PCORI in Practice: Highlighting Opportunities for Nurses

PCORI Webinar
June 12, 2014

Patient-Centered Outcomes Research Institute
Welcome and Introductions

We welcome your questions and comments via the chat function on the right side of your screen.

We welcome your comments via Twitter to @PCORI and #PCORI.
# Agenda for today’s webinar

**Welcome & Introduction**

Debra Barksdale, PhD, RN
Member, PCORI Board of Governors

**PCOR Methods**

Robin Newhouse, PhD, RN
Chair, PCORI Methodology Committee

**Exploring PCORI’s Portfolio**

Amanda Greene, PhD, MPH, MSN, RN, Senior Program Officer, Research Integration & Evaluation, PCORI

**PCORI Research Team Presentation**

Kathleen Delaney, PhD, PMH-NP, FAAN, PCORI Awardee
Goals for Today

- Inform the nursing community on PCOR and PCORI
- Engage and energize nurse researchers in PCORI’s work
- Encourage the nursing community to activate their research capacity for PCOR
Introduction to PCORI

www.pcori.org

Debra Barksdale, PhD, RN
Member, PCORI Board of Governors
About PCORI

- An independent research institute authorized by Congress through the Affordable Care Act
- Funds comparative clinical effectiveness research (CER) that engages patients and other stakeholders throughout the research process
- Answers real-world questions about what works best for patients based on their circumstances and concerns
Why PCORI?

- Research has not answered many questions patients (and their clinicians) face.
- People often need to know which treatment is best for them.
- Patients and their clinicians need information they can understand and use.
What is PCOR?

Patient-centered outcomes research (PCOR) helps people and their caregivers communicate and make informed healthcare decisions, allowing their voices to be heard in assessing the value of healthcare options.

This work answers patient’s questions.

- **Given my personal characteristics, conditions, and preferences, what should I expect will happen to me?”**
- **What are my options and what are the potential benefits and harms of those options?”**
- **What can I do to improve the outcomes that are most important to me?”**
- **How can clinicians and the care delivery systems they work in help me make the best decisions about my health and healthcare?”**
Mission

PCORI helps people make informed health care decisions, and improves health care delivery and outcomes, by producing and promoting high integrity, evidence-based information that comes from research guided by patients, caregivers and the broader health care community.
"The purpose of the Institute is to assist patients, clinicians, purchasers, and policymakers in making informed health decisions by advancing the quality and relevance of evidence concerning the manner in which diseases, disorders, and other health conditions can effectively and appropriately be prevented, diagnosed, treated, monitored, and managed through research and evidence synthesis...and the dissemination of research findings with respect to the relative health outcomes, clinical effectiveness, and appropriateness of the medical treatments, services..."

-- from Patient Protection and Affordable Care Act
“(g) FINANCIAL AND GOVERNMENTAL OVERSIGHT. …

(2) REVIEW AND ANNUAL REPORTS.

…

(iv) Not less frequently than every 5 years … the overall effectiveness of activities conducted under this section … such review shall include an analysis of the extent to which research findings are used by health care decision-makers, the effect of the dissemination of such findings on reducing practice variation and disparities in health care…”

-- from Patient Protection and Affordable Care Act
Strategic Goals

Increase Quantity, Quality and Timeliness of Research Information

Speed the Implementation and Use of Evidence

Influence Research Funded by Others
Engagement Goals

Build a Patient-Centered Outcomes Research Community

Engage the PCOR Community in Research

Promote Dissemination and Implementation
Who Are Our Stakeholders?

