ED Physician's Perspectives on Patient Reported Outcome Measures for Emergency Department Care

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Conflicts of Interest

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Background

- People seek care when they need it
- Historic dichotomy = GP or ED
- Capacity challenges have put the ED at the inpatient/outpatient interface
- Point of entry to the health care system

Emergency Care in Ontario

- 177 institutions provide Emergency care
- Approximately 1.9 million visits per year
- ED Physician's role = assess, diagnose, stabilize and then discharge or refer

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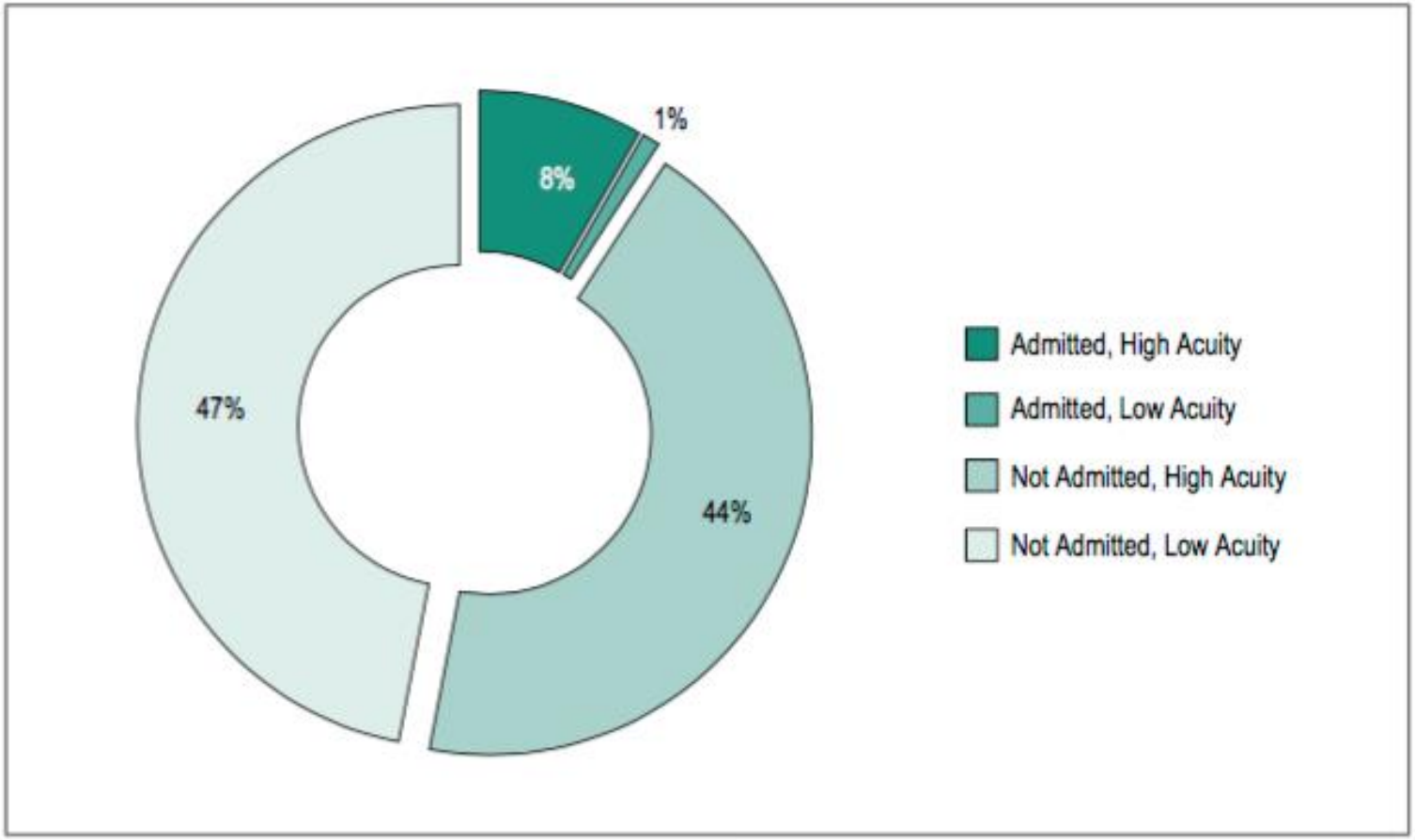
Figure 8: Relative Percentages of ED Patients Who Were Admitted or Not Admitted to Inpatient Care, by Acuity Level



Source
National Ambulatory Care Reporting System, 2010–2011, Canadian Institute for Health Information.

