### Measuring *OUTCOME* in Trauma Rehabilitation

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Expected outcomes





### Quality = consistency





#### Trauma: Who cares?



A report of the National Confidential Enquiry into Patient Outcome and Death (2007)



### NCEPOD



- <u>How well</u> we do
- Where we sometimes *fail*
- Where *things go wrong* that we can *learn most*
- 60% of the patients received a standard of care that was *less than good practice*
- <u>Deficiencies</u> in both <u>organisational and clinical</u> aspects of care occurred frequently



### NCEPOD

- The <u>completeness of recovery</u> are highly dependent on the <u>care</u> that follows....
- The <u>speed</u> with which lethal processes are identified and halted <u>makes the difference</u> between life and death
- The sooner we can <u>halt and reverse</u> these processes, the more likely and complete will be <u>return to health</u>

### Where are we at?

☑ Rehabilitation prescription

- The <u>care</u> (what do we do? What is standard care/rehabilitation?)
- <u>Speed</u> (how fast, how often and how frequently?)
- *Makes the difference* (What intervention makes a difference?)
- <u>Effects of injury</u> (Consequences and rehabilitation priorities)
- <u>Halt and reverse</u> (EBP)
- <u>Return to health</u>





1. Do you have one?

2. How often do you use it?

3. How much pleasure does it provide?

4. What type of feedback does it give you?











Scale (weight) Heart rate Phone app Time Friends/ Weight watchers Bathing suit Waist measure Facebook Check book

### Using the ICF as a framework

IMPAIRMENT	ACTIVITY (LIMITATION)	PARTICIPATION (RESTRICTION)
ISS	Barthel Index	Life satisfaction Index
TRISS	FIM	COPM
APACHE II	SF-36	
ASIA	EQ-5D	London Handicap Scale
		Life Habits Assessment (LIFE-H)
Fatigue Impact Scale	AusTOMs	
HADS	GOSE	Craig Handicap Assessment Reporting
BDI	GAS	Technique (CHART)
McGill Pain questionnaire	Nottingham Health Profile (NHP)	
Grip strength		AusTOMs
CAM	TOP – Trauma Outcomes	WHO-DAS II
Davidson Trauma Scale	Profile	
		Personal Care Participation Assessment
		& Resource Tool (PC-PART)

#### Health Outcome after Major Trauma: What Are We Measuring?

#### Karen Hoffman<sup>1</sup>\*, Elaine Cole<sup>1</sup>, E. Diane Playford<sup>2</sup>, Eva Grill<sup>3</sup>, Helene L. Soberg<sup>4</sup>, Karim Brohi<sup>1</sup>\*

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#### Table 2. Overview of the thirty eight outcome measures identified in 34 studies.

	_	
Description of instruments	n	% of 34 studies
Medical Outcome Study Short Form Health Survey (SF-36)	14	41
European Quality of Life Questionnaire (EQ-5D)	7	21
Functional Independence Measure (FIM)	5	15
Glasgow Outcome Scale (GOS)	5	15
World Health Organisation Disability Assessment Schedule II (WHODAS II)	4	12
Hannover Score for Polytrauma Outcome (HASPOC)	3	9
Musculoskeletal Function Assessment (MFA)	3	9
Study Short Form 12 (SF-12)	3	9
Sickness Impact Profile (SIP)	3	9
Glasgow Outcome Scale-Extended (GOS-E)	2	6

# <u>What</u> *rehabilitation* are we doing?

Is it cost effective? Is it evidence based? Is it quality? Can we collect it? Does it make a difference?

#### Systematic review of multidisciplinary rehabilitation in patients with multiple trauma

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### SERT: Service Evaluation of Rehabilitation in Trauma



- AIM 1: INCLUSIVENESS does the system provide equitable rehabilitation for patients treated at major trauma centres and trauma units in terms of frequency seen and variety of therapists involved in rehabilitation?
- AIM 2: KEY REHABILITATION COMPONENTS which key rehabilitation components are offered to trauma patients and is there any association with outcome in terms of hospital LOS?
- AIM 3: EFFICACY to identify the efficacy of rehabilitation prescriptions in terms of transfer of care between MTC and TU and TU and onward rehabilitation (reduction in repetition of information between HCPs).
- AIM 4: EQUALITY AND ACCESS to evaluate what proportion of patients access the optimum rehabilitation service they require and identify factors that preclude access to rehabilitation (both in hospital and onward referral)
- AIM 5: COMPARISON/BENCHMARK/STANDARDS to evaluate to what extent there may be a difference in terminology used between units and to what extend the ICF Trauma Core Set can capture rehabilitation issues relevant to trauma patients.

