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Feasibility and Impact of Intensive Rehabilitation in Acute Medical Units: A Pilot Study

Topic: Miscellaneous

Jordan Lewis, Tiffany Lin, Thomas Edwards

Emergency and Acute Medicine Therapy, Chelsea and Westminster Hospital, London, United Kingdom

BACKGROUND

Acute medical units (AMUs) provide early specialist assessment and management for adults with acute illnesses. Typically, care is offered for 48 to 72 hours before decisions are made regarding discharge or transfer to another unit. A multidisciplinary team, including medical physicians, nurses, pharmacists, and allied health professionals, is essential for delivering optimal care in these settings. Occupational therapists and physiotherapist play a crucial role in early rehabilitation and assessment, helping to address mobility, function, and cognition. Early interventions by occupational therapists (OTs) and physiotherapists (PTs) have been shown to reduce hospital length of stay, improve discharge planning, and lower the risk of hospital-acquired conditions such as falls, pressure sores, and delirium. Despite the growing evidence for early therapy interventions in other acute settings like stroke units, there is limited research on the feasibility of intensive rehabilitation programs within AMUs, where patients typically stay for only a few days. This study aims to pilot an intensive rehabilitation program within an AMU to assess its feasibility and applicability.

METHODS

This service evaluation used the Plan-Do-Study-Act method to implement and assess a pilot intensive rehabilitation program within a large London hospital's AMU. The activity measure for post-acute care (AM-PAC) 6-Clicks assessment tool was used to measure patient progress, and data on hospital-acquired pneumonia, delirium, and 7-day and 30-day readmission rates were collected. Inclusion criteria required patients to be off their functional baseline, medically stable (with NEWS < 4), require ongoing rehabilitation, and have been admitted for less than 72 hours. Descriptive analysis was employed to evaluate the outcomes of the program.

RESULTS

Between May and August 2024, 35 patients participated in the pilot program. The average number of rehabilitation sessions was 2.9, with each session lasting approximately 40 minutes. Overall, 51.4% of patients showed improvement in AM-PAC 6 click total scores, with mobility, activities of daily living, and cognition improving in 48.5%, 34.2%, and 20% of patients, respectively. However, 17% of patients showed regression in AM-PAC scores. Hospital-acquired pneumonia was reported in three patients, and five patients developed delirium. Regarding readmissions, two patients were readmitted within seven days, and seven patients (including the 2 early readmissions) were readmitted within 30 days.

CONCLUSION

Our study suggests that the intensive rehabilitation within 72 hours of admission in AMUs is feasible and may improve functional mobility, ADL participation, and reduce hospital-acquired pneumonia and delirium. Further research is needed to evaluate its effectiveness and adaptability.

Statement of Disclosures

None

Corresponding Author:
Jordan Lewis
Emergency and Acute Medicine Therapy, Chelsea and Westminster Hospital, London, United Kingdom
Email: j.lewis16@nhs.net

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