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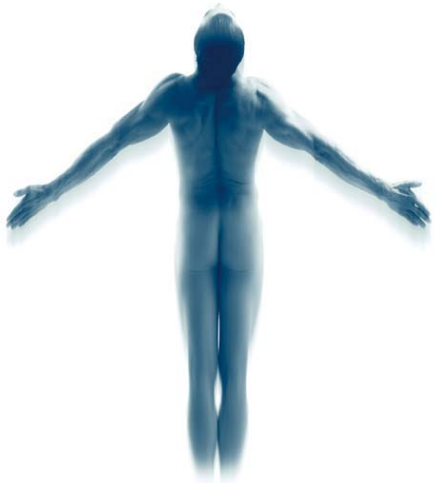

De fysiotherapeut Specialist in beweging

Implementation of Clinical Guidelines
AUBMC Experience

Claude Maroun, PT, MPH
Director of Physical Therapy Department
American University of Beirut Medical Center

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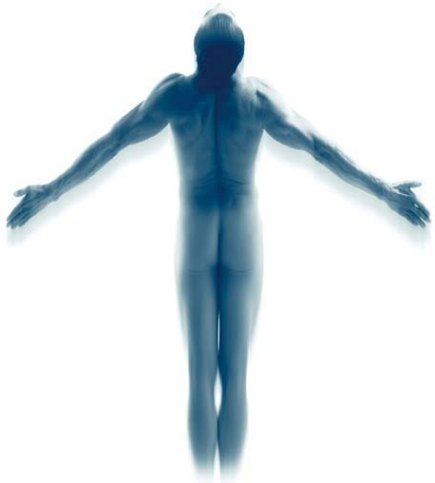
Outline



De fysiotherapeut Specialist in beweging

- Background
- KNGF & CSP Guidelines
- Implementation strategy
- Changes introduced
- Evaluation of results
- Conclusion
- Recommendations

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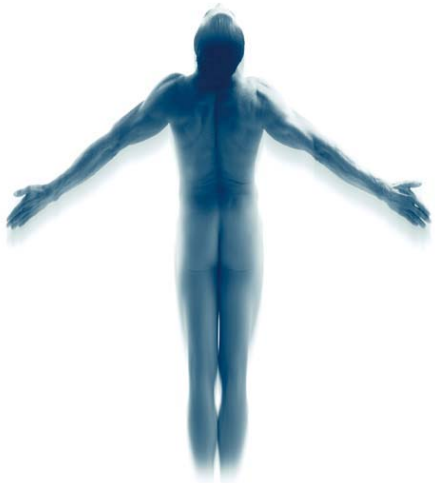
Background



- AUB seeking quality service
- Minimizing variability in clinical practice
- Cost-effectiveness
- Competition
- Third party payers
- Direct access
- Teaching

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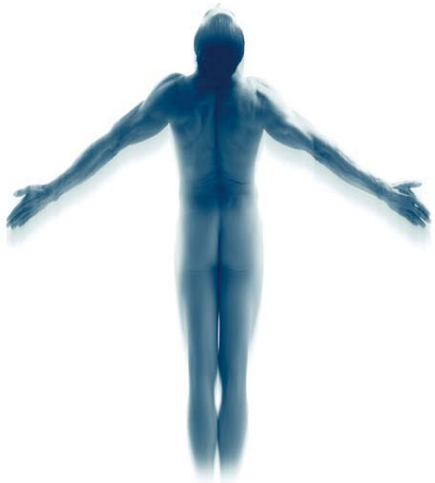
KNGF and CSP Guidelines



De fysiotherapeut Specialist in beweging

- Quality Assurance is mandatory by the Ministry of Health/ CGL
- CGL are not initiated by the Order of Physical Therapists in Lebanon
- Lack of local resources
- Adoption of the two guidelines
- Flowchart

