Rehabilitation for People with Parkinson's Disease While in the Hospital

Administrators, hospital leaders, and rehabilitation healthcare professionals may use this guide to improve the consistency of acute care for people with Parkinson's disease (PD). People with PD are at a significant risk of avoidable complications during a hospital stay, even when the reason for hospitalization is non-PD related, such as an elective surgery. Rehabilitation services help achieve the Parkinson's Foundation's goal of helping people with PD receive safe and more reliable hospital care.

SHOULD REHABILITATION SERVICES BE PROVIDED DURING ACUTE HOSPITALIZATION AT YOUR CENTER?

- Rehabilitation services should be a standard of care for people with PD who are hospitalized.
- Coordinated expert care can contribute to shorter length of stay, improved discharge outcomes, and fewer complications.

HOW IS THIS FINANCIALLY SUSTAINABLE?

- Rehabilitation services provided as part of an acute hospitalization receive no additional reimbursement beyond what is provided for the hospital admission.
- Post-discharge rehabilitation referrals may generate additional revenue if they occur within the healthcare network.

WHAT ARE THE OPERATIONAL CONSIDERATIONS?

- PD medications
  - Customize medication orders to allow for alignment with individual's home regimen.
  - Medications should be administered within 15 minutes of their usual schedule.
  - All therapy evaluations and sessions should coordinate with home medication "on-time" to be effective and optimize impact.
- Mobility
  - Nurse-driven patient mobility should occur at least three times a day if clinically appropriate.
  - Ensure appropriate assistive devices are readily available to facilitate safe mobility.
- Rehabilitation Services
  - Physical and occupational therapy orders are recommended to be placed at admission for all people with PD. Consider establishing procedures for automatic orders.
  - Prioritize rehabilitation evaluation within 48 hours to prevent further motor deterioration, including:
    - » When there is a change in reported mobility or ADL status.
    - » When there has been a fall prior to admission/during admission.
    - » When assistance is needed to ambulate.
- Speech language pathology evaluation should be ordered when any person is NPO (nothing by mouth), has severe dysphagia, or has abnormal results from swallow screen, including:
  - Safe medication administration.
  - Assess PO (by mouth) status with dietician input.
  - Strategies to minimize the risk of aspiration pneumonia.
- Interdisciplinary communication and facilitation that will:
  - Incorporate nurse-driven mobility reports and rehabilitation evaluation to create and progress a safe mobility plan.
  - Use interdisciplinary meetings and electronic health record to communicate across teams to mitigate individual's fall risk while hospitalized.
- Provide referrals for continued rehabilitation services:
  - Advocate for admission to inpatient skilled rehabilitation when there is a significant functional decline and discharge to home is not safe.
  - Encourage refferals to outpatient therapy when a perdon with PD is discharged home if there is a change in functional status or they can benefit from additional skilled PD-specific education.
- Provide educational resources for management of condition based on individual needs from Parkinson's Foundation website or organizational handouts.

PATIENT RESOURCES

The Parkinson's Foundation Hospital Safety Guide is a resource for people with Parkinson's Disease and their care partners. Useful tools and information to prepare for and navigate a hospital stay are provided.

Order or Download a free guide at parkinson.org/hospitalsafety.

HEALTHCARE PROFESSIONAL RESOURCES

Additional information about the Parkinson's Foundation Hospital Care Recommendations, free continuing education, peer-learning groups and active research can be accessed at parkinson.org/hospitalcare.

Shirley Ryan AbilityLab

This resource was developed by the Rehabilitation Medicine Learning Collaborative, organized by the Parkinson's Foundation and Shirley Ryan AbilityLab, with the collaboration of Northwestern University, University of Southern California, University of Michigan, and University of Utah Parkinson's Centers of Excellence.

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