

Standardization of Care for Patients with Spinal Cord Injury Across Care Continuum: Quality Improvement Project

Casey Azuero, PhD, MPH, ABPP; Jennifer Agricola, MS, OTR/L; Cassandra Renfro, DO; Philip Klebine, MA

Introduction

- Step 1**
 - Understand factors leading to poor outcomes for patients with SCI
 - Gather key stakeholders and complete quantitative and qualitative data analysis to understand and define the problem
- Step 2**
 - Create a sustainable, standard of care with shared responsibility that improves the continuum of care for SCI patients throughout the health system
- Step 3**
 - Pilot, tweak, and launch a hospital-wide initiative that decreases secondary outcomes, improves communication with acute care and rehab, and with patients and families

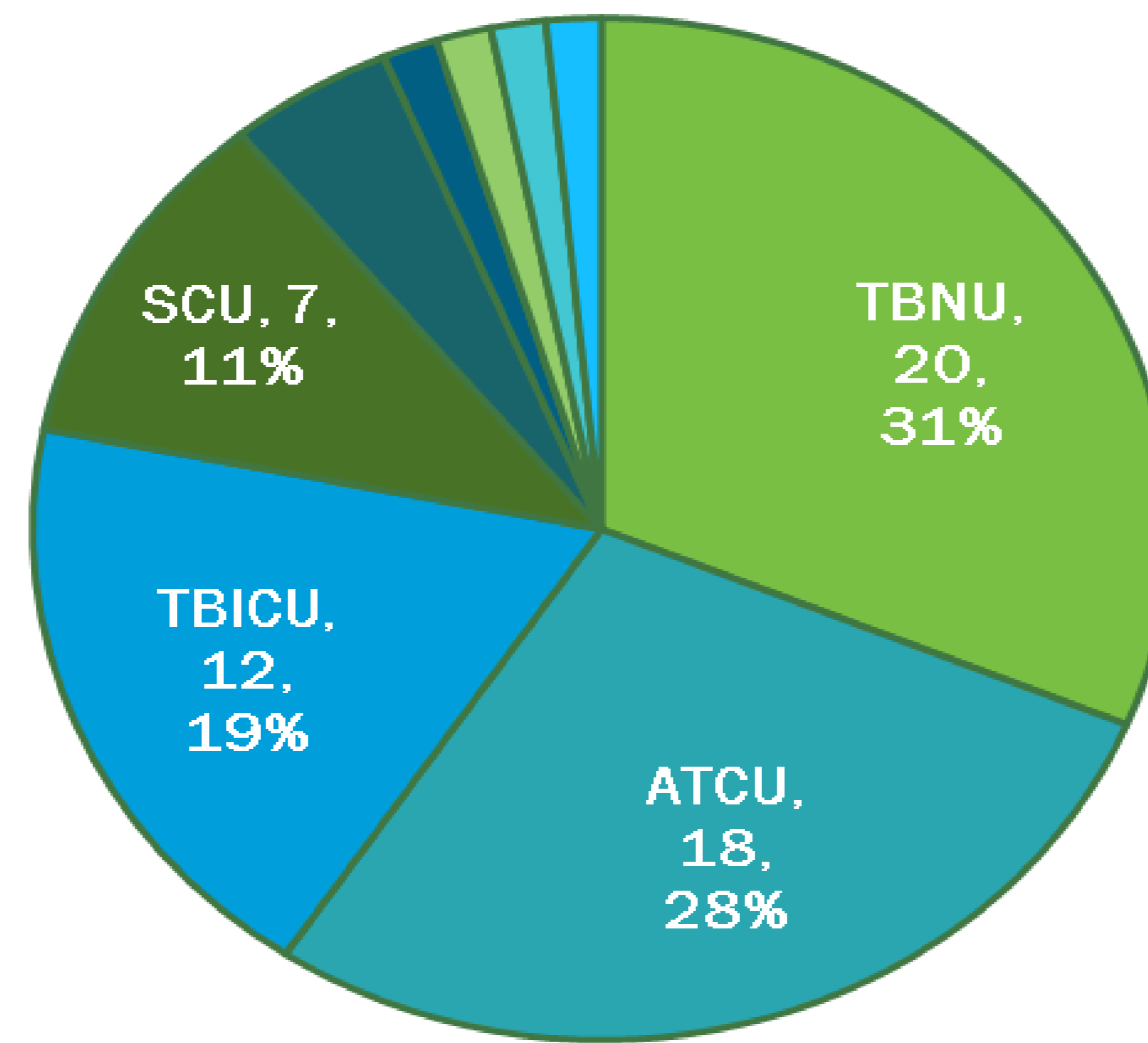
Methods

Qualitative and quantitative methods were used to determine factors limiting patients' participation during IPR and understand determinates leading to secondary health complications for patients with SCI. The primary focus was on limiting adverse health outcomes, patient outcomes as well as improving SCI education among medical professionals, patients and their families.

Although not without challenges, including those related to COVID surges, creating a comprehensive standard of care across a large academic hospital is feasible, but there are special considerations to ensure the success of the treatment plan across care teams and disciplines.