PCORI Community

- Patient/Consumer
- Caregiver/Family Member of Patient
- Purchaser
- Payer
- Industry
- Policy Maker
- Training Institution
- Hospital/Health System
- Clinician
- Patient/Caregiver Advocacy Org
Our National Priorities for Research

Assessment of Prevention, Diagnosis, and Treatment Options

Improving Healthcare Systems

Communication & Dissemination Research

Addressing Disparities

Accelerating PCOR and Methodological Research
PCORI Emphasizes Engagement for Getting to Practical, Useful Research

- Advise Us on What to Study
- Review Proposals and Partner in Research
- Tell Us How We’re Doing
- Help Us Share the Findings

Generate and Prioritize Research Questions

Review and Conduct Research

Portfolio Review

Dissemination and Implementation

#PCORI
How We Pick Research Questions to Study

1. Gather Suggestions
   - Patient Stakeholder Community

2. Evaluate Suggestions
   - PCORI Staff

3. Prepare Topic Briefs
   - AHRQ and Academic Centers

4. Prioritize Topics
   - Advisory Panels

5. Select Suggestions
   - PCORI Board

6. Release Funding Announcements
   - PCORI Staff
Nurses Involvement in PCORI Programs

- 7 nurses on Advisory Panels
- 60+ nurses on Merit Review Panels
- 2 nurses as Merit Reviewer Mentors
- 5 nurses as Ambassadors

Learn more at: [http://www.pcori.org/get-involved](http://www.pcori.org/get-involved)
How We Promote Participation in Research

- **Ambassadors** will help to develop our PCOR community by **providing training and other opportunities** to interested patients, stakeholders, and researchers.

- **Engagement Awards program** awards up to $250,000 to provide “wrap-around” **support and enhance impact of PCORI’s research initiatives**.

- **Pipeline to Proposal** is a program within the Engagement Awards, will build a national community of patients, stakeholders, and researchers who have the expertise and passion to participate in PCORI research, and create partnerships within that community that lead to high-quality research proposals.

Learn more at: [http://www.pcori.org/get-involved](http://www.pcori.org/get-involved)
Available here:
http://www.nursingoutlook.org/article/S0029-6554(14)00051-7/abstract
PCOR Methods
How Can Nursing Research Leverage PCOR Methods?

Robin Newhouse, PhD, RN
Chair, PCORI Methodology Committee
Why do Methods Matter for PCOR?

• Better methods will produce more valid, trustworthy, and useful information that will lead to better healthcare decisions, and ultimately to improved patient outcomes.

• Methods explain the approach investigators will take to collect data, administer the intervention, and analyze results.
“The Institute shall establish a standing methodology committee to…develop and improve the science and methods of comparative clinical effectiveness research”
Role of Methodology Committee

PCORI’s Methodology Committee (MC) is charged with making recommendations regarding methods for patient-centered outcomes, which includes:

- Guidance about the appropriate use of methods in such research
- Establishing priorities to address gaps in research methods or their application
The Standards are a Requirement for PCORI Funding

Research applications must demonstrate adherence to PCORI’s Methodology Standards.

47 Individual Methodology Standards

**Cross-Cutting Standards:**
- Formulating Research Questions
- Patient-Centeredness
- Data Integrity and Rigorous Analyses
- Preventing/Handling Missing Data
- Heterogeneity of Treatment Effects

**Standards for Specific Designs:**
- Data Networks
- Data Registries
- Adaptive and Bayesian Trial Designs
- Causal Inference
- Studies of Diagnostic Tests
- Systematic Reviews
The Standards Ensure Projects are Patient-Centered

PC-2 Identify, select, recruit, and retain study participants representative of the spectrum of the population of interest and ensure that data are collected thoroughly and systematically from all study participants.

Research proposals and subsequent study reports should describe: 1) the plan to ensure representativeness of participants; 2) how participants are identified, selected, recruited, enrolled, and retained in the study to reduce or address the potential impact of selection bias; 3) efforts employed to maximize adherence to agreed-on enrollment practices; and 4) methods used to ensure unbiased and systematic data collection from all participants.

