

HEALTH-SERVICE WIDE IMPLEMENTATION OF PROMS/PREMS

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QUESTION

In health services or hospitals, what evidence supports the implementation of routine PROMs and/or PREMs collection at a service-wide level?

RESULTS

ONLINE RESOURCES

AUSTRALIAN REPORTS AND GUIDANCE

Australian Commission on Safety and Quality in Health Care (ACSQHC). (2025). **Patient reported outcome measures.** [Web link.](#)

- The Commission hosts a set of resources (including literature reviews, environmental scans, and implementation insights) tailored to PROMs selection, implementation, and evidence for health services.

Monash University. (2025). **Using patient reported measure in clinical quality registries for healthcare improvement: a guide.** [Web link.](#)

- Guide to using PROMs and PREMs in clinical quality registries to support data standardisation, reporting, and quality improvement across hospitals and health services

UK REPORTS AND GUIDANCE

NHS England. (n.d.). **Patient Reported Outcome Measures (PROMs).** [Web link.](#)

- One of the largest systematic uses of PROMs across a national hospital-based system.

CANADIAN REPORTS AND GUIDANCE

Canadian Institute for Health Information. (2026). **Patient-reported outcome measures (PROMs).** [Web link.](#)

- The Canadian Institute for Health Information has developed data collection guidelines for PROMs, including core instruments and timing.

INTERNATIONAL REPORTS AND GUIDANCE

OECD. (n.d.). **Patient-Reported Indicator Surveys (PaRIS)**. [Web link](#).

- PaRIS is the OECD’s Patient-Reported Indicator Surveys initiative where countries work together on developing, standardising and implementing a new generation of indicators that measure the outcomes and experiences of healthcare that matter most to people.

OECD. (2025). **PROMoting quality of care through patient reported outcome measures (PROMs)**. [Web link](#).

- A comprehensive policy report reviewing systematic PROMs data collection across 38 countries, including recommendations to strengthen national adoption, integration into policy, and use for quality improvement.

HAS. (2021). **Quality of care as perceived by patients – PROMs and PREMs indicators: Panorama of experiences in other countries and main lessons learned**. [Web link](#).

- A French health authority document summarising PROMs/PREMs adoption across English-speaking and European systems (including UK, Canada, Australia, NZ).

PEER-REVIEWED JOURNAL ARTICLES – MOST RECENT FIRST

Articles are grouped by theme:

- Implementation and Improvement
- Paediatrics
- Cultural Sensitivity
- Electronic PROMs/PREMs

Each article summary contains excerpts from the abstract and an online link.

IMPLEMENTATION AND IMPROVEMENT

Al Sayah, F., et al. (2025). **Stakeholders' perspectives on implementing and integrating patient-reported outcome measures (PROMs) in health systems - insights from Alberta, Canada**. *Journal of patient-reported outcomes*, 9(1): 63. [Link to full text](#).

Patient-reported outcome measures (PROMs) are valuable tools for evaluating outcomes of healthcare interventions and have been increasingly used in health systems around the world. While PROMs adoption has grown globally, variations exist in their use across the health system. This stakeholder engagement and consultation activity aims to understand factors impacting PROMs adoption, implementation, and utilization, and identify strategies for enhancing utilization of PROMs data within the healthcare system in Alberta, Canada. The study highlights factors influencing PROMs adoption in Alberta, including the need for a unified understanding, workflow integration, and electronic data use. Key strategies involve fostering patient-centered care, ensuring organizational support, addressing resource and policy issues, and providing targeted education. Engaging early adopters and offering incentives can improve PROMs integration and patient outcomes.

Crane, E., et al. (2025). **A social return on investment analysis of patient-reported outcome measures in value-based healthcare**. *Journal of patient-reported outcomes*, 9(1): 22. [Link to full text](#).

There is growing interest in the use of Patient Reported Outcome Measures (PROMs) to improve patient and healthcare service outcomes. This study aimed to measure the social and economic value of PROMs implemented within a VBHC framework. These findings demonstrate the complexities of implementing PROMs within a clinical context, and careful consideration is likely needed in selecting suitable services and tailoring the implementation of PROMs to effectively meet specific service and patient requirements. Where PROMs yielded low or no value, the lack of return-on-investment prompts a strategic re-evaluation regarding how PROMs are funded, implemented, and utilized. As the first economic evaluation of PROMs in clinical practice, this study is a novel contribution to the emergent VBHC and PROMs evidence base. Furthermore, the findings from this study will inform recommendations to improve PROMs delivery across Wales.

