Improving patient and staff engagement with Patient Reported Outcome Measures (PROMs).

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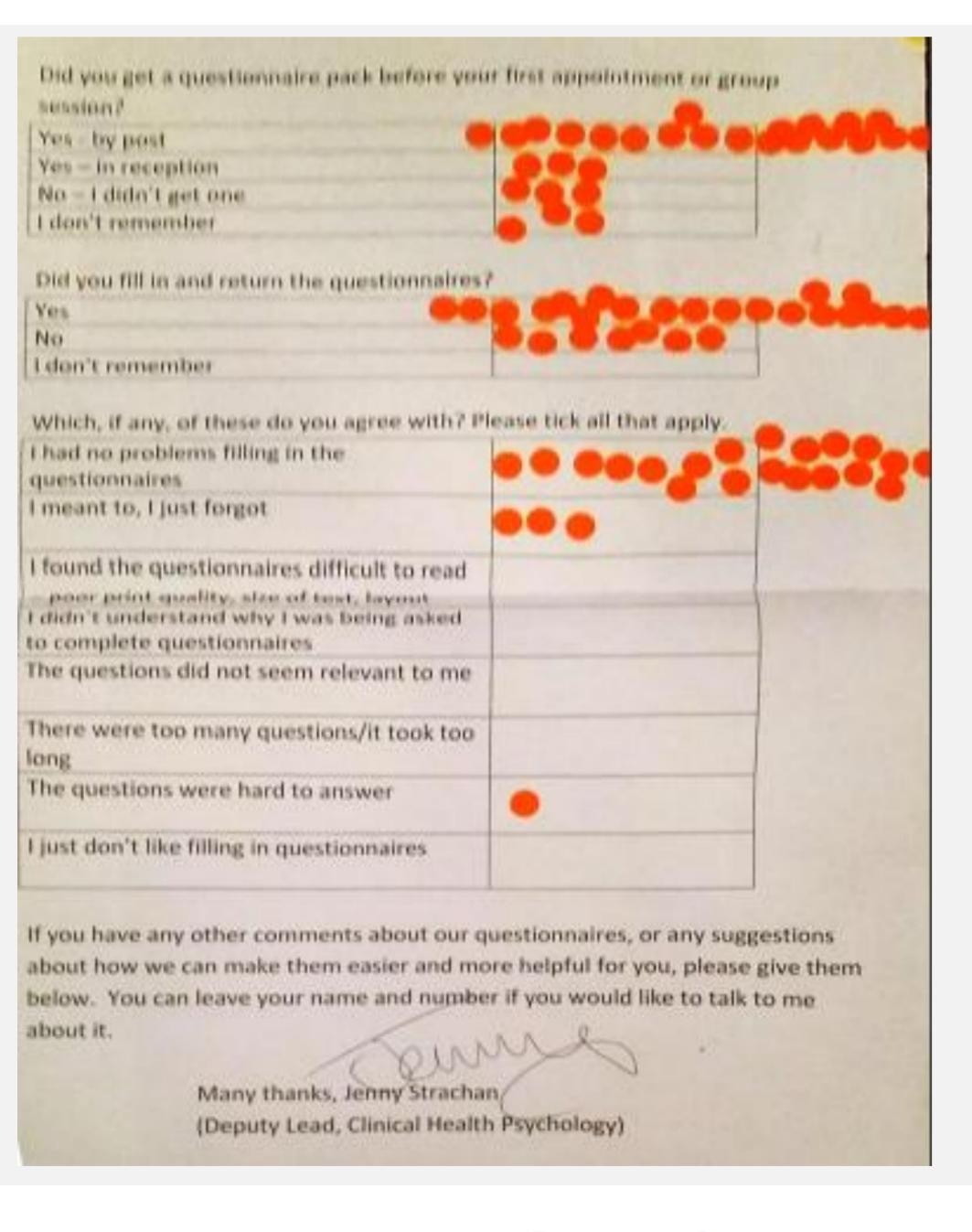
Quality Improvement Context:

The intention is that Clinical Health Psychology services administer PROMs at pre- and post-therapy to support the individuals' treatment and service evaluation. A 2018 audit found that rates of completion ranged (by service) from 25 to 100 percent at pre-therapy, and 10 to 100 percent at post-therapy. Improving the consistency of return rates would increase the value of data for service evaluation.

