The Aphasiologist and Patient Care Evaluation

Allen E. Boysen, Ph. D.
Veterans Administration Hospital
Martinez, California

Our understanding of aphasia is broadening at a rapid pace, with innovations and refinements in management increasing in complexity. Such refinements have significant implications on the circumstances in which we practice and the responsibilities we have to patient, family and other professionals. One of our major responsibilities is that of assuring the appropriateness and effectiveness of our management. In this context, I will be speaking about the necessity for evaluating the process and outcome of management by the aphasiologist. The focus will be on a quality assurance measure known as patient care evlauation.

To understand this focus on the professional's effectiveness, it is useful to review certain recent trends in health care. Over the past several years, the medical profession has been encouraged to demonstrate systematic processes for concurrent and retrospective review of health care in hospitals. Presently, such review is necessary for treatment of medicare and medicaid patients in private, county and community hospitals. It is also a process being used in Veterans Administration Hospitals. The push for quality of care review has come from many sources for a variety of reasons. Consumer groups have been concerned about the quality of health care, and we see this reflected in increasing malpractice claims. Congress has been under pressure from various sources to increase availability of health care coverage, while monitoring quality and containing costs.

Physical - sponsored organizations like the Joint Commission on Accreditation of Hospitals (JCAH) have introduced very comprehensive standards over the past six years for quality assurance of various types of health care facilities. A major reason for this change has been to provide such facilities with a means for demonstrating that they can responsibly monitor costs and quality of care. Such monitoring is done to reduce the extent to which government and/or consumer groups dictate how and under what circumstances health care services are to be provided.

A 1972 amendment to the Social Security Act provided for the creation of the now familiar Professional Standards Review Organization (PSRO). This structure was designed to involve the local practicing physician in ongoing review and evaluation of health care services covered under Medicare, Medicaid and the Maternal and Child Health Programs. The legislation reflects the idea that health professionals are the most appropriate individuals to evaluate the quality of medical services, and that effective peer review in the locale is the best method for assuring the appropriate use of health care resources and facilities. The PSRO is the vehicle for accomplishing these goals. The counterpart mechanism in the Veterans Administration is contained within the Health Services Review Organization (HSRO).

Quality assurance is a reality for physicians. It is rapidly becoming a reality for speech pathologists and other health care professionals. Patient care evaluation is the most prominent feature of the quality

assurance process built into each local PSRO. As aphasiologist working in health care facilities, it is essential that we evolve standards, norms and criteria for aphasia management. It is also essential that we demonstrate ongoing review and evaluation of such management through the same processes used by physicians and other health care professionals, as required by the PSRO. The alternative is to place the evaluation process with the physician or designate. Standards, norms and criteria for evaluation of aphasia management would then be evolved by them.

Patient care evaluation takes primarily two forms of review, concurrent and retrospective. Briefly, I will differentiate them and discuss some of the implications for their application to aphasia management.

CONCURRENT REVIEW

Concurrent review is a process by which all new hospital admissions for acute care are screened. Admission criteria have been established which list the symptoms, lab findings and other conditions justifying hospitalization. Such criteria may also serve to validate the diagnosis and/or treatment approach. Once the appropriateness of the patients' hospitalization has been certified, a similar process is applied to the review of tests, treatment and duration of care. This process is likewise based upon already established criteria. Other criteria reflect the recovery status appropriate for hospital discharge or transfer to a convalescent, skilled nursing or extended care facility. The criteria for admission certification, continued stay and hospital discharge for each diagnosis and/or treatment are evolved by the hospital staff.

Admission Certification

There are at least three circumstances where the speech pathologist should be participating in the concurrent review process. They include input through the utilization review comittees of an acute hospital, extended care facility, and within one's own department caseload. Admission criteria for acute neurological problems with complaints involving voice, speech and/or language processing might appropriately include speech pathology assessment and baseline measures within a certain time period. There may be other more specific presenting conditions for which such assessments would add essential information clarifying the reason or necessity for hospital admission. For the extended care facility, admission criteria might focus more on rehabilitation needs involving therapy, family counseling and adjunctive forms of communication. Criteria for accepting patients into the department caseload for specific types of aphasia management could relate more specifically to the treatment. For example, a patient who is to benefit from direct intervention might need to present a certain minimum level of responsiveness. Further, stimulation on frequency and duration of such intervention may be necessary to assure a positive result.

