The Implementation of Sensors and Compliance Counseling in Scoliosis Patients

Background

- First line treatment for scoliosis is often bracing
- Braces need to be worn as close to 22 hours/day in order to be most effective
- Adherence rates are low between 27-45% 3.4.5
- Sensors that measure wear time are placed in braces to help increase
- adherence rates wear time can
- increase by 3.2-5.24 hours_{1.2}
- Sensors combined with compliance counseling can decrease the need for surgery by 11%₁

Aims

Aim 1: By December 2021, there will be an increase in the number of families who receive counseling about the importance of and strategies to ensure sensor placement.

Aim 2: By December 2021, there will be an increase in the number of families whose follow up visit counseling was informed by brace sensor data

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Methods/Innovation Details

- Dedicated laptop, hardware/software acquired EPIC smart texts created for counseling on sensor placement and for patients with sensors In-service to the pediatric orthopedic team about project and provider role
- Informal in-service done to medical assistants about their role and help
- Step by step instruction sheet on generating sensor report Academic detailing
- Two-month pre and post intervention chart review done on patients with all scoliosis types







30%

Days Since Launch



Results

Sensor Placement and Sensor Informed Counseling



36.8 % increase in the number of patients who received counseling on sensor placement 76.9% increase in the number of visits informed by individualized brace data

Implications for Practice

- A new workflow needs to be implemented The entire clinic team must be on board – medical assistants, nurses, residents, and students, to help ensure sustainability Brace sensors and compliance counseling should be used as the standard of care for all patients with scoliosis

References

brace-wearing compliance in patients with adolescent idiopathic scoliosis: a randomized clinical trial. Spine, 37(9), 717–721. 3. Nicholson, G. P., Ferguson-Pell, M. W., Smith, K., Edgar, M., & Morley, T. (2003). The objective measurement of spinal orthosis use for the treatment of

5.Thatipelli, S., Arun, A., Chung, P., Etemadi, M., Heller, J. A., Kwiat, D., Roy, S. (2016). Review of existing brace adherence monitoring methods to assess adherence. Journal of Prosthetics and Orthotics, 28(4), 126-135. doi:10.1097/jpo.00000000000000106

^{1.} Karol, L. A., Virostek, D., Felton, K., & Wheeler, L. (2016). Effect of compliance counseling on brace use and success in patients with adolescent idiopathic coliosis. The Journal of Bone and Joint Surgery, 98(1), 9-14. doi:10.2106/jbjs.o.00359 2. Miller, D. J., Franzone, J. M., Matsumoto, H., Gomez, J. A., Avendaño, J., Hyman, J. E., Roye, D. P., Jr, & Vitale, M. G. (2012). Electronic monitoring improves

adolescent idiopathic scoliosis. Spine, 28(19), 2243-2250. doi:10.1097/01.brs.0000085098.69522.52 A.Rahman, T., Borkhuu, B., Littleton, A. G., Sample, W., Moran, E., Campbell, S., Bowen, J. R. (2012). Electronic monitoring of scoliosis brace wear ompliance. Journal of Children's Orthopaedics,4(4), 343-347. doi:10.1007/s11832-010-0266-6