

Rehabilitation rethought

Searching for success factors



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Introduction

In orthopaedic rehabilitation, two types of **outcome measures** are used to assess the **success of therapy**:

- (1) **Patient-Reported Outcome Measures (PROMs)** and
- (2) **Clinician-Reported Outcome Measures (CROMs)**.

Critical Success Factors (CSFs) can identify good, bad or particularly discrepant performers, who are characterised on the basis of these outcome measures [1]. **Discrepant performers** are identified by **conflicting results**, e.g. they achieve an improved score in their objectively measured physical functioning, but at the same time report a decreased subjective well-being (Figure 1).

To better address the **individual needs of patients**, the search for CSFs offers a promising approach for the further **development of rehabilitation programmes**.

In clinical rehabilitation practice, there is still insufficient attention paid to moderating factors that contribute to healing success. However, **patients' experiences** can provide valuable perspectives that stimulate novel approaches.

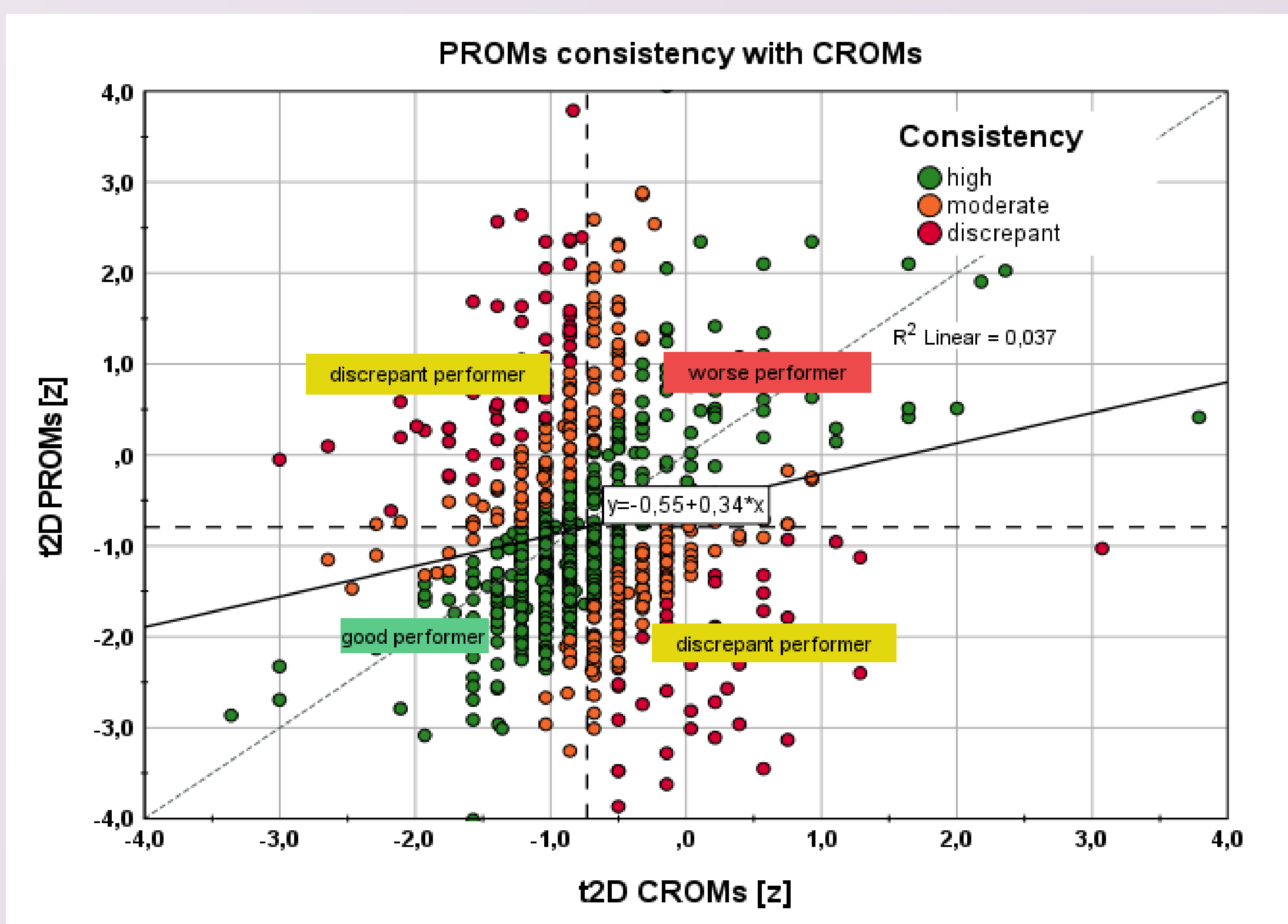


Figure 1. Good, poor and discrepant treatment outcomes.

Aims of the study

- To define best, poor and discrepant performers using comparative orthopaedic rehabilitation data.
- Qualitative search for CSFs from both patient and healthcare professional perspectives.

Further questions

- How can **contradictory treatment** results be explained?
- What **alternative approaches and methods** are promising?

Methods

Based on patient documentation from the Kitzbühel Rehabilitation Centre, PROMs and CROMs will be used to identify **best, poor and discrepant performers** according to established clinical-scientific criteria. **Anonymised patient files** with different treatment outcomes will be made available to patient researchers and health professionals.

Critical success factors (CSFs) will be generated through group and individual work during the three-week stay at the rehabilitation centre. **Moderated in-person weekly face-to-face meetings** will be held at the centre (Table 1).

Together, a **questionnaire** will be designed to better describe and assess rehabilitation outcomes.

In a **follow-up online meeting**, the participants assess their own rehabilitation outcome using the digitised questionnaire they helped to design.

Table 1. Data collection procedure during patients' rehabilitation stay.

	Group work	Individual work
Week 1	Information & Consent	Questionnaire Part I Compilation of possible CSF
Week 2	Questionnaire development with CSFs	Questionnaire Part II
Week 3	Debriefing feedback	-
Follow-up online		
Individual work (assessment of their own rehabilitation outcome based on the questionnaire they helped to design).		

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Feedback

How could we change our approach to involve patients more actively in the research process?

Source

1. Zdravkovic A., Grote V., Pirchl M., Stockinger M., Crevenna R. & Fischer M.J. (2022). Comparison of patient-and clinician-reported outcome measures in lower back rehabilitation: Introducing a new integrated performance measure (t2D). *Quality of Life Research*, 31(1), 303-315.