Continued Stay Review

The above contexts for admission criteria can be considered for continued stay. Guidelines for continued aphasia management will no doubt be different in an acute hospital as compared to an extended care facility, or as concerns specific treatment approaches. However, we must

evolve standards, norms and criteria for essential elements in the usual and customary management of aphasia for such settings and circumstances. We will be challenged to identify, define and accept a range and mean number of treatment sessions for remediation, as is presently expected from many fiscal intermediaries. However, we should be able to specify criteria for continued stay, involving treatment based on results of formalized testing, and plans for reassessment. Further, there should be documentation indicating benefit from treatment, or consultation in instances of negative or no change. Within a specific clinic or locale, more detailed and well-defined criteria relating to specific treatment approaches may be possible.

Discharge

The process of concurrent review includes criteria-setting for discharge. For the acute hospital, such criteria may include documented plans for continued aphasia testing, family counseling or referral. In an outpatient or extended care facility, criteria for discharge from a specified aphasia treatment program are likely to be quite specific, and related to a given set of circumstances. Some reference to communicative needs and objective response to treatment would be expected. Development of such criteria forces us to focus on realistic boundaries of treatment and treatment effects.

We have been discussing patient care evaluation through concurrent review, a process for looking at individual patient management. The health setting and circumstances for aphasia management have influenced the type of criteria considered for admission, continued stay and discharge. Patient care evaluation is also applied through retrospective review.

RETROSPECTIVE REVIEW

Retrospective review involves a structured sequential analysis of a recent sample of a specific aspect of care of a specified group of patients. The purpose is to look at trends of care with the built-in commitment to bring about change if assessment indicates a need. Patient care evaluation in this context permits a good look at the clinician's effectiveness in helping the patient achieve a certain level of communicative independence.

Process and outcome criteria are the two basic types of evaluation. Process criteria refer to the clinician's behaviors, skills and knowledge. Outcome criteria refer to the patient's condition.

Process Criteria

An example of an evaluation audit topic with process criteria is the following:

Topic: Aphasia secondary to CVA
Patient Sample: Adults; all ages; no limitation on date or frequency of onsets or other complications; previous 30 patients admitted to the hospital with aphasia secondary to CVA.
Audit Objective: Determine adequacy of hospital discharge planning for communication problems.

Criteria:

1. Speech pathology followup, referral or negative action is planned.
2. Communication problem has been discussed with the patient by the speech pathologist.
3. Date of speech consultation report or progress note of in-process evaluation preceeds discharge date.
4. Significant other persons to the patient have been contacted by the speech pathologist prior to hospital discharge.

While this sample audit represents only one small aspect of aphasia management, it illustrates the specificity of the clinician's responsibilities to the patient. The criteria are intended to serve only as indicators, with each reflecting on the performance of a number of clinician behaviors. The absence of a documented criterion in patients charts serves to alert the clinician to possible trends which may need review and revision in patient care. It is important that the audit objective and criteria be specific and appropriate to the concerns of the clinicians whose work is being evaluated. An audit is useful if it permits an evaluation of an aspect of patient care where a problem is suspected or significant impact on subsequent care could result.

Outcome Criteria

Outcome criteria reflect on the condition of the patient directly, without concern for the treatment approach or process of aphasia management. Can the patient talk better as a result of the therapy? The audit is set up to look retrospectively at a specified group of patients with criteria stating certain reasonable expectations for communicative abilities. For this example, we need a working definition of "talking better" and documentation of such behavior to permit such a retrospective evaluation. Verification could include family or spouse responses on profiles, such as the Rating of Patient Independence or Functional Communication Profile, after a stated interval following discharge from treatment. This example points up the need for an appropriately documented data base to permit retrospective evaluations of essential aspects of patient care.

SUMMARY

A process for evaluating appropriateness and effectiveness of aphasia management is that of patient care evaluation. This process includes elements of concurrent and retrospective review. Standards, norms and criteria for aphasia management depend upon these forms of review. It is essential for us to develop and demonstrate a viable form of peer review and quality assessment for such management.