

# CSM2007 Platform Presentations Abstracts

Scott CK, Drake LM, Roush S. **A Model Of Patient Satisfaction With Outpatient Physical Therapy Services In The Southern United States As Measured By The Physical Therapy Outpatient Satisfaction Survey**

**Purpose/Hypothesis :** This project endeavors to re-test the Physical Therapy Outpatient Satisfaction Survey (PTOPSS) with physical therapy clinics in the Gulf South United States of America. Internal reliability, construct and criterion validity are investigated. Sociodemographic and treatment factors are examined to develop a model of patient satisfaction in physical therapy.

**Number of Subjects :** 2039 randomly selected subjects were mailed the PTOSS. 1175 usable surveys were returned and analyzed, for a usable return rate of 62%.

**Materials/Methods :** Using cluster sampling, twenty outpatient clinics were recruited from a weighted, randomized list of clinics participating in internship programs at University of Mississippi Medical Center physical therapist educational program. Up to 125 randomly selected patients from each clinic who were 21 years of age or older who were discharged or became inactive within the past ninety days were mailed the PTOSS. Principal components analysis was used to explore the dimensions of satisfaction. Cronbach alpha scores measured inter-rater reliability. Finally, the factors from the survey items, together with demographic and clinical variables were incorporated into a regression analysis to form a model of patient satisfaction.

**Results :** The dimensions measured by principal components analysis remained remarkably consistent with this sample and methodology. Cronbach alpha scores indicated a high level of inter-rater reliability. Finally, the regression analysis revealed that the four factor scores and the patient's rating of improvement predicted satisfaction. **Conclusions :** There is strong support for the validity and reliability of the PTOSS in this study. In addition, sociodemographic variables and treatment related variables appear to have little impact on patient satisfaction. Only the patient satisfaction dimensions and the patient's rating of their improvement predicted satisfaction. **Clinical Relevance :** The measurement of patient satisfaction is a forty year old field of inquiry in health care. Physical therapists are only beginning to study patient satisfaction concepts. It is incumbent on physical therapists to seek accurate input from patients to maintain and gain credibility in a competitive market. Development and refinement of theory and measurement methodology are imperative.

**KEYWORDS:** patient satisfaction, survey, physical therapy.

Coe J, vanDuijn AJ, Bevins T, Jack L. **The Relationship Between Patient Perception of Treatment Outcomes and Patient Satisfaction**

**Purpose/Hypothesis :** The purpose of this study was to determine if there is a relationship between patients' overall satisfaction with outpatient physical therapy and their perception of their treatment outcomes. The research hypothesis was that there would be a strong positive correlation between the constructs of patient satisfaction and perception of treatment outcomes. **Number of Subjects :** Eighty physical therapy outpatients from three facilities treating primarily orthopedic patients were given an anonymous survey within 30 days of discharge. There were 47 respondents (59%) ranging in age from 18 to 93 with a mean age of 65.3 years. **Materials/Methods :** The instrument used to collect patient satisfaction data was the American Physical Therapy Association's Physical Therapy Patient Satisfaction Questionnaire. An additional subscale was constructed to measure patients' perception of treatment outcomes, since no such instrument could be found during review of the literature. This subscale was based on the outcomes measures listed in the APTA's Guide to Practice 2nd Ed. This new subscale was submitted for expert review before proceeding with data collection. In addition, other variables of interest were examined to determine their influence on patient satisfaction and perception of treatment outcomes including: age, gender, ethnicity, prior experience with physical therapy, area of body treated, and payer source. **Results :** Pearson correlation analysis between patient satisfaction and outcomes scores was  $r = .741$  with a significance of  $p < .001$ . Pearson correlation analysis, ANOVA, and t-tests were carried out to analyze the effect of the remaining variables on the satisfaction and perceived outcomes scores, which included: age, gender, ethnicity, prior experience with physical therapy, area of body treated, and payer source. These tests demonstrated that these variables had no statistically significant impact on patient satisfaction or patient perception of treatment outcomes scores. Internal consistency of the outcomes subscale was excellent (Cronbach's  $\alpha = 0.924$ ). Inter-Item correlation analysis of the outcomes subscale also demonstrated very high correlations with the average score for the subscale. **Conclusions :** The results indicated that patients who perceived themselves as having good treatment outcomes were also more likely to have high levels of satisfaction. Furthermore, the results ruled out the influence of other extraneous variables on the relationship between patient satisfaction and perception of treatment outcomes. The statistical analysis also supported the validity of the patient perception of treatment outcomes subscale that was constructed for this study. **Clinical Relevance :** The results of this study indicate that patients' perceptions of treatment outcomes are highly correlated to patient satisfaction, and provide further support for the use of evidence-based practice to improve clinical outcomes. Further research in this area using larger samples and different patient populations is needed to confirm the results of this study. **KEYWORDS:** Satisfaction, Outcomes

**Elrod CS, Beltran M, Hall K, Momin A, Toman T. Utilization Barriers to Physical Therapy Services for Individuals with Cerebral Palsy, Multiple Sclerosis, and Spinal Cord Injury**

**Purpose/Hypothesis :** The purpose of this study was to investigate the reasons why individuals with cerebral palsy (CP), multiple sclerosis (MS), and spinal cord injury (SCI) do not receive self-reported needed physical therapy. **Number of Subjects :** 111 individuals who indicated that they did not receive needed physical therapy services. **Materials/Methods :** The 1999 component of a three year national longitudinal survey of individuals with CP, MS, and SCI. Reasons provided by respondents indicating barriers to receiving services were compiled. Cross-tabulations between sociodemographic and self-reported variables were performed using SPSS. **Results :** Primary reasons for not receiving physical therapy services were “cost,” “service not covered,” and “insurance limits number of visits.” Individuals with Medicare, private insurance, or household income less than \$20,000 were more likely to report these primary reasons as barriers to not receiving physical therapy. **Conclusions :** This study is consistent with previous research in that Medicaid enrollees were less likely to report insurance-related barriers than those with Medicare or private insurance. These findings suggest that Medicaid may provide more comprehensive coverage for individuals with chronic and/or disabling conditions. **Clinical Relevance :** Patients with disabling and/or chronic conditions such as CP, MS, and SCI experience barriers that prevent them from receiving health care services that they deem necessary. Since physical therapy can minimize the risk of developing secondary complications and/or functional decline for this population, individuals should be able to utilize these services.

