

Using Implementation Science to Inform Integration of Electronic Patient-Reported Experience Measures (ePREMs) into Healthcare Quality Improvement

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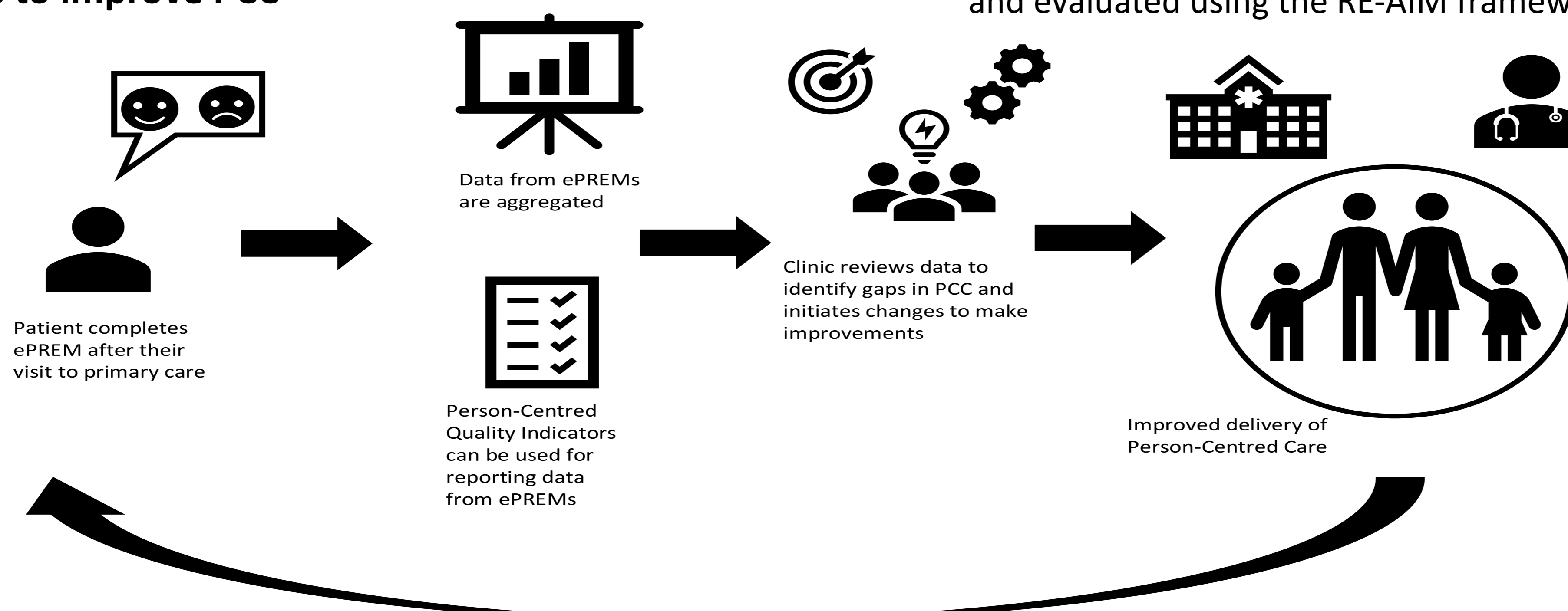
Background & Objectives

- Collecting and monitoring the information from patients through patient-reported experience measures (PREMs) about the quality of care they receive is important for tracking changes in healthcare quality, stimulate innovation, and enhance person-centred care (PCC)
- Objective: to discuss the use of implementation science theories, models, and frameworks for proposed research to inform and evaluate the integration of the electronic collection of PREMs (ePREMs) in healthcare quality improvement for primary care in Canada

Approach

- Overarching process model to guide development of the implementation is the Knowledge to Action Cycle; integrated knowledge translation approach to ensure engagement of all key stakeholders (primary care providers, patients, research networks)
- Identification of barriers and facilitators using mixed methods – survey of primary care clinics and interviews with primary care providers
- Consolidated Framework for Implementation Research used to explore context of implementation
- Barriers and facilitators mapped to implementation strategies and prioritized by stakeholders; integration into quality improvement processes
- Pilot implementation at mid-sized primary care clinic in Calgary, Alberta and evaluated using the RE-AIM framework

Figure 1: Use of PC-QIs to improve PCC



Results & Discussion

- Implementation theories, models and frameworks can be used to promote rigorous, theory and evidence-based quality improvement research
- Consultations with stakeholders affirms the importance of using integrated knowledge translation approaches and the need to better understand how to integrate ePREMs in primary care
- Using an implementation science approach, this proposed research can provide guidance for mitigating important ePREM implementation challenges and promote the successful uptake and use of ePREMs for quality improvement in healthcare.

Figure 2: Example factors that influence ePREM implementation and use at Macro-Meso-Micro levels

