Breaking Down Barriers: Standardizing Practice

The Problem
- There is a lack of standardized test and outcome measure use among acute care Physical Therapists (PTs) nationally. At BIDMC PTs were utilizing these measures only 16% of the time.
- Low utilization rates are concerning given the evidence-based benefits:
  - Improved evidence-based clinical decision making and discharge planning
  - Better quantification of observations and the ability to compare patient status between exam periods
  - Increased efficiency of practice
  - Enhanced continuity of care for those patients transitioning to another setting

Aim/Goal
To increase both use and application of standardized tests and outcome measures among acute care physical therapists. Given the recent hiring of numerous new staff members, this effort would also assist with more efficient and effective orientation, as well as with development of efficient and confident clinical decision-making skills.

The Team
Brian McDonnell, PT, DPT, GCS (BIDMC Inpatient Rehab, PT IV)
Shannon Carthas, PT, DPT (BIDMC Inpatient Rehab, PT IV)
Shelby Hart, PT/s (Boston University, DPT Student)

The Interventions
- Senior PTs gathered information regarding perceived barriers and facilitators to use of these standardized tests and outcome measures in the literature.
- They researched literature-supported approaches to improving measure use, which would ultimately impact quality of care with regards to effectiveness, efficiency and patient centeredness.
- Knowledge translation strategies were reviewed in order to create behavior change. These strategies were implemented over two years and include:
  - Local consensus process (Creation of the Documentation Committee)
  - Interactive educational sessions (Provision of in-services)
  - Printed materials (Spiral bound pocket cards)
  - Incorporation of standardized measures and psychometric properties into the electronic medical record (Personalized templates for each test and measure)
  - Opinion leaders (Mentors discussed measure use and provided co-treats)
  - Mandates from managers (Mandated functional reporting by CMS)
- Data was collected at 5 different periods to compare measure use and application before and after the intervention phase was completed.

The Results/Progress to Date

Lessons Learned
- Known barriers to behavior change can be overcome by implementing knowledge translation strategies.
- Group consensus is important for initiating and sustaining behavior change (Documentation Committee).
- Providing clinicians with easy access to test instruments (pocket cards) and relevant psychometric properties of tests and measures (EMR templates) improves interpretation of results and application to clinical decision making.
- Peer support and expert opinion (mentor program) and interactive educational sessions (in-services) are beneficial when implementing behavior change.

Next Steps/What Should Happen Next
- Continue to emphasize measure use in staff and mentor meetings.
- Continue to collect data to determine sustained effects of efforts > 1.5 years.
- Continue to explore new outcome measures for use with different patient populations.

For more information, contact:
Shannon Carthas, PT, DPT: scarthas@bidmc.harvard.edu