

OUTCOME MEASURES

Many chiropractors will be familiar with the concept of clinical governance. Demonstration of a practice's clinical governance policy has now become a requirement by many health care insurers. Clinical governance itself is a public recognition of the fact that quality, accountability, transparency and continuous improvement are vital aspects of the life of any health care professional.

What is an outcome measure?

Clinical governance attempts to examine competence of practice, among other aspects of care, as part of a quality assurance process. The use of appropriate outcome measures can play a significant part in this aspect of care as they assess the results of health care processes in a more objective manner; they essentially measure the change from one specified time point e.g. before a treatment intervention began to another time point e.g. following a single or a specified number of treatment interventions.

Outcome measures are most useful when they are standardised and have clear and explicit instructions concerning how to administer and score them. Most of these instructions can be found in the original paper in which the outcome measure was published

What features should outcome measures possess?

In order for outcome measures to be used appropriately and effectively it is important they are easy to use in terms of administration and time. Equally they should not cause pain or discomfort to the patient being assessed. The key feature of an outcome measure is that it should demonstrate both validity and reliability and be sensitive to the changes required to be measured at the changes occur over time. The reliability of an outcome measure is concerned with how effectively the assessment can be repeated when it is employed by different individuals and on different occasions.

The validity of an outcome measure is concerned with how well the measure assesses the feature of patient care being measured e.g. Mobility satisfaction or pain.

The sensitivity of an outcome measure is its ability to detect subtle changes in a patient's progress when measure a specific period of time.

Example of outcome measure

A series of paper based questionnaire designs are available for use as outcome measures. These can measure clinical conditions eg osteoarthritis or pain or general states of well being. Computer based outcome measures are also available but sophisticated software systems are required to administer them and need significant financial input.

Visual analogue scale.

This is one of the most frequently used outcome measures. It attempts to measure the patient characteristic that occurs across the continuum eg. Pain and cannot be easily measured in the direct manner. It usually consists of a 100mm horizontal line and is accompanied by a narrative descriptions at each end.

No pain _____ Very severe pain

This is a highly subjective measure and is most useful when attempting to assess change in patients. Further information on the use of the visual analogue scale can be found in the literature.

Western Ontario and McMaster University's Osteoarthritis Index. (WOMAC)

This is a self administered questionnaire designed to assess 3 dimensions of pain, disability and joint stiffness concerning osteoarthritis in the knee and hip using a selection of 24 questions. The latest version of this outcome measure the WOMACTM 3-1 is available in an extensive variety of language forms.

McGill pain questionnaire

This is a patient-completed questionnaire to assess objective pain experience using 3 word descriptors - sensory, effective and evaluative. 3 measures can be derived from the assessment process:

1. The pain rating index, PRI, which is based on numerical values assigned to each word descriptor.
2. The present pain intensity PPI which is the zero to 5 scale derived from the pain description section ie no pain mild discomfort in distressing horrible or excruciating.
3. The number of words chosen, NWC. Further information on this outcome measure can be found in the paper The McGill pain questionnaire major properties and scoring methods.

Roland and Morris disability questionnaire.

This is a patient centred question which consists of 24 statements from the sickness impact profile uncovers activities which includes healthcare sleeping and mobility. 24 items on score from 001 a high school represents west level of dysfunction.

Analysis is carried out by coding scores, adding them and transforming them into a scale from zero (worst possible health status) to t100 best possible health status. It can be administered by post for extra convenience. Further information can be found out [www. Sf-36.com](http://www.Sf-36.com)

MYMOP

This is an outcome measure which is frequently used by complementary and alternative medicine practitioner. It is a patient generated or individualized questionnaire which is problem specific but includes wellbeing

Making sense of the results.

The results obtained during outcome measure required careful analysis. They can be analysed to assess if a change in health or performance status has occurred on the weather this can be attributed to a particular intervention. They serve as an objective measure for an intervention.