INTRODUCTION

Complications of spinal cord injury are prevalent, affecting timely transitions from the acute level of care into the rehabilitative health setting. With shorter acute care stays, clinicians in the inpatient rehabilitation setting must often manage acute medical issues within mobility and activity of daily living interventions, as well as address the patient and family member’s adjustment to their new medical and functional status. Patients with acute spinal cord injury experience a multitude of challenges throughout their rehabilitation course at physical, psychological, and functional levels. An interdisciplinary team collaboration is needed to manage medical complications, functional impairments, and addressing patient-centered goals to facilitate return to home and community.1

The use of the International Classification for Function, Health, and Disability (ICF Model) offers a framework for representation of personal factors (activity and participation), function, and activity and participation limitations, as well as personal and environmental factors that contribute to the individual’s disability.2 It is noted that this model will be used in multiple health care disciplines to address patient-specific barriers within the rehabilitation process.3

In this case study, we will highlight the patient’s extensive medical, psychological, functional, and medical complexities throughout the continuum of care and the coordinated approach of therapies at each stage of rehabilitation. Within this case study, preservice research regarding crucial interdisciplinary team collaboration is supported, while utilizing the ICF model for identification of impairments and strategies to guide intervention and plan of care.

TRANSITION OF CARE TIMELINE

- Patient: 47 year old Caucasian male admitted to outside hospital with fever, urinary retention, and stage III left sacral pressure wounds
- Patient: 47 year old Caucasian male admitted to outside hospital with fever, urinary retention, and stage III left sacral pressure wounds
- Patient: 47 year old Caucasian male admitted to outside hospital with fever, urinary retention, and stage III left sacral pressure wounds
- Patient: 47 year old Caucasian male admitted to outside hospital with fever, urinary retention, and stage III left sacral pressure wounds

Patient’s Specific Barriers

- Anxiety and Psychological Concerns
- Hand-off communication from acute care team — inpatient rehab team
- Identification of need for pre- and early involvement of Pain Management
- Medical course complicated by endocarditis with subsequent pulmonary complications
- Imaging: CT = (+) vegetation on tricuspid valve, MRI = C5 epidural abscess
- Home care plan
- Patient: 47 year old Caucasian male admitted to outside hospital with fever, urinary retention, and stage III left sacral pressure wounds
- Failure to thrive due to need for home modifications and 24 hour caregiver support

Interventions

- Ventilator Wearing
- Hand-off communication from acute care team — inpatient rehab team
- Identification of need for pre- and early involvement of Pain Management
- Medical course complicated by endocarditis with subsequent pulmonary complications
- Imaging: CT = (+) vegetation on tricuspid valve, MRI = C5 epidural abscess
- Home care plan
- Patient: 47 year old Caucasian male admitted to outside hospital with fever, urinary retention, and stage III left sacral pressure wounds
- Failure to thrive due to need for home modifications and 24 hour caregiver support

Skin Integrity

- Special wound precautions with NIH overseeing careplan of minimizing layers between mattress and patient
- Use of pressure relieving surfaces in wheelchair, wheelchair mat, and transfer board to minimize pressure relief
- Seating/IO Protocol maintained through physician orders and therapy schedule
- High volume Pulse E-stimulation to wound
- Use of foam pillows

Family Dynamics and Supports

- Family meeting early in rehabilitation course to discuss long term expectations and potential home modifications/equipment needs
- Initial family training
- Education/description and support for transitions in level of care
- Education/description regarding lifestyle modification and community re-integration
- Ongoing peer mentor opportunities

RESULTS

Utilization of the ICF Model allowed for identification of patient specific barriers and roles of each discipline in order to guide interdisciplinary interventions, and address patient barriers in a comprehensive and efficient manner (See Table 1). Despite discipline specific goals, common patient barriers were addressed individually and in collaboration between disciplines, resulting in an enhanced, holistic experience. Through this collaborative effort, both inter and intra facility wide, these patient specific barriers were able to be proactively accounted for and addressed through intervention and coordination of care from all involved disciplines.

CONCLUSIONS

Utilization of the ICF model throughout the continuum of care patient promotes structured care encounters, identification of patient specific barriers, prioritization of care, enhancement of professional working relationships, and guidance of clinical problem solving.4 While many of the impairments at the body structure and function level are universal across patients with SCI, our patient’s specific participation restrictions, barriers, and individualized expectations required a coordinated approach and the blending of expertise from each individual clinician to optimize patient outcomes.

While each clinician involved in this patient’s care worked toward their respective discipline specific goals, crucial communication and care treatments were utilized. Specifically, early involvement of rehab psychology during co-treatment of O2TP-PSLP in addressing anxieties and anticipated stress of functional gain. This approach allowed delivery of care that was more beneficial than the sum of individual discipline interventions, while reducing redundancy and increasing efficiency.

REFERENCES


ACKNOWLEDGMENTS

Permission granted from client represented in this case-study. Information obtained through direct caregivers and represented patient.