**KEYWORDS:** Health Service Access, Physical Therapy, Neurological Disability.

Reicherter EA, Boissonault WG, Williams B, Chesbro S, Steinkamp L, Wilson S, Hallisy K. **Creating Culturally Competent Practitioners: The Howard University and University of Wisconsin-Madison Partnership**

**Purpose/Hypothesis :** This project utilized a unique, cooperative partnership between professional-level physical therapy students at an historically black university and a primarily white academic institution to attempt to enhance cultural sensitivity and comfort levels between the two student groups. **Number of Subjects :** Participants included 26 students in the final year of physical therapy education: 13 at Howard University (HU), primarily Black of varying ethnicities, and 13 at the University of Wisconsin-Madison (UWM), primarily White of Scandinavian descent.

**Materials/Methods :** Educational approaches included: class discussion of cultural issues impacting patient care and the role of the health care professional, and a distance-learning patient case management presentation in which each student from HU was paired with a student from UWM. Interpersonal social and professional interaction was achieved by both student groups attending the National Student Conclave in Wisconsin.

**Assessments of the experience** were performed quantitatively, utilizing a modification of the Yang Social Interaction Survey (Cronbach's alpha = .632) and qualitatively via a semi-structured interview process. **Results :** As measured by pre-test and post-test, there were no significant differences ( $p < .05$ ) reported in scores for each student. However, there were significant differences (Wilcoxon Rank Sum) between the HU and UWM students responses on some survey items. UWM students (mean = 1.90) had significantly fewer opportunities to develop social interactions with other ethnic groups when compared to HU students (mean = 3.25) at post-test ( $p = .0642$ ). At posttest, HU students were still more likely to disagree (mean = 3.08) than their UWM counterparts (mean = 2.20) that persons in the other group were interested in cross-cultural friendships. At pre-test, HU students felt that their academic work exposed them to Whites (mean = 3.00), while the UWM students did not have that same experience with Blacks. At post-test, this difference between the two groups became insignificant, supporting one of the goals of the project to increase UWM students' exposure to minority groups. **Conclusions :**

Though quantitative measurements did not show a within-group significant change in student attitudes, they did show evidence of differences in opinions between HU and UWM students related to their opportunities for social and academic exposure to persons of other cultures. Suggestions for future research include: testing students throughout the professional curriculum; utilizing a more reliable, comprehensive quantitative tool; and employing larger groups of students. In addition, students from multiple programs, wider geographic regions, and from other ethnic backgrounds should be studied. **Clinical**

**Relevance :** Cultural competence has been emphasized in Vision 2020 as imperative to providing physical therapy care in a multicultural world. It is the most advanced stage of cultural sensitivity and must be developed over time, with exposure to other cultures and guidance by experienced mentors. **KEYWORDS:** Physical Therapy Students, Cultural Competency

## **Sandsrom R. Characteristics of Physical Therapist Exclusions from Federal Health Insurance Programs**

**Purpose/Hypothesis :** Fraud and abuse of government insurance programs is a multi-billion dollar problem. To discourage and prevent such activity, the Office of the Inspector General in the Department of Health and Human Services can exclude practitioners from participation in federal and state health care programs. The purpose of this study was to describe the extent and characteristics of OIG exclusion actions taken against physical therapists. **Number of Subjects :** 90 cases of OIG exclusions of physical therapists recorded in the National Practitioner Data Bank- Public Use Data File **Materials/Methods :** All HHS OIG Exclusions (REPTYPE value= 702) for physical therapists (LICFLD= 430) recorded in the NPDB- PUDF were identified, downloaded into a Excel data file and studied. Frequency distributions were calculated for the practitioners home state, age group of the physical therapist, year the adverse action occurred, the type of exclusion, the basis for the action, the type and length of the penalty and the effective year of the adverse action. **Results :** The mean number of cases is five per year. The mode is 20 cases per year(in 1998). The vast majority of cases (86%) occur in mid- career (ages 30- 59. About one in six physical therapist cases have occurred in California. The most common reasons for an exclusion are a licensing board action, submission of false claims or conviction for patient abuse or neglect. The majority (75%) of the expulsions apply to all state and federal health care programs. **Conclusions :** OIG exclusion actions against physical therapists is a very small Medicare fraud and abuse problem. However, the number of physical therapist cases since 1995 have increased. **Clinical Relevance :** Physical therapists should be aware that the penalties for fraud and abuse in the Medicare or Medicaid program are severe. Besides civil or criminal penalties, practitioners may face the inability to bill government insurance programs for an indefinite period of time. **KEYWORDS:** Medicare fraud, OIG exclusion, health policy

## **Cutright CA. A Study to Determine How Clinically Trained Physical Therapy Managers and Owners Become Effective in Their Roles**

**Purpose/Hypothesis :** The purpose of this research project was to determine how clinically trained directors/managers and owners have become effective in their new administrative positions. Five specific objectives were considered. **Number of Subjects :** A survey was sent to the Virginia Physical Therapy Association's list-serve. Members having any managerial job duties were asked to complete the questionnaire and twenty-two members responded. In addition, interviews were conducted with three successful private practice owners. **Materials/Methods :** The research design utilized for this study was triangulation. The primary focus was on qualitative research as the author examined the forces at play when a clinically trained physical therapist assumes an administrative role. Quantitative research was also utilized with certain facts, such as clinical productivity and profit. The methodology included literature review and analysis, interviews, and questionnaires. A fourteen-question survey was utilized. **Results :** Among respondents, only 4.5% held a degree in business. Only 54.5% found journal articles on management beneficial. The websites of the APTA and the Private Practice Section of the APTA were found beneficial by 22.7% of respondents. Among the seventeen managerial roles and skills, the skill of communication was ranked the most important. The role of leader came in a close second. Interpersonal relations, operations and strategic assessments completed the top five. The top performing managers and owners exhibited nine specific traits: significant time commitment, involvement in professional organizations, involvement in legislative issues impacting the profession, environmental scanning, adaptability, reputation/name recognition, word-of-mouth referrals, strategic planning, and interaction with subordinates. Six areas gave managers and owners the most difficulty: financial issues, human resources, time management, strategic planning, marketing, and communication. **Conclusions :** The current physical therapy education curriculum is inadequate in managerial preparation. Other available resources of managerial information are either inconsistently beneficial or significantly underutilized. Even with these inadequacies, managers and owners are still demonstrating effectiveness, using productivity and profit as indicators. An analysis of characteristics of successful clinic owners finds nine key indicators of success. On the other hand, the primary areas of difficulty can be summarized in six categories. **Clinical Relevance :** This study notes the differences existing between physical therapy managers and managers in non-health related fields. Additionally, differences exist between physical therapy managers based on their particular practice setting. This study has implications and recommendations for both faculty members and providers of continuing education. The nine indicators of managerial success and the six categories of difficulty can provide a framework for assessing and training potential new managers and owners. **KEYWORDS:** management, administration, LAMP.