If the population of interest includes people who are more difficult to identify, recruit, and/or retain than other study populations (for example, individuals historically underrepresented in healthcare research such as those with multiple disease conditions, low literacy, low socioeconomic status, or poor healthcare access, as well as racial and ethnic minority groups and people living in rural areas), then specify plans to address population-unique issues for participant identification, recruitment, and retention.
The Standards Address Missing Data

MD-1  Describe methods to prevent and monitor missing data

Investigators should explicitly anticipate potential problems of missing data. The study protocol should contain a section that addresses missing data issues and steps taken in study design and conduct to monitor and limit the impact of missing data. Missingness can occur from patient dropout, failure to provide data, and/or administrative or data management issues. As relevant, the protocol should include the anticipated amount of and reasons for missing data, as well as plans to follow up with participants. This standard applies to all study designs for any type of research question.

MD-3  Use validated methods to deal with missing data that properly account for statistical uncertainty due to missingness

Statistical inference of intervention effects or measures of association should account for statistical uncertainty attributable to missing data. This means that methods used for imputing missing data should have valid Type I error rates and that confidence intervals should have the nominal coverage properties. This standard applies to all study designs for any type of research question. Bayesian methods and methods such as multiple imputation satisfy this condition, along with various likelihood-based and other validated methods. Single imputation methods like last observation carried forward and baseline observation carried forward are discouraged as the primary approach for handling missing data in the analysis. If investigators do use single-based imputation methods, they must provide a compelling scientific rationale as to why the method is appropriate.
Engage Patients and Stakeholders in the Research Process

- Patients and Caregivers
- Patient Organizations
- Practice-Based Research Networks
- Medical Groups
- Health Plans
- Integrated Delivery Systems
- Disease Registries
- Centers for Medicaid and Medicare Services
- State and Local Health Agencies
Reframe Research Questions

Given my personal characteristics, conditions and preferences...

“What should I expect will happen to me?”

“What are my options and what are the potential benefits and harms of those options?”

“What can I do to improve the outcomes that are most important to me?”

“How can clinicians and the care delivery systems they work in help me make the best decisions about my health and healthcare?”
Advance the Methods National Priority for Research

Accelerating PCOR and Methodological Research
Prepare for Research Proposal Review

**Who:** Each proposal is reviewed by two scientists, a patient, and another stakeholder.

**What:** Reviewers critique and score applications, making recommendations that our Board of Governors and staff consider carefully in deciding which applications to approve.

**How:** We provide training so all participants are prepared and understand PCORI’s review criteria.

**When:** You can apply at any time to serve as reviewer.

Learn more: pcori.org/reviewers
Contact us: reviewers@pcori.org
Prepare for Research Proposal Review Criteria

Priorities 1-4*:
- Impact of the condition on health of individuals and populations
- Potential for improving care and outcomes
- Technical merit
- Patient-centeredness
- Patient and stakeholder engagement

Priority 5*:
- Impact on field of patient-centered outcomes research
- Potential for the study to improve PCOR methods
- Technical merit
- Patient-centeredness
- Patient and stakeholder engagement

* Compliance with PCORI Methodology Standards
The Translation Framework

- Incorporate:
  - Prior evidence
  - Intent of research and decisions to be made
  - Stakeholder perspectives

- Interface:
  - Research Category
  - Therapeutics
  - Diagnostics
  - Evidence Synthesis
  - Other Categories

- Translation Table:
  - Selection of Study Design
  - Methods
  - Analytic Approach

- Specify elements:
  - Patient population
  - Intervention
  - Comparator
  - Outcomes
  - Timing
  - Setting

- Prioritize study characteristics:
  - Intrinsic
    - Internal validity (bias)
    - External validity
    - Precision
    - Heterogeneity
    - Ethical considerations
    - Others
  - Extrinsic
    - Timeliness
    - Logistical and resource constraints
    - Data availability, quality, and completeness
    - Others

- Study Characteristics

- Patient Question
- Research Question

- Study Execution
- Report & Dissemination
PCORI Board Member Harlan Krumholz, MD
National Patient and Stakeholder Dialogue
National Press Club, Washington, DC
February 27, 2012