Dosanjh, G. (2025). **Barriers and Enablers to the Implementation of Patient-Reported Outcome Measures Within Cardiff and Vale University Health Board: A Qualitative Study of Healthcare Professionals' Perspectives.** *Cureus*, 17(4): e82127. [Link to full text.](#)

Healthcare has experienced a shift towards outcomes-driven care. Patient-reported outcome measures (PROMs) have gained popularity as a means to achieve this goal. Cardiff and Vale University Health Board (CAVHB) is one of the seven Health Boards in Wales that has implemented PROMs in clinical care. The aim of this research was to establish the barriers and enablers that occur across the different levels (micro, meso, and macro) of the Health Board from the perspective of staff engaged in implementing PROMs. The intention is that this will provide useful insights into the important factors to consider when implementing PROMs within a healthcare setting. The responses highlighted supportive organisational leadership and the importance of adequate resourcing for implementation efforts. IT systems and digital platforms, when poorly optimised and integrated, can act as a barrier, promote clinician fatigue, and make it difficult for patients to navigate and complete PROMs. Digital illiteracy can act as a significant barrier for segments of the population. This particularly impacted the elderly, who often lacked the ability to confidently engage with digital resources. Successful implementation of PROMs must consider a number of barriers and enablers. Education is of key importance and can help mitigate several barriers that may impact clinician and patient involvement in using PROMs. IT systems must be created in a way that links with existing record systems and does not add an additional burden to clinicians. They must be easy to navigate and use for both patients and staff. Organisational buy-in is important, and adequate resourcing and staffing can help facilitate PROMs implementation.

Hays, R. D. and D. D. Quigley (2025). **A perspective on the use of patient-reported experience and patient-reported outcome measures in ambulatory healthcare.** *Expert Review of Pharmacoeconomics and Outcomes Research*, 25(4): 441-449. [Link to full text.](#)

Patient-reported experience measures (PREMs) are patient reports about their healthcare, whereas patient-reported outcome measures (PROMs) are reports about their functioning and well-being regarding physical, mental, and social health. We provide a perspective on using PREMs and PROMs in ambulatory healthcare. We conducted a narrative review of the literature about using PREMs and PROMs in research and clinical practice, identified challenges and possibilities for addressing them, and provided suggestions for future research and clinical practice. Expert opinion: Substantial progress in using PREMs and PROMs has occurred during the last half-century. Collecting and reporting PREMs to clinicians in ambulatory care settings has improved communication with patients, diagnosis, and treatment, which may improve patients' health. Optimal use requires appropriate data analysis, minimizing implementation barriers, and facilitating interpretation of PREMs and PROMs in clinical practice. Also, formal structures and processes that include patient and

family input into care improvement are needed (e.g. patient and family advisory councils as partners in co-design and coproduction of quality improvement). PREMs and PROMs have been used primarily in more affluent countries (e.g. the United States, Australia, United Kingdom, Netherlands, Japan, and Portugal), but this is expected to increase in many countries.

Ruseckaite, R., et al. (2025). **Development of a Best Practice Guide to Optimise the Reporting of Patient Reported Measures by Clinical Quality Registries for Quality Improvement Purposes.** *Health services insights*, 18(101624726): 11786329251347343. [Link to full text.](#)

Clinical quality registries (CQRs) systematically monitor the quality of healthcare by routinely collecting and reporting health-related information. The collection of patient reported measures (PRMs) by CQRs provides a personal perspective on the expectations and impacts of treatment. Reporting of CQR-collected PRMs for quality improvement (QI) is highly variable. An increasing number of CQRs use PRMs to enhance QI reporting, however there are no published guidelines currently to support this. Through identifying existing practices, methods and techniques that CQRs use to report PRMs, we developed a practical guideline to support CQRs and standardise their PRMs reporting for QI purposes, with the overarching goal of optimising the value of PRM data within CQRs.