Typical ED Outcome Measures

- Length of Stay (LOS)/Wait times
- Patient Left Before Being Seen
- Door to Diagnostic Evaluation by a QMP
- Median Times
  - Door to treatment time (life-threatening)
  - ED Arrival to ED Departure (Discharged Pts)
  - ED Arrival to ED Departure (Admitted Pts)
  - Admit Decision to ED Departure (Admitted Pts)

Patient Reported EXPERIENCE measures

- Satisfaction Measures (eg. NRC Picker)
- Validated Patient Reported Experience Measures
- weak positive association between experience and effectiveness (Black 2014)

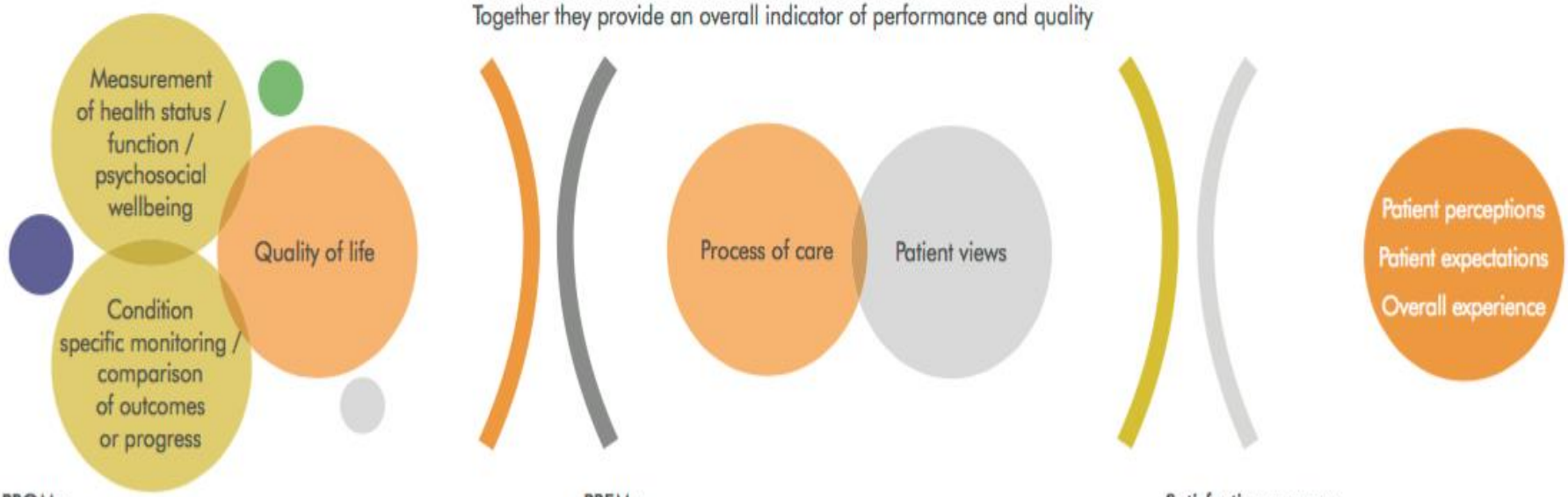
Patient Reported OUTCOME Measures (PROMs)

- "standardized validated instruments (question sets) to measure patients' perceptions of [factors such as] their health status (impairment), their functional status (disability), and their health-related quality of life (well-being)"

http://www.kingsfund.org.uk/sites/files/kf/Point-of-Care-Measures-of-patients-experience-in-hospital-Kings-Fund-July-2009_0.pdf

Figure 1: Differentiating between PROMs, PREMs and satisfaction measures

Together they provide an overall indicator of performance and quality



PROMs:

Usually designed to compare health status / outcomes pre and post intervention

Used to inform clinical management of patients.

