DEVELOPMENT OF AN OUTCOME MEASURE OF THE PROSTHETIC NEEDS OF THE AMPUTEE TO ENABLE THE PROVIDING OF A CLIENT-CENTRED CARE PLAN

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INTRODUCTION

It is well documented that the successful rehabilitation of persons with disabilities depends on a care plan process with the involvement of an interdisciplinary and multi-disciplinary team members. In Ontario, the traditional medical model of the health care delivery system tends to shift toward the new contemporary style of program management model.

In this environment of changes in the delivery of health care system, there is growing attention in recent years to the actual measure of the quality of this care. As the financial resources in the health care sector continue to shrink and the demand for the high quality service level persists, a model for a client-centred care plan appears to be the trend of the 21st Century.

Buzz words such as wellness and holistic care indicate that the care plan must consider the client as a whole person and not just a segment of the body parts. This paper is intended to provide a practical outline of the prosthetic needs of the amputees to enable the provision of a holistic client-centred care plan.

To ensure the client-centred care plan is responsive to the health care consumer, the program management model must have some guiding principles that all stakeholders find it practical, meaningful and beneficial to the client’s overall rehabilitation needs.

GUIDING PRINCIPLES

The mandate of the Workers Compensation Board Downsview Rehabilitation Centre in Toronto is to enable the injured workers to gainful return to work program following the traumatic injury. To ensure a client-responsive and a holistic care plan, the following three components provide a guiding principle:

Guiding Principles
a) Educational Empowerment
b) Appropriateness of Service Delivery
c) Continuous Quality Improvements

EDUCATIONAL EMPOWERMENT

Educating the client is paramount to the successful identification of the service needs by the client.
The staff will require charismatic power to connect with client and be able to fully understand the impact of the client's injury cognitively, emotionally and physically.

Based on the client's history, present conditions and future goals, the rehabilitation team will provide expert professional counseling, advice and information on all aspects of rehabilitation services including prosthetic devices options. This is followed by the delivery of services consented by the client as optimally representative and responsive to his or her needs.

APPROPRIATENESS OF SERVICE DELIVERY

To ensure the efforts of the rehabilitation team result in a high client satisfaction and a positive outcome, it is helpful to focus on one of the following three primary prosthetic needs of the amputee.

Primary Prosthetic Needs of Amputees
- Reactivation (ADL/Vocational)
- Restoration (Body Image)
- Recreation (Leisure/Competitive)

The patient with a traumatic amputation of the limb/s is a New Born. One moment the patient is independent, functional and a contributing member in society and the next moment, due to a traumatic amputation, depend on others' help for even the simplest of activities that most people take for granted, until reactivated through prosthetic and other rehabilitation management plans for activities of daily living and vocational goals.

Restoration of body image need is also an important factor to consider for psychosocial reasons. The primary prosthesis designed for ADL and vocational objectives may not address the cosmetic requirements to restore or improve body image. A custom made cosmetic prosthesis is then required with sacrifice in function in favor of gaining the most optimal cosmetic value.

Recreation is a very common interest of many amputees and their recreational prosthetic device need to be tailored to the particular activities involved and purpose to maximize in the achievement of their goals.

Recreational goals may be for competitive sports or leisure activities. The choice of prosthetic design and component options will have a significant influence on the recreational goals and objectives and must be thoroughly discussed in detail with client and family members.

CONSULTATION AND ASSESSMENT

Effective consultation and assessment are critical to a successful outcome measure. It is through the service providers understanding of what the client's specific needs are and the client's thorough understanding of how each one in the team can respond to those needs that will dictate the success of the outcome. A systematic processes of consultation and assessment similar to the outline below does provide the continuity of assuring a positive and client responsive outcome.

Consultation/Assessment
- Identify specific service need
- Identify functional abilities and limitations
- Identify specific targeted expectations
- Discuss service/design limitations
- Discuss service/care plan
The process of consultation and assessment is both informal and formal. Many clinic centres provide the new client with an informal preclinic evaluation and consultation individually with the key service providers. It is important at this stage that the team members are clearly advised of the reason for the new client's referral since much of the consultations and recommendations will be based on the client's addressed needs.

Often the new client has a much higher expectation of prosthetic services. The primary prosthetic service provider must take the opportunity of narrowing the gap between service expectation and service available. Technological, financial, physiological and medical constraints in the provision of the expected service must be discussed in a plain language clearly understood by the client and family members.

The client and family members should be encouraged to reflect on the information received from the individual service providers and select an appropriate prosthetic design option prior to their review in the clinic.

The client's history, reason for the referral, assessment findings and the client's desired prosthetic option are formally presented and documented in the clinic. The type of the prosthesis is then prescribed by the physician in the clinic.

**GOAL SETTING**

Goal setting must reflect the reason for the referral and the type of prosthesis identified as being the most responsive to the client's needs. Goals statement should indicate **WHAT** has to be done, **WHY** it has to be done, **WHO** will provide the services identified, **HOW** the service will be carried out and **WHEN** to start and finish the care plan. This is done through a process similar to the outline below:

- Goal Setting Process
- Establish Service/treatment required
- Plan patient training needs
- Develop service schedule
- Identify appropriate service providers

Each client must have a unique service plan which is responsive to his or her identified prosthetic device's needs. It is helpful if the personalized care plan is designed to provide a basic outcome measure for quality assurance reporting purposes. The outcome results should satisfy with the original reason for the client's referral and the consent to the treatment/service plan.

**CONTINUOUS QUALITY IMPROVEMENTS**

Continuous quality improvement is a never ending process. There will always exist a gap between service expectation and the optimal service that can be provided. With appropriate support and training, the client's attitude and use of the assistive device changes to benefit them. The client discovers diversified ways to achieve desired goals and objectives. Technological advances and improved trends in the delivery of service will continue to benefit the client. All this helps to narrow that gap between expectation and current state of art.

The processes for the continuous quality improvements are carried out in the duration of the implementation of the care plan and during subsequent follow up visits following the client's discharge.

The client's understanding of the limitations and acceptance of the care plan and their total commitment to this care plan is the prescription to Total Quality Management.