

THE IMPORTANCE OF ASSESSMENT IN REHABILITATION AND THE SELECTION OF AN APPROPRIATE ASSESSMENT INSTRUMENT

POMEN OCENJEVANJA V REHABILITACIJI IN IZBIRA PRIMERNEGA OCENJEVALNEGA INSTRUMENTA

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Povzetek

Rehabilitacijski strokovnjaki si po celem svetu želijo meriti in spremljati izide, ki jih pri rehabilitaciji dosežejo njihovi pacienti. V zadnjih dvajsetih letih se je število recenziranih objav o merjenju izidov v rehabilitaciji dramatično povečalo. Kliničnim strokovnjakom in raziskovalcem na področju rehabilitacije je koristil razvoj podrobnih razvrstitev zdravja in zmanjšane zmožnosti, modelov strukture, procesov in izidov zdravstvene oskrbe ter prizadevanj za definiranje mer kakovosti zdravstvene oskrbe. V prispevku bomo (1) opisali zgodovino merjenja izida v rehabilitaciji, (2) opisali prelomne dogodke v razvoju merjenja izida v rehabilitaciji in (3) opisali priložnosti za izboljšanje rehabilitacijskih storitev, ki jih nudi rutinsko zbiranje, poročanje in združevanje podatkov o rehabilitacijskih storitvah, postopkih in izidih. Prispevek vključuje dva nova primera merjenja izidov. Prvi primer je osredotočen na razvoj nadzorišča izidov pri timskih sestankih, drugi primer pa prikazuje projekt izboljšanja kakovosti na kliniki za protetiko. Primera prikazujeta, kako spremljanje izidov v rehabilitaciji pomeni dobro poslovno prakso: članom tima omogoča spremljanje pacientovega napredka in možnost odziva, če napredek ni v skladu s pričakovanji. Če podatke zbiramo dalj časa, se lahko lotimo za izboljševanja kakovosti. Ko se več ustanov obveže, da bodo zbirale iste podatke, nastopi možnost za presojanje izidov programov, ocenjevanje izidov z upoštevanjem tveganja in ovrednotenje različnih vrst zdravljenja. Organizacije za akreditiranje, kot je CARF International, zahtevajo dejavnosti za izboljšanje izvedbe. Primarna skrb pri izbiri instrumenta mora biti klinična uporabnost. Uporabniki morajo izbrati instrumenta prilagoditi namenu ocenjevanja. Razmisliti morajo o organizacijskih olajševalcih in ovirah in se zavedati, da klinična uporabnost instrumenta v enem okolju še ne pomeni nujno tudi ni uporabnosti v drugem okolju.

Summary

Rehabilitation clinicians around the world have a keen interest in measuring and monitoring rehabilitation outcomes achieved by their patients. The number of peer-reviewed publications focused on outcome measurement in rehabilitation has skyrocketed over the past 20 years. Rehabilitation clinicians and researchers have benefitted from the development of detailed taxonomies of health and disability; models of healthcare structure, process, and outcome; and efforts to define healthcare quality measures. This presentation will (1) Describe the history of rehabilitation outcome measurement, (2) Identify sentinel events in the development of rehabilitation outcome measures, and (3) Describe opportunities to improve rehabilitation services through the routine collection, reporting and aggregating of details about rehabilitation services, processes and outcomes. The presentation will include two novel examples of outcomes measurement. The first example focuses on development of an outcomes dashboard for team conferences; the second example illustrates a quality improvement demonstration project for prosthetic clinics. The examples illustrate how monitoring outcomes of rehabilitation is a good business practice: it allows team members to monitor patient progress and take corrective actions. It allows for quality improvement activities when data are aggregated over time. When multiple facilities commit to collecting the same data, there is the opportunity to benchmark program outcomes, risk-adjust outcomes, and evaluate treatment variations. Accrediting organizations such as CARF International require performance improvement activities. Clinical utility should be a primary consideration when selecting instruments. Users should match the instrument to the purpose of assessment. They should consider organizational barriers and facilitators, and recognize that an instrument that has good clinical utility in one setting may not have clinical utility in another setting.