Wolff, A. C., et al. (2025). **Enhancing provider adoption of patient-reported outcome measures (PROMs) through implementation science: insights from two international workshops.** *Journal of patient-reported outcomes*, 9(1): 77. [Link to full text.](#)

Although the use of patient-reported outcome measures (PROMs) in practice is increasing, successful implementation is contingent on engaging healthcare providers (HCPs). Using Implementation Science (IS), we present the content of two workshops hosted at the International Society for Quality-of-Life annual conferences for individuals seeking to implement PROMs collection and use in their settings. Our goals were to provide workshop participants with knowledge, tools, and resources to prepare HCPs for PROM adoption and to demonstrate tailored strategies to meet context-specific needs. Given the increasing evidence base supporting the role of PROMs in patient-centered care, it is imperative to understand the mechanisms and best practices for increasing provider adoption of PROMs. This work offers a roadmap for understanding determinants more important to HCPs and systematically selecting theory-informed implementation strategies that may increase the likelihood of HCP adoption of PROMs. Offering tailored HCP training/education programs and implementation strategies can prepare HCPs for timely and effective PROM implementation.

Anderson, M., et al. (2024). **Understanding factors impacting patient-reported outcome measures integration in routine clinical practice: an umbrella review.** *Quality of Life Research*, 33(10): 2611-2629. [Link to full text.](#)

Patient-report outcome measures (PROMs) have gained widespread support as a mechanism to improve healthcare quality. We aimed to map out key enablers and barriers influencing PROMs implementation strategies in routine clinical practice. The sustainable implementation of PROMs is a complex process that requires multicomponent organisational strategies covering training and guidance, necessary time and resources, roles and responsibilities, and consultation with patients and clinicians.

Silveira Bianchim, M., et al. (2023). **The implementation, use and impact of patient reported outcome measures in valuebased healthcare programmes: A scoping review.** *PLoS ONE*, 18(12 December): e0290976. [Link to full text.](#)

Value-Based Healthcare (VBHC) focuses on the value of patient outcomes and is achieved by ensuring resources already available are managed to realise the best possible individual and population health outcomes. Patient reported outcome measures (PROMs) measure the impact of illnesses from the patient perspective. We conducted a scoping review to understand how PROMs were implemented and used, and their impact in the context of VBHC. PROMs have yet to demonstrate their full potential in a VBHC context. Optimal PROMs implementation is poorly understood by clinicians and patients. Future studies should explore different models of PROM implementation and use within VBHC programmes to understand what works best and why for each specific context, condition, and population.

Thwaites, C., et al. (2023). **Patient-reported outcome measures for rehabilitation hospitals: a scoping review.** *Physical Therapy Reviews*, 28(4-6): 278-290. [Link to full text.](#)

Patient-Reported Outcome Measures (PROMs) aim to facilitate patient-centred care by objectively measuring consumer views of their health and well-being in addition to monitoring patient outcomes. This review sought to identify PROMs suitable for adults receiving inpatient rehabilitation to guide clinical practice and consumer engagement in healthcare. PROMs are frequently used in rehabilitation research and have the potential to yield helpful data for the evaluation of clinical services.

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Ruseckaite, R., et al. (2022). **Preliminary development of recommendations for the inclusion of patient-reported outcome measures in clinical quality registries.** *BMC Health Services Research*, 22(1): 276. [Link to full text.](#)

Clinical quality registries (CQRs) monitor compliance against optimal practice and provide feedback to the clinical community and wider stakeholder groups. Despite a number of CQRs having incorporated the patient perspective to support the evaluation of healthcare delivery, no recommendations for inclusion of patient-reported outcome measures (PROMs) in CQRs exist. The aim of this study was to develop a core set of recommendations for PROMs inclusion in CQRs. This is the first study to develop preliminary recommendations for PROMs inclusion in CQRs. Recommendations for PROMs implementation are critically important for registries to assure meaningful PROMs data capture, use, interpretation, and reporting to improve health outcomes and healthcare value.