Resnik L, Liu D, Mor V, Normand S, Hart D. **Provider Profiling of Outpatient Physical Therapy Practices**

Purpose/Hypothesis : Provider profiling is an attempt to assess quality or performance of health care providers. Purposes were to 1) profile physical therapy clinics by quality of care while controlling for patient characteristics and selection bias into clinics, 2) examine the relationship between clinic and caseload characteristics and the quality profile that we use, and 3) examine the relationship between clinic quality profile and service utilization. Number of Subjects : Sample consisted of 114 outpatient clinics participating with the Focus On Therapeutic Outcomes, Inc. (FOTO) database in 2000-2001. Clinics treated 16,281 patients with lumbar syndromes. Each clinic had a minimum of 40 patients with lumbar syndromes (mean 155, sd 142). Materials/Methods : Patient functional health status (FHS) measured at discharge was modeled using a 3-level hierarchical linear model (HLM). Patients were nested within therapists, and therapists nested within clinic, controlling for potential confounders including: gender, age, intake FHS, primary diagnosis, acuity, surgeries, exercise history, employment status, and insurance. Inverse probability weighting was used to control for bias due to missing follow-up data. Two sets of variables at the clinic level were used to adjust for selection bias of patients into clinics: volume of new patients per month, and variables representing the proportion of patients referred by physician type. Clinics were classified into best (the upper 25%), middle (26-75%) and worst (lower 25%) groups, using aggregated risk-adjusted residual discharge FHS scores from the above models. Relationships between clinic groups (quality profile) and staffing and caseload characteristics were examined by logistic regression. Models included variables measuring: number of physical therapists (PTs) on staff, ratio of PTs to PTAs, years of PT experience, proportion of total patients in each clinic with lumbar spine syndromes. The relationship between quality profile and number of visits per treatment episode was examined in a similar fashion. Results: Unadjusted FHS discharge scores for the best clinic group were  $71.9 \pm 18.6$ , the middle  $63.1 \pm 20.9$ , and the worst  $68.2 \pm 19.4$ . Aggregated mean residual scores for clinic group were: best  $1.72 \pm 0.8$ , middle  $0.08 \pm 0.29$  and worst  $-1.33 \pm 0.88$ . There were no differences between groups in staffing patterns, clinic size, or volume of patients with low back pain, or number of visits per treatment episode. Conclusions: Applying risk-adjustment techniques is essential for accurate profiling of providers. Clinical Relevance: Payers are moving towards value purchasing for outpatient therapy, and Centers for Medicare & Medicaid Services is actively exploring alternatives to the therapy caps. This study demonstrates the application of provider profiling methods which can be used as a tool to control costs and evaluate quality. Provider profiles also provide performance information, which can be used to help improve service quality and efficiency. Further research is needed to understand the factors related to quality profiles of physical therapy clinics. KEYWORDS: health services research, outcome measurement, provider profiling.

Johnson MP, Metraux S **Impact of the Outpatient Therapy Cap and the Medicare Physician Fee Schedule on Individuals with Back Pain: An Analysis from 1997 to 2000 Using the Medical Expenditure Panel Survey (MEPS)**

Purpose/Hypothesis : Outpatient rehabilitation services (OPRS) were targeted in the Balanced Budget Act of 1997 (BBA '97). An Arbitrary Cap (Cap) on OPRS and the Medicare Physician Fee Schedule (MPFS) were implemented in 1999. As a result, nearly 90,000 fewer beneficiaries received OPRS. Findings from previous studies, which examined the impact of these provisions, were limited regarding patient subgroups. Evidence suggests that demographic and health related characteristics can impact access to health services (ie. gender, socioeconomic status, etc.). This study, as part of a larger project, was to designed examine the impact of BBA '97 provisions on two insured populations with back pain, MCR and non-MCR. The null hypothesis is that no differences exist in demographic and health related characteristics of MCR or Non-MCR beneficiaries with back pain by year from 1997 to 2000. The Medical Expenditure Panel Survey (MEPS) is a nationally representative survey of non-institutionalized individuals and contains data relevant for this type of analysis. Number of Subjects : Final weighted samples by year ranged from N=424,200 to 525,591 (MCR) and N=3.4 to 4.1 million (non-MCR). Materials/Methods : Data from MEPS surveys were used to compare demographic and health related characteristics within MCR and non-MCR groups across four years. Variables were selected from the Full Population Characteristics and Medical Conditions files. ICD-9-CM codes commonly associated with back pain (720-724, 805, 806, 839, 846, 847) were used to refine the samples. Individuals receiving OPRS were determined from Outpatient Department and Medical Provider Visits files within the MEPS Household Component. Data reduction methods addressed issues such as missing, incomplete or incorrect data. Data management and statistical analyses were performed using SAS software. Descriptive statistics were used to examine frequencies for demographic and health related variables. Pearson's  $\chi^2$  was used to analyze each population across years (97-98,98-99,99-00). Results : Numerous changes were observed in the MCR group, primarily from 1998 to 1999. Fewer older individuals (over 74 yrs) (42% to 17%; F=10,388; df=1; p<.0001), males (38% to 28%; F=101,281; df=1; p<.0001) and middle income seniors (49% to 20%; F=173,281; df=4; p<.0001) were among MCR recipients receiving OPRS in 1999. Also, back pain diagnoses were less general (fewer "sprain/other"; 81% to 72%; F=12,098; df=1; p<.0001). Similar changes were not seen in the non-MCR group. Conclusions: Specific subgroups of MCR patients with back pain, already at risk for reduced access to health care, experienced greater limitations in access to OPRS in 1999. Policies from BBA '97, enacted in 1999 and effecting OPRS, may have contributed to greater morbidity and costs related to back pain in certain groups of MCR patients. Clinical Relevance: These findings may be helpful in discussions with legislators and policy makers regarding current federal policies impacting outpatient physical therapy services. KEYWORDS: health policy, medicare, back pain.

