(S148) QUALITY ASSURANCE/PERFORMANCE IMPROVEMENT BY A REHABILITATION TEAM: IMPACT ON MULTIPLE SCLEROSIS CARE

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Background: The MS Clinic at the Denver VA Hospital has been in existence for over 20 years. It is staffed by a physiatrist, nurse practitioner/clinic coordinator, psychologist, physical therapist, occupational therapist, speech/language pathologist, social worker, dietitian, and licensed practical nurse. Objectives: The purpose of this poster presentation is to describe the quality assurance/performance improvement (QA/PI) process undertaken to achieve Council on Accreditation of Rehabilitation Facilities (CARF) accreditation in 2009 for a Veterans Affairs rehabilitation-based multiple sclerosis (MS) clinic. Methods: In preparation for the CARF survey, a Microsoft Access database was developed to capture data on demographics, Expanded Disability Status Scale (EDSS) scores, functional status, activity limitations, participation restrictions, care needs, treatments and equipment offered, referrals made, and other variables. Satisfaction surveys from staff, patients, and stakeholders were also collected and analyzed. QA/PI projects addressed the following areas: identification of demographics, timeliness of consultation completion, analysis of audiology referrals, analysis of driving evaluations, analysis of neuropsychological assessment referrals. Results: Analysis of audiology referrals (N = 111): initiated for 25% of individuals assessed, 71% completed, 90% of those with abnormal findings, and 61% with hearing aid recommendations. Analysis of driving evaluations (N = 12): 9 for safety assessment, 4 for equipment evaluation. Of the 9 consultations for safety assessment, 78% of individuals (7) were provided with recommendations or training to improve safety. In both groups, when training was recommended, 75% (3 of 4) were deemed able to drive safely when training was completed. Analysis of neuropsychological assessment referrals in 2008 (N = 56): 78.5% completed, 79.5% with abnormal cognitive findings, 75% with identified psychiatric problems, and 79.5% total interventions recommended. Conclusions: Findings of the QA/PI projects will be summarized, including changes made to our practice as a result. Additionally, 2010 QA/PI projects in progress will be presented: 1) cooling products and factors affecting use/nonuse, 2) identification of community exercise/physical activity resources, 3) evaluation of timeliness and clinical relevance of renal studies.

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