“This is going to be research done differently!”
Exploring PCORI’s Portfolio

Nursing Research in PCORI’s Portfolio

Amanda L. Greene, PhD, MPH, MSN, RN, Senior Program Officer, Research Integration and Evaluation, PCORI
Funded Projects to Date

Total number of research projects awarded: **279**

Total funds awarded: **$464.2 million**

Number of states where we are funding research: **38 states** (plus the District of Columbia and Quebec, Canada)
Snapshot of Funded Projects

Selected Conditions Studied
(Broad Funding Cycles through Dec. 17, 2013)

- Cardiovascular Diseases: 40 studies
- Mental Disorders: 37 studies
- Cancer: 31 studies
- Endocrine System Diseases: 21 studies
- Nervous System Diseases: 19 studies
- Musculoskeletal Diseases: 13 studies

Selected Populations Studied
(Broad Funding Cycles through Dec. 17, 2013)

- Racial/Ethnic Minorities: 89 studies
- Older Adults: 70 studies
- Socioeconomic Status: 61 studies
- Rural: 51 studies
- Children: 32 studies
- Urban: 23 studies

#PCORI
PCORI Pilot Projects

Funds investigator-initiated research that:

• Advance methods for engaging patients and other stakeholders in all aspects of the research process.

Portfolio Snapshot

• 50 Projects
• $30.6 Million Awarded
Assessment of Prevention, Diagnosis, and Treatment Options

Seeks to fund investigator-initiated research that:

- Compares the effectiveness of two or more options that are known to be effective but have not been adequately compared in previous studies.

- Among compared population groups, investigates factors that account for variation in treatment outcomes that may influence those outcomes in the context of comparing at least two treatment approaches.
Improving Healthcare Systems

Seeks to fund investigator-initiated research on effects of system changes on:

- Patients’ access to high quality, support for self-care, and coordination across healthcare settings.
- Decision making based on patients’ values.
- Experiences that are important to patients and their caregivers, such as overall health, functional ability, quality of life, stress, and survival.
- The efficiency of healthcare delivery, as measured by the amount of ineffective, duplicative, or wasteful care provided to patients.

Portfolio Snapshot

- 41 Projects
- $76.5 Million Awarded
Communication and Dissemination Research

Seeks to fund investigator-initiated research in:

- Clinician engagement with CER.
- Translating research, decision support interventions, and risk communication.
  - For this funding announcement, studies of decision support aids are not encouraged.
- Distribution of CER to patients, caregivers, and providers.

Portfolio Snapshot

- 25 Projects
- $43.2 Million Awarded

By population; some projects address multiple populations.

#PCORI
Addressing Disparities

Seeks to fund investigator-initiated research that:

- Compares interventions to reduce or eliminate disparities in patient-centered outcomes.
- Identifies/comparisons promising practices that address contextual factors and their impact on outcomes.
- Compares health care options across different patient populations.
- Compares and identifies best practices within various patient populations for information sharing about outcomes and research.

Portfolio Snapshot

- 31 Projects
- $53 Million Awarded

By primary health topic

- Cardiovascular Disease 17%
- Endocrine System 17%
- Mental Disorders 26%
- Cancer 14%
- Other 26%
Improving Methods for Conducting Patient-Centered Outcomes Research

Seeks to fund investigator-initiated research that:

- Addresses gaps in methodological research relevant to conducting patient-centered outcomes research (PCOR). Results of these projects will inform future iterations of PCORI’s Methodology Report.

- Focuses on Patient-Reported Outcome Measurement Information System (PROMIS)-related research.

Portfolio Snapshot

- 30 Projects
- $28.1 Million Awarded
Seeks to fund investigator-initiated research that compares two or more alternatives for:

- Addressing prevention, diagnosis, treatment, or management of a disease or symptom
- Improving health care system–level approaches to managing care; or
- Eliminating health or healthcare disparities.
- Research topics of particular interest identified by stakeholders or questions included in IOM’s Top 100 Topics for CER or AHRQ’s Future Research Needs.

