunities for improvement?

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All are welcome

Improve access, outcomes and patient care experience

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