



PROMs 2.0 Case Study Feedback

Your name & title	Mrs Marion Hughes Emergency medicine consultant
Organisation	Countess of Chester Hospital on behalf of Mersey and Cheshire Major Trauma Network
What intervention(s) are you using PROMs for?	Major Trauma PROMS and PREMS
Can you list some of the benefits you have experienced since implementing PROMs?	<ul style="list-style-type: none"> • Prompt feedback about care and process issues to major trauma centre • Ability to identify disabling anxiety and depression – not known or addressed before • Ability to intervene on patients behalf to improve care, eg <ul style="list-style-type: none"> ○ Make GP appointments ○ Address practical issues like getting DLA letter completed ○ Rearranging lapsed community physio ○ Councilling and arranging follow up for a patient with suicidal ideation • Greater understanding of patients’ perspective after discharge and after transfer to Trauma Unit • Gaining insight into gaps in service provision
How did you and your team cope with adopting the PROMs system? Please make reference to the training, implementation, support etc.	<p>I wanted to contact the first 50 patients, so am still working within that target.(60 patients on d/base, I have data on 32 and another 6 to try)</p> <p>Telephone contact takes approx. 1 day per week but also some evening and weekend work to achieve >50% contact</p> <p>Have only just got permission to start data collection at Walton and Royal Liverpool Hospital</p>
	Universally happy to be contacted by phone –see it as a “service” and want to help improve the system.

	<p>Only 1/31 patients doesn't want 2nd contact.</p>
<p>Have you experienced any cost savings since using PROMs? e.g a reduction in outpatient appointments.</p> <p>Do you have any stats or data on this you can share?</p>	<p>No because this is providing a "new service".</p> <p>However, redesign of system ideas are emerging , eg polyclinics for all aspects of trauma on the same day to save multiple appointments</p> <p>Outcome measures will help to target patient most in need of psychological support during rehabilitation stage – so will help to target resources effectively</p>
<p>Any additional comments?</p>	<ul style="list-style-type: none"> • Questions chosen also collect potential national data requirements (CQUIN) not currently collected elsewhere, eg Rehab prescription given and carried out & return to work data • Link up with national database TARN –proven to be possible. First report in progress and plans to share this at national forum. • Electronic consent /email using i-pads –possible but waiting for governance leads from 3 trusts to meet to discuss.