How do we measure and compare problems and outcomes?

> Data Quality, consistency Patient Priorities

### World Health Organisation

ICD-10

International Statistical Classification of Diseases and Related Health Problems

Volume 2







### ICF Core Set for Multi Trauma

### Methods

- 1. Systematic review
- 2. International on-line expert survey (>5years trauma experience)
- 3. Semi structured interviews using the ICF framework (n=32 patients)
- 4. Descriptive data analysis
- 5. Consensus conference

+											
	REHABILITATION ASSESSMENT AND PRESCRIPTION										
	Date of assessment/ date of goal set/ review date:	Care or risk	Nursing	Medical	Therapy Discipline	Therapy Intensity	Equipment				
	REHABILITATION NEEDS:										
	REHABILITATION PROVISION:										
			ICF	Qual	lifier						
			0	1	2	3	4				
	Overall goal: To return home being able to walk with assistance of one and prepare all my meals independently										
	Goal 1:										
	Goal 2:										
	ICF CATEGORIES - USE FOR ASSESSMENT AND							GOAL			
	INTERVENTION	ICF Qualifier						nr:			
	Body Functions	Probl em: Y/N	0	1	2	3	4				
	b114 Orientation functions (post traumatic amnesia)	N									
	b130 Energy and drive functions (fatigue, disinterest)	Y									
	b134 Sleep functions (too much/too little/altered pattern)	Y									
	b144 Memory functions (short or long term memory)	Y									
_	b152 Emotional functions (anxiety, happy, sad, appropriateness, range, regulation)	Y									
	b280 Sensation of pain	Y									
	b820 Repair function of the skin (wound healing and scars)	Ν									
	Activity and Participation										

INTERVENTION		IC	F Qua	alifier				nr:
Body Functions	Probl em:							
•	Y/N	0	1	2	<u> </u>	3	4	
b114 Orientation functions (post traumatic amnesia)	N							
b130 Energy and drive functions (fatigue, disinterest)	Y							
b134 Sleep functions (too much/too little/altered pattern)	Y							
b144 Memory functions (short or long term memory)	Y							
b152 Emotional functions (anxiety, happy, sad, appropriateness, range, regulation)	v							
b280 Sensation of pain	Y							
b820 Repair function of the skin (wound healing and scars)	N							
Activity and Participation								
d230 Carrying out daily routine	Y							
d240 Handling stress and other psychological demands	Y							
d310 Communicating with - receiving - spoken messages	N							
d415 Maintaining a body position	N							
d450 Walking	Y							
d510 Washing oneself	Y							
d630 Preparing meals	Y							
d640 Doing housework	Y							
d850 Remunerative employment	Y							
d920 Recreation and leisure	Y							
	FA	CILITAT	OR			_	BARF	RIER
Environmental Barriers and Facilitators (n=26)	4+	3+	2+	1+	0 -	-1	-2	-3 -4
e110 Products for personal consumption and ingestion								
e150 Design, construction and technology of building								
e310 Immediate family - support and relationships								

### **Consensus conference**











## $ICF_{Research Branch}$

ICF Research Branch, a cooperation partner within the WHO Collaborating Centre for the Family of International Classifications in C

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	Com	prehensive l	CF Core Set for Traumat	tic Brain Injury
ICF Code	ICF Category			
Body Functio	ons (37)			<ul> <li>Brief ICF Core Set for Traumatic Brail</li> </ul>
b110 b114	Consciousness for Orientation funct	ICF Code	ICF Category Title	
b126	Temperament and	Body Functio	ns	
b130	Energy and drive		Higher-level cognitive fund	ctions
b134	Sleep functions	b152	Emotional functions	
b140	Attention function	b130	Energy and drive function	The sub-sub-sub-sub-sub-sub-sub-sub-sub-sub-
b144	Memory function	b760	Control of voluntary move	ment functions
b147	Psychomotor fun	b144	Memory functions	
b152	Emotional function		Sensation of pain	
b156	Perceptual functi	b140	Attention functions	
b160	Thought function	b110	Consciousness functions	
b164	Higher-level cogn			
		s110	Structure of brain	
		Activities & P	Participation	
		d230	Carrying out daily routine	
		d350	Conversation	
		d450	Walking	
		d720	Complex interpersonal interper	eractions

#### **ICF Based Documentation Form**

Reminder: The categories of the Generic Set are indicated by the letter (G).

