Core Outcome Measures for Adults with Neurologic Conditions: Pilot Implementation in Hospital-Based Outpatient Clinic.

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Core Outcome Measures for Adults with Neurologic Conditions: Pilot Implementation in Hospital-Based Outpatient Clinic.

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Purpose
To describe a pilot implementation project of 3 of the core neurologic outcome measures (OMs) within a small outpatient clinic.

Description
- OMs provide a standardized method to track patient progress and functional status across levels of care
- Consistent OM use is crucial to reflect expertise in the movement system and to implement evidence-based clinical practice guidelines (CPGs)1-3
- Core OMs (COMs) identified through CPGs, and the Academy of Neurologic PT (ANPT) developed tools to facilitate use of COMs in the clinic4-6
- PTs should have adequate exposure to and demonstrate competence administration of COMs, reflecting DPT education in the clinic environment7
- Neurologic residency capstone project bridged a knowledge translation (KT) gap by providing clinicians with didactic knowledge and skills training to aid in standardized administration of OMs

Results and Discussion

Phase II: Education

Project Components
- Needs assessment identified
  - Clinic (n = 12 PTs including the resident) was not equipped to use COMs according to ANPT recommendations
  - Inconsistent use of OMs within the clinic
  - Staff expressed willingness to begin adopting the CPG recommendations.

Project Scope
- Developing a plan to tackle lack of consistent, standardized OM use in the clinic
- Major components enacted by the resident are outlined in flowchart below:

Phase I: Preparation & Development
- Documentation phrases
  - Administration guides
  - Equipment list and clinic set-up
  - Binder in clinic with master copy of guides
- Competency checklist
- Survey to assess effectiveness of education

Phase II: Education
- Chart audit tool

Phase III: Implementation (5 weeks)
- Staff caseload: < 10% neuro; resident caseload: 100% neuro
- All 6 COMs: 3 small groups for cases:
  - Acute, chronic stable, chronic progressive conditions
- Summary sharing
- Lab plan (OMs to train)

15 July 2019
- "Roll-out" went live 7/15/19 with survey, weekly check-ins, and tracking use of measures with chart audits

16 August 2019
- Audit tool used to track for STSTS, 10mWT, and FGA to be administered to neuro patients at evaluation (IE), re-eval, and discharge (DC)

Project Outcomes

Phase I Components Utilized in Clinic During Phase III: Staff + Resident Utilization

| Documentation phrases (chart review) | 100% |
| Clinic equipment/setup | 100% |
| Administration guides (electronic) | 100% |
| Binder (hard copies) | 25% |

Phase II: Education

Survey:
- 47% response rate (n = 11 PTs not including the resident)
- 71% stated education/lab led to improved knowledge of OMs and their role in patient management, in addition to willingness to use the OMs
- Barriers and obstacles identified: time and clinic space
- 100% stated high likelihood to use administration guides to help administer the STSTS, 10mWT, and FGA
- 46% stated moderate likelihood to discuss OM results with patients and incorporate shared decision-making and goal-writing into POC

Resident performance:
- Resident consistently used outcome measures per goal of the project using chart audit tool
  - Included documentation phrases, education/shared decision-making statement, using OMs in goals, and re-assessing at re-eval and DC (100%)
  - For 21 IEs: 19% had all 3 OMs captured at 1st visit, 63% had all 3 OMs captured at the 3rd visit
    - There was no correlation between diagnosis and which OMs were captured at 1st vs capturing all 3 at 1st visit vs capturing all 3 by the 3rd visit

Clinician performance:
- Clinicians (3/11 PTs) each completed 1 IE, and with inconsistent performance using chart audit tool
  - They each used documentation phrases accurately (100%)
  - None incorporated an education statement/shared decision-making, or used OMs in their goals, nor did they show any evidence of re-assessing the OMs at re-eval or DC (0%)
  - Even with training and environmental setup, performance was not 100% consistent

Results and Discussion

- Resident's self-reflection:
  - RESIDENCY TRAINING PROVIDED THE AVENUE TO IMPROVE STANDARDIZATION OF OMS AND UNDERSTANDING OF THEIR CLINICAL IMPORTANCE

- Literature has limited data on solutions to limited clinician adherence and challenges with KT1-9
- Staff appreciate feedback to help with consistency8-9
- Limitations: duration; participation; single site

Summary of Use

OMs have wide utility, and their use is not exclusive to inpatient clinics in a way that is not overwhelming to clinicians nor overtly costly to management, and it may be able to aid in outcomes tracking8-9
- COMs have wide utility, and their use is not exclusive to patients with neurologic diagnoses; this may allow clinicians more practice using the COMs

References