Translating Clinical Research into Improved Patient Outcomes

The role of management

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Introductions

- Intermountain Healthcare
- Rehabilitation Agency
- Successes
- Why?

Intermountain Healthcare Rehabilitation Services Data Integration

Rehabilitation Outcomes Management System (ROMS)

Clinical Data

- Numeric Pain Scale (0-10)
- Patient Reported Disability
  - Oswestry
  - Neck Disability Index
  - Disability of Arm Shoulder Hand (DASH)
  - Lower Extremity Function Scale (LEFS)
  - Knee Outcome Scale (KOS)

ROMS Project Scope

Facilities
- 15 outpatient orthopedic clinics,
  4 hospital based out-patient clinics

Patients
- 140,000+ patient admissions
- 1500 new patients entered per month

Management's Responsibility

The vision (focus)
The tools (training, and technical support)
The time (structured as part of work assignments)
The resources (as part of a local budget)
Intermountain Healthcare Vision

The best clinical practice delivered in a consistent and integrated way.
Lowest appropriate cost to the population we serve.
A service experience, supported by systems and processes, that focuses on patients, enrollees, families, and one another.
A genuine caring and concern in our interactions with patients, families, and one another.

Management's responsibility

The vision (focus)
The tools (training, and technical support)
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Dr B’s Manipulation Patient Outcomes 2005-2009

Management’s responsibility

Dr B n=50
Diff Outcome Score 27.1
Avg Visits 3.8
Avg LOS 18.2 days
All other Physicians n=4923
Diff Outcome Score 15.1
Avg Visits 5.5
Avg LOS 28 days


Joshua A Cleland, Julie M Fritz, Gerard P Brennan and Jake Magel

The patients treated by therapists receiving continued education following a CE course, had better improvements in self reported disability with fewer visits than those who only attended the CE course.

Management’s responsibility

The vision (focus)
The tools (training, and technical support)
The time (structured as part of work assignments)
The resources (as part of a local budget)
Guiding Principles of Success

"Make it easy to do it right"

Outcomes Data Collection Process

1. Patient fills out survey
2. Patient classified
3. Staff scores & enters data
4. Reports generated
5. Feedback to clinicians
6. Care improved

Example of Simplicity: Screen Shot Classification Entry

Guiding Principles of Success

Make the process simple
Involve frontline workers

“A company will get nowhere if all the thinking is left to management”

-Akio Morita
Chairman, Sony

Guiding Principles of Success

Make the process simple
Involve frontline workers
Focus on the process not judgment
Judgment vs. Learning

Judgment-based approaches ask “Who?”

(the Japanese “Five Whys”)
(concept of “drill down”)

Guiding Principles of Success

Make the process simple
Involve frontline workers
Focus on the process not judgment
Assure compliance with the process

Volumes Report

Pareto Chart of patient classifications
Guiding Principles of Success

Make the process simple
Involve frontline workers
Focus on the process not judgment
Measure compliance with the process
Prioritize the quality focus
Constantly improve the system

PDSA Cycle

Act
Plan
Study
Do

Visits per episode by diagnosis

Challenges\Opportunities

• Keep researchers close to the delivery of care
• Payers “sharing the gains”
• Be prepared for realigning of reimbursement
• Deploying processes system wide
• Integrating clinical improvement into the EMR
• Providing standardized training based on the evidence

Summary

Establish the vision
Involve everyone
Focus on quality
Eliminate roadblocks
“Get out of the way”
Celebrate success

Thank You