# CSM2007 Poster Presentation Abstracts

Stella SM, Miller S, Carlson, C. **A novel program designed to maximize function for people with mid to late stage Huntington's disease.**

Background & Purpose : People with Huntington's disease (HD) experience loss in cognition, motor and psychological function. In the early stage individuals may be affected cognitively with depression, forgetfulness and impaired judgment or with motor impairment like dystonia, involuntary movements or an unsteady gait. At mid-stage an individual may be minimally to moderately limited by motor function causing decreased ambulation, balance and coordination; speech impairments resulting in decreased communication and increased problems with swallowing; and psychological symptoms of decreased memory and impulse control. They may be unable to work or care for themselves. By end stage the terminal aspects of the disease arise. People become non-ambulatory. Balance deteriorates and falling occurs more often. Decreased ability to adapt to change and execute sequential information without advance warning is common. Cognitive function declines and patients may become inflexible. Thinking becomes slower and judgment is impaired. Impulse control becomes a problem. Speech and the ability to organize thoughts are affected. Nutritional needs change, swallowing becomes difficult and feeding tubes become a consideration. Very little information exists on caring for patients with mid to late stage Huntington's disease. The purpose of this case study is to discuss how environmental alteration can decrease disability and address impairments to improve quality of life in a program which allows people to progress through mid and late state HD in an assisted living and skilled nursing facility. There are presently only 10 HD programs in skilled nursing facilities across the United States. Our Supervised Living program is the only assisted living facility in the world for people with Huntington's Disease. Case Description : This administrative case study outlines a structured program designed to maximize function and minimize suffering, injury, and depression in partnership with the family for the remainder of the course of the disease. The program is known as the "Huntington's disease specialty nursing home/supervised living care program." For people who suffer from HD and their families this allows placement into a setting where they are able to function at the highest level possible through the progression of symptoms which will occur. Outcomes : Patient autonomy is monitored including measurements for weight, ambulatory status, posture control, swallowing, communication, aspiration, dystonia, hygiene and participation in group activities. Discussion : This proactive team approach prepares for changes in cognition, motor and psychiatric function by creating and accepting and structured environment that allows for choice and opportunity through anticipation and accommodation of special needs. We maintain independent function for residents into the late stages of HD through enhanced family contacts; non-coercive behavior management; minimal medication; and enhanced smoking while providing age appropriate activities to normalize quality of life. KEYWORDS: Huntington's Disease, mid to late stage, residential living environment.

## Sudduth A, Miller J. **Development of Computerized Documentation in the Outpatient Setting**

Purpose : Developing a custom computerized documentation system for our outpatient setting was initiated to standardize the documentation format to allow for efficient gathering of outcome data, increase legibility, improve coding for reimbursement, and insure comprehensive assessment of all patients. Description : The administrative staff of the Physical Medicine and Rehabilitation department and the Data Processing department collaborated on the project. Documentation from the original handwritten system was collected from a variety of therapists and analyzed. Strengths and weaknesses of the documentation were identified. Since the decision had been made to transition to a computerized system that was web based, areas of the documentation that could be group responses, free text or a combination of both were identified. It was determined that one template could be used for the discharge summary and updated plan of care for all disciplines. Discipline specific evaluations had to be developed although the basic template could be utilized for all patient diagnoses and the objective components of the evaluation customized. Utilizing a SOAP format, the subjective, assessment and plan portions of the documentation were the same. Physical therapy objective sections were developed for hand, general, lower extremity, lymphedema, neurological, upper extremity, spine, vestibular, women's health, and wound. Resources utilized included: Guide to Physical Therapist Practice, the LA State Board of Physical Therapy Examiners rules and regulations, CMS guidelines as outlined by our local coverage determination, JCAHO and CARF guidelines, and the APTA sponsored course entitled Reimbursement for Rehab in the Outpatient Setting: "Rules of Engagement" presented by Helene Fearon and Stephen Levine. A similar process was performed for other disciplines as well as the multidisciplinary pediatric program. Summary of Use : Once the templates had been developed in coordination with staff members in each setting, the data processing department created each document and the staff was educated on their use prior to implementation. The discharge summary was the first document to be utilized to facilitate the electronic capture of outcomes data. The updated plan of care, customized to meet the guidelines for CMS reimbursement, was the next document to be phased in. Finally, the physical therapy evaluations were implemented. This project was initiated in October of 2004 and implemented in January 2006. Challenges identified for this project included: technical problems, the impact of late arrival by patients, poor efficiency with computer use and resistance to change by the staff. Benefits accomplished by this project: availability; effectiveness; continuity; and efficiency. Importance to Members: Developing your own customized documentation is challenging and requires the support of a dedicated data processing department. Having the amount of necessary equipment and the capacity to store and back up data is vital. By doing this, you are able to monitor your program more effectively. KEYWORDS: Computerized documentation, Outcomes, Assessments.

**Glickman, LB. Evidence-based practice (EBP): Implementation in the clinical setting**

**Purpose :** This poster demonstrates a model used to implement evidence-based practice (EBP) in a large freestanding rehabilitation hospital. It relates the model to theories of learning, change management, leadership, and motivation. The poster will cover implementation strategies and examples of training tools. **Description :** This poster covers the rationale for implementing EBP in the clinical setting, a model for implementation of EBP, an analysis of the strengths and opportunities with the EBP model design, and an analysis of the potential benefits of implementing EBP (customer and staff perspectives). **Topics include** 1) EBP – what is it and why use it? 2) rationale and driving forces of change, 3) paradigms, myths, and realities on EBP, 4) an overview of the model for implementation, 5) theoretical bases for the model (adult learning theories and behaviors, change management, leadership theories and behavior, managerial roles), 6) techniques and tools for implementation, 7) an analysis of the model, with strengths and opportunities based on experience, and 8) recommendations. **Summary of Use :** As a manager, moving the concept of EBP from a vision (words) to action could pose a daunting challenge, not only from a change perspective, but also from the process and educational point of view. The learning curve for the implementation of EBP is a steep one, the waters virtually uncharted. If healthcare is a business with measurable outcomes and excellence in customer service exceedingly important goals, does it not make sense to provide managers and leaders with potential strategies and tools to use to initiate an EBP program? From there, they are free to customize the process. **Importance to Members:** This important topic supports APTAs Vision 2020 and the trend in healthcare to use and value appropriate evidence to support clinical interventions. The poster speaks the language of both educators and managers to provide practical “how-to” information in a relatively simple and straightforward manner. It will entice clinicians to ask more questions and seek ways to apply the information to their own setting. All of us have an important stake in the implementation of EBP no matter our job description and or position perspective. **KEYWORDS:** evidence-based practice, change management, implementation strategies.

