Using qualitative methods for generating patient reported outcome and patient reported experience measures for prehospital emergency care of stroke and heart attack

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Background

• Key components of quality care
  – Effectiveness
  – Safety
  – Patient experience

• Patient reported outcome measures (PROMs) introduced into the NHS in 2009

• Items for PROMs can be generated by new data and/or by adapting existing instruments

Aim of the study

- To explore the experiences of both patients and clinicians for pre-hospital emergency care of stroke and heart attack
- Undertake the initial steps at developing appropriate item content for inclusion in a PREM and PROM
Method

• Qualitative research design
  - Individual semi-structured interviews and a focus group
    • 22 patient interviews
      - 15 suspected heart attack
      - 7 suspected stroke
    • 12 clinician interviews
    • 5 clinicians that participated in a focus group
  
• “participants should have been given the opportunity to tell their stories, to speak freely and reflectively, and to develop their ideas and express their concerns at some length” (Smith et al, 2009:56)
Method

• Recruitment

  – Purposive sampling for patients and clinicians

  • Patients: postal invitations from general practices, waiting room posters and leaflets

  • Clinicians: distribution of participant information packs across a number of ambulance stations in the East Midlands
Data Analysis Method

- All interviews audio recorded and transcribed verbatim
- NVivo 8 software
- Thematic network approach
  - Clinician and patient data were analysed together
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Communication

- **Explanation of condition**

  - I wouldn’t have wanted to hear that [diagnosis] unless I was in hospital heart attack. *patient*

  - When you turn up as a paramedic no matter what you’re going to them people always expect an answer, we can’t always give it but they’ve got the mechanic there that’s got the knowledge and they want them to diagnose them and tell them what’s wrong with their engine it’s as simple as that. *Clinician*
Communication

• Holistic care – what does this mean?

  treatment of the patients’ physical and emotional needs through assessment, clinical treatment and reassurance. This included attending to the needs of relatives (and sometimes pets).

  ▪ It wasn’t just me; they treated the whole event, not just the bloke on the floor stroke. patient

  ▪ I was worried about my cat so they fed my cat before they took me in the ambulance which was the kindest thing to do…quite practical too because that would have just made me more anxious. patient
Professionalism of clinicians

• **Patients: high quality clinical and relational care**
  
  – I mean professional in the manner that they do know their job but they also treat you as a person, not as a condition and the way they speak to you; it’s their bed side manner that they’ve got.

  patient

• **Clinicians: competence and image**
  
  – I always describe it as a duck approach…if you think of a duck or a swan on top of the water they always look so serene and calm no matter how much they’re paddling underneath the water

  clinician
Treatment of condition

• Pain management

  – Subjectivity of pain

  – 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 clinician

  – I’m far more focused on delivering my pain relief early[...] I tend to go in with my entonox straight away, get them on the entonox while I do the ECG clinician
Transitions

- **Timeliness of care**
  - I dialled 999 and they were here within a few minutes. *carer*
  - Sometimes I’ve had paramedics that seem to be very very long winded and you know its almost like its too much trouble. *patient*

- **Journey to hospital**
  - It was old, it was rattley, looked a bit like it was past its best and the ride in it[…]it was really bumpy and swayey and it made me feel sick[…] I was expecting something slicker than what I got. *patient*

- **Handover to the acute unit**
  - Management of the patient involves everybody and we’re only one link in that chain we’re only as good as the link is before us and the one that’s after us. *clinician*
Summary of results

• Patients’ experiences of pre-hospital care for stroke and heart attack were improved by good communication, and professionalism

• Discrepancy between paramedic’s perceptions of patients’ expectations and patients’ lack of knowledge of the paramedic role

• There is a need for greater public education about the changing paramedic role so that patients are better informed about what to expect from the service
What have we learnt?

- A lot!

- Focus of future work has changed based on the findings
  - No longer aiming to develop a PROM
  - Condition specific vs. Generic?

- Often relatives of the patient may want to contribute to research interviews and their insight can be invaluable
Where do we go from here?

- Use the qualitative data as a basis for further clarifying future research question and direction
- Familiarise ourselves with the research literature around developing patient reported experience measures
- Ultimately develop a standardised patient reported experience measure that can be routinely used by ambulance services across the country
Thank you for listening!