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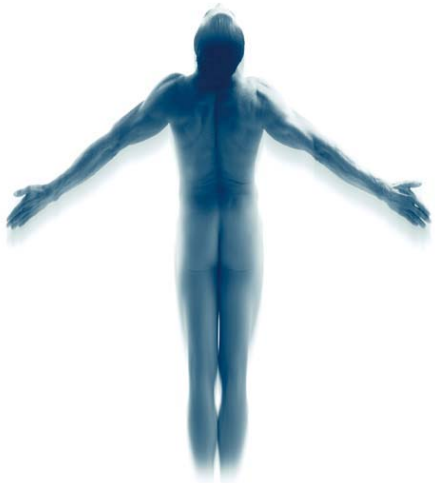
Strategy for Implementation



- Introduction to Clinical Practice Guidelines
- Specific guidelines were distributed to the therapists to be read, commented and presented to the group
- Deadline of two months passed with no advancement

De fysiotherapeut Specialist in beweging

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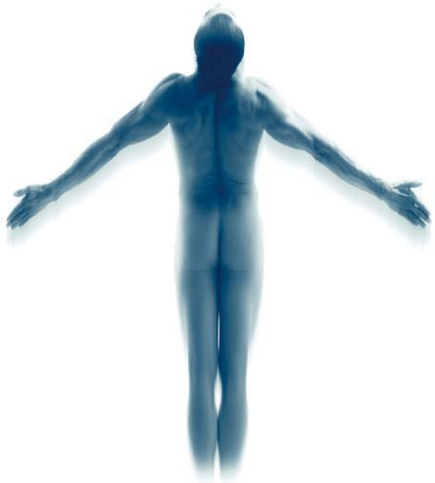
Strategy for Implementation



De fysiotherapeut Specialist in beweging

- Assignment of one coordinator for each guideline
- Discussion and explanation of assessment means and tools and treatment with the therapists in group for acceptance and adoption
- Rehearse with the group and give example of assessment, treatment and patient education

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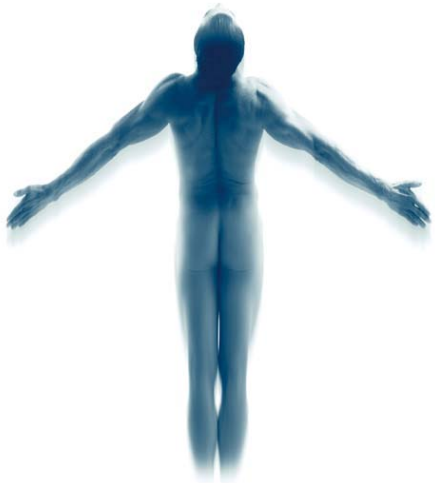
Strategy for Implementation



De fysiotherapeut Specialist in beweging

- Include key elements in assessment, treatment and patient education in the assessment sheets
- Accurate documentation of information in patients' files was requested
- Assessment of our practice and compare it to the guidelines recommendations

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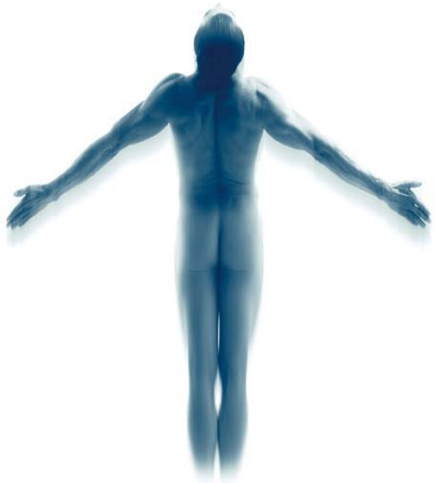
Strategy for Implementation



De fysiotherapeut Specialist in beweging

- Introduce physicians to the guidelines:
- Inform them about our quality practice
- Create trust
- Effective referral of patients for effective outcome
- Effective prescription of treatment modalities
- Initiate multidisciplinary guidelines
- Initiate multidisciplinary research

