Use of Outcome Measures in Physiotherapy

SaTH Improvement Hub

Theme | Building Capability

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REASON WHY?

Use of outcome measures is recommended by the charted society for physiotherapy (CSP) as they can help measure success of treatment but also be used as a predicator of falls .
British Geriatric Society research shows that 10m timed walking test, timed up and go test are good indictors of falls risk and general ability to identify frailty .

SMART AIM

S SPECIFIC M MEASUREABLE A ACHIEVABLE R RELEVANT T TIME-BOUND

I To increase use of research indicated outcome measures by the frailty team by the 30th April 2025 as evidenced by a notes audit

PLAN

Frailty is a distinctive health state related to the ageing process in which multiple body systems gradually lose their in-built reserves. Around 10 per cent of people aged over 65 years have frailty, rising to between a quarter and a half of those aged over 85. (Turner, 2014)

It was noted that the Physiotherapists in the frailty team were not using standardised outcome measures to assess patients' mobility which would in turn be an indicator of falls (an adverse outcome of being frail)

The plan was to introduce one standardised assessment to see if the uptake from the team would result in better falls risk assessment .

DO

A list of standardised outcome measures was created and the team chose one that they thought they would be able to incorporate into their daily work..

The list was :
Tinetti Balance & Gait Assessment
Berg Balance Scale
Timed Up and Go Test
10-meter walk test
Functional Reach
Falls Efficiency Scale (fear of falls)

The team chose the 10m walk test as Gait speed with cut-off 1.0 m/s could represent a useful tool for identifying individuals who are vulnerable but not yet disabled and could benefit from fall-preventive exercise. (Kyrdalen et al., 2018)

STUDY

On Ward 22 Short Stay there is a 10-meter section identified on the wall. Walking aids can be used if required, as well as walking speed, an analysis of gait can also be performed.

Before the section was marked none of the therapists used a standardised assessment or referred anyone to falls clinic as a result of a standardised assessment. In the week after the signs had been in place these figures remained the same.
This could be for four reasons:

- No suitable patients
- The 10m walking test being in a difficult position on the ward
- Staff being on leave (Easter Break)
- Not enough time to change habits/collect data

ACT

The team need to **ADOPT** the practice of using standardised assessments, they may need to **ADAPT** the current assessment, or which assessment is used. However, before they do that, they do need to take more time to collect data as a week is not long enough to accurately reflect if change has happened.

They have a number of options from the original list of assessments that could form their second PDSA cycle if adaptation of the current assessment (for example placement or length) doesn't work.

ACKNOWLEDGEMENTS & REFERENCES | With thanks to the staff and therapy team on the acute floor . Turner, G (2014) *in* https://www.bgs.org.uk/resources/introduction-to-frailty Kyrdalen, Thingstad, Sandvik & Ormstad (2018) https://pubmed.ncbi.nlm.nih.gov/30198603/