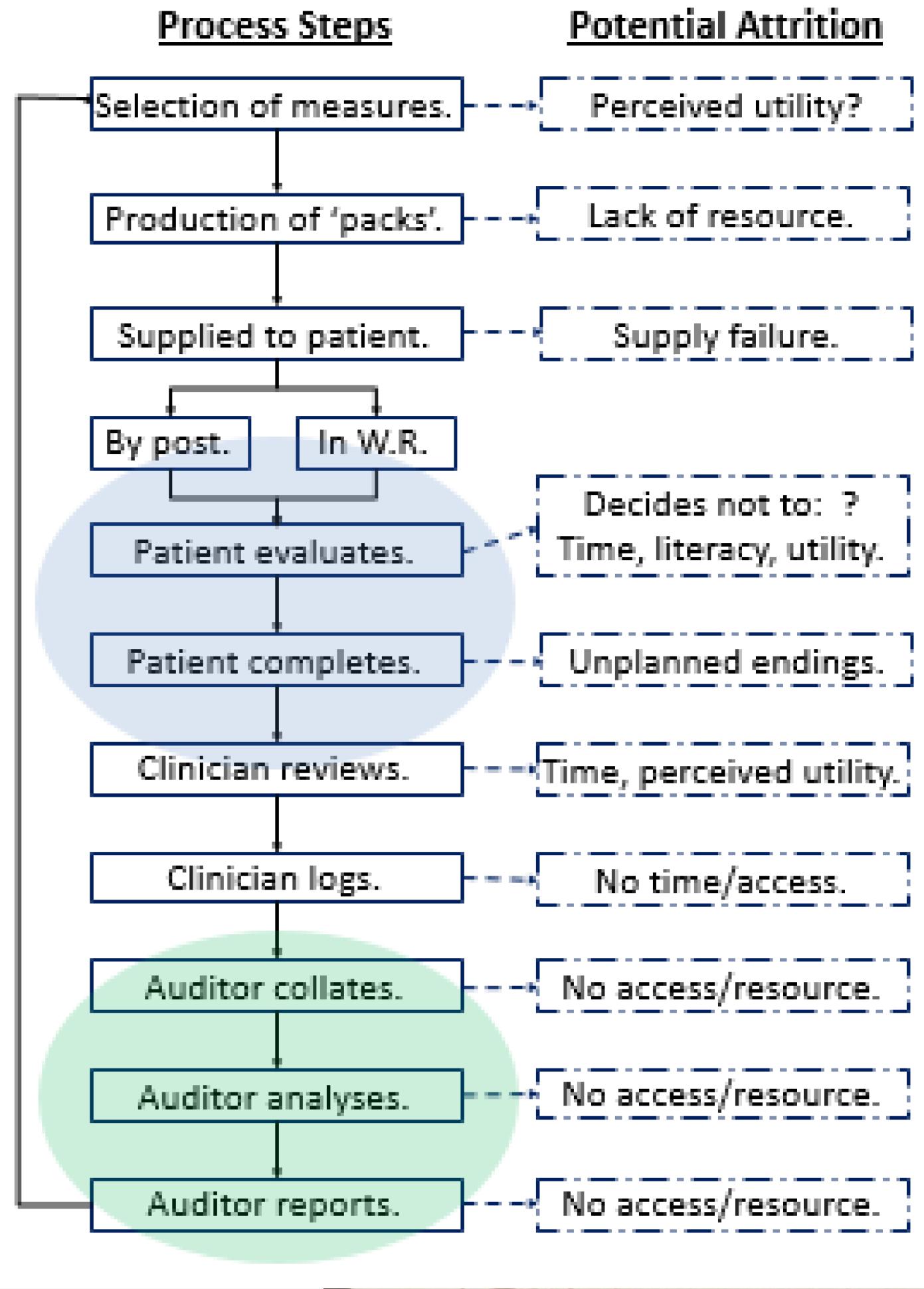
Quality Improvement Aim:

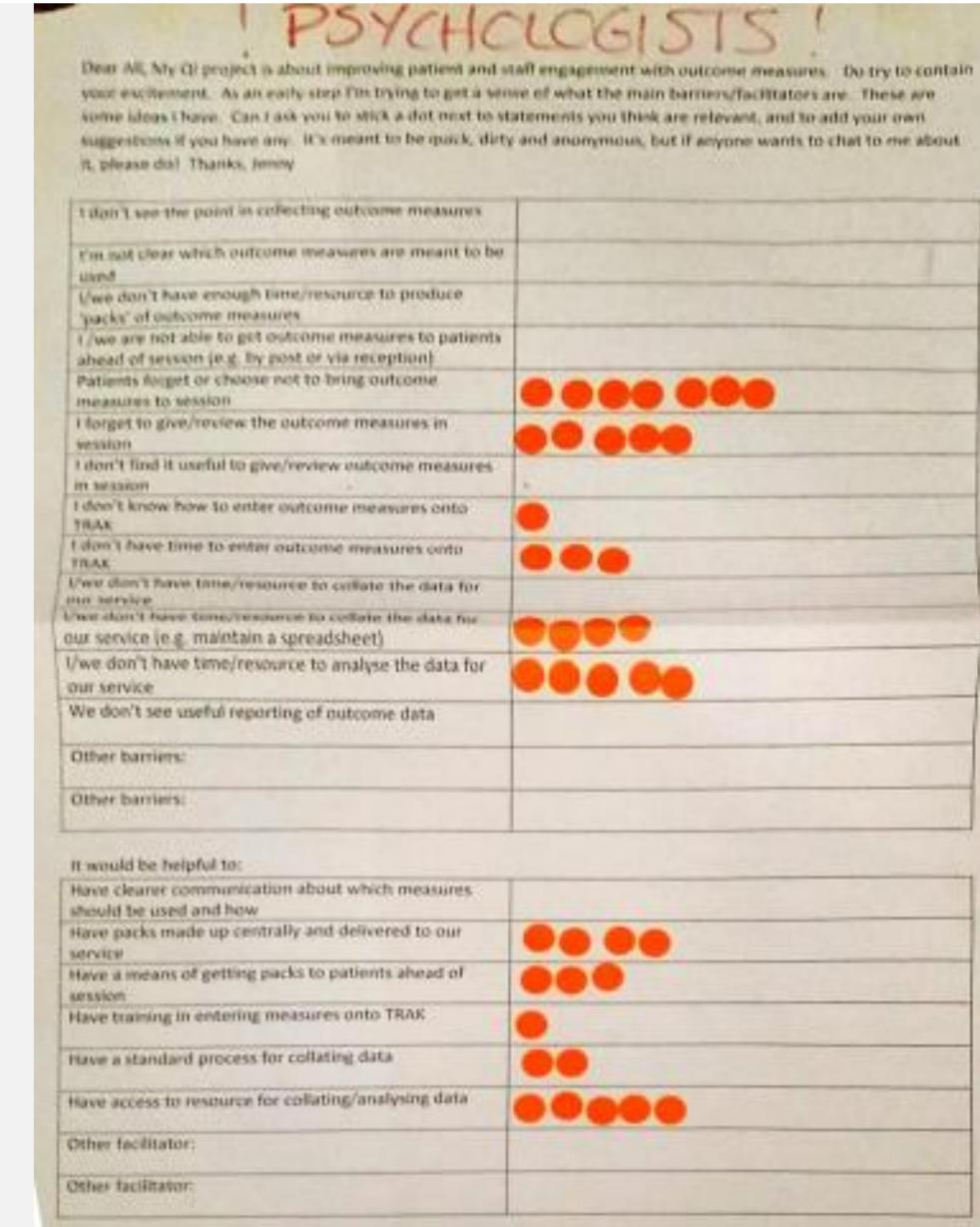
To identify factors influencing staff and patient engagement with PROMs, and use this data to optimise barriers and facilitators.

Data Gathering:



Based on anecdotal 'data' it was hypothesised that the major barrier would be patients' perception of questionnaire burden (shaded blue), Dot voting - derived from the process map – among patients and staff, indicated that the greatest barriers are in fact logistical (shaded green).





The plan going forward:

A SOP and standardised data input format are in development – supported by our Assistant Psychologist – to promote consistent good practice. Assistant time will be allocated to data collation and analysis, and serve as a balancing measure.

Lessons learned and message for others

Test your assumptions. Even when they are also everyone else's assumptions.

Process Steps

Potential Attrition

Selection of measures. Perceived utility? Lack of resource. Production of 'packs'. Supplied to patient. Supply failure. In W.R. By post. Decides not to: ? Time, literacy, utility. Patient evaluates. Patient completes. Unplanned endings. Clinician reviews. Time, perceived utility. Clinician logs. No time/access. No access/resource. No access/resource. Auditor analyses. Auditor reports. No access/resource.