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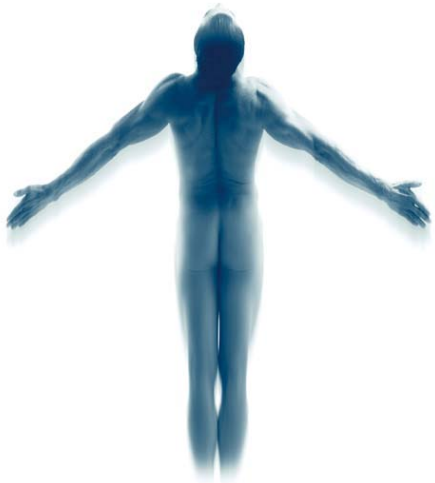
Non Specific Low Back Pain (KNGF)



De fysiotherapeut Specialist in beweging

- Diagnostic Process
- Disease progress: pain normal or abnormal course
- Identification of impairments disabilities and participation problems
- Patient's coping strategy

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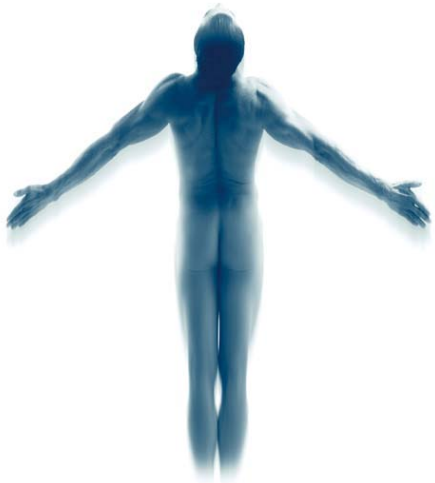
Non Specific Low Back Pain



De fysiotherapeut Specialist in beweging

- Therapeutic process
  - Give adequate information and advice
  - Use active treatment
  - Increase activities gradually according to a time-contingent plan
- Patient education: change attitude and behavior to be time bound and not pain bound

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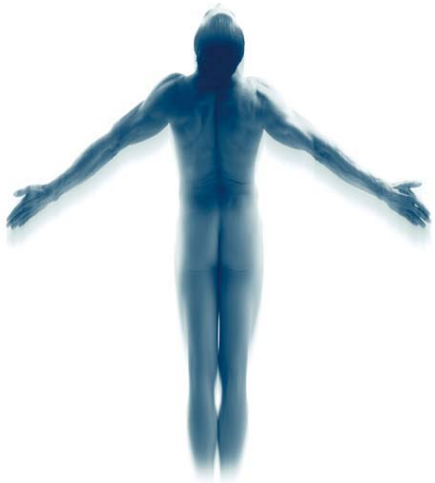
Osteoporosis (CSP)



De fysiotherapeut Specialist in beweging

- Osteoporotic patients were not referred as an entity/ comorbidity
- Create an assessment sheet specific osteoporosis
- Categorization of the severity of osteoporosis with the signs
- Treatment did not change significantly (modalities and advice)

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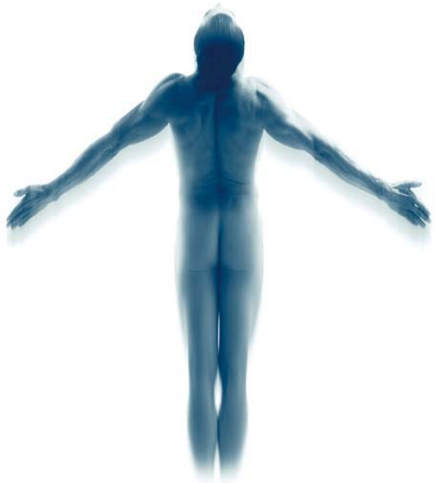
Barriers / Constraints



De fysiotherapeut Specialist in beweging

- Therapists:
- Value one's experience
- Resentment for change
- Discrepancy between therapists' private practice and practice in the department
- Resentment in sharing guidelines with physicians

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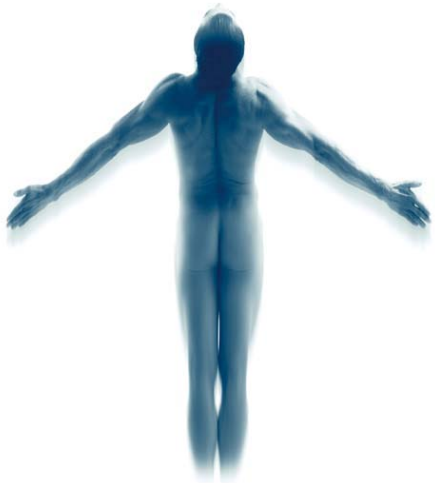
Barriers / Constraints



- Clinical
- Search for questionnaires
- Translation to Arabic of “Quebec Back Pain Disability Scale”
- Validation?