Al Sayah, F., et al. (2021). **Selection of patient-reported outcome measures (PROMs) for use in health systems.** *Journal of patient-reported outcomes*, 5(Supplement 2): 99. [Link to full text.](#)

Many healthcare systems around the world have been increasingly using patient-reported outcome measures (PROMs) in routine outcome measurement to enhance patient-centered care and incorporate the patient's perspective in health system performance evaluation. One of the key steps in using PROMs in health systems is selecting the appropriate measure(s) to serve the purpose and context of measurement. However, the availability of many PROMs makes this choice rather

challenging. Our aim was to provide an integrated approach for PROM(s) selection for use by end-users in health systems. The proposed approach was based on relevant literature and existing guidebooks that addressed PROMs selection in various areas and for various purposes, as well as on our experience working with many health system users of PROMs in Canada. Selecting PROMs that satisfy all these purposes is essential to ensure continuity and standardization of measurement over time. This is an iterative process and users should consider all the available information from all presented steps in selecting PROMs. Each of these considerations has a different weight in diverse clinical contexts and settings with various types of patients and resources.

Turner, M., et al. (2021). **Advancing PROMs for health system use in Canada and beyond**. *Journal of patient-reported outcomes*, 5(Supplement 2): 94. [Link to full text.](#)

PROMs are essential to delivering patient-centred health care, and when applied routinely they can enhance communication between patients and providers, inform decisions for value-based health system improvements and improve overall patient care experiences and outcomes. The use of patient-reported outcome measures (PROMs) across Canada varies across provinces and territories, partly because of differences in health care delivery models across these jurisdictions. A national program that coordinates uses of PROMs is needed to ensure that this information is comparable across jurisdictions. Learnings from regional implementation of the standards demonstrated the importance of assessing existing infrastructure and information technology requirements, mapping clinical workflows, planning for human and information technology resources, navigating local legislation and hospital policies and ensuring data linkage capabilities. This initiative showed the need for a common regional approach for PROMs collection to be efficient and effective. The learnings from implementation of the national Canadian PROMs program for hip and knee arthroplasty can be used as an example for other jurisdictions and clinical areas such as renal care and mental health. Common data standards allow for secondary use of this data that is valuable for reporting and informing policy and guidelines as well as meeting care delivery goals to further the shift in health care systems becoming more patient-centred to improve the quality-of-life of patients.

van Oers, H. A., et al. (2021). **Using an implementation science approach to implement and evaluate patient-reported outcome measures (PROM) initiatives in routine care settings**. *Quality of Life Research*, 30(11): 3015-3033. [Link to full text.](#)

Patient-reported outcome and experience measures (PROMs/PREMs) are well established in research for many health conditions, but barriers persist for implementing them in routine care. Implementation science (IS) offers a potential way forward, but its application has been limited for PROMs/PREMs. Multilevel IS frameworks are necessary for PROM/PREM implementation given the complexity. In cross-study comparisons, barriers to PROM/PREM implementation were consistent across patient populations and care settings, but enablers were context specific, suggesting the need for tailored implementation strategies based on clinic resources. Theoretically guided studies are needed to clarify how, why, and in what circumstances IS principles lead to successful PROM/PREM integration and sustainability.

Withers, K., et al. (2021). **First steps in PROMs and PREMs collection in Wales as part of the prudent and value-based healthcare agenda**. *Quality of Life Research*, 30(11): 3157-3170. [Link to full text.](#)

Patients are experts in their own health and should be treated as equal partners in their care. Patient-reported outcome measures (PROMs) are an effective way of gathering patient feedback and can facilitate effectiveness and cost-effectiveness analysis to improve decision making and service improvement. The PROMs, PREMs & Effectiveness Programme was initiated in 2016 and aimed to develop an electronic platform to facilitate collection of PROMs and Patient-reported experience measures (PREMs) from secondary care patients across Wales. The national platform has provided a co-ordinated approach to PROMs collection in Wales, offering an effective means of communicating with patients outside the traditional clinic visit.

PAEDIATRICS

Alarilla, A., et al. (2025). **A scoping review of the electronic collection and capture of patient reported outcome measures for children and young people in the hospital setting.** *PLOS digital health*, 4(1): e0000704. [Link to full text.](#)

Patient reported outcome measures (PROMs) capture patients' views of their health status and the use of PROMs as part of standard care of children and young people has the potential to improve communication between patients/carers and clinicians and the quality of care. Electronic systems for the collection of or access to PROMs and integrating PROMs into electronic health records facilitates their implementation in routine care and could help maximise their value. The findings show that there is great variability in the electronic platforms used in the collection, storage and access of PROMs resulting in different configurations and fragmented approaches to implementation. There appears to be a lack of consideration on the technical aspects of the implementation such as the accessibility, useability and interoperability of the data collected. Electronic platforms for the collection and capture of PROMs in routine care of CYP is popular, yet, further understanding of the technical considerations in the use of electronic systems for implementation is needed to maximise the potential value and support the scalability of PROMs in routine care.

