Supplemental Digital Content 1

Exploring the Role of the Acute Care Physical Therapist In Care Transitions for Older Adults

Consent Page (to be displayed at beginning of survey and participants required to answer that they have read and understand form)

You are being asked to be in this research study because you are a member of the American Physical Therapy Association (APTA) and you provide physical therapy (PT) in the acute care setting.

If you join the study, you will complete a survey regarding PT practices in the care transitions for older adults.

There are no expected risks with completing this survey. There may be risks the researchers have not thought of.

Every effort will be made to protect your privacy and confidentiality by not collecting any identifying information other than the State, City, or Country you practice in.

You have a choice about being in this study. You do not have to be in this study if you do not want to be.

If you have questions, you can call Jason Falvey (Principal Investigator, COMIRB Protocol 15-0638) at 303-724-3757. You can call and ask questions at any time.

You may have questions about your rights as someone in this study. If you have questions, you can call the COMIRB (the responsibl Institutional Review Board). Their number is (303) 724-1055.

By completing this survey, you are agreeing to participate in this research study.

Survey Body

In the American Physical Therapy Association's Guide to Physical Therapist Practice, coordination and communication are major components of physical therapist intervention. The APTA also has developed a position statement that supports the development and use of "care handoffs" to promote continuity of PT care and contribute to reducing avoidable re-hospitalization. These activities may include written, verbal, or other communications between yourself, the patient, and medical providers in post-acute or outpatient settings.

The purpose of this questionnaire is to define the care handoff strategies you currently use to help older adults (>65 years old) transition from acute care settings, and how you view your role in this process, especially as it relates to preventing avoidable re-hospitalizations. Although patients may vary, please focus

on the care handoff activities you would provide to the **typical older adult** you treat in acute care, not the "rare" or "unusually complicated" patient.

Demographics:

Please answer the following questions by checking the appropriate box or filling in the blanks. If you prefer not to answer a question, please leave it blank.

1. Indicate your sex: ☐ Female ☐ Male

2. Age at your last birthday:[ ]

3. Work experience:

Are you a:
Physical Therapist
Physical Therapist Assistant

Are you currently practicing in an acute care setting in any treatment capacity, or have practiced in an acute care setting within the last 3 years? This could include clinical or administrative responsibilities done part time, full time, or per diem.

Yes, Currently Practicing Yes, Practiced within the last 3 years No

How many years have you worked as a physical therapist or physical therapist assistant?
- ☐ <1 - 3 years
- ☐ 4 - 9 years
- ☐ 10-19 years
- ☐ 20 or more years

How many years have you worked as a physical therapist or physical therapist assistant in an acute care setting?
- ☐ <1 - 3 years
- ☐ 4 - 9 years
- ☐ 10 - 19 years
- ☐ 20 or more years

4. What is the highest earned degree you hold in physical therapy or a related field?

- ☐ Associates
- ☐ Certificate
- ☐ Bachelors
- ☐ Entry level Masters
- ☐ Advanced Masters
- ☐ Doctor of Physical Therapy (DPT)
- ☐ PhD

5. Are you an ABPTS certified clinical specialist?

☐ No ☐ **YES**, please indicate your certification area:

☐ Cardiovascular & Pulmonary	☐ Neurology	☐ Sports
☐ Clinical Electrophysiology	☐ Orthopedic	☐ Women's Health
☐ Geriatric	☐ Pediatric	

6. List the two-letter abbreviation for the state in which you practice: [__|__]

7. Is your primary practice location located in an urban or rural environment:

☐ URBAN
☐ RURAL

Please answer the following questions about your work environment by checking the appropriate box or filling in the blanks.

8. Do you work in a facility that is considered a teaching hospital

☐ Yes ☐ No ☐ Not sure

9. Approximately how many acute care beds does your hospital have

☐ Less than 100 ☐ 100-249 ☐ 250-500 ☐ 500 or more

Practice Patterns:

My facility allows physical therapists to recommend discharge locations in charting

Yes **No**

I provide written discharge recommendations for older adult patients in my charting

1	*2*	*3*	*4*	*5*
Never	*Rarely*	*Sometimes*	*Frequently*	*Almost Always*

I participate actively in recommending discharge locations for older adults I treat during acute hospitalization?