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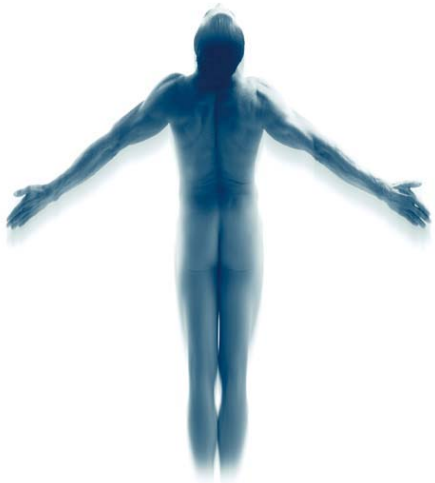
Barriers / Constraints



De fysiotherapeut Specialist in beweging

- Institution
- Policies and procedures mandate quality services (opportunity)
- No policy available that makes the use of CGL mandatory (opportunity)
- Tools, means and modalities did not incur budget constraints

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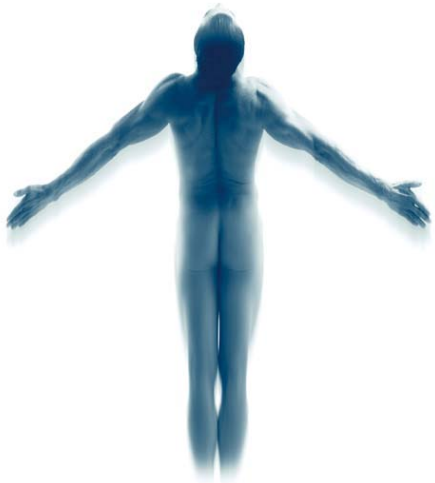
Cultural Adaptation



De fysiotherapeut Specialist in beweging

- Influence of the physician's opinion and prescription on patients
- Patients knowledge about our profession that is mixed with massage
- Patients adopt usually passive attitude (I pay my money for the service)

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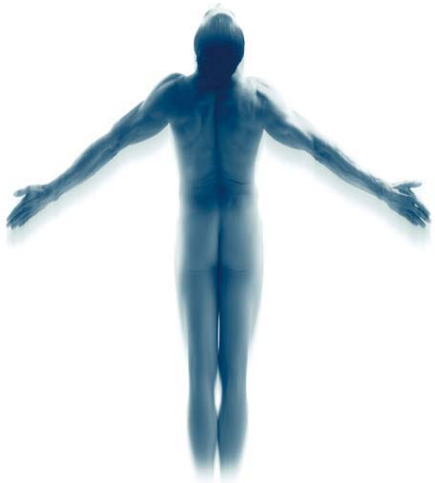
Evaluation



De fysiotherapeut Specialist in beweging

- Therapists
- Upgrade therapists' knowledge
- Learning from searching for new assessment tools i.e.questionnaires
- Part of the CPD implemented in the PTD
- Support specialty

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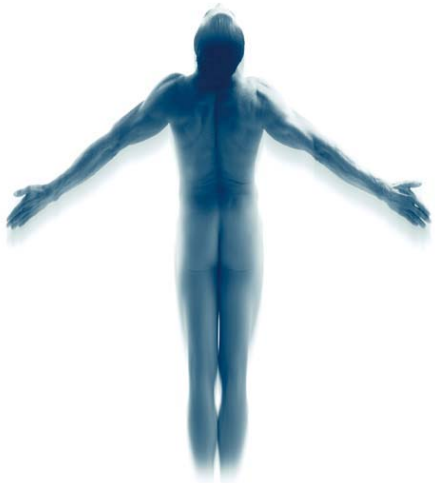
Evaluation



