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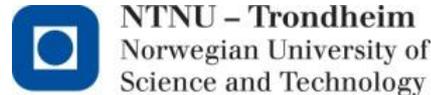


Implementing patient reported outcome measures (PROMs) in clinical practice

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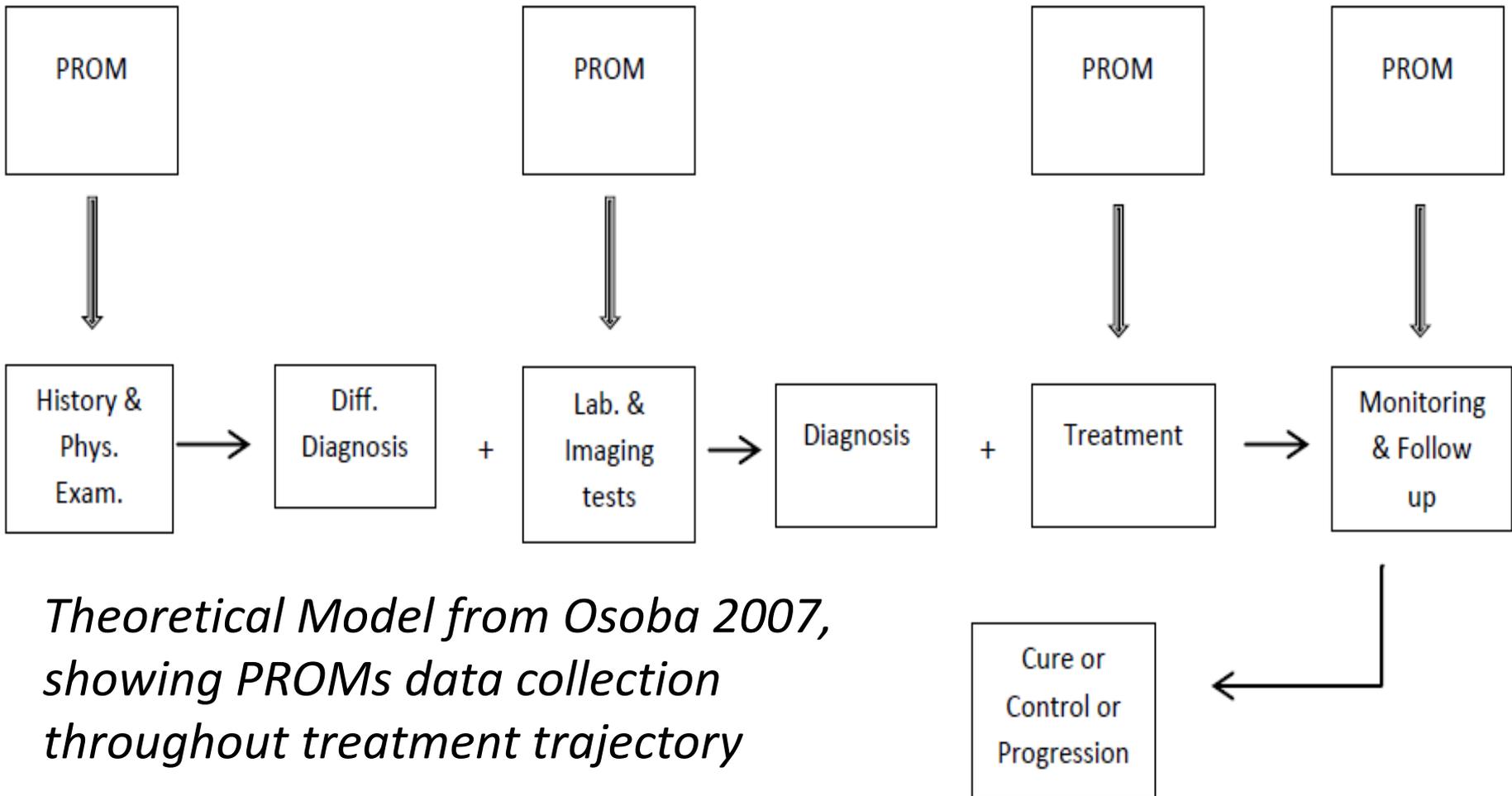
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Patient reported outcome measures (PROMs)

- PROMs considered to be the gold-standard (Higginson 2001, Vignaroli 2006)
- Information comes directly from patients - symptoms and how patients function or feel (Patrick DL et al 2007)
- Increasingly their role in clinical practice has been stressed
- But they are often NOT used routinely in clinical practice
- Need to understand why not used, potential uses

Where in the treatment trajectory might PROMs be helpful?



Theoretical Model from Osoba 2007, showing PROMs data collection throughout treatment trajectory

Systematic Review

Aim: To identify facilitators and barriers to the implementation of PROMs in the clinical care of patients with advanced or long term progressive physical illnesses and their families.

Design: Systematic literature review

Method: searched 5 electronic databases and hand search relevant literature,

Included: any study that had implemented measures in clinical practice with comments on experience of use

Analysis: narrative synthesis – following 4 elements (Popay 2006) assessing facilitators and barriers across Osoba trajectory

Results

- Search results and included papers
 - 3538 references after removing duplicates
 - 421 full text review
 - 31 references describing 26 studies
- 12 studies United Kingdom, 6 USA, 2 the Netherlands and 1 in: Australia, Canada, Israel, Italy, Malaysia, and Vietnam
- No studies tested the introduction of facilitators to overcome barriers
- 8 / 26 used qualitative methods and provided structured, in-depth information about the facilitators, barriers and lessons learned
- Remainder provided comments on issues

Results

- **Facilitators: 5 categories**
 - Management/organisational/setting specific
 - Education/Training
 - Tool specific
 - Clinical utility of tool
 - Psychological (work environment)
- **Barriers: 6 categories**
 - Management/organisational/setting specific
 - Education/Training
 - Tool specific
 - Financing
 - Illness specific
 - Psychological (motivation, personality, attitudes, beliefs)

Results (cont.) Quotes for FACILITATORS

a) **management/organizational/setting specific**

“Prior meeting to explore feasibility of implementation of the measure: to implement measure, planning, and evaluating are essential; coordinator is identified to undertake overall responsibility for implementation”

b) **education (of all actors involved)/training**

“Educational program prior to implementation of the measure: - the importance of training in all aspects of use to help staff to become familiar and more comfortable with administering the tool”

Results (cont.) Quotes for FACILITATORS

c) tool specific

“Burden of measure completion on patient/residents is considered” “Need simple short tools”

d) clinical utility and relevance of a PROM

“Measure asks about issues that are relevant to clinical care”

e) psychosocial theories/psychology of work

“Persistence and encouragement by both the research assistant and the unit head nurse on the wards were necessary to ensure the implementation was successful”

Implications – examples of recommendations

• Preparation

- Management - “Initial meeting: planning and evaluating are essential; a coordinator is identified to undertake overall responsibility
- Clinician – “Education and training sessions: use of chosen measure must follow specific guidelines so it is used in a valid way”

• Implementation

- Management – “Maintain strategies of reminders to incorporate the use of the measures in clinical practice”
- Clinician – “Interpretation of results is used in practice”

Implications – examples of recommendations

- **Evaluation / review of implementation process**
 - Management - “Assess if there is a benefit to both patient and practitioner in achieving better outcomes”
 - Clinician – “Assessing and improving documentation will potentially improve practice and quality of care by highlighting needs”

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