Opportunity Snapshot

- Number of Anticipated Awards: Six to Nine
- Funds Available: $90 Million
- Maximum Project Duration: 5 Years
- Maximum Direct Costs Per Project: $10 Million
The National Patient-Centered Clinical Research Network (PCORnet)

Clinical Data Research Networks
System-based networks, such as hospital systems

- 11 Networks
- $76.8 Million Awarded

Patient-Powered Research Networks
Patients with a single condition form a research network

- 18 Networks
- $16.8 Million Awarded

Coordinating Center
Provides technical and logistical assistance under the direction of the Steering Committee and PCORI staff
PCORnet
29 CDRN and PPRN awards

This map depicts the number of PCORI funded Patient-Powered or Clinical Data Research Networks that have coverage in each state.
# Upcoming Funding Opportunities

<table>
<thead>
<tr>
<th>Announcement</th>
<th>Deadlines</th>
<th>Cycle</th>
<th>Funds Available Up To</th>
</tr>
</thead>
</table>
| Assessment of Prevention, Diagnosis, and Treatment Options | Letter of Intent: 9/5/2014  
Application: 11/4/2014                      | Fall 2014       | $32 Million          |
Application: 11/4/2014                      | Fall 2014       | $16 Million          |
| Communication and Dissemination Research          | Letter of Intent: 9/5/2014  
Application: 11/4/2014                      | Fall 2014       | $8 Million           |
| Addressing Disparities                            | Letter of Intent: 9/5/2014  
Application: 11/4/2014                      | Fall 2014       | $8 Million           |
Application: 11/4/2014                      | Fall 2014       | $12 Million          |
| Large Pragmatic Studies to Evaluate Patient-Centered Outcomes | Letter of Intent: 10/01/2014  
Application: 02/03/2015                    | Winter 2015     | TBD                  |
| Assessment of Prevention, Diagnosis, and Treatment Options | Letter of Intent: 3/6/2015  
Application: 5/5/2015                      | Spring 2015     | TBD                  |
Application: 5/5/2015                      | Spring 2015     | TBD                  |
| Communication and Dissemination Research          | Letter of Intent: 3/6/2015  
Application: 5/5/2015                      | Spring 2015     | TBD                  |
| Addressing Disparities                            | Letter of Intent: 3/6/2015  
Application: 5/5/2015                      | Spring 2015     | TBD                  |
Nursing in PCORI’s Portfolio

- Nursing research is essential to PCORI’s portfolio
- PCORI has made research awards to over 15 nurse PIs
Engagement

- The inclusion of the leaders of the partnering organizations as members of the Steering Committee ensures that caregivers and individual organization members are involved directly or indirectly in all aspects of REN decision making on data elements, policy formulation, research questions, data sharing, dissemination and social participation, responsiveness of patients, safeguards of privacy, and sustainability.

The Rare Epilepsy Network (REN) PPRN is an initiative created by and for patients with catastrophic rare epilepsies. The REN's goal for this proposal is to build a patient-centered and -driven database designed to provide the patients and their families an opportunity to participate in research that will improve lives and quality of care for people with rare epilepsies. Our PPRN is led by the Epilepsy Foundation (EF), a patient advocacy organization dedicated to the welfare of the almost 3 million people with epilepsy living in the United States.

Janice M. Buelow, PhD, RN
Epilepsy Foundation
Computerized PAINRelieve-It Protocol for Cancer Pain Control in Hospice

Engagement
• PAINRelieve-It relies on patient-reported data to generate information for patients, caregivers and hospice nurses.

Potential Impact
• Could change practice by opening the door to large-scale research that tests this tool in managing patient/caregiver pain outcomes in hospice settings.