## Campbell, SL. **Factors that May Impact Post-Acute Care Services for Patients With Total Joint Arthroplasty**

**Purpose/Hypothesis :** Medicare regulations control how beneficiaries access different aspects of the health care system while also outlining the expectations of the providers. In regards to inpatient rehabilitation facilities (IRFs), the “75% rule” has been in effect since 1983 where 75% of the patients admitted to IRFs had to have a diagnosis from a predetermined list. A study of 2003 Medicare beneficiaries showed that less than 44% of patients admitted to IRFs had diagnoses on this list. The largest group that did not meet the criteria was patients with total hip or total knee arthroplasties (THA/TKA). Due to general non-compliance, the “75% rule” was suspended, revised, and reimplemented. Effective July 2004, only some patients with THA/TKA are included in the “75% rule”. Those included are patients over age 85, those with bilateral arthroplasties, or patients who are morbidly obese with a body mass index over 50. If patients do not meet any of these criteria, they can only account for 25% of admission to any IRF. Therefore, IRFs will likely change their admission practice and patients who are not admitted need to seek alternate post-acute care services such as outpatient therapy, home care, and/or sub-acute rehabilitation. Hospitals will likely continue to encourage timely discharges and therefore need other options. **Number of Subjects :** N/A **Materials/Methods :** This is a theoretical model to describe the factors which may influence a facility’s response to this revised Medicare policy. The most obvious factors determining discharge status will be the individual factors include age, BMI, and surgical procedure. Patients who meet any aspect of the “75% rule” will likely be accepted to an IRF. Other individual factors such as post-operative complications, comorbidities, and functional skills may influence the need for more intense services. The patient’s home environment and support system will also impact post-acute care needs. Finally factors related to the facility and the physician could influence discharge services. Factors such a tax status, size, location, volume of THA/TKAs and ownership of post-acute services could influence where patients are discharged after THA/TKA. **Results :** N/A **Conclusions :** Physical therapists (PTs) will continue to provide individualized patient care as well as advocate for patient needs. Since IRFs may not be an option for some patients, PTs will need to suggest alternate services. Clinicians in outpatient center, home care, or sub-acute rehabilitation facilities may need to prepare for a change in the acuity and/or number of patients needing therapy after THA/TKA. Finally PTs will need to measure patient outcomes to see if this policy change has a positive or negative impact. **Clinical Relevance :** Medicare regulations have essentially removed IRF as an option for some patients after THA/TKA. This may change where therapy services are provided; thereby changing who receives the reimbursement. While this may create new challenges for hospitals and IRFs, it may be an opportunity for outpatient centers, home care agencies, and sub-acute rehab facilities. **KEYWORDS:** total joint arthroplasty, Medicare, health policy.

Lefebvre KM, Latanzi J. **Health Disparities and Physical Therapy: Calling Physical Therapists to the Forefront of Health Disparities**

**Purpose/Hypothesis :** Elimination of health disparities is at the forefront of national health policy agenda. The Institute of Medicine (IOM), Congress, Department of Health and Human Services (DHHS), Agency for Healthcare Research and Quality (AHRQ) and National Institute of Health (NIH) are all taking steps to create policies that will abolish the presence of health disparities. In 2003, a policy entitled RC 41-03, Racial and Ethnic Disparities in Health Care, was passed at the meeting of the House of Delegates of the American Physical Therapy Association (APTA). The final report of this RC was recently accepted by the APTA in 2005. This RC specifically calls for the APTA to develop strategies and guidelines for identifying and addressing racial and ethnic disparities in utilization, outcome and access to physical therapy services. The RC also includes language that requires the APTA to take initiative in primary data collection that will allow analysis of health disparities in the realm of physical therapy.

**Number of Subjects :** N/A

**Materials/Methods :** The evidence of health disparities provided in this review of literature was obtained through a search of the OVID/MEDLINE search engines and provides a detailed overview of over 60 articles that evaluate the presence of health disparities in fields closely related to physical therapy.

**Results :** This review of the literature provides physical therapy researchers with a background on relevant evidence to the presence of health disparities. In addition, the ample literature reviewed also identifies variables that directly contribute to health disparities. This information is required for appropriate data collection and analysis if the physical therapy profession is to adequately identify and address health disparities.

**Conclusions :** The time has come for physical therapists to take an active role in the identification and elimination of health disparities. Physical therapists need to take this opportunity to evaluate the impact of physical therapy interventions on outcomes related to minority health and health disparities. Current literature supports the need for increased research in the areas of intervention and outcome in rehabilitation. By increasing contribution to the current body of knowledge, physical therapists can ensure equal quality standards for individuals of all races and ethnicities. Increased awareness of the physical therapist's role in contributing to health disparities can have a positive impact for our patients and our profession.

**Clinical Relevance :** Identification of a disparity in physical therapy intervention or outcome among minorities would be a first step in combating the existing health disparities in limitation of activities. Physical therapists have at their disposal many sources of data to observe functional status at admission and discharge by race, health outcomes, discharge location and family support. But prior to analysis of this data, physical therapists must first have a comprehensive understanding of the existing literature on health disparities.

**KEYWORDS:** health disparities, race, cultural competence.

Harrington-Kane E, Daskalov R, Kavalar R, Wiersma B. **Benchmarking Community-Based Therapy**

**Purpose :** Share preliminary data on financial and operational benchmarks for therapy services provided in the community. **Description :** Easter Seals community based benchmarking project consisted of 11 clinics providing physical therapy, occupational therapy, speech pathology and special instruction for young children and their families. The purpose of the project was to identify operational and financial metrics that impact the overall effectiveness of the practice. This study was conducted in collaboration with Performance Builders, LLC. Unique to this study is measurement of performance of home and community-based providers; those providing early intervention services funded by Part C of the Individuals with Disabilities Education Act (IDEA). Although there are a number of resources defining national benchmarks for clinic-based practices, we were not able to identify other similar benchmarks for services provided in the natural environment. Easter Seals is the largest single provider of early intervention, serving approximately 30,000 children per year. Therefore, we determined that it is important for Easter Seals home and community-based rehabilitation and early intervention providers understand their financial and operational performance. Financial benchmarks collected include revenue, clinical and non-clinical labor expenses, management labor expenses, non-labor expenses, net income and number of days in receivables. We then looked at unit-based ratios including revenue per unit, labor and benefit expense per unit, total expense per unit and net income per unit. Operational benchmarks collected include market penetration, cancellation and no-show rate, units per clinical hour, visits per clinical hour, revenue per unit and visit and labor costs per unit and visit. **Summary of Use :** Based on study results, Easter Seals was able to examine, compare and contrast market share, staffing and productivity, utilization, revenue, expenses and reimbursement levels. Operations of the high performing clinics were analyzed to identify how their operations differed from their peers. The other participants were able to examine their own performance and identify strategies to improve operations. Peer-to-peer networking as well as individual clinic performance improvement goals based on metrics identified in the study has resulted in improved operational and financial performance of Easter Seals providers. **Importance to Members:** Managing program performance is the process of setting goals and measuring progress towards those goals. Benchmarks provide a target goal based on industry standard, when available, and the experience of Easter Seals' nationwide network of rehabilitation providers. Ultimately, measuring progress towards goals provides opportunities to enhance services. From a business operations perspective, this information can be put to use in understanding the current rehabilitation market and environment and assisting Easter Seals affiliates to exercise good stewardship of funds and resources in providing efficient operations and efficacious interventions. **KEYWORDS:** administration, management decisions, financial.