PREMs:

Measure the patient's views and experience while receiving care.

Focus on the process of care and how it impacted the patient experience.

Satisfaction surveys:

Measures patient experience and satisfaction of care received.

Provide insight into patient's perception of services against their expectations

http://www.monmouthpartners.com/assets/pdf/A%20Guide%20to%20Patient%20Reported%20Measures.pdf

PROMS-ED Project

- 46 qualitative interviews
- discharged ED patients; conducted within 10 days of discharge
- Questions focused on perception of outcome of ED visit
- 4 constructs
  - Symptom Relief
  - Understanding
  - Reassurance
  - Having a plan
- Developing a PROM for testing

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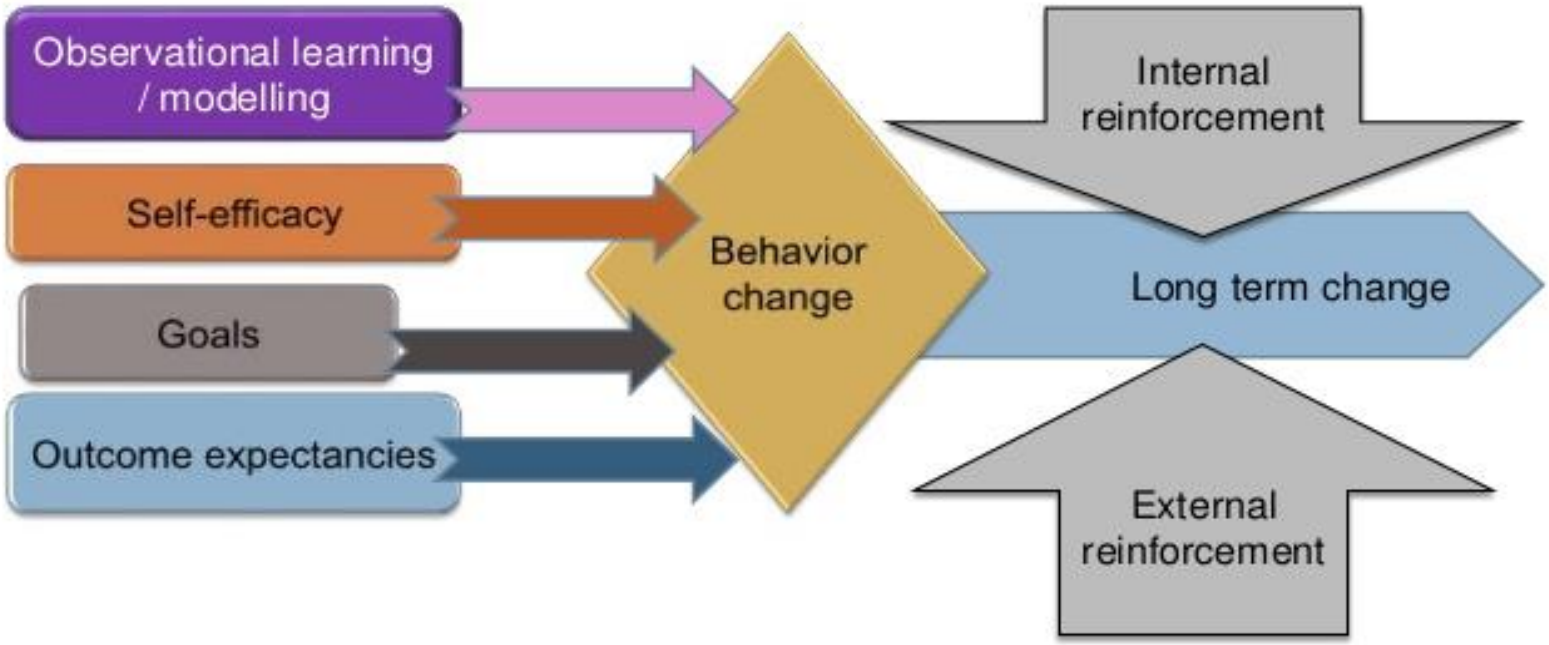
PROMS-MD Project

- If we develop a PROM for the Emergency Department for the purposes of feedback, what do we expect ED physicians will do with the data?
- Query the theory of feedback in the ED context

Theory of Behaviour Change



Bandura, A., Social foundations of thought and action : a social cognitive theory. 1986, Englewood Cliffs, N.J.: Prentice-Hall.

