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# Understanding patient reported outcome measures (PROMs)

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**H**igh Quality Care for All (Department of Health (DH), 2008a) envisaged putting quality at the heart of everything the NHS does. The provision and delivery of quality-based care as assessed by patients themselves was identified as a major factor for NHS care providers. The report identified patient reported outcome measures (PROMs), as a vehicle to achieve this with the DH (2008a) stating that PROMs would assess the effectiveness of care from the patient's perspective suggesting that effectiveness of care would provide an understanding of success rates from different treatments for different conditions. The Commissioning for Quality and Innovation (CQUIN) payment framework (DH, 2008b) relates closely to the quality agenda that stated a proportion of providers' income would be conditional on quality and innovation. Its aim was to support the vision set out in *High Quality Care for All* (DH, 2008a) of an NHS where quality is the organizing principle.

The collection of PROMs information will allow for data to be assessed including clinical measures such as mortality or survival rates and measures of clinical improvement. Integral to this information is the effectiveness of care from the patient's own perspective which will be measured through pre- and post-operative collection of data that explores the patients' health-care experiences. They measure the patients' perspective of health status or health-related quality of life in a reliable, valid, acceptable and feasible way (DH, 2008a). They are standardized, validated questionnaires that are completed by patients to measure their perceptions of their own functional status and wellbeing at a single point in time. They are different from patient reported experience meas-

ures (PREMs), which determine patients' experience of the care process as they focus on outcome measures (Dawson et al, 2010; Reay, 2010).

## What are PROMs?

PROMs were identified by the DH (2009b: 5) as being measures of a patient's health status or health-related quality of life allowing for health status information to be collected from patients before and after an intervention through completion of a questionnaire. The information collected will provide an indication of the outcomes or quality of care delivered to NHS patients. Indeed the DH (2008a) had highlighted the importance of the information collected indicating the intention to link payments to PROMs data.

The DH (2009a, p5) defined PROMs as measures of a patient's health status or health-related quality of life. They are typically short, self-completed questionnaires, which measure the patients' health status or health-related quality of life at a single point in time. The health status information collected from patients by way of PROMs will be via questionnaires before and after an intervention. This will provide an indication of the outcomes or quality of care delivered to NHS patients. Since April 2009 all patients who undergo NHS-funded unilateral hip replacements, unilateral knee replacements, groin hernia surgery or varicose vein surgery have been invited to complete a PROMs questionnaire. Consent to be involved in this will need to be received from each patient taking part with completion of the questionnaires by each patient being voluntary.

The results of the data collected via PROMs can be used in a variety of ways to assess the quality of care delivered to NHS patients by the providers of care (delivered in a hospital environment); in essence PROMs are a means of collecting information on the clinical quality of care delivered to NHS patients as perceived by the patients themselves.

The main responsibilities for NHS providers of health care are detailed below:

- ◆ Providers of health care are required to nominate a member of staff to act as a contact point between the provider and the PROMs contractor(s); they will be responsible for the administration of the pre-operative PROMs questionnaires to patients ensuring that the collected data is as representative of their patient populations as possible. This will be achieved through the availability of questionnaires in a variety of languages and the provision of a translator as appropriate. The col-

## ABSTRACT

Patient-reported outcome measures (PROMs) have been identified as being measures of a patient's health status or health-related quality of life, allowing for health status information to be collected from patients before and after an intervention through completion of a questionnaire. The information collected will provide an indication of the outcomes or quality of care delivered to NHS Patients. The collection of data commenced in April 2009 for specific conditions; NHS-funded unilateral hip replacements, unilateral knee replacements, groin hernia surgery or varicose vein surgery. PROMs will be developed for further conditions in the future, however, at present there are none relating to tissue viability or leg ulceration.

## KEY WORDS

PROMs ♦ Quality ♦ Tissue viability ♦ Wound care ♦ Leg ulceration

lected data will be retained for up to 12 months with the patient consent form (DH, 2009a).

## Information collected via PROMs

### Pre-operative questionnaire

The pre-operative questionnaire will seek to collect general patient information including demographics; patient name; address and date of birth and will contain a consent form. This information is used to link the health status information to other routinely collected datasets and to send patients a post-operative PROMs questionnaire. Other patient questions ask about the patient's condition such as whether they have co-morbidities. This information is used to understand differences in health status between patients.

There will be a generic measure of health status that is common across the procedures which allows for comparison of data both within and between procedures; these will include:

- ◆ Condition-specific measures of health status, specific to a single procedure. These measures will be more sensitive to changes in health status within a given procedure and will only be able to be compared within that given procedure
- ◆ A question about the patient's living arrangements, which is used to understand differences in reported health status between patients
- ◆ Questions about whether patients were helped to complete the questionnaire, and whether the patients consider themselves to have a disability (DH, 2008a: 11).

### Post-operative questionnaire

The post-operative questionnaire will seek to collect data that relates to any complications the patient may have experienced; information relating to readmissions and/or re-operations and questions surrounding rehabilitation services, if appropriate.

## Why are PROMs important to tissue viability and leg ulceration?

Interestingly there are no PROMs directly relating to tissue viability or leg ulceration, however, the importance of the quality agenda and PROMs must not be overlooked in these areas. In 2005, Drew, Posnett and Rusling (2007) undertook a wound audit in a population of around 590 000 in the UK encompassing both acute and community health services. They identified some of the practical issues of chronic wound care in the NHS including the relatively high incidence of non-healing wounds. One in three chronic wounds had been unhealed for at least six months; one in five for a year or more; almost 42% of leg/foot ulcers had not healed in the previous 6 months and 28% had been unhealed for a year or longer. The problem of non-healing wounds has also been identified in international studies (Gottrup et al, 2001; O'Brien et al, 2002; Lorimer et al, 2003). Additionally the amount an average district general hospital spends on treating pressure ulcers was estimated in *High Impact Actions for Nursing and Midwifery* (DH, 2009c) as between £600 000 to £3million each year. This clearly highlights the importance of ensuring care imple-

mented is based on the best available evidence and that quality measures are developed and maintained to reduce the burden to society; the patient and the health sector.

