

Implementing Patient Reported Outcome Measures (PROMs) in Palliative Care clinical practice: a systematic review of facilitators and barriers

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Introduction

- ❖ Many PROMs have been developed in the past two decades, playing an increasingly important role in palliative care. However, their routine use in practice has been slow and difficult to implement.
- ❖ **Aim:** systematically identify facilitators and barriers to the implementation of PROMs in routine care in palliative care settings and generate evidence-based recommendations to inform the implementation process in clinical practice.

Methods

- ❖ **Design:** Systematic literature review and narrative synthesis
- ❖ **Data Sources:** Medline, PsycInfo, CINAHL, Embase and British Nursing Index were systematically searched from 1985. Hand searching of reference lists for all included articles and relevant review articles were performed.

Results

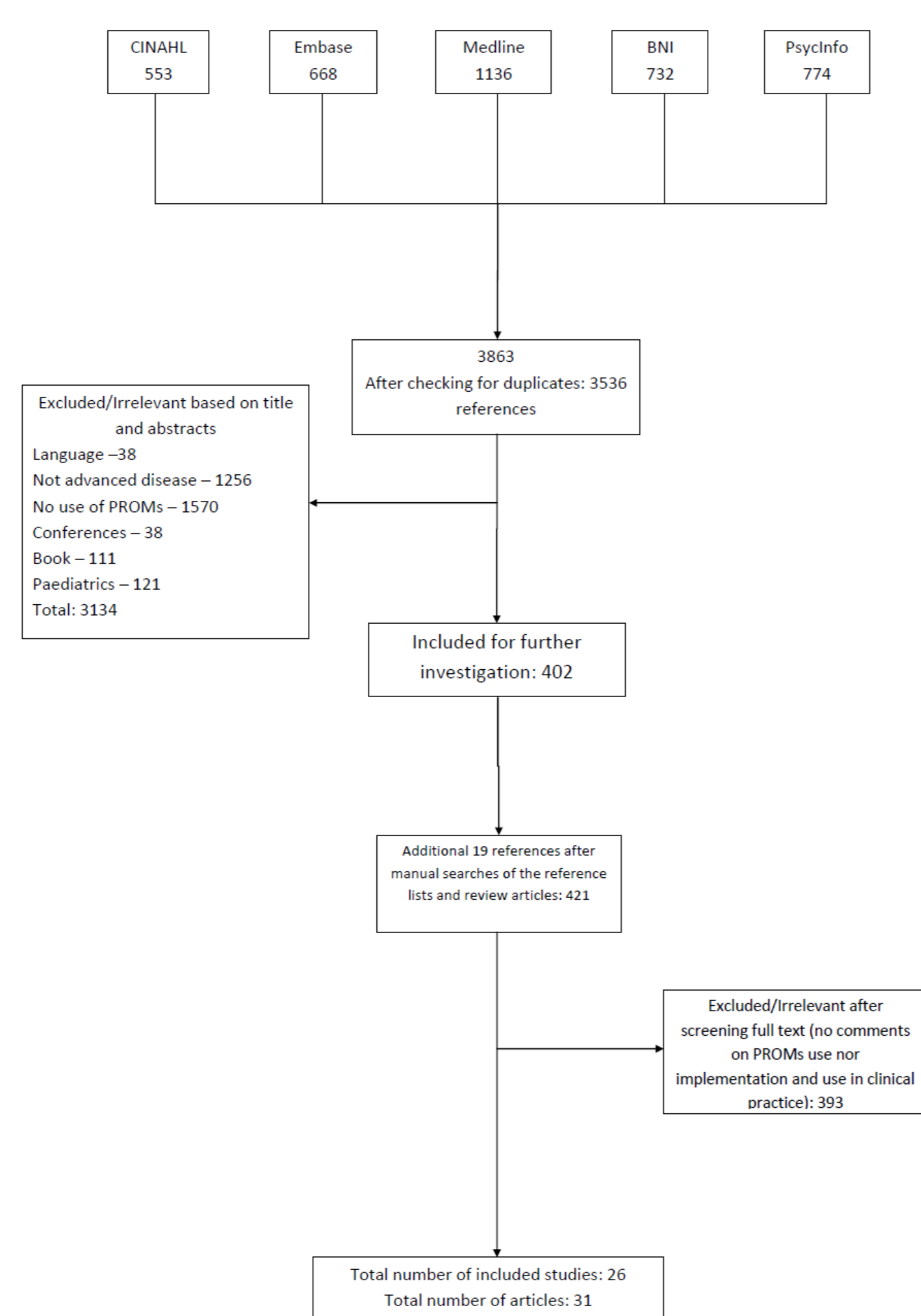


Figure 1. Flow Chart based on PRISMA recommendations reporting literature search and selection of articles

