Original Question:

How do you measure outcomes for outpatient Pediatrics?

Summary of Responses:

- At ORG A, we have also been asking ourselves this question. Currently, we audit charts for diagnoses that we have established a standard of care. For example, patients with CP. Has the therapist performed the expected tests and measures and PROs (in this case the COPM). It's a yes/no checklist and then the findings of the audit are shared with the team. It is inconsistent at best because auditing can be very time consuming. During the last round, we asked staff to self-audit and gave them dedicated time to complete.
 We have also been exploring what dashboards would be useful to supervisors. Length of episodes of care (are we adhering to the episodic model), PRO changes? Parent satisfaction? Standardized score changes? All have pros and cons and 6 months later, we cannot come to a consensus.
- I am answering on behalf of ORG B. In our outpatient EMR, in the goals section, progress is marked at discharge as Discontinued, Slow, Good, Goal Met. This is selected by the therapists based on achievement of SMART goals or standardized outcome measures.

At the end of the month, we run a report through the EMR of all discharged patients and the reason for discharge. We are able to sort the reason for discharge based on the discipline and the ICD-10 code. From this information we are able to calculate % of outcomes achieved (Goals met or maximum potential reached) versus % of outcomes not achieved through outpatient therapy. Reasons for discharge include:

Attendance Change in Medical Status Doctor Denied Further Treatment Death Family Denied Further Treatment Goals Met Hospitalized Insurance Terminated Maximum Potential Reached No follow up Payer Denied Further Treatment Transfer to Another Facility Therapy Not Recommended Unable to Contact

3. At ORG C we are using the WeeFim currently. We are also looking into the NOMS for our speech team. They will continue to use the WeeFim until that is implemented.