Venskus DG, Gallagher KM, Gharagozlou AM, Jones SR, Senseny, JE. **Change in patient perceived health related quality of life as measured by the SF-12 in physical therapy patients at the Arlington Free Clinic: An initial pilot study**

Purpose/Hypothesis : Measures of quality of care and health outcomes have become widely used to document the effectiveness of care provided by practitioners. The Medical Outcomes Study Short Form (SF-12) is a generic health survey used to measure health related quality of life (HRQL). The purpose of this study is to report the effect of physical therapy interventions on patient-perceived HRQL in patients receiving services in the Physical Therapist Clinic at the Arlington Free Clinic, as measured by the SF-12.

Ho1: There is no significant difference from initial evaluation to discharge in patient-perceived HRQL, as measured by the SF-12, in physical therapy patients receiving services in the PT Clinic at the AFC. The second question of interest in this study is the ability of the physical therapist to capture the changes in self-reported HRQL as part of patient/client management. Thus, this study analyzed the level of agreement between physical therapy goal achievement and the patient self-selected SF-12 question, or priority for improvement. Ho2: There is no agreement between patient self-selected SF-12 question, or priority for improvement and physical therapy goal achievement.

Number of Subjects : Pre and post HRQL data were collected on 12 patients during the period of March 2005 and September 2005. Materials/Methods : HRQL was measured using the SF-12. Data analyses included t-tests and qualitative analyses of physical therapist documentation. Results : Of the 8 SF-12 subscales, role Physical was the only subscale to demonstrate significant change following physical therapy ( $t=2.293$ ;  $p=0.043$ ). This finding is consistent with the role of physical therapist practice to

"diagnose and manage movement dysfunction and enhance physical and functional abilities." Conclusions : The findings of this study do not firmly establish a relationship between documented therapy goals and the physical therapists' decision to discharge.

Future research that focuses on establishing norm values for diverse ethnic and socioeconomic communities, and examination of documentation that link self-report and health outcomes is recommended. Clinical Relevance : The impact of physical therapy intervention to overall health and wellness is a significant interest to many. This student analyzed effectiveness of physical therapy intervention in a unique population, in a unique setting. Accurate documentation of physical therapy outcomes continues to be an area for practitioner development. KEYWORDS: Quality of care, SF-12, Discharge health outcomes.

Sanders BS, Gallas J, Hickey T, Mann D, Pera R. **The Road to Administration: Career Development Experiences of Female Physical Therapists Working in Healthcare Administration**

**Purpose/Hypothesis :** Women play an integral role in healthcare, specifically in the female dominated field of physical therapy. Despite their involvement in clinical roles, women are significantly underrepresented in upper management positions. The purpose of this study was to explore the career paths of successful female physical therapists (PTs). For the purposes of this study, success was defined as having responsibilities that could include the traditional rehabilitation departments of physical therapy, occupational therapy and speech/language pathology but must include other services within the health care system. **Number of Subjects :** Six female physical therapists that have obtained upper management positions beyond the scope of traditional rehabilitation.

**Materials/Methods :** Each subject participated in a formal interview. The subjects provided an updated copy of their resume, completed a demographic information sheet, and signed an informed consent form prior to the interview. The interview consisted of standardized focus questions that generated follow-up questions as the interview progressed. The interviews were then transcribed and coded looking for common themes, information, and trends used by the successful female physical therapists. **Results :** Eight common themes were identified throughout the six interviews including: education, opportunities for service, family/children, leadership, gender issues, mentors, networking, and specific motivators and attitudes. The subjects offered advice to female PTs interested in healthcare management. **Conclusions :** The most prominent themes that emerged that facilitated the acceleration of the participants' careers were obtaining an MBA, participating in professional organizations (APTA), and utilizing mentors and networking. The majority of the participants specifically explained their desire for new challenges as a motivator for their career advancement. **Clinical Relevance :** As physical therapists graduate, they often establish career goals. These goals could include seeking positions that include responsibility for the administration of the physical therapy service. This responsibility frequently gets expanded to include the other rehabilitation services of OT and Speech. Some physical therapists set their goals on higher positions in health care administration but are unsure of career paths to take to help them attain these positions. This may be especially true for female PTs. The common themes identified by these successful female physical therapists may serve as a useful guide for other female PTs as they strive to reach similar career goals.

## Ziegler S, Marocco S. **Competency Based, Value Weighted Hiring: A Case Report**

**Background & Purpose :** The purpose of this case report is to describe the design and implementation of a competency based, value weighted hiring and interview process for open faculty positions. **Case Description :** A physical therapy program in a rural private university developed and utilized a new selection process for two vacant faculty positions. The job descriptions of both positions were reviewed by the entire physical therapy faculty and by each position's search committee members. The values of the physical therapy department and university were considered during this review and the job descriptions were then modified to mirror the current perspective. Major job competencies were then identified by each respective selection committee and questions were constructed in a domino interviewing format specific to each competency category. The job description, competencies and questions were all reviewed by the human resources department for compliance with regulatory and legal requirements. A five-point numerical grading scale was then assigned with weighting based on departmental values for each specific competency area. Initial interviews were granted to those whose experience most closely met the competencies created for each open position. Small group interviews were performed throughout the day for each job applicant. Interviewers consisted of faculty, students, clinicians and staff with precise competency areas being assigned to the various interview groups. At the conclusion of each group session, the members documented their scores and commented on the candidate's performance directly onto the interview form. Selection committees compiled all interview data, discussed the findings with the department, and submitted the clear, objective recommendation to the Dean to make the job offer. **Outcomes :** This new method of interviewing allowed the department to select outstanding faculty who clearly meet necessary job competencies and whose values appeared most consistent with that of the department. The systematic methodology of this structure allow for an organized, practical, and legally viable approach to a sometimes overly subjective hiring process. Faculty, staff, and interviewees alike gave positive feedback on the procedure and process. **Discussion :** While interviewing processes have been investigated and discussed in the human resource and applied psychology literature, little exists in applying the methodology to the health sciences and educational realms. This case report describes a physical therapy program that successfully utilized a combination of strategies to design a more structured, efficient, and legally defensible interviewing process. Research needs to be conducted that examines the benefit of competency based hiring processes such as this one, as well as the long term outcomes of such hiring practices. **KEYWORDS:** hiring, competency, values.

