

A guide for Staff using



R-Outcomes are unique in being a family of measures that can be used in combination to measure a wide range of things that matter most for patients, carers and staff. This guide has been designed to support Staff who are collecting patient reported outcomes measures (PROMS)

More information can be found at <http://www.r-outcomes.com>

Introducing R-Outcomes

R-Outcomes is a family of simple, easy to use tools and services to capture and track patient, staff and carer perceptions of their health, wellbeing, confidence and experience.

They have been developed to record what matters most to people – how happy you are and how you feel about your health, your care and your job. These measures can help you improve your service and can ensure that commissioners, regulators and patients are aware of the quality of the service you provide.

These validated research-based tools are:

- **Generic** – apply to all people
- **Short** – quick and easy to use
- **A family** of measures – all work in the same way

R-Outcomes for patients

Five tools for patients cover different aspects of patients’ perspective of their health and care. Your service may use these singly or together. The measures are:

Tool	What does it measure?	Example: howRu																									
howRu	A health status measure <ul style="list-style-type: none"> • how you feel physically and mentally • how much you can do 	How are you today? (past 24 hours) How do you feel and how much can you do? Choose one answer on each line <table border="1"> <thead> <tr> <th></th> <th>None</th> <th>A little</th> <th>Quite a lot</th> <th>Extreme</th> </tr> </thead> <tbody> <tr> <td>Pain or discomfort</td> <td>😊</td> <td>😐</td> <td>😞</td> <td>😡</td> </tr> <tr> <td>Feeling low or worried</td> <td>😊</td> <td>😐</td> <td>😞</td> <td>😡</td> </tr> <tr> <td>Limited in what you can do</td> <td>😊</td> <td>😐</td> <td>😞</td> <td>😡</td> </tr> <tr> <td>Require help from others</td> <td>😊</td> <td>😐</td> <td>😞</td> <td>😡</td> </tr> </tbody> </table>		None	A little	Quite a lot	Extreme	Pain or discomfort	😊	😐	😞	😡	Feeling low or worried	😊	😐	😞	😡	Limited in what you can do	😊	😐	😞	😡	Require help from others	😊	😐	😞	😡
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howRwe	Patients perceptions of care and service provided. Suitable for all patient and care settings.																										
Health Confidence	People's confidence in caring for their own health, their knowledge, self-management, access to help and shared decision-making																										
Personal Wellbeing	Measures happiness or subjective wellbeing Based on ONS wellbeing measure																										
howRthey	Staff perception of the people they care for, including their level of need and risk.																										

These short generic surveys apply across all health and social care, irrespective of condition or type of care.

Designing the survey that is best for your service

Key questions we can help you answer:

- Which measures are the right ones for your service?
- What is the best way to collect responses from people?
- Who are the contact points for supporting this in your service and in the R-Outcomes team?

There are several ways to collect responses. The most common methods are:

- Paper questionnaire. You hand them out, help people complete them if required, collect them in and enter them into the computer.
- An internet weblink lets people to give their responses on-line, saving you time.

Asking people to complete the survey

The key to success is to ask patients (and carers) to complete them – and you are likely to be one of the most important people doing this.

It is natural that some people will find it easier to ask people to complete the survey than others. Remember that tens of thousands of people have done this already and most people are pleased to be asked their views and to give them.

The following six tips are based on feedback from many other members of staff experience from using R-Outcomes PROMs surveys.

- 1 Introduce yourself**
Introduce yourself and explain that you would like them to answer a few questions about themselves and what they think
- 2 Reassure**
Reassure them that this information will only be used to support and improve the care you provide
- 3 Explain**
Explain that everyone is being asked these questions, that answering the questions is voluntary and the results will be anonymous
- 4 Offer help**
Ask them if they need help in completing the survey and help them if they need it (e.g. read it to them, record their responses)
- 5 A note on timing**
It can be useful to ask these questions near the start of a face-to-face meeting, because the answers often have clinical value
- 6 New patients**
For a new referral, the patient experience (HowRwe) will relate to their prior experience of health and care services rather than your service

Frequently asked questions

These are the frequently asked questions from staff using R-Outcomes for the first time:

What happens if we don't manage to answer every question?	Don't worry! Ask as many questions as possible. If people do not wish to answer some questions it is OK to leave them blank
When should we ask the questions during our time with a patient?	Do what seems most natural – however we have found that asking R-Outcomes questions near the start of a session can raise issues that may be clinically relevant.
What do we say if people ask us to explain what a question means?	The wording is sometimes deliberately vague. For example 'a little' pain can mean either low intensity or some of the time or both. There are no right or wrong answers. Try to avoid explaining exactly what the questions are asking.
Are the questions different on a patient's first visit?	No. Although the main focus of the survey is on the service you provide, on a first visit people will only be able to talk about the service they have had previously.
How much data should we collect?	The more data that is collected the more accurate the picture will be of the service.

The R-Outcomes team are here to help and will be in regular contact with the nominated link person in your service. Ask your manager if you're not sure who this is.

Notes.