De fysiotherapeut Specialist in beweging

- All PTs found the strategy of implementation efficient
- All PTs found the guidelines clear and applicable
- 6/7 PTs found the flowchart efficient as a reminder
- Suggested to have guidelines as a continuing education tool

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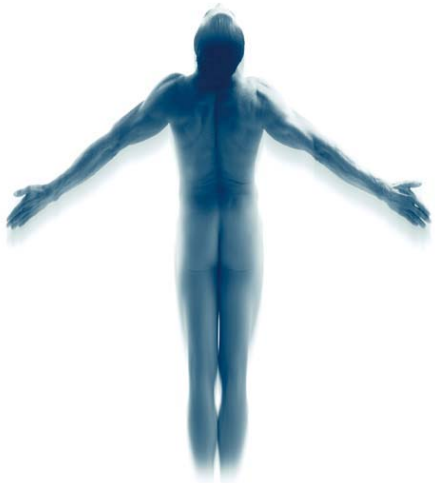
Evaluation



De fysiotherapeut Specialist in beweging

- Patients' feedback
- Time/ cost effective 90%
- Physical therapists are professional and highly qualified 100%
- Trust specialty 100%
- Trust thorough assessment 95%
- Advise friends and relatives to use department's services 100%

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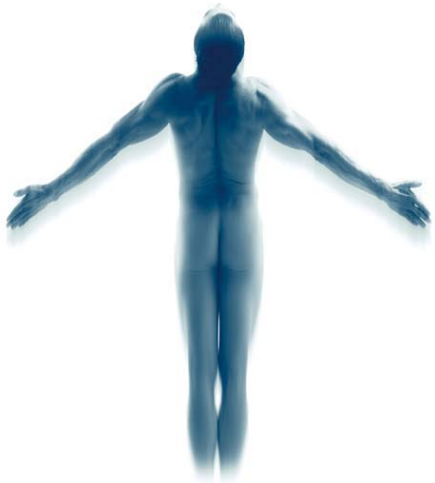

De fysiotherapeut Specialist in beweging

- Administrative and clinical changes
  - Assessment sheets
  - Assessment of patients
  - Patient education information based on the evidence
  - Back school questionnaires
- No impact on Insurance companies and third party payers

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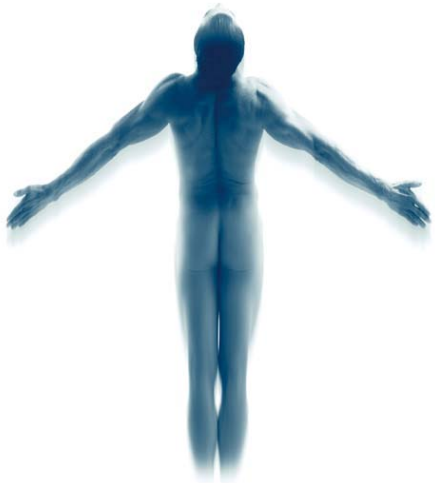
Evaluation: Clinical and Cost-Effectiveness

- Retrospective study for comparison of our practice to the guidelines in chronic ankle sprain



De fysiotherapeut Specialist in beweging

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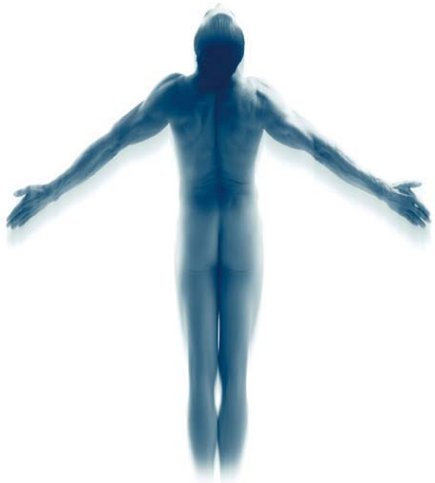
Comparison of AUBMC Practice to Clinical Guidelines