The development of new pressure ulcers is estimated to occur in 4–10% of patients admitted to acute hospitals in the UK (NHS Institute for Innovation and Improvement, 2009); the cost of wound care to the NHS has been estimated to be between £2.3bn and £3.1 billion a year (Posnett and Franks, 2007); costs in one trust were estimated by Vowden, Vowden and Posnett, (2009) to be £9.89 million. Pressure ulcers not only represent a major burden of sickness and reduced quality of life for patients, they can also create significant difficulties for patients, their carers and families and are a financial burden to health care, most importantly they are a significant cause of morbidity and mortality for patients (Posnett and Franks, 2008).

The DH (2009b) proposed that the majority of pressure ulcers are entirely preventable through effective risk assessment and the implementation of pressure-relieving measures, such as moving immobile patients. The NHS (DH, 2009c) set out an ambition to eliminate all avoidable pressure ulcers in NHS-provided care. It is anticipated that this will significantly reduce the amount spent on treating unnecessary pressure ulcer development. What is clear is that a significant proportion of provider income will be based on reducing agreed targets (Milne and Ousey, 2010). In addition patient experience and satisfaction will be targeted through the use of PROMs with the DH (2009a) suggesting that in future years up to 10% of income will be dependant upon these measures of success (Milne and Ousey, 2010).

The economic, health-care and personal burden associated with leg ulceration is immense with Franks and Moffatt (2006) stating that practitioners who treat patients with leg ulceration believe there is a significant deficit in health-related quality of life for those living with leg ulceration. Venous ulcers are thought to affect at least 1% of the older population, with women at greater risk than men in the UK (Graham et al, 2003). The incidence of leg ulcers was reviewed by Briggs and Closs (2003) who identified that in the Western world 0.11–0.18% of the general population have an open ulcer and that approximately 1–2% of the population will suffer a leg ulcer at some point in their life. More recently Posnett and Franks (2007) estimated that on any day between 70 000 and 190 000 people may have an active leg ulcer in the UK with the total annual cost of treatment lying between £168 and £198 million. The impact on quality of life, associated with leg ulceration has been described by Morison (2006) as including social isolation, despair and unemployment in addition to causing pain and discomfort; reducing the patient's mobility and producing an unpleasant odour. Furthermore severe or continuous pain has been reported by 17–65% of those with chronic ulceration condition (Briggs and Nelson, 2003) with social isolation becoming an unwanted effect of restricted mobility, pain and the psychological impact of unsightly wounds and bandages (Persoon et al, 2004).

PROMs are an important element of the transparent

## KEY POINTS

- ◆ *High Quality Care for All* (Department of Health (DH), 2008a) envisaged putting quality at the heart of everything the NHS did.
- ◆ The collection of patient reported outcome measures (PROMs) information will allow for data to be assessed including clinical measures such as mortality or survival rates and measures of clinical improvement.
- ◆ The amount an average district general hospital spends on treating pressure ulcers was estimated in *High Impact Actions for Nursing and Midwifery* (DH, 2009c) as between £600 000 to £3million each year.
- ◆ PROMs are an important element of the transparent quality initiative.
- ◆ The DH (2008a) had highlighted the importance of the information collected indicating the intention to link payments to PROMs data.
- ◆ PROMs are completed by patients by ranking their health in response to individual questions which are scored according to the level of difficulty or severity reported by them.

quality initiative presented by the DH (2009a). The collection of these measures and accurate analysis will allow for clear treatment plans to be instigated and will meet the ever-changing needs of patients that suffer from leg ulceration. It is important that practitioners immerse themselves and their practice in this agenda, ensuring that achievable metrics are developed which can be audited to measure patient satisfaction and aid in future developments enhancing the patients' health-care experience and journey.

## Collecting PROMs data

PROMs are completed by patients by ranking their health in response to individual questions which are scored according to the level of difficulty or severity reported by them. There should be a specified time for collecting pre-operative data such as at the pre-assessment clinic or a week before surgery and post-operatively at certain time points such as 3-monthly and 6-monthly intervals, depending on the condition and procedure (Whiteing and Cox, 2010). PROMs questionnaires can be self-administered, interviewer administered or telephone administered. It is important that staff ensure the tool is administered in the way for which it has been developed or validity will be affected. It is important to ensure that staff members are not involved in the completion of the forms as the information collected must represent the views of the patient. The analysis of PROMs focuses on the amount of change that has occurred in the patient's condition or his/her general health-related quality of life that is demonstrated by a change on the overall PROMs score following an intervention (Dawson et al, 2010). It has been recognized that some patient groups will be unable to complete the PROMs as they may be unable to read or write. Therefore Reay (2010) suggested that structured, semi-structured or unstructured interviews or focus groups could be used as an alternative but interviewers must take care not to influence the patients' responses. The nurse's role in collecting this data is vital as they are the professional group that have the most contact with the patient; indeed Greenhalgh et al (2005) maintain that nurses are consistently seen as being

the most appropriate practitioners to lead on PROMs owing to their positive attitude to using and acquiring health-related quality of life data.

## Conclusion

PROMs are an integral part of maintaining and developing quality in health care and will continue to be a part of all practitioners' working practice. Nurses especially, must understand the quality agenda and the role of PROMs in ensuring that the patient journey is seamless. Additionally comprehensive information must be provided to ensure that patients are treated with consideration, dignity and respect to provide care that has quality at its heart. **BJCN**

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