

CareForum 2022

The WellSky® Conference

Changing the Culture of EBP in a Large Health Care Organization

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Today's speaker



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Agenda

- Who is ProMedica?
- Why EBP?
- Background Information
- Getting Started
- Triumphs
- Trials
- Next Steps

Who is ProMedica?



- Established in 1986, ProMedica is a locally owned, nationally recognized, not-for-profit health and well-being organization headquartered in Toledo, Ohio.
- 28 states
- 43,000+ employees
- Senior care
- Provider based health plan
- Acute-care
 - 11 hospitals in NW Ohio and SW Michigan
 - 28 outpatient rehabilitation clinics
 - 2 inpatient rehabilitation facilities



Why EBP? Why does this matter?

What is EBP?



How does this impact our patients?

- The 3rd leading cause of death in the US is receiving healthcare
- 5% of the errors are caused by true incompetence, while 95% are caused by competent clinicians trying to get the right outcomes in broken systems
- Patients only receive 55% of the care they should when entering the healthcare system

**Information provided by the Fuld Institute for EBP*

How can we reduce errors?

- Effective communication and teamwork
- Evidence-based interventions
- Improved system designs

The time is now!

- We needed to create a culture of EBP within ProMedica.
- We needed the approach to be multidisciplinary.
- We needed to engage our new grads in the process.

*Our patients deserve the
best care possible!*

Evidence-based Decision Making vs. Evidence-based Practice

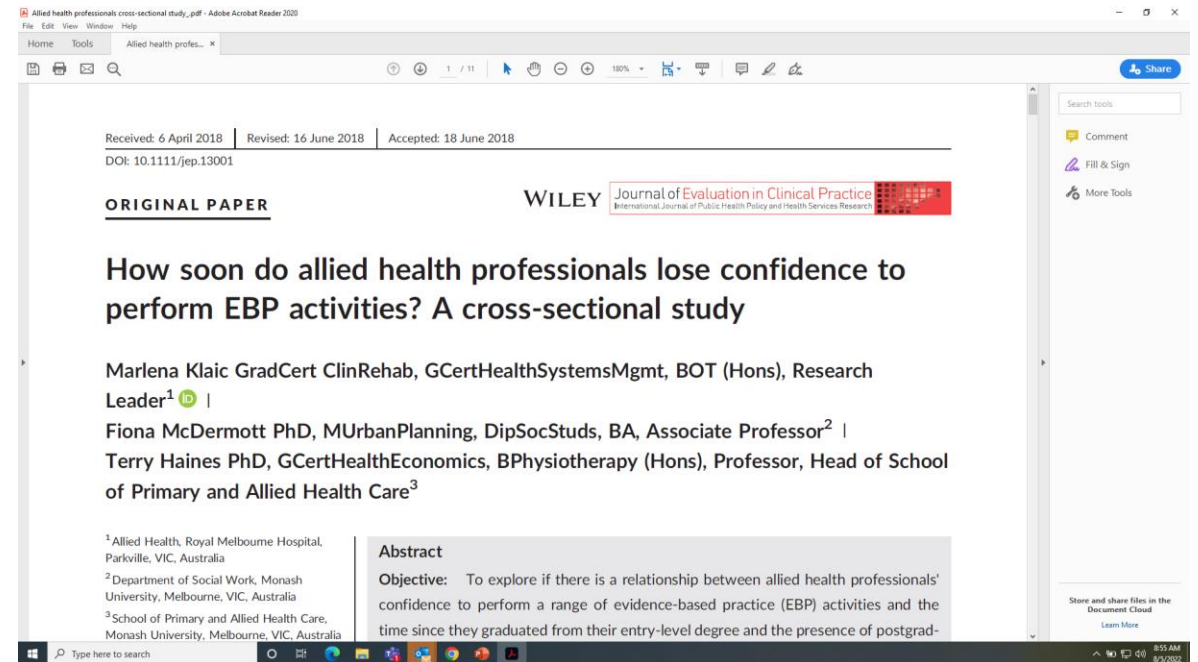
- Evidence-based Decision Making is a problem-solving approach that integrates the conscientious use of the best evidence in combination with a professional's expertise as well as consumer/customer preferences and values.
- Evidence-based practice is a problem-solving approach to clinical practice that integrates the conscientious use of best evidence in combination with a clinician's expertise as well as patient preference and value to make decisions.