De fysiotherapeut Specialist in beweging

- At the ER, only 18 / 41 patients were asked to follow the RICE protocol
- Patient PT Assessment:
  - Pain
  - Swelling
  - ROM
  - MMT
  - Functional Assessment

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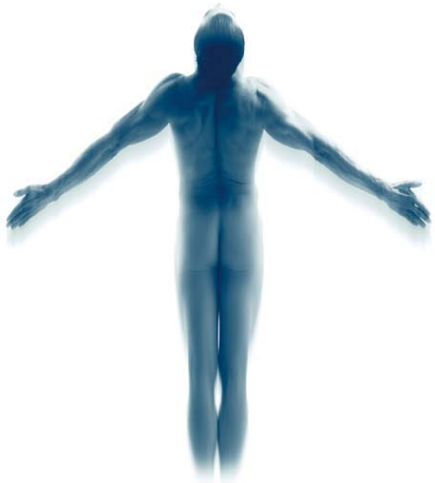
Protocols of Treatment



De fysiotherapeut Specialist in beweging

	WP	U/S	Ex	Pro	Tens	Mass	CP
I	+	+	+	+			+
II	+	+	+	+			
III	+		+	+			
IV	+	+	+	+	+	+	+

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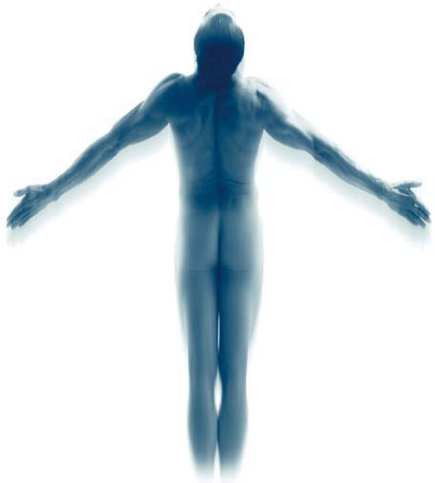
Comparison of AUBMC Practice to Clinical Guidelines

➢ Patients' Outcome



- Full ROM
- MMT
- Swelling
- ADL

De fysiotherapeut Specialist in beweging

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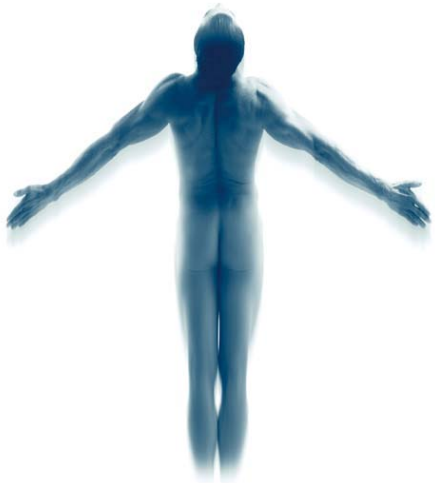
Evaluation of AUBMC Processes



De fysiotherapeut Specialist in beweging

- Variety of protocols
- Assessment lacking key elements
- No use of brace or tape
- Not cost-effective
- Not time-effective
- Evidence:
  - U/S not supported
  - WP not mentioned in the evidence

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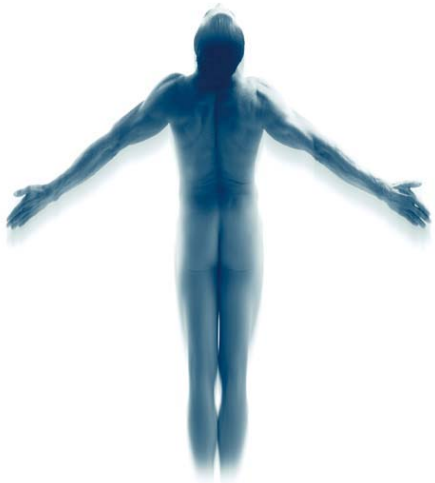
Evaluation of implementation in Chronic Ankle Sprain Patients