Methods
• The study is conducted through a randomized controlled trial.

Compare effects of usual hospice care and PAINRelieve-It on pain outcomes. PAINRelieve-It is system-level intervention of computerized tools with patient-reported pain outcomes, decision support for clinicians, and multimedia education tailored to each cancer patient and lay caregiver.

Diana J. Wilkie, BSN, MS, PhD
University of Illinois at Chicago

Improving Healthcare Systems, awarded September 2013
Bringing Care to Patients: A Patient-Centered Medical Home for Kidney Disease

Engagement

- Patient and family stakeholders and care team members will assist in the design and refinement of the PCMH model, including advance practice and dialysis nurses.

Potential Impact

- Could change practice by increasing the likelihood of preventing complications or identifying problems earlier, allowing for more successful treatment for patients with kidney disease.

Methods

- The study is conducted through a mixed methods approach.

Comparative effectiveness research of a patient-centered medical home model of care for patients with end-stage renal disease. Model of care includes the provision of a primary care physician in the context of regular dialysis sessions and health promoters to support patients and caregivers.

Denise Hynes, MPH, PhD, RN
University of Illinois at Chicago

Improving Healthcare Systems, awarded May 2013
Engagement

• Uses patient and staff nurses' perspectives to create an innovative measure of patient-centered care in psychiatric inpatient settings.

Potential Impact

• Could provide a nationally recognized measure to guide achievement of optimal patient-centered care in inpatient psychiatric settings and predict outcomes of psychiatric care.

Methods

• Qualitative research methods related to patient-centered outcomes.

Develop two versions of a measure of patient-centered care called the Combined Assessment of Psychiatric Environments (CAPE): one reflecting patients' perceptions of the five quality dimensions of the inpatient environment, and the other representing staff nurses' perceptions.

Kathleen Delaney, PhD, PMH-NP, FAAN
Rush University Medical Center/Rush College of Nursing

Pilot Projects, awarded April 2012
PCORI Research Team Presentation

Kathleen Delaney, PhD, PMH-NP, FAAN, Professor
Rush College of Nursing
CAPE: Patient-centered quality assessment of psychiatric inpatient environments

Kathleen R. Delaney PhD, RN, PMHNP-BC, FAAN
Mary E. Johnson PhD, RN, PMHCNS-BC, FAAN

Rush University College of Nursing
Chicago, IL USA
Acknowledgements

- Patient-Centered Outcomes Research Institute for support of project

- Nursing staff and consumers/users who graciously contributed to the development of this tool
Study concerns the CAPE: Combined Assessment of Psychiatric Environments

Sought to define quality of inpatient psychiatric treatment according to experiences that patients have identified as useful in regaining a sense of control and recovery.

The tool also includes a staff form that identifies aspects of the staff work environment that support their delivery of patient centered care.
Overview: Aim was to develop the CAPE and Determine Psychometrics

Phase One

- Derive pool of items that reflect key dimensions of what is important and meaningful (staff: about their work/role) and patients: about the hospitalization event)

Phase Two:

- Establish CAPE’s reliability and validity
Phase Two: Psychometric Testing

1. Administer CAPE to nursing staff and patients at six inpatient units in the Chicago, IL area

2. Also Administered POC (Perception of Care Survey) to patients (Eisen et al., 2002)

3. Also Administered Practice Environment Scale of NWIR (Nursing Work Index) to nursing staff (Lake, 2002)

4. Also inspected relationship of unit scores and restraint rates
Background: Relevance to this research to Nursing

- 1.8 million psychiatric hospitalization episodes in 2008
- Inpatient environments should be safe, recovery oriented and focused on needs for aftercare
- Research demonstrates that patients often are frightened and perceive the environment as threatening and volatile
- Nurses are the chief architects of the inpatient environment and responsible for both safety and quality
Consumers and Nurses involved in every phase of the project