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PROMS-MD Methods

- ED physicians from across Ontario
  - Sampling matrix based on gender, years in practice and location
- Telephone interviews
  - Short description of a PROM
  - Semi-structured interview guide
  - Digitally recorded & transcribed
- Modified Grounded Theory approach
  - Constant comparative analysis

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Interview Sample

Male Gender	22 (73%)
Age	
20-30	1
30-40	16
40-50	6
50-60	3
60-70	4
Training	
EM Residency	17
Fam Med; EM Cert	11
Other	2

Years in Practice	
PGY Trainee	1
<5 years	8
6-10 years	5
11-20 years	9
21-30 years	3
30+ years	2
Didn't state	2

Other Activities	
N/A – EM sole focus	10
Trauma	4
Research	5
Administration	3
Education	2
EMS	2
Other	2

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Results

- Cautiously "interested" in post-discharge data
- Particularly
  - adverse events
  - return visits or readmissions
  - other physician's notes,
  - Follow-up test results

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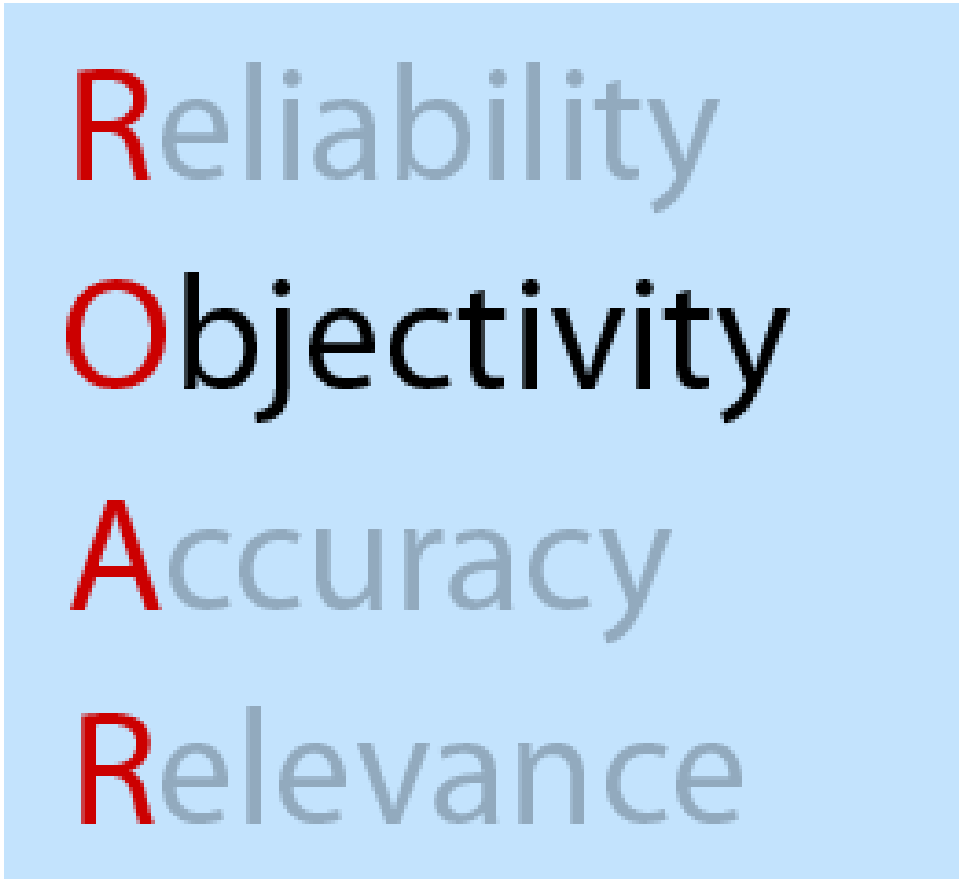
Objectivity