De fysiotherapeut Specialist in beweging

- **Patients in 2004-2005 (12patients)**
- Age: 18-25 years old
- 2 patients referred with specific diagnosis
- **Assessment:**
- 2 residual instability and edema
- 10 residual pain
- **Treatment:**
- 2 treated according to guidelines
- 10 U/S added. Justification documented

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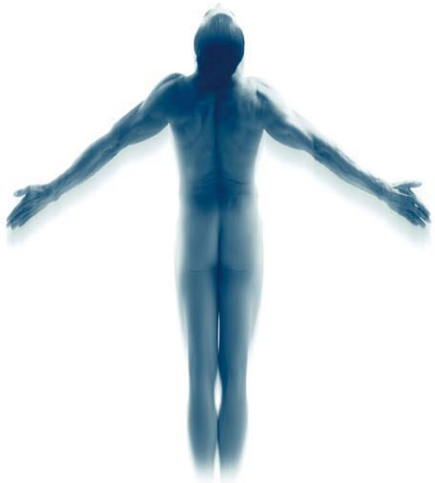
Evaluation of implementation in Chronic Ankle Sprain Patients



De fysiotherapeut Specialist in beweging

➢ Patients' Outcome

- 10 full recovery of ankle stability
- 10 resumed their sports activities
- No recurrence documented

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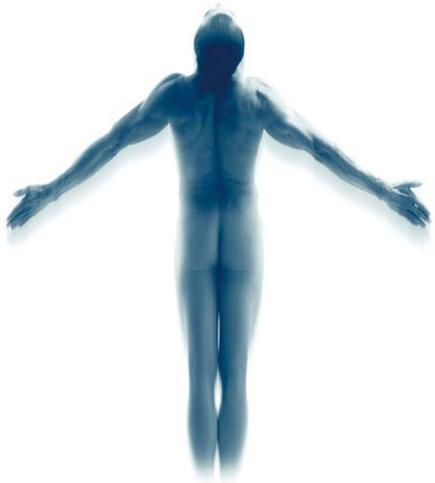
Evaluation



De fysiotherapeut Specialist in beweging

- Documentation of outpatients files
- Files randomly selected. 1/3
- Assessment: 70% 100%
- Progress notes: 15% 82%
- Discharge summary: 90% 98%

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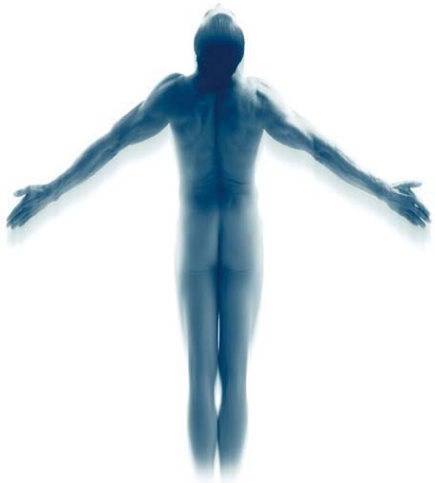
Conclusion



- Implementation is possible (small group @ AUB)
- Long process
- Implementing CGL does not necessarily incur high expenses
- Stakeholders approval (at least neutral)
- Presence of quality improvement policy eases the job
- CGL help minimize variability in practice
- Need to have therapists knowledgeable and qualified

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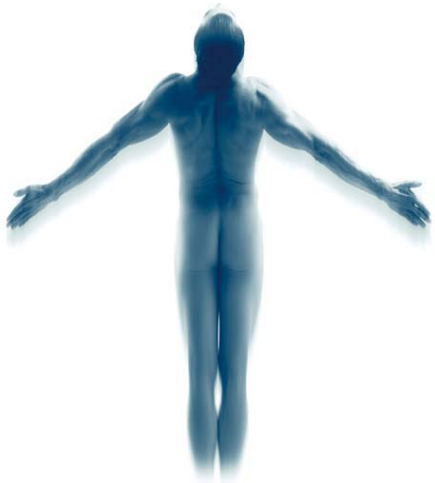
Recommendations