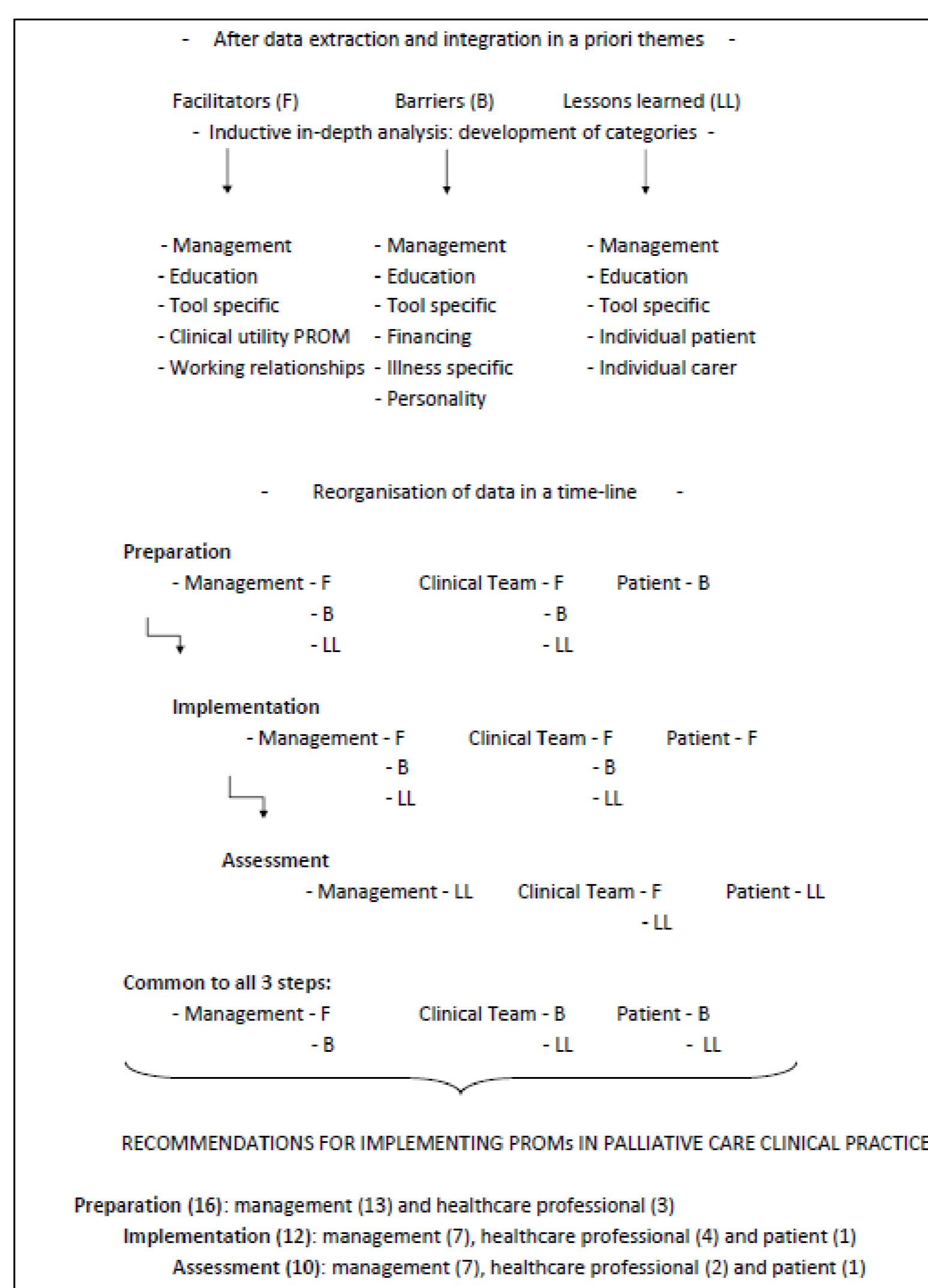


Figure 2. Sequential steps of analysis: from data extraction to creation of final recommendations

1. PREPARATION STEP
- Management level (13)
- Initial meeting to explore feasibility of implementation of the measure: planning and evaluating are essential; a coordinator is identified to undertake overall responsibility
 - Establish clear boundaries at the outset to avoid unrealistic expectations from all actors involved
 - Appraise characteristics and resources of the setting and the requirements of the proposed innovation: i.e. it is necessary to attune the implementation protocol to the needs of the specific setting and think about good documentation: will allow staff to take ownership and understand the benefits of using the chosen measure, which needs to be adaptable to local circumstances
 - Discussions in this step should include: assessment of current data collected, how data are collected, what new data items are to be extracted, how data can be extracted and provided to who will analyse it, and, which measure(s) to use, especially due to the high number of existing measures and the fact that many are used in research or were used in one study only. A measure broadly used will allow for comparisons. The aim should be to embed the collection of standardised clinical assessment and other clinically relevant data into daily clinical practice with a view to improving clinical care
 - Visualization of results should allow easy and quick interpretation by healthcare providers, patients and their families
 - Consider investing in training of clinical key staff: improves data quality and demonstrates that data can be used a) on a daily basis as part of clinical practice and b) to manage and improve services, i.e., data can be used in case conferencing and interdisciplinary team meetings and at staff handovers for patient care, discharge planning and discharge and transfer of patients as well as audit for quality assurance
 - Education and training sessions: consider your setting and organizational needs, when planning, i.e., timing of sessions
