Response Rate for Wheeled Mobility Service Delivery Quality Improvement Reporting

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Introduction

The wheeled mobility service delivery process describes the process by which individuals with mobility impairments select wheeled mobility devices in collaboration with an interprofessional team. This process includes the following components:

1) Referral
2) Assessment
3) Equipment Recommendation and Selection
4) Funding and Procurement
5) Product Preparation
6) Fitting, Training and Delivery
7) Follow-up, Maintenance and Repair
8) Outcome Measurement [1].

Given the multiple steps of the service delivery process, and the time it takes to complete these steps, there are several reasons an individual may not complete the service delivery process. The outcome of service delivery may be influenced by individual user factors, provider factors, supplier factors, payer factors, and system factors.

One of the accepted outcome measures for addressing quality improvement in healthcare is patient experience. Patient-reported outcomes are one way to measure quality of care throughout the service delivery process.

The purpose of this paper is to describe the response rate and reasons an individual did not complete the FMA-UDS associated with the wheelchair service delivery process

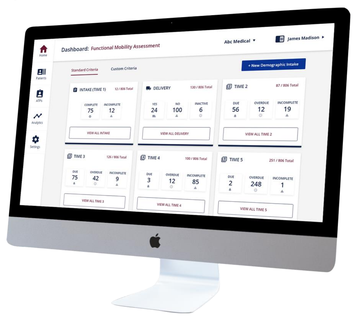


Figure 1. FMA Registry Dashboard

Methodology

A retrospective descriptive analysis was conducted. The FMA-UDS registry includes background information about the individual, the individual's current mobility equipment, and their interaction with the service delivery process. The FMA-UDS includes a question about the individual's current participation, or status, in the outcome measurement process. Therefore, the question of 'status of current client' was reviewed to determine common responses of why an individual was listed as 'not-active', and no longer participating in the FMA-UDS registry. The reasons for no longer participating in the process are described in Table 1.

Reason No Longer Participating	Definition
Deceased	The individual passed away during the service delivery process.
Change in status	The individual's medical condition or functional status changed, and they no longer need the mobility device
Funding issues	Issues identified with the individual's third-party payer or individual is unable to pay co-pay
Unable to contact client	The individual's contact information changed, and was not updated, or the individual did not respond to phone calls and mail.
Environmental / Accessibility Issue	The individual's built environment did not support the use of the mobility device
Not Delivered	Delivery not completed for a reason not addressed above.
Other	Other reason not addressed above.

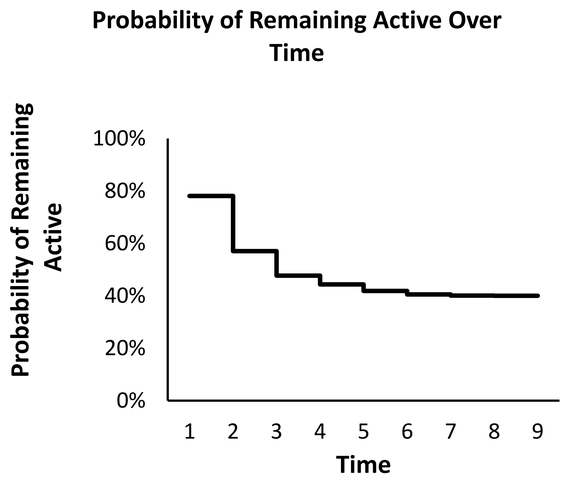
Table 1: Reasons for individuals no longer participating in the FMA-UDS registry, and the operational definition for each item.

Results

Of the 10,253 cases, 2,247 were listed as not active in the FMA-UDS Registry. For each case listed as "not active" before delivery, a reason for inactivity was identified as shown in the Table 2. After delivery, the number of cases listed as not active decreased. At the first follow up (Time 2), 2,157 cases were inactive, while at the eighth follow up (Time 9), 1 case was inactive.

Reason	Time 1 N = 2247	Time 2-9 N = 3905
Provider no longer participating	601 (27%)	454 (12%)
Not Delivered	798 (36%)	N/A
Repair/Parts/Mod/Eval (no new equipment)	136 (6%)	25 (0.6%)
Funding Issues	267 (12%)	N/A
Loss in Contact	110 (5%)	2572 (66%)
Client Opted Out	0 (0%)	234 (6%)
Deceased	88 (4%)	251 (6%)
Cancelled Order	75 (3%)	N/A
Refused Eqpt	60 (3%)	N/A
Returned equipment	N/A	64 (2%)
Change in Status	51 (2%)	48 (1%)
Other	61 (3%)	257 (7%)

Table 2: Reasons for Inactivity Before and After Service Delivery



Discussion

The device may not have been delivered for various reasons such as it had been over 180 days since T1 with no delivery. A client may not have time to complete regular follow-ups or be unfamiliar with the phone number and message when contacted and therefore, not answer phone calls from the representative.

Conclusion

Implementation of a quality assurance program is a long-term process. One important method to improving clinical outcomes is recording patient-reported follow-up data to detect differences between interventions or to evaluate effectiveness of improvements. The FMA-UDS provides a way to identify issues with the wheelchair service delivery process and address them. The early identification of issues provides a safety net to mitigate mobility issues for individuals with disabilities, and thereby improve their quality of life.

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