De fysiotherapeut Specialist in beweging

- Choose guidelines according to clinical needs
- Assign a coordinator according to each one's specialty
- Set a time frame
- Audit actual clinical practice
- Discuss CGL with therapists, have them understood and adopted by the team
- Implement a structured change (assessment sheets and treatment)
- Periodical audit
- Update guidelines

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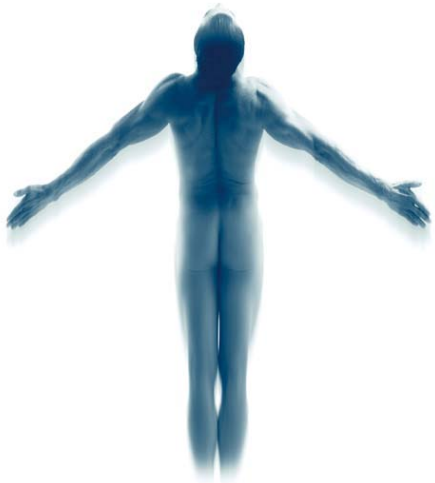
Recommendations



De fysiotherapeut Specialist in beweging

- Cooperation with different disciplines especially physicians for effective referrals and effective patient's outcome
- Need for research (professional and multidisciplinary)
- Implementation on a macro level
- Implementation in undergraduate curriculum

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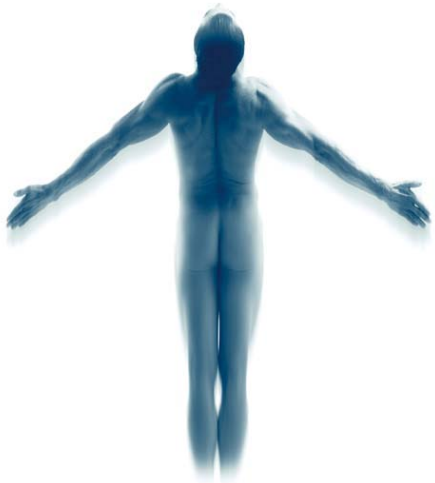
Remaining Questions



De fysiotherapeut Specialist in beweging

- Is following guidelines will definitely change patient's outcome?
- What is the margin of freedom for physical therapists in using guidelines?
- Should the guidelines become mandatory?
- What are the ethical and legal implications for their use or no use?

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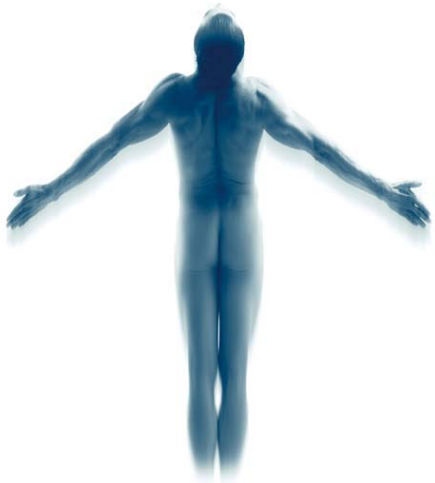

De fysiotherapeut Specialist in beweging

- “The quality of a man’s life is in direct proportion to his commitment to excellence, regardless of his chosen field of endeavor”

Vincent Lombardi

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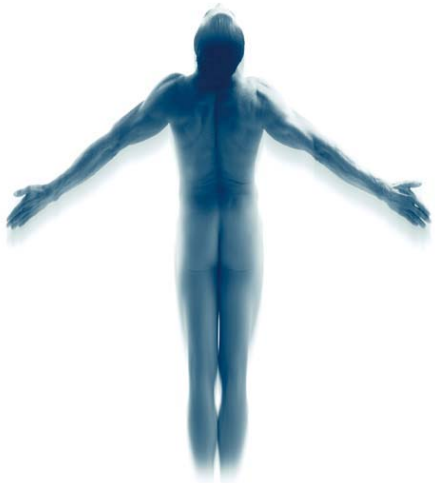

De fysiotherapeut Specialist in beweging

THANK YOU

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