

PROMise

OUTCOMES THAT
MATTER TO PATIENTS

PATIENT REPORTED OUTCOME MEASURE PRACTICES
@ SRI RAMACHANDRA MEDICAL CENTRE



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PEOPLE'S PERCEPTION OF THEIR OWN SITUATION



PATIENT REPORTED OUTCOME MEASURES (PROM)

Validated, self-completed valuable tool that directly capture patients' views on their health status, symptoms, effectiveness of healthcare interventions and functional status, without interpretation by clinicians with the aim of improving quality of care

TYPES

GENERIC

measures health concepts that are relevant to a wide range of patient groups, enabling aggregation and comparisons across varied conditions and settings

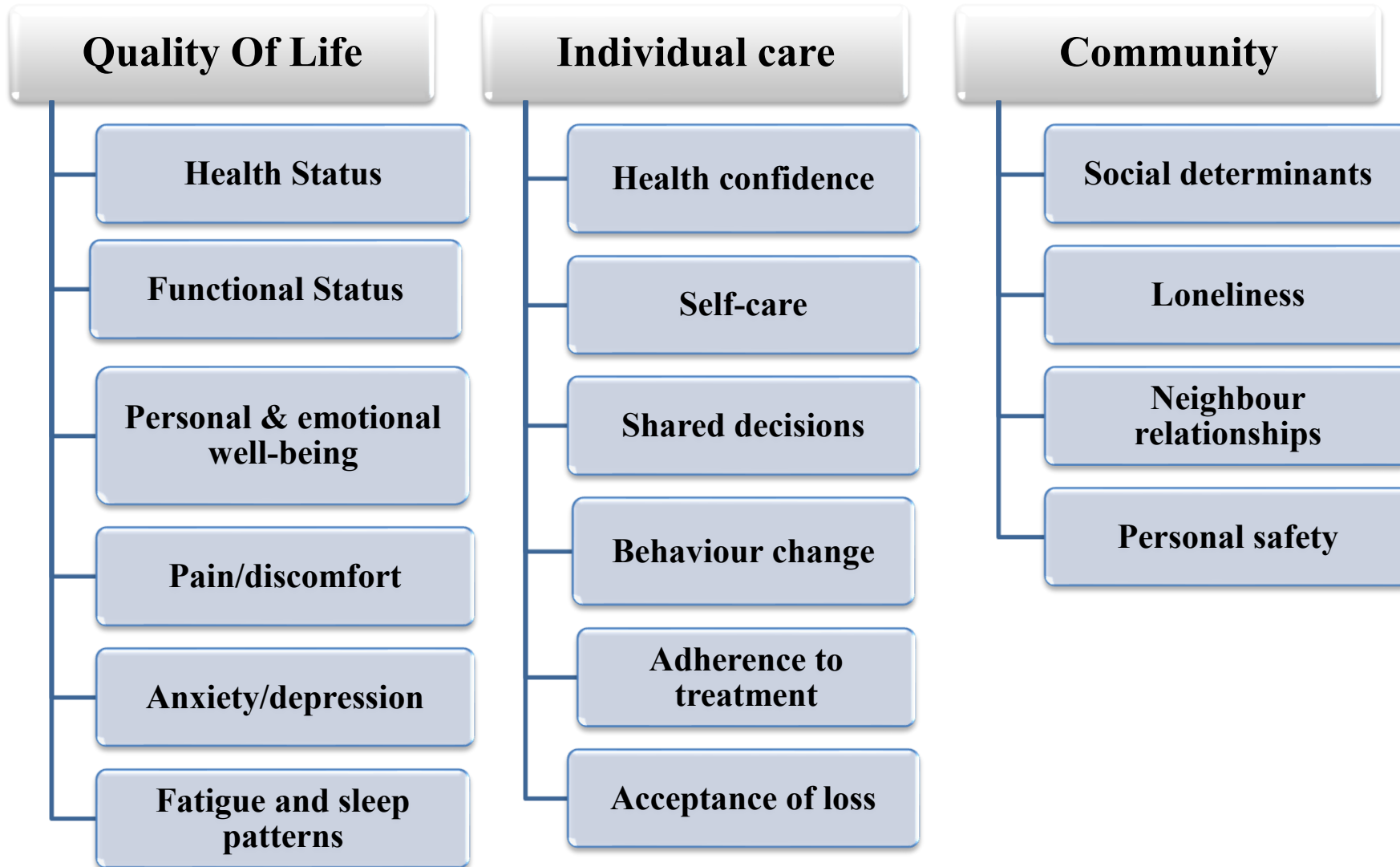
(EQ-5D)

DISEASE-SPECIFIC

capture individual elements of health relevant to a particular patient group or condition

(EORTC QLQ-30)

DOMAINS & SUBDOMAINS





Impacts for users of care and support

PROs facilitate care plan development, decision-making around care, independence, and self-management.



Impacts on services

PROs facilitate staff awareness of clients' psycho-social needs, service commissioning and quality/safety monitoring.



