Physiotherapists in the Emergency Department – an emerging role

Hemant Juneda¹; Ruxandra Platon²; Ulla Milther Soerensen³; Jeanette Praestegaard¹

¹Faculty of Physiotherapy, Center of Nutrition and Rehabilitation, University College Absalon, 4700 Naestved, Denmark
²Department of Physiotherapy and Occupational Therapy, Naestved-Slagelse-Ringsted Hospitals, 4200 Slagelse, Denmark
³Department of Physio- and Occupational therapy, Horsens Hospital, 8700 Horsens, Denmark

INTRODUCTION

Physiotherapist’s scope of practice is constantly expanding to cover broader and more complex problems. The role of physiotherapists in the emergency room is a fairly recent professional development (1) and is limited to very few countries still (2).

Primary contact physiotherapist in the emergency department has been shown to be a viable option for patients with soft tissue injuries, minor fractures, mobility and balance problems (3,4). It helps in reducing waiting time (3,5) and treatment time (5) for patients.

PURPOSE

To highlight the current status of the Emergency Physiotherapy Practitioner (EPP) role in the Danish healthcare system and identify key areas that demand focus for the role to evolve.

METODOLOGICAL CONSIDERATIONS

This case study has been designed from both a positivist epistemology and an interpretative perspective focusing on the developmental and implementation processes.

It describes two cases: Slagelse hospital (case 1) and Horsens hospital (case 2). In both cases, performance measures were assessed by data extracted from emergency registers and quality of service was assessed by interprofessional discussions and patient satisfaction investigations.

CASE 1: SLAGELSE HOSPITAL

Slagelse hospital receives approximately 25,000 patients in the emergency department every year. It was the first hospital in Denmark, which allocated physiotherapists to the emergency department.

With the overall aim of improving efficiency and quality of emergency services, the hospital management introduced physiotherapists in the emergency department in the beginning of 2012. At this point of time, they were still acting as second contact practitioners.

The role of EPP, its skill requirements, strategies for performance and quality evaluations underwent constant development through discussions within the emergency team.

In autumn 2012, a formal guideline for the EPP role was described which allowed physiotherapists to practice as first contact practitioners within the area of musculoskeletal injuries.

In January 2014, the guidelines were revised allowing EPPs to prescribe relevant non-steroidal anti-inflammatory medicines (NSAIDs), a step that can be considered as a major milestone, as physiotherapists in Denmark were not allowed to prescribe medicines in any practice setting.

Special competencies for EPP’s were recommended: at least two years of experience within the field of orthopaedic physiotherapy and additional courses amounting to 30 ECTS (European Credit Transfer System).

CASE 2: HORSENS HOSPITAL

Horsens hospital receives approximately 16,000 patients in the emergency department every year.

The management expressed a desire to introduce the EPP role with the aim of improving efficiency and quality.

In 2012, a study using a Plan-Do-Study-Act framework [33] was initiated to facilitate stepwise development, testing and implementation of the EPP role in the emergency department.

Through observations and discussions, the role of EPP was further clarified in the form of a preliminary guideline. The next step was to implement the role and investigate the contribution of physiotherapists in enhancing quality.

In 2015, the EPP role and its skill requirements were delineated in the form of a formal guideline, which highlighted the functions, a first contact, and as a second contact practitioner.

RESULTS

Both cases demonstrate that EPP is a valuable addition to the emergency services and the role is gradually establishing itself in Danish hospitals.

Currently, EPP’s work for 8.5 h per day at Slagelse hospital and for 5 h per day at Horsens hospital seven days a week.

Type and number of patients seen by EPPs:

Table 1. Number of patients in each category (type of injury) managed by the emergency physiotherapy practitioners at Slagelse hospital (2014-2016) and Horsens hospital (2016-2017).

<table>
<thead>
<tr>
<th>Type of Injury</th>
<th>Area</th>
<th>Slagelse Hospital 2014</th>
<th>Slagelse Hospital 2015</th>
<th>Slagelse Hospital 2016</th>
<th>Horsens Hospital 2016-2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contusions</td>
<td>UL*</td>
<td>387</td>
<td>347</td>
<td>360</td>
<td>220</td>
</tr>
<tr>
<td></td>
<td>LL**</td>
<td>287</td>
<td>268</td>
<td>289</td>
<td>136</td>
</tr>
<tr>
<td>Sprains/Strains</td>
<td>UL*</td>
<td>123</td>
<td>144</td>
<td>170</td>
<td>231</td>
</tr>
<tr>
<td></td>
<td>LL**</td>
<td>352</td>
<td>308</td>
<td>386</td>
<td>364</td>
</tr>
<tr>
<td>Fracture</td>
<td>UL**</td>
<td>231</td>
<td>258</td>
<td>257</td>
<td>250</td>
</tr>
<tr>
<td></td>
<td>LL**</td>
<td>346</td>
<td>134</td>
<td>148</td>
<td>135</td>
</tr>
<tr>
<td>Total number of patients seen</td>
<td></td>
<td>1496</td>
<td>1459</td>
<td>1610</td>
<td>1336</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Year</th>
<th>Slagelse Hospital</th>
<th>Horsens Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>20</td>
<td>16</td>
</tr>
<tr>
<td>2015</td>
<td>51</td>
<td>18</td>
</tr>
<tr>
<td>2016</td>
<td>27</td>
<td>24</td>
</tr>
<tr>
<td>2017</td>
<td>29</td>
<td>29</td>
</tr>
<tr>
<td>Total</td>
<td>135</td>
<td>73</td>
</tr>
</tbody>
</table>

Patient satisfaction was assessed on a limited number of patients. Slagelse hospital used NRS to answer the question: ‘How satisfied are you with your treatment at Slagelse Hospital Emergency Department?’. About 52.2% (12 out of 23) patients responded to the question and the mean score was 9.3. Slagelse hospital conducted individual interviews of twelve patients who were found to be were highly satisfied with the EPP’s and they perceived that EPP’s had the required competences, were meticulous, focussed and effective.

The role of EPP has evolved in both hospitals from one of a secondary contact to that of a first contact practitioner.

A national level competency profile for the role has been drafted by current EPP’s, members of The Association of Danish Physiotherapists and the first author.

DISCUSSION

Both hospitals have successfully introduced the EPP in the emergency department who are now functioning effectively in their teams.

Physiotherapists in the emergency department have managed a considerable number of patients with minor to moderate musculoskeletal injuries without any reports of adverse events. However, the two hospitals have informally reported that in collaboration with other team members, the physiotherapists also managed certain other type of patients (minor neurological, cardiovascular and pulmonary diseases) which is in accordance with some of the previous studies (5,6,7).

To extend the EPP role to all Danish hospitals with acute services, a common understanding of the role, competency requirements, interdisciplinary implications, and its economic consequences is crucial.

The study design and limited data compromise the generalizability of the study.

IMPLICATIONS

Physiotherapists in the emergency room should be seen as one of the most striking developments in our profession in the recent times and should be adopted by our fraternity for the role to develop in future. Physiotherapists have a unique set of knowledge and skills, which in certain cases could contribute to improved patient care in the emergency departments. However, it is critical that this addition in emergency department is perceived positively by all stakeholders for the role to evolve.

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CONTACT DETAILS

Hemant Juneda hej@lgha.dk Faculty of Physiotherapy, Center of Nutrition and Rehabilitation, University College Absalon, Parking 190, 4700 Naestved, Denmark

REFERENCES