Tiffany F, Etienne A, Brosky JA. **Health Promotion and Disease Prevention in Primary and Secondary Education: Development and Implementation of a Rural School Wellness Policy**

**Purpose :** The APTA Education Strategic Plan outlines initiatives crucial to realizing Vision 2020. Selected goals of the strategic plan include: 1) greater involvement of physical therapists in social, governmental and regulatory practices and policies 2) enhancement of perception, knowledge, and skills in health promotion and wellness 3) assessment of societal needs and health disparities. Achieving these goals will require educational programs to provide experiences in these areas. The purpose of this abstract is to describe a community partnership that involved the development and implementation of a wellness policy for a rural school, bringing it into compliance with government regulations.

**Description :** Two doctoral of physical therapy students interested in rural health and concerned about current health disparities in school age children, fostered a community partnership with a rural school (1,500 students K-12). The school system needed to achieve compliance with new government mandates (Indiana Department of Education IDOE/SNP Child Nutrition Programs Policy 87 Public Law 108-265) for physical activity, nutrition standards, and other school-based activities. Meetings with the school superintendent, board members, and other stakeholders were held and a formal needs assessment was conducted. Identified problems and needs included: limited expertise and resources, a concern about the lack of community awareness and pride throughout the school, a perceived resistance to change and sensitivity of dealing with the childhood obesity epidemic factor. Disassociation with community resources presented opportunities for developing collaborative partnerships within the surrounding county. A review and analysis of legislative action, along with the needs assessment resulted in a comprehensive wellness policy. The policy highlighted nutrition standards and physical fitness guidelines including a plan for regular and ongoing assessment. An unexpected component was creation of a faculty and staff wellness program. The policy was unanimously passed by the school board, effective July 1, 2006.

**Summary of Use :** Opportunities exist in local communities for physical therapists and students to use their intellectual property, talents and skills to meet educational objectives related to social responsibility, advocacy, and prevention and wellness. Service-learning experiences using the world as the classroom are an effective way to provide leadership opportunities and promote physical therapy outside of traditional clinical settings.

**Importance to Members:** The physical therapy profession promotes the role of the physical therapists in prevention and wellness in addressing community health and assessing societal needs. While academic programs will train physical therapists to effectively manage adverse effects of chronic adult diseases such as diabetes and obesity, a continued emphasis must also be placed on improving awareness and meaningful prevention measures in youth through community involvement.

**KEYWORDS:** social responsibility , school wellness policy, childhood obesity.

## **Kirsch NR. Encouraging Ethics Dialogue in the Clinical Setting**

**Purpose :** Consistent with the education purpose of the Ethics and Judicial Committee of the APTA, ethics education should be made available to the members of the APTA at national and state meetings. This session is designed to help managers assist their staff clinicians develop the ability and insight to incorporate ethical decision making into their clinical decision making using the monthly Ethics in Action column in PT Magazine. **Description :** PT Magazine runs a monthly column entitled Ethics in Action which is written by a member of the APTA Ethics and Judicial Committee. The column is intended to be used by clinicians either for individual reflection or for group discussion. This session will provide insight into recommended ways in which the column can be utilized in the clinical setting to stimulate the ethical decision making dialogue. It will provide strategies for initiating a meaningful discussion that will stimulate the ethical awareness that is the hallmark of an autonomous practitioner.

**Summary of Use :** The Ethics in Action column in PT Magazine is designed for use by the individual practitioner as well as by a group of colleagues. The articles are designed to stimulate the continued growth and maturation of the ethical decision making process which is a component of vision 2020. Recommended ways in which the column can be used by a group of physical therapists to further the development of ethical decision making will be discussed. The Ethics in Action articles discuss many of the common as well as complex ethical situations facing physical therapy practitioners. **Importance to Members:** The Ethics in Action column in PT Magazine is a resource available to all members. Utilizing the column to its maximum advantage is the objective of this session. Tips on how to stimulate discussion among practitioners and develop a problem solving methodology is the goal of the session. Using the current clinical examples provided in the monthly column will allow the clinician to examine situations that are timely and relevant to PT practice across a variety of clinical settings and geographical locations. **KEYWORDS:** Ethics, Ethical Decision making, Values.

**Golub-Victor AC, Lowe S, Fitzpatrick D. A literature review: Public perception of the physical therapy profession and its impact on achieving Vision 2020.**

**Purpose :** Consumers' understanding and positive perception of the physical therapy profession is critical to their direct access to physical therapy services. Anecdotally, community perceptions of physical therapy are both positive as well as negative. However, empirical evidence is required to determine the extent of those perceptions as a first step toward promoting the public's recognition of the physical therapy profession as a point of direct entry into the health care system. **Description :** A review of the literature was conducted which focused on community-based perceptions of physical therapy. Databases including ERIC, CINAHL, Business Source Premier, Medline and PubMed were utilized. Key words included, but were not limited to, the following: community perceptions, consumer, patients, attitudes, understanding, awareness, knowledge, health professionals, and physical therapy. **Summary of Use :** The authors identified only seven studies related to the public's knowledge of physical therapy and perception of the profession; of these only 3 were done in the United States. Though limited, research is available regarding patients' level of knowledge about what a PT does, factors influencing that degree of understanding, and perception of PTs relative to occupational prestige. **Importance to Members:** In order to achieve Vision 2020, consumers need to be aware of physical therapy services. At this time, there is a dearth of literature which explores the public's knowledge of and perception of the physical therapy profession. There has been considerable effort by the profession to document physical therapy's scope of practice for third-party payers and governmental agencies. It is unclear what effort has been expended to communicate this directly to consumers of physical therapy services. Community-based research is needed to expand the profession's understanding of community perception as well as to investigate effective strategies for increasing the consumer's awareness of the profession of physical therapy. As a profession moving toward direct access, PTs must utilize all potential venues to teach people about the scope of physical therapy practice and its role in healthcare. **KEYWORDS:** consumer, perception, physical therapy.