Barriers to EBP implementation

1. Time
2. Culture of organization
3. Lack of EBP knowledge
4. Lack of access
5. Leadership resistance

EBP application in practice is time sensitive

- **Results:** Allied health professionals begin to lose confidence related to EBP activities within the first 5 years of clinical practice, particularly for those activities involving critical analysis of published studies. Respondents with postgraduate qualifications were more likely to report greater confidence with EBP activities, suggesting that higher level qualifications protect against the effect of degradation of EBP skills and confidence over time.
- **Conclusions:** Allied health professionals' confidence to perform EBP activities degrades over time, particularly for those individuals with no postgraduate qualifications. Registration and accreditation bodies along with allied health professional employers should explore potential strategies to preserve and enhance EBP skills, confidence, and behaviors.



Background Information

Leadership reorganization

In 2013 ProMedica Total Rehab underwent a massive reorganization eliminating local leadership at each hospital and making way for global leadership.

The result was four main areas of system leadership:

1. An outpatient director
2. An inpatient director
3. Service line/EBP director
4. Regional hospitals director

Breaking Down Silos

Experienced resistance initially.

- Staff was used to having local leadership present at all times
- Many misconceptions about EBP
- Geography of our system
- Leadership support

Established EBP Implementation Team

This team of clinicians was established to be the driving force of everything EBP.

- All disciplines represented
- Clinicians demonstrate love of EBP
- Leadership was not allowed to participate

How did we know where to start?

- Evidence-Based Practice: Beliefs, Attitudes, Knowledge, and Behaviors of Physical Therapists
 - Article in Physical Therapy
 - *October 2003 DOI: 10.1093/ptj/83.9.786 Source: PubMed*
- Article included a survey that we adapted to measure how the staff felt about EBP
- Survey was given to all clinical staff

Surveys says...

Surveys results from 2013

- Employees wanted to use EBP
- Didn't have time
- Intimidated by research

Survey results from 2018

- EBP is a part of our daily conversation
- 98% of patients receiving a recommended outcome tool
- 21% increase in literature search
- 23% increase in applying EBP to daily practice

Where did we start?

Intro to EBP

- Completed the survey of the staff
- Conducted a course that was an intro to EBP
 - Many “seasoned” employees
 - Lack of knowledge of resources at ProMedica

Quick wins

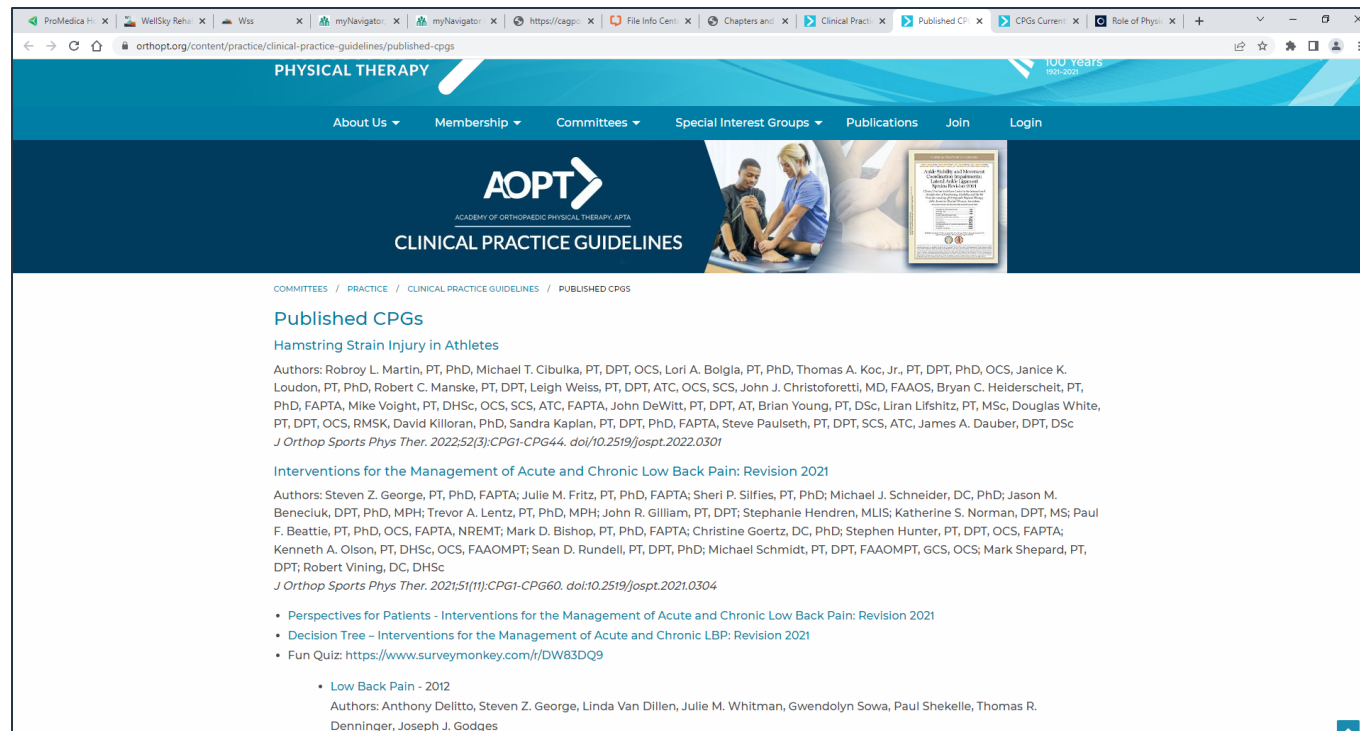
- Based on the survey results the team realized that we needed to get some quick wins with the staff early on to get traction and viability with our EBP initiative.
 - Used resources that were already created
 - Educated on the resources in ProMedica
 - Implemented Well's Rule due to multi-discipline aspect