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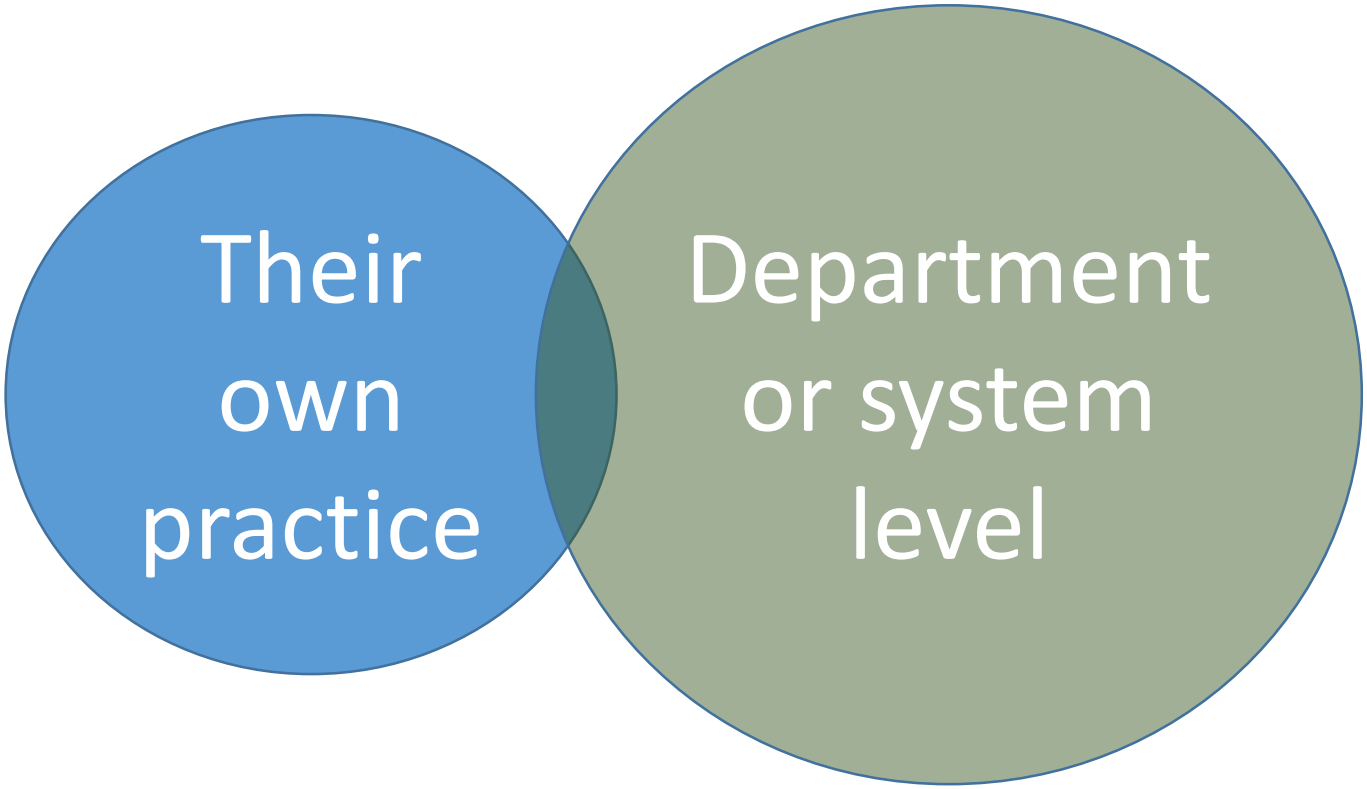
- *"So I think that if it's really sort of highly selective, I think it could be valuable. Around specific cases that maybe areas that I was unsure about, that could be helpful. If there's a lot of sort of subjectivity to it, I'm not sure how helpful that is - so I'd like the feedback and the outcomes to be as objective as possible." [P10]*

Qualities of the PROM & Location of Impact



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- *"It needs to be pretty timely. I mean, you know, the exact time-frame, I'm not sure - I'm thinking you know, maybe if I receive something within a week it would have some meaning to me. Beyond that, first of all I wouldn't even remember [the patient]." [P11]*

- *"I think we're generally fairly open to that, as long as we feel that the questions were appropriate to the context that we are working in and are a fair reflection of things we can actually impact or be accountable for. Especially, you know, things like discharge instructions or things we could actually change or improve upon." [P25]*