Feasibility and acceptability

PROs complement routine assessment, can be incorporated into existing workflows, and provide care recipients' greater control.



Barriers to PRO implementation

Ability of staff to act on PRO alerts, data collection and management, and administrative and respondent burden



Facilitators of PRO implementation

Resource availability including funding, training and support for staff, PROs that are meaningful and easy to use, systems to support data capture.



PROM IMPLEMENTATION @ SRMC

PSQ.4.d. THE ORGANISATION HAS A MECHANISM TO CAPTURE PATIENT REPORTED OUTCOME MEASURES

INITIATED AS PER
NABH 5TH EDITION

CURRENTLY BEING
STRENGTHENED IN
ALIGNMENT WITH
NABH 6TH EDITION

16 PROMs ACTIVELY
FOLLOWED ACROSS
OUR ORGANISATION

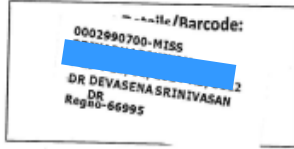
REFERENCES:

- NABH STANDARDS (as per 6th Edition)
- EQ-5D
- SF-12
- OXFORD HIP SCORE
- OXFORD KNEE SCORE
- P-COQ
- BRIEF PAIN INVENTORY (BPI)
- EUROQOL-VISUAL ANALOGUE SCALE (EQ-VAS)
- Benson T. BMJ Open Quality 2020 Benson t.Measure what we want
- BJA Education | Volume 17, Number4, 2017
- Sino-Nasal Outcome Test (SNOT-22)



SRI RAMACHANDRA MEDICAL CENTRE

PATIENT REPORT OUTCOME MONITORING SURVEY



QUALITY OF LIFE

	NONE	A LITTLE	QUITE A LOT	EXTREME
a. Health status				
1. Pain or discomfort?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Feeling low or worried?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Limited in what you can do?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Require help from others?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Personal well-being	STRONGLY AGREE	AGREE	NEUTRAL	DISAGREE
1. I am satisfied with my life?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. What I do in my life is worthwhile?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I was happy yesterday?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I was NOT anxious yesterday?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. Sleep	STRONGLY AGREE	AGREE	NEUTRAL	DISAGREE
1. I go to sleep at the same time?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I wake up at the same time?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I wake up feeling refreshed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. I sleep well?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Fatigue	STRONGLY AGREE	AGREE	NEUTRAL	DISAGREE
1. I usually have enough energy?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I do not tire too quickly?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I can usually concentrate well?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I can keep going if I need to?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

INDIVIDUAL CARE

	STRONGLY AGREE	AGREE	NEUTRAL	DISAGREE
a. Health confidence				
1. I know enough about my health?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I can look after my health?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I can get the right help if I need it?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I am involved in decisions about me?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Self-Care	STRONGLY AGREE	AGREE	NEUTRAL	DISAGREE
1. I manage my diet well?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I manage my physical activity well?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I manage my weight well?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I manage my medication well?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Shared decisions	STRONGLY AGREE	AGREE	NEUTRAL	DISAGREE
1. I know the possible benefits?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I know the possible downside?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I know what I have choices?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I feel fully involved?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Behaviour change	STRONGLY AGREE	AGREE	NEUTRAL	DISAGREE
1. I am able to do it (skills and tools)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Nothing prevents me from doing it?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I choose to do it?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I do it without thinking?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Adherence	STRONGLY AGREE	AGREE	NEUTRAL	DISAGREE
1. I remember to do it?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I do not stop if I feel bad?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I do not stop if I feel better?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I am happy with my treatment?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	STRONGLY AGREE	AGREE	NEUTRAL	DISAGREE
f. Acceptance of loss				
1. I know what I can and cannot do?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I see how my life has changed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I do things differently now?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I have moved on?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMMUNITY				
a. Social determinants	STRONGLY AGREE	AGREE	NEUTRAL	DISAGREE
1. I have had a good education?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I am valued for what I do?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I am happy about where I live?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I have enough money to cope?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Loneliness	STRONGLY AGREE	AGREE	NEUTRAL	DISAGREE
1. I have people to talk to?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I have someone I can confide in?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I have people who will help me?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I do things with others?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Neighbour Relationships	STRONGLY AGREE	AGREE	NEUTRAL	DISAGREE
1. We know each other?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. We trust each other?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. We share information?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. We help each other?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Personal Safety	STRONGLY AGREE	AGREE	NEUTRAL	DISAGREE
1. I feel safe at home?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I feel respected at home?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I feel safe outside home?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I feel respected outside home?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Patient Name : PRIVADHARSHINI
 Patient Signature : [Signature]

SRMC PROM – DIALYSIS

(DISEASE SPECIFIC)

SRI RAMACHANDRA MEDICAL CENTRE

PATIENT REPORT OUTCOME MONITORING SURVEY

Kidney Disease and Quality of Life (KDQOL-SF™)

Patient Details/Barcode:

55 YRS FEMALE - 05401304

DR. MANIKANTAN S. SURESH



About Health

- How would you grade your health:
 - Excellent
 - Very good
 - Good
 - Fair
 - Poor
- How to you grade your health now, when compared with one year ago?
 - Much better than 1 year ago
 - Somewhat better than 1 year ago
 - Same as one 1 year ago
 - Somewhat worse than 1 year ago
 - Much worse than one year ago
- About the routine activities you carry out in your day-to-day life
 - Strenuous activities such as running, lifting heavy objects, participating in strenuous sports
 - Yes, limited a lot
 - Yes, limited a little
 - No, not limited at all
 - Moderate activities such as moving a table, pushing a vacuum cleaner, bowling or playing cricket etc.,
 - Yes, limited a lot
 - Yes, limited a little
 - No, not limited at all
 - Lifting or carrying groceries
 - Yes, limited a lot
 - Yes, limited a little
 - No, not limited at all
 - Climbing several steps of the stairs
 - Yes, limited a lot
 - Yes, limited a little
 - No, not limited at all

- Climbing one step of the stairs
 - Yes, limited a lot
 - Yes, limited a little
 - No, not limited at all
 - Bending, kneeling or stooping
 - Yes, limited a lot
 - Yes, limited a little
 - No, not limited at all
 - Walking more than 1 kilometre
 - Yes, limited a lot
 - Yes, limited a little
 - No, not limited at all
 - Bathing or dressing yourself
 - Yes, limited a lot
 - Yes, limited a little
 - No, not limited at all
- In the past 4 weeks did you have any difficulties in performing the day-to-day work or other activities (took extra effort to complete).
- Yes
 - No
- How much body pain you had during the past 4 weeks?
- None
 - Very mild
 - Mild
 - Moderate
 - Severe
 - Very severe

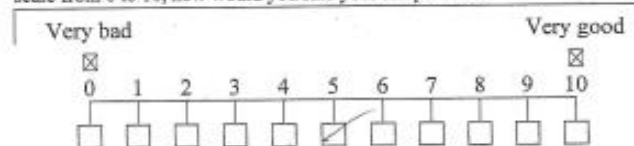
Kidney Disease

How true or false is each of the following for you?

- My kidney disease interferes too much with my life
 - Definitely true
 - Mostly true
 - Don't know
 - Mostly false
 - Definitely false
- Too much of my time is spent dealing with my kidney disease
 - Definitely true
 - Mostly true

- Very much bothered
- Extremely bothered
- Your ability to travel?
 - Not at all bothered
 - Somewhat bothered
 - Moderately bothered
 - Very much bothered
 - Extremely bothered
- Being dependent on doctors and other medical staff?
 - Not at all bothered
 - Somewhat bothered
 - Moderately bothered
 - Very much bothered
 - Extremely bothered
- Your sex life?
 - Not at all bothered
 - Somewhat bothered
 - Moderately bothered
 - Very much bothered
 - Extremely bothered

9. For the following question, please rate your sleep using a scale ranging from 0 representing very bad to 10 representing very good. If you think your sleep is half-way between "very bad" and "very good," please mark the box under the number 5. If you think your sleep is one level better than 5, mark the box under 6. If you think your sleep is one level worse than 5, mark the box under 4 (and so on). On a scale from 0 to 10, how would you rate your sleep overall?



10. How often during the past 4 weeks did you awaken during the night and have a trouble falling sleep again?
- None of the time
 - A little of the time
 - Some of the time

SRMC PROM – ORTHOPAEDICS (DYNAMIC AUDIT TOOL)

- DYNAMIC REPORTING
 - My Downloads
 - Report Templates
- CREATE & EDIT FORM
 - Patient Care - Audit Form
 - Non Patient Care - Audit Fo...
 - Location - Audit Form
 - Ward Wise - Audit Form
 - Lab - Audit Form
- FORMS
 - All Forms
- RECENT FORMS
 - PROM - ORTHOPEDICS
 - Patient Safety Audit
 - Audit Tool On Fall Pre...

PROM - ORTHOPEDICS

PATIENT REPORTED OUTCOME MONITORING SURVEY – (PROM)

UHID: From date: To date: IP Number:

Details

1. Date of Admission *

2. Diagnosis *

3. Procedure/Surgery (POD) *

4. Date of discharge *

Relief From Core Symptoms

5. Do you have the symptoms of Pain *

6. Do you have the symptoms of Range of motion *

SRMC PROM – ORTHOPAEDICS (DYNAMIC AUDIT TOOL)

9. Rate your physical Quality of life on diet intake ? *

Excellent

10. Rate your physical Quality of life on Bowel habits *

Excellent

11. Rate your physical Quality of life on endurance-physical stamina *

Excellent

12. Rate your physical Quality of life on Sleep *

Excellent

Psychological Quality Of Life

13. Rate your psychological quality of life on Satisfaction level ? *

Excellent

14. Rate your psychological quality of life on Behaviour level *

Excellent

Social Determinants

15. Rate your social wellbeing on Engaging in meaningful social relationships? *

Excellent

16. Rate your social wellbeing on ability to do your Routine/ daily activities? *

Excellent

THANK YOU