



ENHANCING QUALITY OF PROSTHETIC AND ORTHOTIC SERVICES WITH PROCESS AND OUTCOME INFORMATION

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INTRODUCTION

Continuous Quality Improvement (CQI) seeks to improve healthcare outcomes by monitoring healthcare outcomes, engaging staff, maintaining a customer focus, and understanding processes of care. The benefits of CQI include improved customer satisfaction, reduced or eliminated healthcare delivery problems, and reduced costs while maintaining or improving quality. Factors to consider include patient-related, clinician-related, organization-related, and community-related factors. CQI requires the use of performance Indicators that specify key desired outcomes, enable comparisons across facilities or over time within a facility, and create the potential for benchmarking. The American Board for Certification in Prosthetics, Orthotics and Pedorthics (ABC's) Standards require orthotics and prosthetics (O&P) providers to assess patient satisfaction with the device and services, patient evaluation of function of the prosthesis or orthosis, and quality issues at least annually. The use of reliable and valid instruments is essential (AAOP; Stevens, Fross, Kapp, 2009). This presentation describes a quality improvement consultation project that we provided to five Midwest O&P facilities after they collected outcomes data using OPUS, the Orthotics & Prosthetics User Survey (Heinemann et al., 2003).

METHOD

Facilities: Five ABC-accredited O&P facilities volunteered to participate in this project. Data collection, reporting services, and consultation were provided without charge.

Subjects: Eligibility criteria included referral for a lower limb prosthesis, age greater than 18, ability to provide informed consent, and a ability to read and answer questions written at a sixth grade level.

Apparatus: Components of OPUS measure functional status, quality of life, satisfaction with services and satisfaction with devices. The facilities agreed to administer OPUS at the patient's initial visit, at device delivery, and 2-months after device delivery. Clinicians described patients' demographic characteristics and functional goals on a separate form.

Procedures: Clinicians documented patient characteristics and functional goals at first appointment. Patients described their functional status and quality of life at admission, device delivery and 2-month follow-

up; they also described their satisfaction with device and services at 2 month follow-up.

Data Analysis: Facilities received a report showing mean and standard deviations at three time points for functional status and quality of life; they received descriptive statistics for satisfaction with device and services from the 2 month follow-up. De-identified comparative data were shared with each facility so that they could evaluate their patient outcomes in comparison with the other four facilities.

RESULTS

Facilities encountered various challenges in collecting data routinely. The facility that tied staff performance reviews to data collection had the highest proportion of cases with completed forms. Leadership commitment to CQI was associated with consistent data collection and receptivity to consultation feedback.

DISCUSSION

This study demonstrates the feasibility of routine outcomes data collection when staff receives incentives to report data and leadership demonstrates a commitment to CQI principles. The prototype outcomes report is a valuable means of monitoring organization performance over time and across facilities. Assessment of satisfaction is also important for maintaining facility accreditation with ABC.

CONCLUSION

CQI in O&P facilities is enhanced by the use of a reliable and valid outcomes instrument such as OPUS. Data management and reporting services are critical to providing outcomes information to staff in a timely manner.

REFERENCES

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