Duncan BR, Tilley J, Dearman M, Law P, Oddo C. **Placement of a Physical Therapist On-Site in a County Primary Care Clinic Improves Patient Access to Care**

Purpose : 1.To determine if decentralization of physical therapy services, through placement of a physical therapist in a primary care clinic, would improve patient access to care and decrease wait time. 2.To determine if placement of a physical therapist on-site would decrease primary care physician referrals to orthopedic surgeons, thereby reducing the overutilization of these services. Description : In November 2005, Strawberry Health Center, a community health clinic within the Harris County Hospital District, provided a small space to serve as a temporary satellite physical therapy department. A physical therapist with board certification in orthopedics and fellowship training in manual therapy staffed this clinic. All new patients referred for physical therapy services from that site were candidates for onsite care with the exception of those requiring additional specialized care. Summary of Use : Primary care physician referrals to the physical therapist on-site increased by 350% in the 6 months between November 2005 and April 2006, from 41/month to 147/month, inferring improved patient access to care. This subsequently increased the wait time from 5 to 30 days for a new patient appointment. Secondly, the number of primary care physician referrals to orthopedic surgeons decreased 45% during the 6 months, from an average of 40.5/month to 22.5/month. Additionally, patients referred from primary care directly to physical therapy received interventional care 600% faster than if referred to orthopedics. Despite the increase in on-site wait time, the increase in referrals suggests an overall improvement in patient access and prior underutilization of physical therapy services by primary care physicians. Additionally, the reduction of referrals to orthopedic surgeons resulted in more appropriate use of education, training, and clinic time of both orthopedic surgeons and physical therapists. Though the new patient wait time for on-site care is now 30 days, equivalent to the central outpatient facility, triage appointments are available at both sites and both patient and provider satisfaction remain high. Moreover, patient flow improved in the central outpatient facility, reducing the average number of patients per hour from 9 to 7 for an overburdened clinic area of 876 square feet. Importance to Members: Physical therapists appear to be cost-effective, efficient first-line practitioners in the treatment of neuromusculoskeletal conditions. Physical therapists are uniquely qualified for membership on an interdependent team of primary care providers. Patient direct access to physical therapists in primary care could further increase efficiency, reduce costs, and improve delivery of care. KEYWORDS: Primary care, Health policy, Patient access .

**Wilson, J. Building Leadership Knowledge in PT Students: The Case Study of Leadership in Physical Therapy**

**Purpose :** The purpose of this special interest presentation is to share the outcomes of a learning experience in which physical therapy students are required to analyze the impact and presence of various leadership and management skills on the overall functioning of diverse PT practices. **Description :** While on full time clinical experiences, fifth year physical therapy students are required to build a case study of leadership in physical therapy based on their evaluation of leadership effectiveness in a particular practice setting. Students complete a literature review investigating the differences between leadership and management characteristics. They gather and analyze real world data collected during their clinical experiences in order to complete a practice management/outcomes evaluation. Students determine how well the business/department is running and how effective the manager/leader is in managing day-to-day operations of the business/department. Additionally, they assess how effective the identified manager/leader is in: communicating, evaluating performance of his/her staff; resolving conflict; building a team; marketing/selling; budgeting and forecasting; and monitoring quality and reimbursement practices. **Summary of Use :** Students develop knowledge of the differences between management and leadership characteristics, the impact of emotional intelligence on leadership effectiveness and how critical it is for a PT practice to have a leader or a manager to ensure effective and successful practice management in PT. Additionally, students start to develop an understanding of how effective and successful administration can be measured by evaluating multiple aspects inherent in typical day-to-day operations management. **Importance to Members:** PT professionals will learn how one PT school is requiring entry level PT students to gain knowledge about the importance, application, and effectiveness of various leadership and management skills in different PT practice settings. Additionally, PT professionals will learn how this school is helping PT students to build a broader interest in the role of the PT as an Administrator. **KEYWORDS:** leader, manager, practice management.

**Glickman LB. Amputee Support Education Resource Team (ASERT): A model for collaboration between physical therapists and individuals with amputations**

**Purpose:** This poster demonstrates the positive impact of physical therapist leadership on the development and sustainability of a community-based support group (ASERT) for patients with amputations and their families. **Description:** The poster highlights a useful process, a model, and techniques to develop and sustain a community based amputee support group, lessons learned from a six-year history for ASERT, 39 years of combined physical therapist clinical experience, and the informal feedback of participants to demonstrate successful implementation. **Summary of Use:** While amputee support groups may exist in many communities, sustaining them through the collaboration with community partners including physical therapists as leaders contributes to not only the viability but also the sustainability of the program. The ASERT program's unique qualities are the collaboration between professionals and participants and the facilitator role of the physical therapist professionals. We will address a needs assessment process, program planning stages, implementation, follow up, and potential resources. The poster will provide answers to the following questions: 1.How do you assess the need? 2.Where do you start with the planning phase? 3.How do you implement the program? 4.How do you follow up to ensure sustainability? 5.What is the role of the therapist? 6.What is the role of the participants? 7.Who else is needed to assist? 8.What are examples of programming and support group materials? 9.How do you market the group? 10.What other resources do you consider and provide? 11.What are lessons learned from this experience and recommendations to ensure sustainability of support group programming? 12.What is the feedback from the participants? **Importance to Members:** This topic demonstrates implementation strategies for moving a relatively simple concept to reality. It shows a working partnership between professionals and patients/families, where physical therapists make a difference in quality of life needs beyond the clinical setting. The methods used have application to other types of support groups involving patients with rehabilitation needs and interests. **KEYWORDS:** support group, amputee.

Lindsay W, Rodriquez B, Hunter S. **The Effect of a Brief Reminder Phone Call on Patient Attendance to Physical Therapy**

Purpose/Hypothesis: The average attendance rate for scheduled visits in 10 outpatient physical therapy clinics during 2005 was 81.73%. An 18.27% rate of missed and cancelled appointments may result in a significant negative impact on gross revenue and budge projections. The purpose of this study was to examine if calling a patient the day prior to their physical therapy visit increases patient attendance. Number of Subjects : A total of 2710 subjects were called. Materials/Methods : The average attendance rate and standard deviation was calculated for 12 months for all clinics within our Rehab Agency (n=9) excluding the intervention clinic (WJ). The mean attendance rate and standard deviation for WJ was calculated for 12 months before the intervention and during the 6-month intervention period as well as the difference between the two rates. The intervention entailed assistive personnel calling all patients scheduled on the following workday to remind them of their physical therapy appointment. Results : There was no significant difference in attendance rates between the Rehab Agency clinics (81.95%) and the WJ clinic (79.45%) during the twelve months prior to the intervention period. During the 6-month intervention, the rate increased 5.64% to 85.09%. The average rate of attendance at WJ clinic was significantly greater compared to the twelve months prior to the intervention ( $p < 0.01$ ). The WJ clinic rate was also significantly higher than the overall Rehab Agency rate ( $p < 0.05$ ). Cost vs. benefit ratio of making the reminder phone calls was calculated. Data is presented regarding revenue. Conclusions : It is only possible to monitor the effectiveness of interventions if outcomes are measured. A simple process of monitoring can be set up to evaluate the effect of interventions used to improve clinical processes. A brief reminder phone call appeared to have a positive impact on attendance rates in this outpatient clinic. Clinical Relevance : We can improve our clinics by setting up monitoring processes and evaluating the results. In the current study, a reminder phone call was used and an increase in patient attendance was realized. A relatively simple office procedure represents a significant opportunity to improve revenue production and avoid wasted resources. KEYWORDS: Attendance Rate, Phone Reminders, Quality Improvement.