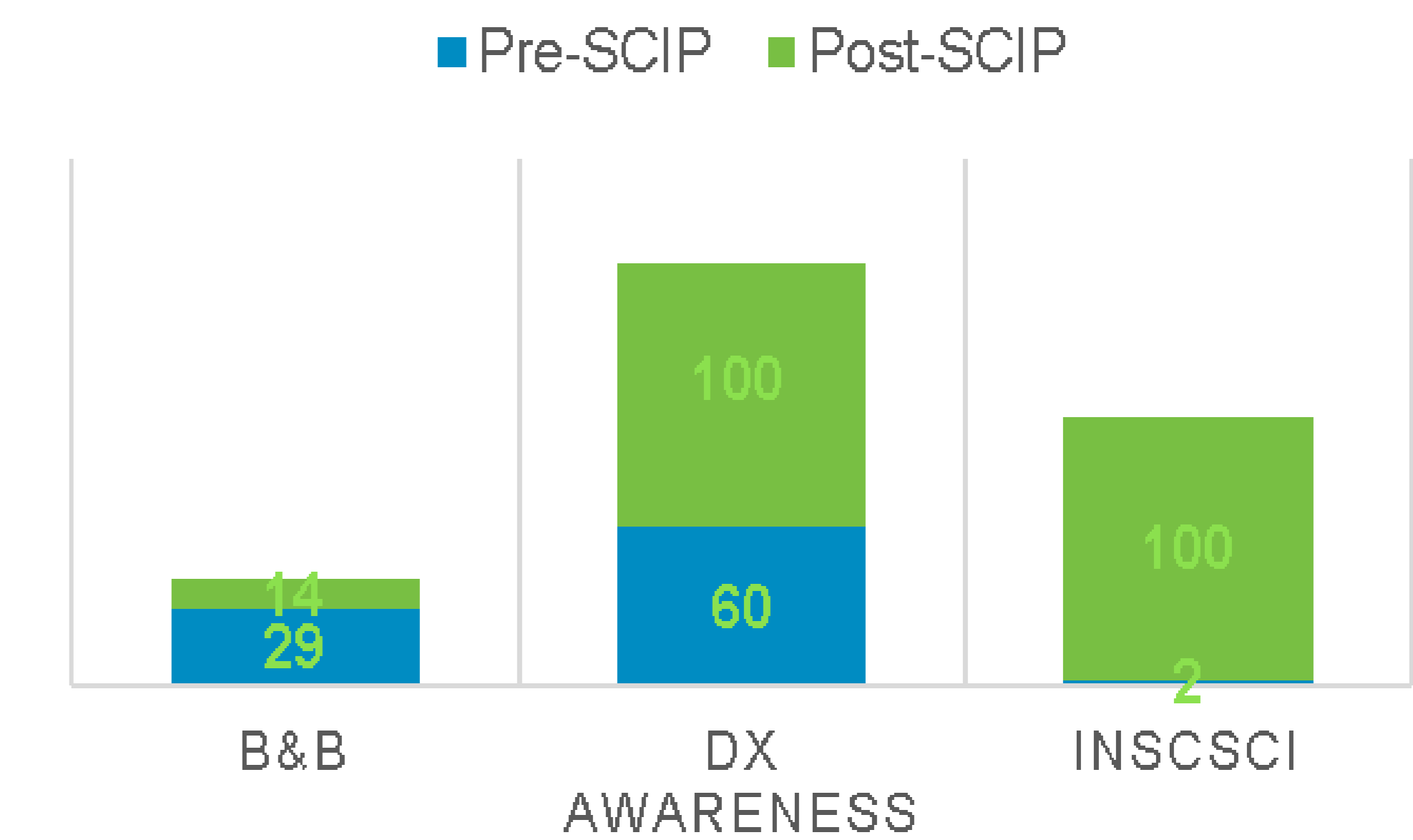
Quality Improvement Project

- Standardized Power Plan (SCIP) to initiate a new standard of care for patients with suspected SCI housed within the EMR addressing:
 - INSCSCI exam
 - Physiatrist for medical management
 - Sitting schedule orders
 - Bowel and Bladder orders
 - Directive for wound care
- Created 7 educational modules that could automatically be pushed out to everyone across the hospital enterprise for completion (with pre and post assessment)
- Added tilt and space wheelchair to the unit with signage to encourage caregiver support in sitting schedule by tracking pressure reliefs



Results

SCIP used 58 times during the 6 month pilot period
 INSCSCI assessment completion improved (2% to 100%)
 Improved patient understanding of their illness (58% to 100%) SCI endorsement.
 Decrease in missed therapy units in acute rehabilitation (29% to 14%) for bowel or bladder issues.
 Patients missed therapy <1% of the time for skin related issues after the SCIP.



Discussion

Engaging key stakeholders, creating buy-in, recognizing team talents and implementing a multi-level intervention across care sites at a large academic hospital is feasible and can improve patient outcomes. It requires a champion to lead the charge.

This type of initiative takes a lot of effort to engage stakeholders, create a shared vision, and train enough people to decrease burden and ensure the care plan can be carried out effectively. The human resources as well as specialized equipment can be costly to an institution so you need leadership/administrative buy-in too.