APTA CPGs

- No need to recreate the wheel
- APTA Ortho section has a wealth of CPGs
- Started with a smaller, less complicated CPG to get our feet wet
- Looked at our highest used diagnosis codes and worked on those CPGs
- Pulled internal experts to participate
- Limited leadership involvement in the teams

APTA CPGs continued

- Started with one that was not as lengthy
- 4-5 clinicians on a team
- Needed involvement from all clinics
- Specialization of clinicians could be a problem



The screenshot shows the AOPT (Academy of Orthopaedic Physical Therapy) website's Clinical Practice Guidelines section. The page features a blue header with the AOPT logo and navigation links. Below the header, there is a section titled "Published CPGs" with a list of guidelines. The first guideline is "Hamstring Strain Injury in Athletes" by Robroy L. Martin et al. The second is "Interventions for the Management of Acute and Chronic Low Back Pain: Revision 2021" by Steven Z. George et al. Below these, there are bullet points for "Perspectives for Patients - Interventions for the Management of Acute and Chronic Low Back Pain: Revision 2021", "Decision Tree - Interventions for the Management of Acute and Chronic LBP: Revision 2021", and a "Fun Quiz". At the bottom, there is a link for "Low Back Pain - 2012" by Anthony Dellitto et al.

PHYSICAL THERAPY

100 years
1910-2020

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AOPT
ACADEMY OF ORTHOPAEDIC PHYSICAL THERAPY, APPTA

CLINICAL PRACTICE GUIDELINES

COMMITTEES / PRACTICE / CLINICAL PRACTICE GUIDELINES / PUBLISHED CPGS

Published CPGs

Hamstring Strain Injury in Athletes

Authors: Robroy L. Martin, PT, PhD, Michael T. Cibulka, PT, DPT, OCS, Lori A. Bolgla, PT, PhD, Thomas A. Koc, Jr., PT, DPT, PhD, OCS, Janice K. Loudon, PT, PhD, Robert C. Manske, PT, DPT, Leigh Weiss, PT, DPT, ATC, OCS, SCS, John J. Christoforetti, MD, FAAOS, Bryan C. Heiderscheit, PT, PhD, FAPTA, Mike Voight, PT, DHSc, OCS, SCS, ATC, FAPTA, John DeWitt, PT, DPT, AT, Brian Young, PT, DSc, Liran Lifshitz, PT, MSc, Douglas White, PT, DPT, OCS, RMSK, David Killoran, PhD, Sandra Kaplan, PT, DPT, PhD, FAPTA, Steve Paulseth, PT, DPT, SCS, ATC, James A. Dauber, DPT, DSc
J Orthop Sports Phys Ther. 2022;52(3):CPG1-CPG44. doi:10.2519/jospt.2022.0301

Interventions for the Management of Acute and Chronic Low Back Pain: Revision 2021

Authors: Steven Z. George, PT, PhD, FAPTA; Julie M. Fritz, PT, PhD, FAPTA; Sheri P. Silfies, PT, PhD; Michael J. Schneider, DC, PhD; Jason M. Benecluk, DPT, PhD, MPH; Trevor A. Lentz, PT, PhD, MPH; John R. Gilliam, PT, DPT; Stephanie Hendren, MLIS; Katherine S. Norman, DPT, MS; Paul F. Beattie, PT, PhD, OCS, FAPTA, NREMT; Mark D. Bishop, PT, PhD, FAPTA; Christine Goertz, DC, PhD; Stephen Hunter, PT, DPT, OCS, FAPTA; Kenneth A. Olson, PT, DHSc, OCS, FAAOMPT; Sean D. Rundell, PT, DPT, PhD; Michael Schmidt, PT, DPT, FAAOMPT, GCS, OCS; Mark Shepard, PT, DPT; Robert Vining, DC, DHSc
J Orthop Sports Phys Ther. 2021;51(11):CPG1-CPG60. doi:10.2519/jospt.2021.0304