PATIE	NT INFORMATION									
BODY	FUNCTIONS									
	gical functions of body systems (including psychological functions)									
,		lent	lent	te	lent	te	P	e		
		No impairment	Mild impairment	Moderate impairment	Severe impairment	Complete impairment	Not specified	Not applicable		
How m	ich impairment does the person have in	No di	Mild	Mo M	Sev imp	ii. C	Not	Not app		
nou me	en impariment does the person have in									
		0	1	2	3	4	8	9		
b130	Energy and drive functions (G)									
	General mental functions of physiological and psychologi	ical me	echanis	sms th	at cau	se the	indivi	dual		
	to move towards satisfying specific needs and general go		-							
	Inclusions: functions of energy level, motivation, appetite, crav be abused) and impulse control	ing (in	cluding	craving	g for su	bstanc	es that	can		
	Exclusions: consciousness functions (b110); temperament and	person	ality fu	nctions	(b126	); sleep	o functi	ons		
	(b134); psychomotor functions (b147); emotional functions (b1									
	Sources of information:			_						
	Case history 🗌 Patient reported questionnaire 🗌 Clinical	exami	nation	🗌 Teo	hnical i	investig	ation			
	Description of the problem:									
-		0	1	2	3	4	8	9		
b152	Emotional functions (G)									
	Specific mental functions related to the feeling and affec	tive co	mpon	ents of	f the p	rocess	es of t	he		
	mind.	~		_						
	Inclusions: functions of appropriateness of emotion, regulation	and ra	nge of (	emotio	n; affeo	t; sadr:	ness,			

#### Figure 4: Intervention Table

Phys: Physician, PT: Physiotherapist, Spo: Sport therapist, Psych: Psychologist, SW: Social worker, Arch: Architect (Spinal Cord Injury, ASIA A Th 3, 12 weeksafter trauma).

Intervention target	Intervention	hys	Nurse	PT/ Spo	от	Psych	SW	Arch	First value	Goal value	End value
	Body posture training			X							
	Adaptation of wheelchair				X						
b28013 Pain in the back	Control of sitting position		X	X	Х				3	0	1
	Medication	X	X								
b415 Blood vessel functions at risk	Compression hosery, drugs	×	X						0	0	0
b420 Blood pressure function	Compression hosery	X	X						1	0	0
b7101 Mobility of several joints	Passive movement			X					1	0	1
b755 Involuntary movement funtions	Body balance training			X					2	0	0
b7800 Sensation of muscle stiffness	Detonisation, Stretching			X					1	0	0
b810 Structure of the skin - at risk	Daily inspection		X						0	0	0
d410 Changing basic body positions	Sit up-training			X					1	0	0
d4153 Maintaining a sitting position	Body balance training			X					1	0	0
d4200 Transferring oneself while sitting	Transfer training			X	X				2	1	1
d465 Moving around with wheelchair	Wheelchair training outdoor			X					3	1	1
d510 Washing oneself	Assistance/Instruction		X						2	0	0
d520 Caring for body parts	Assistance/Instruction		X						2	0	1
d5300 Regulating urination	Assistance/Instruction		X						2	0	0
d5301 Regulating defecation	Assistance/Instruction		X						2	0	0
d540 Dressing	Assistance/Instruction		X		Х				2	0	0
d9201 Sport	Exercising different sports			X					4	2	2
e1151 Assistive products: Chair cushion	Control of chair cushion				X				-2	0	0
e1201 Assistive products for personal mobility: Wheelchai and adapted car	Testing of different wheel- chairs, reconstruction of car				X				-3	-2	-2
e155 Design, construction and building products and technology of buildings for private use: farm house	Planning and reconstruction of private building				X				-3	-2	-2
e5700 Social security	Clarification, Organization of					X			0	4+	2+



Journal of Clinical Epidemiology 62 (2009) 891-898

Journal of Clinical Epidemiology

#### INTERNATIONAL CLASSIFICATION OF FUNCTIONING DISABILITY AND HEALTH

#### Scales could be developed based on simple clinical ratings of International Classification of Functioning, Disability and Health Core Set categories

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Accepted 12 February 2008

### Summary

- 1. THRIVE
- 2. Quality
- 3. Data
- 4. Innovation





