Evaluating the use of a new Patient-Reported Outcome Measure (PROM) with acute adult in-patients receiving physiotherapy

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Purpose

• PROM tools used are often detailed quality of life questionnaires which are impractical in a fast-paced, acute clinical environment.
• “THERA-PROM” (Fig 1) was iteratively developed based on the literature and piloted in clinical practice in an acute general surgery at a large teaching hospital.

Method

• “THERA-PROM” was trialled
  - June – August 2017
  - with patients following emergency & elective general abdominal surgery.
  - Scores were recorded pre & post treatment (chest physiotherapy, mobilisation practice & rehabilitation)
• Exclusion criteria:
  - Patients who do not speak English
  - Patients with cognitive impairment.
• Patients used a verbal rating scale to reply to individually identified, goal-focused questions asked by the physiotherapist
• Improvement scores = end score - initial score.

Results

During the pilot study:
• Complete sets of THERA-PROM data increased from 55% to 81% of patients.
• The number of data sets almost doubled (June 2017 n=11; August 2017 n=21), the number of datasets then stabilised.
• Mean improvement scores peaked at 4.5 in August 2017, and then steadily declined to 2.0 by March 2018, Graph 1.

Conclusion

• A simple PROM tool (THERA-PROM) can be implemented and routinely embedded into practice for an identified patient population.
• THERA-PROM is context specific but has potential flexibility to be individualised for different patient populations.

Implications

The findings have generated the following actions:
• To assess the psychometric properties of THERA-PROM, including validity, reliability and minimally important clinical difference.
• To evaluate the correlations between PROMs, CROMs & PREMs.
• Assess the feasibility of physiotherapists utilising the tool in various clinical settings.
• To set local standards for PROM use.

Strengths of THERA-PROM

• Quick to complete
• Flexible to variety of clinical caseload eg: chest clearance, mobilisation or rehabilitation
• Patient-centred approach
• Quick to analyse
• Intuitive

Weaknesses of THERA-PROM

• Not suitable for patients with cognitive impairment or who are non-English speaking
• Professional credibility not ascertained
• “New” unvalidated, unrecognised tool

Discussion

• THERA-PROM has been successfully embedded into practice
• Further audit planned
• The decline in mean improvement scores from September is hypothesised to be due to high number of medical outlier patients over the winter months

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References