- Perspectives for Patients - Interventions for the Management of Acute and Chronic Low Back Pain: Revision 2021
- Decision Tree - Interventions for the Management of Acute and Chronic LBP: Revision 2021
- Fun Quiz: <https://www.surveymonkey.com/r/DW83DQ9>

• Low Back Pain - 2012
Authors: Anthony Dellitto, Steven Z. George, Linda Van Dillen, Julie M. Whitman, Gwendolyn Sowa, Paul Shekelle, Thomas R. Denninger, Joseph J. Godges

Wins and Losses

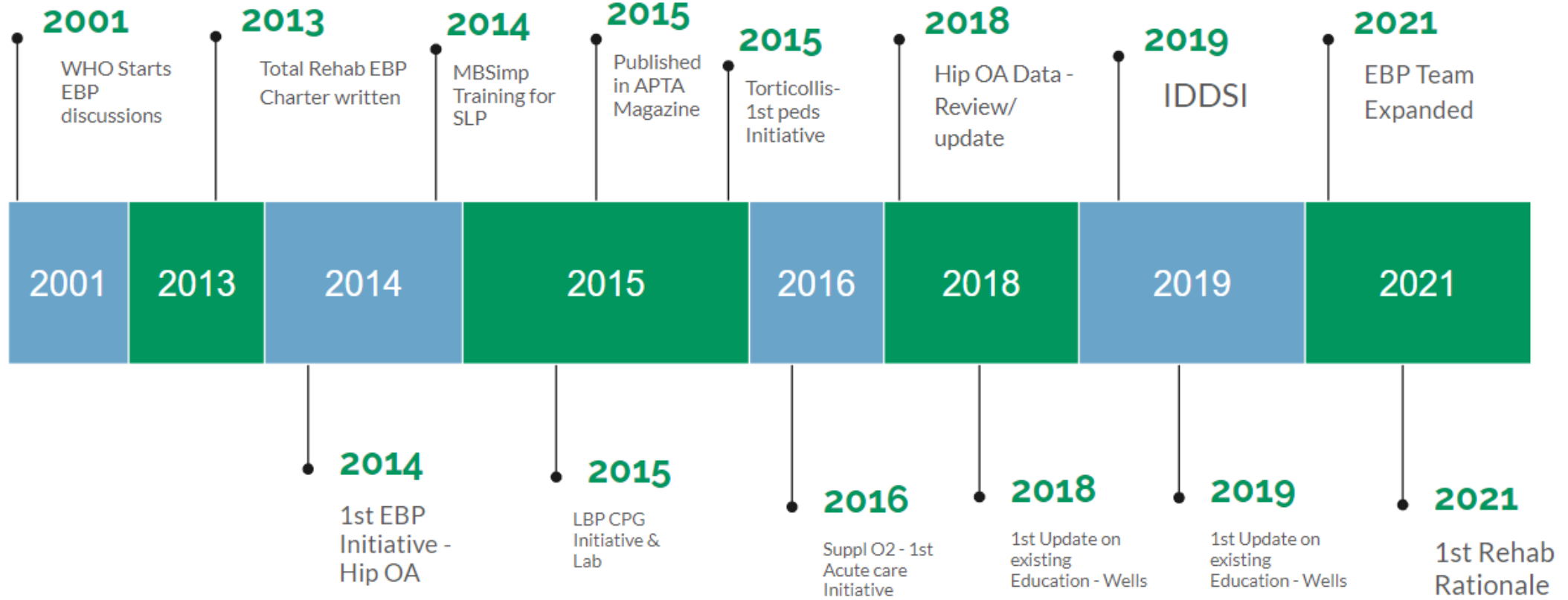
- Wins

- Staff loved the CEUs
- What we produced was high quality
- Staff recruitment tool
- Staff retention tool
- PATIENTS GETTING THE CARE THEY DESERVED!!!

- Losses

- Very PT focused, hard to involve ST and OT
- Very outpatient focused
- Decreased billing
- Hit to productivity
- Leadership support
- Limited number of clinicians involved

Some Key EBP Milestones



By the Numbers

- Over 20 CPG initiatives have been implemented
- Over 100 clinicians have participated on EBP teams
- Over 50 originally created CEUs have been presented



Missing pieces

2020 status



EBP was chugging along with a lot of success, completing about 4 CPG presentations a year



Staff were engaged



Leadership was supportive

What was missing?

