Date: February 20, 2013

Title: Rehabilitation Outcomes Management System (ROMS)

Organization: Intermountain Healthcare

Briefly explain why this “Best Practice” was developed: To measure patient outcomes with the purpose of reducing variation and improving the physical therapy care delivered at Intermountain Healthcare.

Description: The software is a platform to collect self-reported disability measures and pain. The system also includes a classification module allowing comparison of similar diagnoses. The intent is to classify each patient and then collect outcomes with each physical therapy visit. The program integrates with patient demographic, billing and satisfaction data. Standardized reports are available that can report outcomes on just about any combination of variables.

Steps to implementation: I really think that our success with this data base was a result of the process of implementation. We used a “Continuous quality improvement” process to implement this program. Initially we set up a team of those who do the daily work. We had an aide, front desk person, therapists, and an administrator who were on the work team. One goal was to minimize the time burden of the therapist in the process. Currently the PT spends less than 60 seconds per patient in the data collection process. Most of the time is spent by the patient and our support staff. We decided on “peer reviewed” patient reported tools to use (one for each of 5 body areas) and set up a data base that would collect this information and merge it with our demographic and financial information. A few years later we added a patient satisfaction tool. We developed a classification system with significant detail to allow us to compare “like” patients. We then developed meaningful reports that would give us outcomes based on the patient classifications. The system has evolved to allow us more sophisticated analysis and report writing.

How long has it been in use within your organization? Development began in 2000 and was initially implemented in 2002; continual upgrades and changes have been made since that time.

Describe the benefit it has brought to your organization: ROMS has provided a benchmark for us to reduce variation around and improve our clinical processes. We have also noticed a decline in utilization in almost all diagnostic categories. It has allowed us to answer many relevant questions ranging from the effectiveness of continuing education to impact physical therapy can have on subsequent health care costs.

Evidence to support this practice:


**Direct evidence as a result of this practice:**

See attached reference list

**Are you willing to share this with others, and is there a cost associated?**

Yes, we are willing to share what we have learned from developing ROMS, but for full software program there is a cost

**Is this commercially available?**

Currently under commercial development

**Any additional information or resources:**

**Contact for additional information:**

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Selected Publications from the Rehabilitation Outcomes Management System


Brennan GP, Parent EC, Cleeland JA “Description of Clinical Outcomes and Postoperative Utilization of Physical Therapy Services within 4 Categories of Shoulder Surgery” JOSPT 2010; 40:20-29


Fritz JM and Brennan GP. “Preliminary Examination of a Proposed Treatment-Based Classification System for Patients Receiving Physical Therapy Interventions for Neck Pain”. Physical Therapy, 2007: 87

Fritz JM, Cleeland JA, Brennan GP. “Does Adherence to the Guideline Recommendation for Active Treatments Improve the Quality of Care for Patients with Acute Low Back Pain Delivered by Physical Therapists?” Medical Care 45:10, Oct 2007, 973-980.