1	2	3	4	5
Never	*Rarely*	*Sometimes*	*Frequently*	*Almost Always*

I directly (face to face or by phone) discuss discharge recommendations for older adult patients with the attending physician or physician assistant

1	2	3	4	5
Never	*Rarely*	*Sometimes*	*Frequently*	*Almost Always*

I directly (face to face or by phone) discuss discharge recommendations for older adult patients with the social support team (nurse case manager, social worker, discharge planners)

1	2	3	4	5
Never	*Rarely*	*Sometimes*	*Frequently*	*Almost Always*

I see older adult patients on the day of acute care discharge

1	2	3	4	5
Never	*Rarely*	*Sometimes*	*Frequently*	*Almost Always*

I write discharge summaries for older adult patients I treat

1	2	3	4	5
Never	*Rarely*	*Sometimes*	*Frequently*	*Almost Always*

I prescribe or recommend assistive devices and/or durable medical equipment (such as ambulatory aids, bath benches, or bedrails) to patients after hospital discharge

1	2	3	4	5
Never	*Rarely*	*Sometimes*	*Frequently*	*Almost Always*

For those patients to whom you do recommend assistive devices or durable medical equipment, how often do you follow up after discharge to determine if these recommendations have been followed?

1	2	3	4	5
Never	*Rarely*	*Sometimes*	*Frequently*	*Almost Always*

If I recommend a patient <u>continue physical therapy as an outpatient</u> after acute care discharge, a referral is made to a specific clinic before hospital discharge

1	2	3	4	5
Never	*Rarely*	*Sometimes*	*Frequently*	*Almost Always*

If I recommend a patient <u>continue PT as an outpatient</u> after acute care discharge, I communicate directly (phone-call, email) with the physical therapist(s) treating the patient at that facility

1	2	3	4	5
Never	*Rarely*	*Sometimes*	*Frequently*	*Almost Always*

If I recommend a patient <u>continue PT as an outpatient</u> after acute care discharge, I follow up with that patient after discharge to determine if the recommendation has been followed

1	2	3	4	5
Never	*Rarely*	*Sometimes*	*Frequently*	*Almost Always*

If I recommend a patient to <u>continue PT in post-acute settings</u> (home health, skilled nursing, inpatient rehab) after acute care discharge, I communicate directly (phone-call, email) with other medical staff <u>(non-PTs)</u> treating the patient at that facility

1	2	3	4	5
Never	*Rarely*	*Sometimes*	*Frequently*	*Almost Always*

If I recommend a patient to <u>continue PT in post-acute settings</u> (home health, skilled nursing, inpatient rehab) after acute care discharge, I communicate directly (phone-call, email) with <u>PTs</u> treating the patient at that facility

1	2	3	4	5
Never	*Rarely*	*Sometimes*	*Frequently*	*Almost Always*

If I recommend a patient go home <u>without formal PT services</u>, I follow up directly (phone or face-to-face) with a patient's community physician team after hospital discharge

1	2	3	4	5
Never	*Rarely*	*Sometimes*	*Frequently*	*Almost Always*

If I recommend a patient go <u>home without formal PT</u>, I follow up directly (phone or face-to-face) with the patient or caregiver <u>after</u> hospital discharge

1	*2*	*3*	*4*	*5*
Never	*Rarely*	*Sometimes*	*Frequently*	*Almost Always*

I provide my contact information to patients at the time of hospital discharge

1	*2*	*3*	*4*	*5*
Never	*Rarely*	*Sometimes*	*Frequently*	*Almost Always*

How often are you contacted by patients after hospital discharge?

1	*2*	*3*	*4*	*5*
Never	*Rarely*	*Sometimes*	*Frequently*	*Almost Always*

How often are you contacted by other physical therapists in post-acute facilities (Skilled nursing, inpatient rehabilitation, or other acute care settings) about patients referred to those settings after hospital discharge

1	*2*	*3*	*4*	*5*
Never	*Rarely*	*Sometimes*	*Frequently*	*Almost Always*

How often are you contacted by other physical therapists in <u>home health care agencies</u> about patients referred to home health after hospital discharge

1	*2*	*3*	*4*	*5*
Never	*Rarely*	*Sometimes*	*Frequently*	*Almost Always*

How often are you contacted by other physical therapists in <u>outpatient settings</u> about patients referred to outpatient PT after hospital discharge

1	*2*	*3*	*4*	*5*
Never	*Rarely*	*Sometimes*	*Frequently*	*Almost Always*

<u>Perceptions/Attitudes towards Care Transitions:</u>

I feel that I prepare patients adequately for discharge home

1	*2*	*3*	*4*	*5*
Strongly Disagree	*Disagree*	*Neutral*	*Agree*	*Strongly Agree*

I feel like my role in discharge planning is valued by physicians/physician assistants in the acute care setting

