



INTRODUCTION

This report describes the development of a Standardised Data Collection (SDC) tool for use in osteopathic practice. As part of the development project, the SDC tool was piloted in United Kingdom (UK) osteopathic practices for three months between April and July, 2009, and this project report presents also the data collected through this piloting exercise. Finally, the report offers recommendations for further use and development of the tool, future data collection topics, and areas of osteopathic practice likely to benefit from future investigation.

SDC TOOL DEVELOPMENT PROCESS

A search of the literature was undertaken to identify initiatives undertaken by other professions, nationally and internationally, to develop standardised data collection tools.

The literature search included Pub Med, subscription healthcare databases (e.g. AMED, CINAHL, Index to Theses, and OSTMED), specific manual therapy databases, and hard copy print media. Author searches were conducted and personal contacts were utilised. All searches were taken from the inception of the databases to May, 2010.

The literature showed the primary motivations for development of standardised data collection tools included:

- Profiling professional activities including clinical practice
- Protecting scope of practise in the face of increasing regulation
- Increasing professional visibility
- Raising standards of care through focussing on management practices and outcomes

A nominal group technique was used to develop the standardised data collection tool to generate ownership and to produce a national consensus. The network of research hubs acted as the nominal group to identify topics for inclusion in the SDC tool.

Examples of existing standardised data collection tools were examined but were regarded as unsuitable for osteopathic practice. Hub members focussed on a number of key topics areas for data collection. These included:

- Patient demographics
- Symptom profiles
- Osteopathic patient management including techniques and other management strategies
- Outcomes of treatment
- Financial implications of care

A three stage testing process was undertaken. This involved:

- Two separate content validity testing stages involving members of the research hubs. This was to identify any omissions or superfluous criteria or topic areas.
- A third pilot involving non-hub members to identify any regional differences
- Obtaining feedback to address the practical issues associated with data collection in practice

The final version of the tool prepared for a national pilot was comprised of 5 sections. These included:

- A patient-completed section
- The initial presentation of symptoms
- The management of the patient at their first appointment
- Management of the patient at their second and subsequent treatment(s)
- Final outcome(s) of care

Recruitment for the national pilot was voluntary and undertaken through advertisement in print journals and via the email networks of the professional association and regulator. A total of 342 practitioners (9.4% of the UK profession) participated, contributing 1630 completed patient datasets.

The primary aim of the project was to create and test a standardised data collection tool for osteopathy. Analysis of the data collected from the national pilot exercise highlighted areas where the tool performed well, but identified others where questions used in the tool need refinement to improve clarity and reduce the potential for ambiguity.

Participants in the national pilot were volunteers. It would be preferable, in the future, to generate a future dataset through random sampling of the osteopathic profession.

The use of a validated and nationally recognised outcome measure (depending on the physical or clinical area being assessed) would be beneficial.

In the future, outcome data must be patient completed, and a mechanism to allow this to be undertaken away from osteopathic practices would ensure that the risk of bias is minimised.

The practicalities of achieving this and the associated costs will need careful consideration.

Notwithstanding the limitations outlined above, piloting the SDC in practice produced a set of data that could represent a useful first step to developing a profile of UK osteopathic practice.

Key findings about the SDC tool included:

The SDC tool developed with and by the profession performed extremely well.

The tool was clear and easy to complete and generated meaningful data.

Practitioner compliance was high with 86% of those volunteering actually collecting data, and data collection forms were completed thoroughly and validly.

Practical issues for completion were cited including that some patients were in considerable pain and, understandably, did not want the added burden of having to complete a form prior to their consultation. Other reports included that patients were simply short of time either attending in their lunch time or on the way to other appointments.

The data collection form has been amended to reduce the burden on patients.

A few questions were reported to have ambiguous wording and these have been re-worded to make the meaning clearer.

Key findings from the SDC pilot data included:

i. 56% of patients were female and 43% were male.

ii. 93.9% of patients were white.

iii. The age range of patients was from 5 days old to 93 years old

iv. Occupational data showed that 47.9% were in full time employment, and 10.9% self-employed full time; 19% were retired, and 14.2% worked part time as either employed or self-employed, and 6.3% were not currently employed

v. GP referral was reported by 6.3% of patients

vi. A total of 48.1% of patients reported between 1 and 4 visits to their GP concerning their current symptoms, and 29% had undergone previous NHS treatment or investigation

vii. Access to treatment was rapid. A total of 16.8% of patients were offered an appointment on the same d

ii. The cost of investigations or treatment undergone by patients through the NHS prior to treatment is hard to quantify but 29% had received NHS care or investigations by their first osteopathic appointment.