- Didn't have a mechanism to onboard new employees or clinics
- No retrospective look at data after implementation
 - Was the education successful?
- Very few clinicians were certified
- Leadership training to support their employees

Shameless Self Promotion

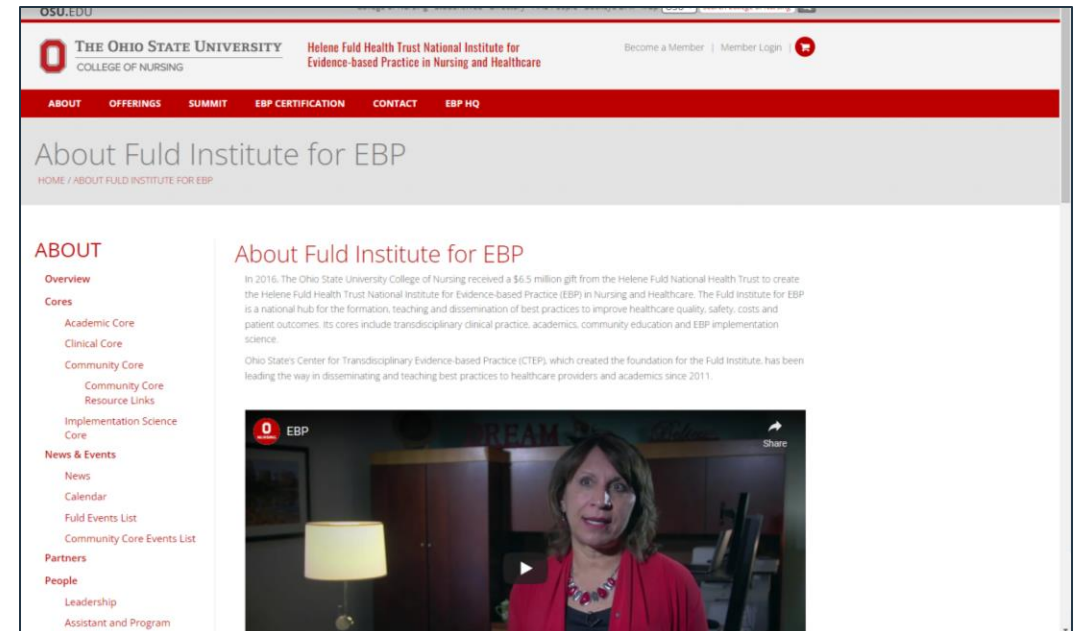
- Needed to do a better job of sharing our story and successes
 - Staff
 - Leadership
 - Nursing

Advanced Training for Leadership/Staff

- All EBP training was in house
- Research for external courses

Immersion training

- October 2020 ProMedica hosted their second group of immersion clinicians through the Fuld Institute of The Ohio State University
- 40-hour course on EBP that can result in Certification in EBP
- <https://fuld.nursing.osu.edu/about-overview>



Certified Clinicians

- Asked ourselves “Are we doing enough to promote certifications?”
 - At the time we had less than 1% of staff certified
- Introduced certification bonus
- Commitment to lifelong learning through professional development

Reboot 2021

Decision time

- Continue our current state which was popular, but was it working?
- Need to dedicate some FTEs to the effort
- Do we want to be leaders in this field?