1	*2*	*3*	*4*	*5*
Strongly Disagree	*Disagree*	*Neutral*	*Agree*	*Strongly Agree*

I feel my treatment notes and discharge summary would be valuable to physical therapists who treat them <u>in home care settings</u> after hospital discharge

1	*2*	*3*	*4*	*5*
Strongly Disagree	*Disagree*	*Neutral*	*Agree*	*Strongly Agree*

I feel my treatment notes and discharge summary would be valuable to physical therapists who treat them <u>in institutional settings</u> after hospital discharge. These settings include skilled nursing facilities, inpatient rehabilitation facilities, and Long Term Acute care hospitals.

1	*2*	*3*	*4*	*5*
Strongly Disagree	*Disagree*	*Neutral*	*Agree*	*Strongly Agree*

I believe my role in managing a patient's mobility deficits extends beyond when they are discharged from the acute care setting?

1	*2*	*3*	*4*	*5*
Strongly Disagree	*Disagree*	*Neutral*	*Agree*	*Strongly Agree*

I feel post-discharge phone calls <u>to the older adults I treat</u> would be valuable in reducing 30-day readmission risk

1	*2*	*3*	*4*	*5*
Strongly Disagree	*Disagree*	*Neutral*	*Agree*	*Strongly Agree*

I feel post-discharge phone calls <u>to the older adults I treat</u> would be valuable in improving continuity of care

1	*2*	*3*	*4*	*5*
Strongly Disagree	*Disagree*	*Neutral*	*Agree*	*Strongly Agree*

I feel post-discharge phone calls <u>to non-PT healthcare providers</u> would be valuable reducing 30-day hospital readmissions for older adults I treat in acute care settings

1	*2*	*3*	*4*	*5*
Strongly Disagree	*Disagree*	*Neutral*	*Agree*	*Strongly Agree*

I feel post-discharge phone calls <u>to non-PT healthcare providers</u> would be valuable in improving continuity of care for older adults I treat in acute care settings

1	*2*	*3*	*4*	*5*
Strongly Disagree	*Disagree*	*Neutral*	*Agree*	*Strongly Agree*

I feel post-discharge phone calls <u>to physical therapy providers</u> would be valuable in reducing 30-day hospital readmissions for older adults I treat in acute care settings

1	*2*	*3*	*4*	*5*
Strongly Disagree	*Disagree*	*Neutral*	*Agree*	*Strongly Agree*

I feel post-discharge phone calls <u>to physical therapy providers</u> would be valuable in improving continuity of care for older adults I treat in acute care settings

1	*2*	*3*	*4*	*5*
Strongly Disagree	*Disagree*	*Neutral*	*Agree*	*Strongly Agree*

I feel I have a role in reducing 30-day hospital readmissions for older adults

1	*2*	*3*	*4*	*5*
Strongly Disagree	*Disagree*	*Neutral*	*Agree*	*Strongly Agree*

I feel I confident that I can identify patients receiving physical therapy in the acute care setting who are risk for being readmitted to the hospital

1	*2*	*3*	*4*	*5*
Strongly Disagree	*Disagree*	*Neutral*	*Agree*	*Strongly Agree*

I feel confident that the patients I feel are at risk for readmission receive appropriate intensity and frequency of interventions after discharge

1	*2*	*3*	*4*	*5*
Strongly Disagree	*Disagree*	*Neutral*	*Agree*	*Strongly Agree*

In my facility, contacting patients after discharge would be considered productive time?

1	*2*	*3*	*4*	*5*
Strongly Disagree	*Disagree*	*Neutral*	*Agree*	*Strongly Agree*

In my facility, contacting healthcare providers in post-acute facilities about a patient after discharge be considered productive time?

1	*2*	*3*	*4*	*5*
Strongly Disagree	*Disagree*	*Neutral*	*Agree*	*Strongly Agree*

In my facility, contacting healthcare providers in community facilities about a patient after discharge would be considered productive time?

1	*2*	*3*	*4*	*5*
Strongly Disagree	*Disagree*	*Neutral*	*Agree*	*Strongly Agree*

Physical therapists at your facility are involved in formal efforts to reduce re-hospitalizations (for example, serving on a re-hospitalization reduction committee or task force, or involved in a quality improvement project).

1	*2*	*3*	*4*	*5*
Strongly Disagree	*Disagree*	*Neutral*	*Agree*	*Strongly Agree*

List up to 5 risk factors you believe contribute most strongly to hospital readmission risk for patients you treat