

# PROMs & PREMs FOR THE AMBULANCE SERVICE

*The importance of qualitative methods for generating patient reported outcome measures and patient reported experience measures for pre-hospital and emergency care of stroke and heart attack.*

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## The challenge

**There are few validated PROMs in pre-hospital or emergency care.**

Current health policy emphasises patient experience, together with effectiveness and safety, as key components of quality of care. As a consequence, patient reported outcome measures (PROMs) and patient reported experience measures (PREMs) are increasingly being seen as important for assessing quality of care, evaluating outcomes of specific interventions and for clinical assessment and decision support.

We identified the need to develop PROMs/PREMs for pre-hospital stroke and acute myocardial infarction (AMI) care.

## The response

**Qualitative study to develop appropriate item content for inclusion in pre-hospital cardiovascular PROM/PREMs.**

The Patient Reported Outcomes for Vascular Emergencies: Interview Study (IS-PROVE) was conducted in a large regional ambulance service in East Midlands, UK from 2010-2011. We used a qualitative design to obtain rich, in-depth data

about participants' experiences. We conducted 22 semi-structured interviews with patients that had suffered from a stroke or AMI. We also undertook 12 individual interviews and a focus group with five clinicians treating these conditions in the pre-hospital setting. This enabled a range of experiences, beliefs, views and feelings to be explored iteratively.

**Data were analysed using a thematic network approach supported by NVivo 8 software. The five main themes that emerged were:**

- **Communication** – clinicians' explanation of assessments, treatment and condition and the patients' perception of being reassured
- **Holistic care** – clinicians' ability to treat patients' physical and emotional needs, attend to the needs of relatives (and sometimes pets), and deal with the practicalities involved in leaving home for hospital
- **Professionalism** – patients' interpersonal relationship with clinicians and clinicians' competence to perform their role to a high standard of technical care
- **Treatment of condition** – patients' expectations of treatment and pain management experience
- **Transitions** – timeliness of care, journey to hospital and handover to the acute unit.

Patients, often regardless of their medical condition, considered the same factors as essential to a good pre-hospital experience. They focused on both personal and technical skills emphasising effective communication and the clinician-patient relationship:

*“They also treat you as a person, not as a condition and the way they speak to you; its their bedside manner... they're spot on...they know how to put your mind at rest even if you're panicking, they know how to talk to you, they know how to treat you they're brilliant.”*

**Patient with heart attack**

The next stage is to transform these basic themes into items for the PROM/PREM and formally test and modify the (construct) validity, reliability and responsiveness of the instruments.

## Lessons learnt

**The methods used in this study may be useful for the development of PROMs in other settings.**

We acquired new first hand knowledge from patients about their experiences as well as learning about the issues that pre-hospital clinicians felt were important for improving care for stroke and AMI.

### Communication

*“It was quite nice that you didn't feel like a third person... they kept you informed on what they were doing... explaining what was happening...sometimes that can stress you out when you don't know what's going on.”*

**Patient with heart attack**

### Professionalism

*“Professionalism means to me... following job mastery; so if you have a patient condition it's researching the books, what is job mastery for that, what should be the highest standard and then really adopting that standard.”*

**Paramedic**

### Treatment of condition

*“We do find it very difficult to tell the staff that if a patient says a pain scores a 10 then the pain scores a 10 and we offer analgesia even if they're sat there and they look as right as rain as you or me now.”*

**Paramedic**

### Transitions

*“What happened to me would be a model scenario if you like, in terms of how efficient they were, how they got there, how they dealt with me when I was ill, and right to taking me into the hospital and y'know giving the other people information.”*

**Patient with heart attack**

**Table 1:** Themes and sub-themes that emerged from the qualitative interviews and focus group

Theme	Sub-theme
Communication	<ul style="list-style-type: none"> <li>• Explanation of clinical assessments and treatment</li> <li>• Explanation of condition</li> <li>• Reassurance</li> </ul>
Holistic care	
Professionalism of clinicians	
Treatment of condition	<ul style="list-style-type: none"> <li>• Expectations of treatment</li> <li>• Pain management</li> </ul>
Transitions	<ul style="list-style-type: none"> <li>• Timeliness of care</li> <li>• Journey to hospital</li> <li>• Hand-over to the acute unit</li> </ul>

### Holistic care

*“It wasn't just me; they treated the whole event, not just the bloke on the floor.”*

**Patient with stroke**