Proposal to advance EBP

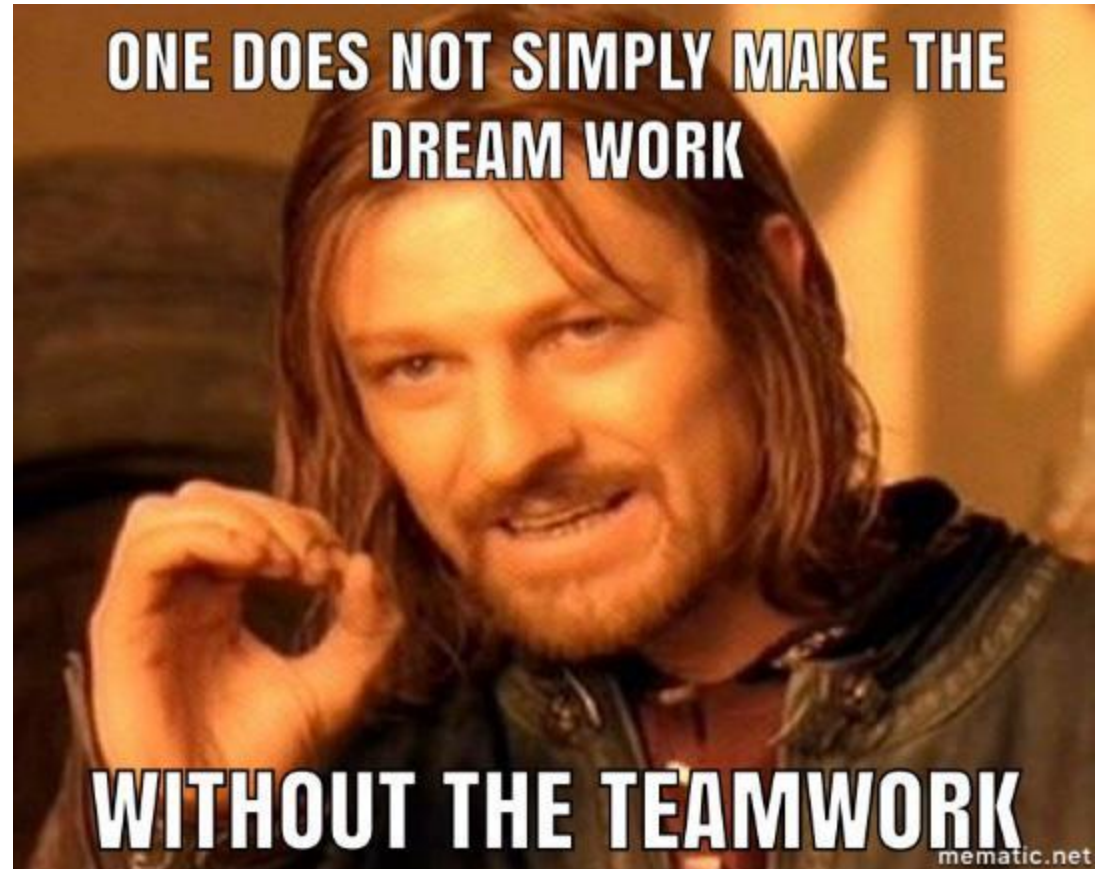
- Needed manpower to move the needle further in the EBP arena
- Needed to push therapists to pursue certification
- Proposed the dedication of .75 FTE to EBP
- Recognize APTA, AOTA and ASHA certifications at a higher level
- Engage with The Ohio State University Fuld Institute

Recognition of Rehab EBP expertise by nursing leadership

- Developed protocols for treatment of COVID patients
- Worked on a system proning policy/protocol
- Key stakeholders on the COVID long haulers team