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Responsibility/Liability

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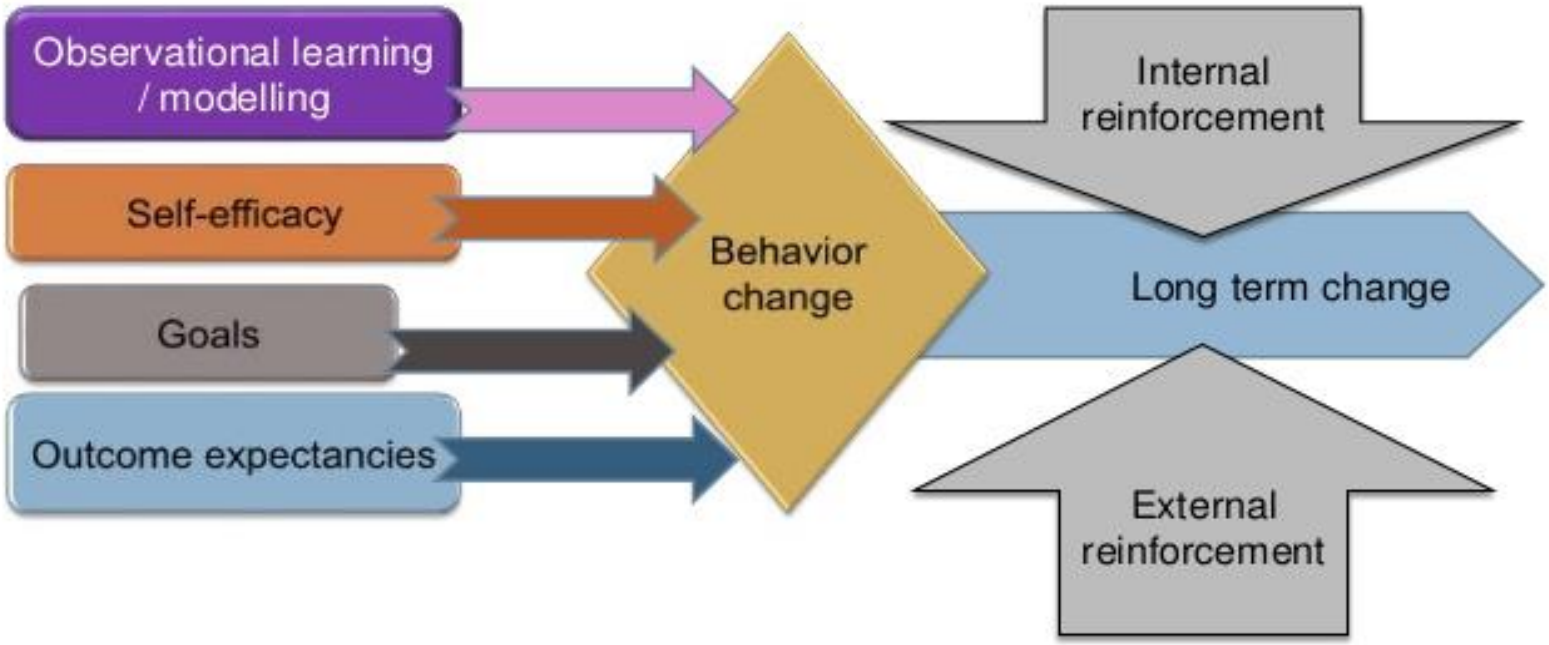
- *"So if I got a report that said a patient is feeling lousy, I'm not sure what I would have to do with that. Is that my responsibility to follow this up? Did they actually have follow-up? What do I do with that information…and what are the legal implications of me having it?" [P28]*

Theory of Behaviour Change



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Take Home Messages

- Measure development must include consideration of goal of the measure - How will the data be used?
- Implications of information collection
- Challenges to theories of feedback & behaviour change re: ED context

Strengths

- Large, diverse sample
- Semi-structured interviews

Limitations

- Ontario ED physicians
- Inexperience with PROMs

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Study Team

- Ms. Bianca Seaton, PhD(c)
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- Dr. Dorcas Beaton
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Thank you!

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