1. First list of items derived from focus groups with consumers/users and Interviews with nursing staff
2. Abstracted potential items and organized them into dimensions
3. Provisional items were reviewed and ranked by 30 nurses and 30 consumers/users
4. Expert review of pilot version of the tool by consumers and nurses
5. Cognitive interviews with staff and consumers to validate wording and intent of items
6. Tools tested on six inpatient units with patients and nurses
Six Initial Dimensions of the Tool

**Patients:**
- Safety
- Engagement
- Achievement
- Choice
- Respect
- Significance

**Staff:**
- Safety
- Engagement
- Achievement
- Choice
- Respect
- Significance
<table>
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<tr>
<th>Participant</th>
<th>Safety</th>
<th>Engagement</th>
<th>Choice</th>
<th>Achievement</th>
<th>Respect</th>
<th>Significance</th>
</tr>
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<tbody>
<tr>
<td><strong>Nurses. In the last month how often did you experience</strong></td>
<td>Staff worked as a team - Shifts with adequate staff numbers</td>
<td>Having time to talk with patients - Responding to a patient’s needs in a timely manner</td>
<td>Intervening with creative approach - Chance to talk about your care with staff</td>
<td>Intervention with patients mattered - A sense that patients improved under my care</td>
<td>- My opinion about patients being heard - Managers listened to staff</td>
<td>Made a difference in peoples’ lives - Member of a team that worked together</td>
</tr>
<tr>
<td><strong>Inpatients. In the last week how often did you experience</strong></td>
<td>- Being safe on the unit - Staff as competent</td>
<td>- Staff being concerned about you - Staff caring toward you</td>
<td>- Sense you were on right medication - Involved in treatment decisions</td>
<td>- Learned how to manage your symptoms - Began to feel more in control</td>
<td>- Treated with respect - Staff listened to you</td>
<td>Staff answered your questions - Needs responded to</td>
</tr>
</tbody>
</table>
Examples From Final Questionnaire

**PATIENTS**
During my hospitalization, nurses and MHWs treated me with respect?
Never——sometimes—— very often -- always——do not know

During my hospital stay, I was given medications that helped me?
Never——sometimes—— very often -- always——do not know

During my hospital stay, nurses and MHWs were caring towards me.? 
Never——sometimes—— very often -- always——do not know

**STAFF**
In the last month, you felt safe on the unit ?
Never——sometimes—— very often -- always——do not know

In the last month, you felt you made a difference in people’s lives.
Never——sometimes—— very often -- always——do not know

In the last month, you had enough staff to meet patients’ daily needs?
Never——sometimes—— very often -- always——do not know
Preliminary Conclusions

- Overall reliability is good for both CAPE versions
- Patients tend to rate care highly
- Fairly good correlations with POC and NWI
- Reliability of dimensions may be improved with deletion of items
- Factor analysis resulted in 5 dimensions of staff tool and 2 dimensions for patient tool
Process Questions around stakeholders: Engagement strategies and contributions

We made contact with consumer stakeholders via a community agency where one of the investigators was well known.

We used our clinical network to enlist hospital sites and then nurses.

The stakeholders thoughts and contributions about what are critical experiences are the backbone of the instrument. This is a quality tool where patients and staff defined the elements of quality.

We also drew upon our consumer consultant when we hit decision points during data collection.
Challenges and Lessons from Experience

1. Some obvious challenges around obtaining IRB approval at six sites

2. Data collection had to be tailored to what each hospital unit thought appropriate

3. Not sure about timing of the instrument. Patients tended to rate hospitalization experience very positively but there are some key differences between dimensions.


Question and Answer Session

Submitting Questions:

Submit questions via the chat function in Meeting Bridge

If we are unable to address your question during this time, please e-mail your question to us at getinvolved@pcori.org

An archive of this webinar will be posted to http://www.pcori.org/get-involved/pcori-in-practice/ following this event.
Find Us Online

www.pcori.org