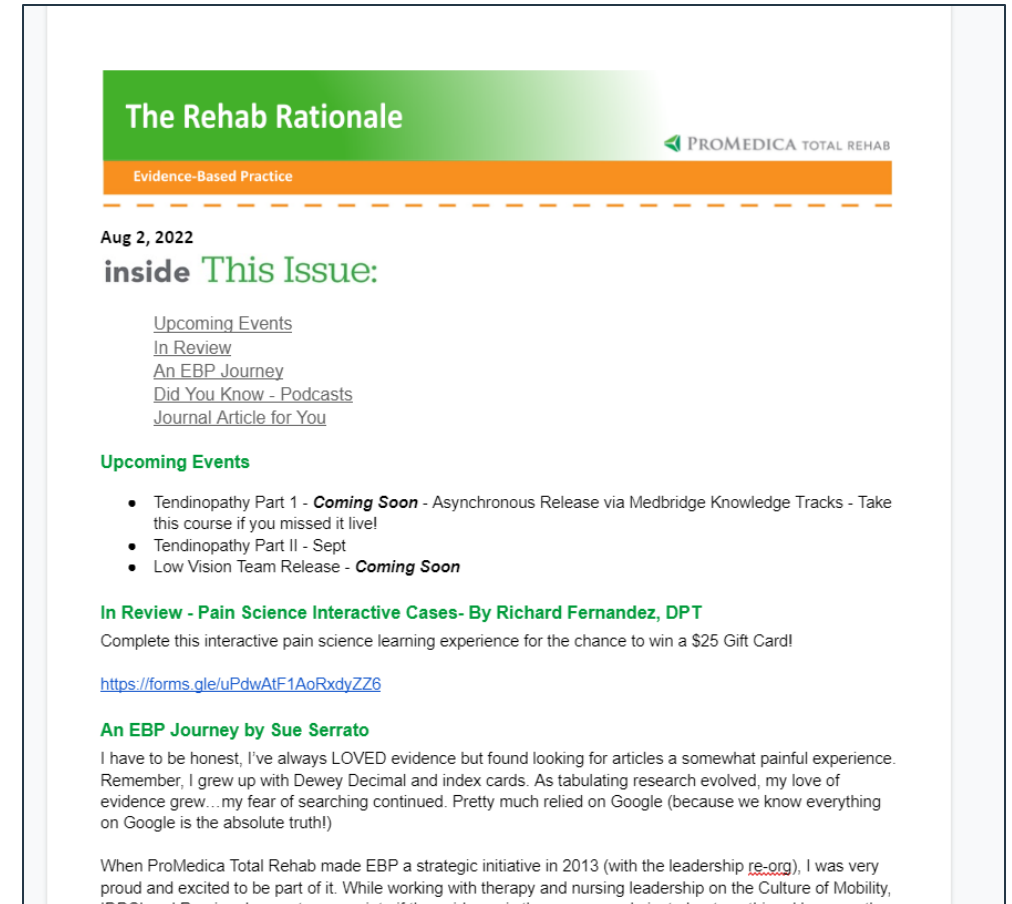
Rise of the EBP Core Team

- Added a manager and two clinical leads to the team of one that existed
- Began meeting in May 2021
- Developed a plan



Beginning of The Rehab Rationale

- Rehab specific newsletter that focused on EBP
 - Employees often complained that most emails they received were not relevant to therapy
- Five main sections that rotate in the publications
 - Did you know?
 - CPG in Review
 - Myth Busters
 - Building Blocks of EBP
 - Journal Club for You
- Make it engaging so employees continue to read it



Review of Data

- Looked at the LBP data first
 - Results were positive
- Chart review is very time consuming
 - 3 minutes per chart, 60 hours
 - Less standardized with documentation than hoped
- Employees were hungry for the results
- Very few patients are discharged



LBP Data Analysis

Andy Parsons, PT, DPT, OCS
Michael Studnicka PT, DPT, OMPT
Sara Schuette PT, EBP (CH)
Mark Kleeburger, PTA

Data Stats: 1368 Charts Reviewed

- 3 Time periods were reported: Before LBP education, after the lecture, and after the laboratory section.

How Much Functional Change Do Total Rehab LBP Patients Achieve?

Average change in ODI for Total Rehab Patients:

13.42%

Average Change in ODI 1 year after spinal surgery:

14.9%

- The difference between these groups is not significant based on the group Oswestry significance level of 1.7%
- The timeframe for Total Rehab patients is only about 30-60 days vs 1 year for spine surgery
- The average change in Oswestry represents a good to excellent outcome
- The FDA considers 15% ODI reduction "excellent" 1 year following lumbar fusion
- This supports PT as an evidence-based intervention in the continuum of care. Some people will go on to surgery, but if they improve with a more conservative approach then invasive methods can be avoided.

How Many Visits Do LBP Patients Complete?

LBP patients attend an average of 8.16 sessions.

- The PT time cost is minimal compared to many interventions
- Time to complete PT may be shorter than many referrers assume.

What % of patients Met MCID?

48%

- Half of Total Rehab patients achieve a minimally clinically important difference on the ODI in about 30-60 days.
 - MCID 12.88% (Copay et al.; Johnsen et al.)

Grub Clubs Make a Splash

- The research tells us that it takes 7 interactions and 17 years to make a changes in the world of medicine on average
- Needed a venue to review CPGs and keep the information in front of the clinicians
- Set up a series of lunch time meetings that achieved this goal



GRUB CLUB

An EBP virtual booster session brought to you by Dr. Catherine Quatman-Yates, DPT, PhD.

Join us on May 5 at 5:30pm as Dr. Catherine Quatman-Yates, DPT, PhD, lead author for the APTA's CPG for concussions walks us through the evidence used to develop the CPG.

There will be a \$10 fee associated with this course.

May 5, 2022 – 5:30pm to 7:30pm

Display Settings

PEP changes

- Changed the incentives for obtaining an APTA, AOTA or ASHA certification to be at the highest level available automatically
- 6% of our staff hold this type of certification
- Several more are actively pursuing one

Engaged the Fuld Institute regarding EBP knowledge amongst our staff

- Each EBP Measure sees a wide range of responses
- There is a gap in EBP Knowledge scores
 - Wide range of Knowledge score range
 - 73.1% had a score less than a 60% and just 2 individuals had scores in the 80s.
- Those that have been in practice longer had a lower EBP Knowledge and EBP Competency Scores
 - This isn't necessarily saying you lose knowledge or competence but that those educated more recently had more classes on EBP.
 - All Discipline Groups saw this same decrease.
 - Bachelors didn't see much change in Knowledge and Competency, other degrees saw noticeable decreases (especially Masters) in Knowledge.
 - Competency Score increased for Clinical Doctorates as the number of years in practice increased. We do see with this group that the years in practice is not very long.