 - Consider implementation strategies: consistency is paramount. Frequency of use of the measure; burden of completion on patient; measures that can be analysed using existing resources; a measure that is easy and quick to use; establish link with a research/audit group
 - Consider establishing a program evaluation system for the first month of each phase as well as every six months during the first year of implementation. Should include feedback from patients, staff members, physicians, nurses (and ITS team if applicable) as well as cost savings to the setting
 - Organizational support is needed to maximize the tool's impact: mechanisms for sharing the information with caregivers need to be developed
 - Investment in computerized systems for quick data entry and analysis should be considered. Ways of visualizing, storing, retrieving and backing up the data should be discussed.
 - Initiate implementation in stages to improve acceptability
 - Coordinator maintains good relationships with all involved by having both an awareness of the extra time and effort needed to implement new outcome measures and providing the appropriate resources and practical support to use the measures and carry out data analysis. Cascade management style is adopted

Figure 3. Excerpt of final list of recommendations: management level

Conclusion

- ❖ 3863 articles were screened. 31 met the inclusion criteria. Each main theme was grouped into 5 or 6 categories. Recommendations for implementation were generated at management, healthcare professional and patient levels for 3 different points in time: preparation, implementation and assessment.
- ❖ Implementation of PROMs should be tailored by identifying and addressing barriers in each setting. 1) A coordinator during the implementation process is key 2) Individual cognitive, emotional processes are considered 3) Educational component prior to implementation promotes ownership and PROM data use by clinicians, potentially improving practice and the quality of care provided.

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