Self-reported Outcome Measure Questionnaire

Background

Changes to the pain service delivery model in our hospital have resulted in challenges to the timely follow-up of patients after pain interventional procedures. This has resulted in:

(i) Delays in assessing the response to diagnostic injections and onward scheduling of definitive therapeutic interventions

(ii) Failure to determine efficacy of interventions and monitor our performance.

What did we do?

In 2014/15, we devised an outcome measure questionnaire. The tool is a simple measuring scale with a radar chart design. It uses four linear scales (0-10 points) to measure pain, sleep, activity level and mood. These 4 parameters were chosen as surrogate markers for quality of life (QOL). The questionnaire was completed by the patient at the time of the intervention and 12 weeks after the procedure. These paper-based forms were returned by the patients using FREEPOST envelopes provided by the hospital. Results were collated and analysed within MS Excel spreadsheets.

What did we find?

We analysed the first 1000 responses received from the patients. 583 patients reported improvement in QOL following pain interventions; 298 did not experience any change and 102 reported reductions in the QOL. 17 of the returned forms were invalid, as they did not have sufficient information.

Those patients who benefitted from diagnostic injections were directly waitlisted for definitive procedures. This arrangement has eliminated an additional patient visit to the hospital. For those with no response or worsening QOL, alternative strategies such as medication review, referral to pain management programmes or if needed face to face follow up are arranged.

Why did we find this useful?

This measuring tool has enabled timely assessment of outcome following interventions. In addition, the simple formatting of the questionnaire has made it easy to visually assess changes in QOL thereby helping in the planning for further care. Apart from aiding the assessment of individual patient care, the collated results also demonstrate the effectiveness of our service and help to monitor our performance. The data has also enabled identification of highly effective interventions and procedures with marginal benefits.

This arrangement has reduced administrative workload, eliminated non-value adding patient journeys to the hospital and enabled better use of available resources with improved case throughput.

How much did it cost?

The cost for this innovation is minimal as it only involves printing the questionnaire on an A4 sheet. There are other costs associated with pre-paid envelopes (£82 for 500 envelopes) and 2nd class postage. Responses are collected and analysed by the clinicians.

What are the limitations?

This methodology relies on patients' commitment, understanding and compliance for return of these questionnaires. About 60% of our patients undergoing interventional procedures currently avail this arrangement. Data currently collated by clinicians is a less efficient use of consultant time but we hope to have administrative support for data entry soon.

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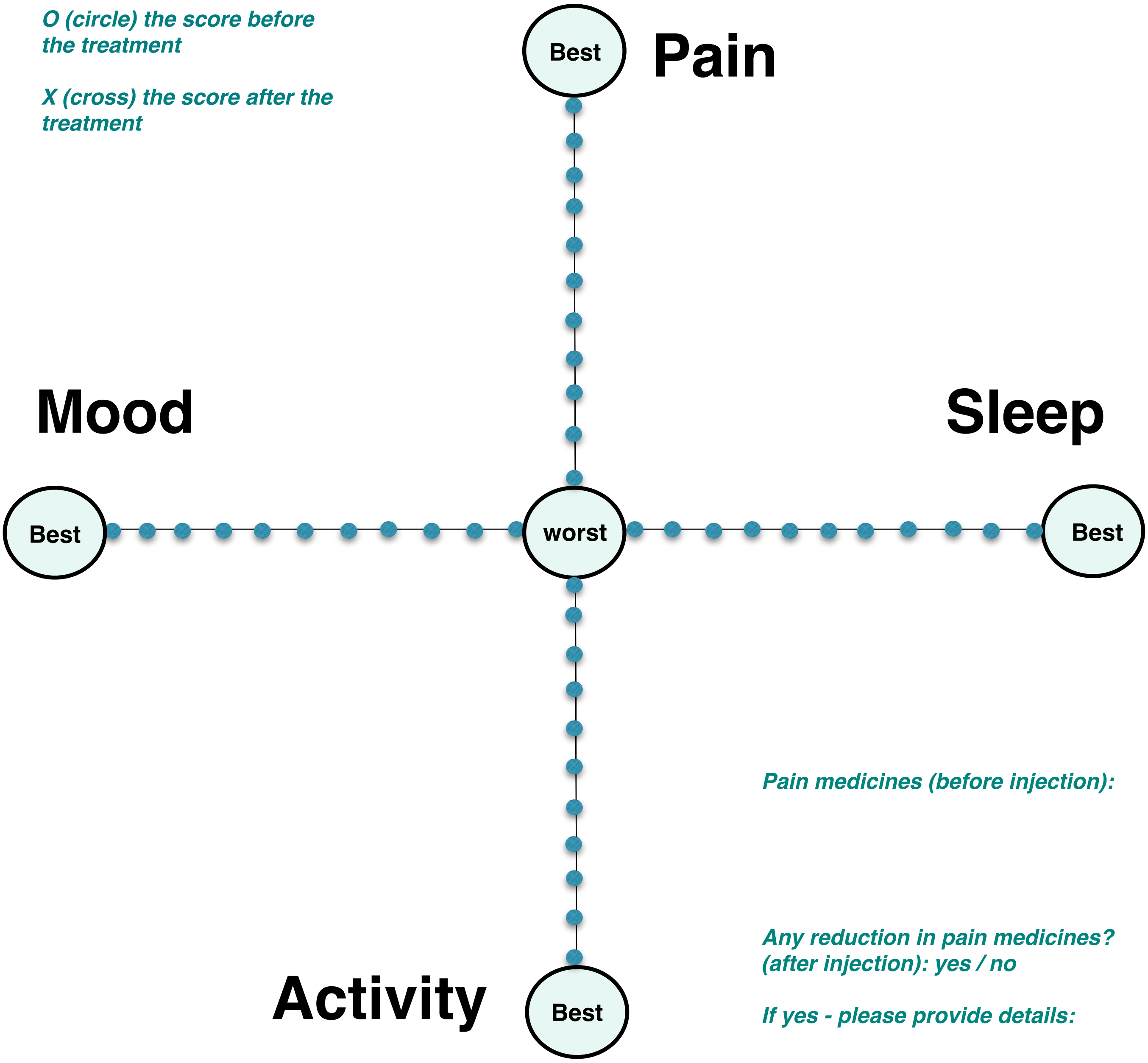
Pain Outcome Measure

I.D. Male / Female Age Date

Diagnosis: Intervention:

O (circle) the score before the treatment

X (cross) the score after the treatment



Pain medicines (before injection):

Any reduction in pain medicines? (after injection): yes / no

If yes - please provide details:

Comments:

Please mail to:
Outcome, Pain Service, Anaesthesia Dept., UHCW NHS Trust, Coventry CV2 2DX