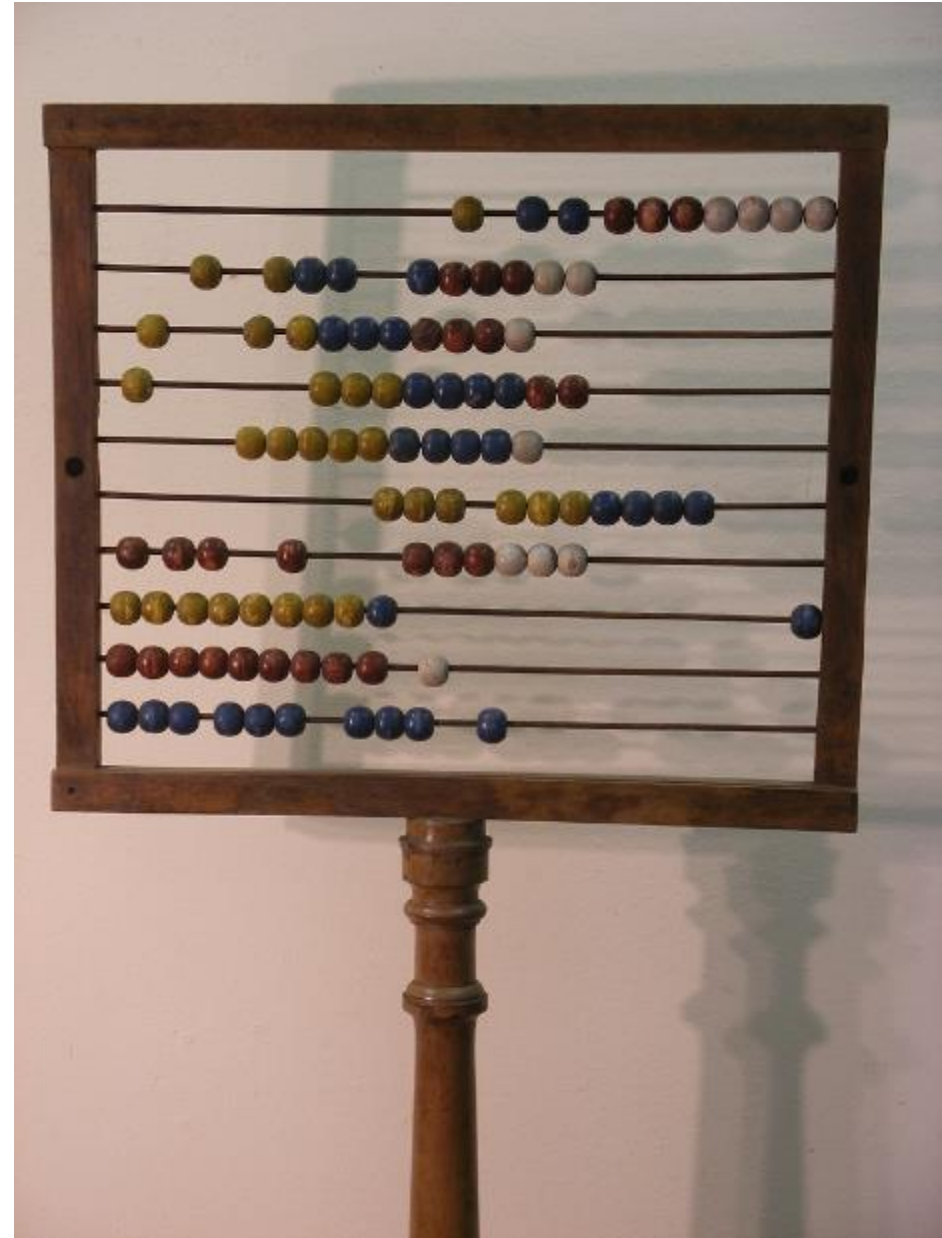
Next steps

Additional Leadership Training

- Working with the Fuld on a two-day training for the leadership team to better support EBP
- Leadership will be more knowledgeable in EBP
- Everyone speaking the same language

Chart Review

- Data review is very manual and time consuming
- Increase effort in standardized documentation
- Encourage use of containers for documentation
- Encourage appropriate goal documentation



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Thank you.

Contact us:

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