Bele, S., et al. (2021). **Use of Patient-Reported Experience Measures in Pediatric Care: A Systematic Review.** *Frontiers in Pediatrics* 9(): 753536. [Link to full text.](#)

Patient-reported Experience Measures (PREMs) are validated questionnaires, that gather patients' and families' views of their experience receiving care and are commonly used to measure the quality of care, with the goal to make care more patient and family-centered. PREMs are increasingly being adopted in pediatric population, however knowledge gaps exist around understanding the use of PREMs in pediatrics. This comprehensive review is the first to systematically search evidence around the use of PREMs in pediatrics. The findings of this review can guide health administrators and researchers to use appropriate PREMs to implement patient and family-centered care in pediatrics.

CULTURAL SENSITIVITY

Nikolovski, J., et al. (2025). **Strategies to promote the completion of patient-reported outcome measures by culturally and linguistically diverse and Indigenous Peoples in clinical care settings: A systematic review.** *Quality of life research : an international journal of quality of life aspects of treatment, care and rehabilitation* 34(6): 1541-1551. [Link to full text.](#)

There is evidence of low completion of patient-reported outcome measures (PROMs) by people from culturally and linguistically diverse (CALD) backgrounds and Indigenous Peoples with chronic health conditions. We aimed to systematically identify ways to support and promote PROM completion by CALD communities and Indigenous Peoples in clinical care settings. Few studies reported strategies to support the completion of PROMs by people from CALD backgrounds and/or Indigenous Peoples. Adequate training, planning (including community consultation), resourcing,

and financial support are required to encourage people who are CALD and Indigenous Peoples to participate in PROM initiatives globally.

Palmer, R. I., et al. (2025). **Strategies to Translate PROMs to Linguistically Diverse and Lesser-Spoken Languages: Lessons from Wales.** *The patient*, (2025). [Link to full text.](#)

Patient-reported outcome measures (PROMs) are widely implemented in Wales to achieve Value-Based Healthcare (VBHC). All patient-facing information in Wales must be available bilingually; therefore, Welsh-language PROM translation is necessary. Conceptually equivalent and patient-friendly translations of PROMs are essential to ensure that the data they collect are equivalent to that collected via their corresponding original language versions. As a result, the International Society for Pharmacoeconomics and Outcomes Research (ISPOR) have developed best practice principles for PROM translations. While effective in most areas, they do not provide guidance on reaching an appropriate register in languages with more than one register, dealing with multiple dialects, or how to recruit enough participants for cognitive debriefing when there are limited numbers of native speakers. Lessons have been learned while trying to manage these challenges in Wales, and recommendations for future practice are provided.

d'Agincourt-Canning, L., et al. (2024). **Pathways: A guide for developing culturally safe and appropriate patient-reported outcome (PROMs) and experience measures (PREMs) with Indigenous peoples.** *Journal of Evaluation in Clinical Practice* 30(3): 418-428. [Link to full text.](#)

Members of the Indigenous Health Program, BC Children's and Women's Hospitals and the University of British Columbia embarked on a joint project to describe best practices to support the creation of patient-reported outcome measures (PROMs) and patient-reported experience measures (PREMs) with Indigenous peoples. The project involved a review of previous research on patient-reported measures (surveys) that had been specifically developed for Indigenous populations. It also involved interviews with key stakeholders-Indigenous and non-Indigenous academic researchers, and Indigenous community leaders and community members. Themes from the interviews and the literature review were combined and synthesized into pathways/a framework for survey development. This is the first framework to guide development of PROMs and PREMs with Indigenous peoples and communities. It addresses both process and outcome and includes concrete steps that collaborators can take when establishing a partnership that is respectful and inclusive of Indigenous ways of knowing and being.

Allar, B. G., et al. (2022). **Lost in translation: A qualitative analysis of facilitators and barriers to collecting patient reported outcome measures for surgical patients with limited English proficiency.** *American Journal of Surgery* 224(1): 514-521. [Link to full text.](#)

Patient-reported outcome measures (PROMs) are increasingly being used throughout surgical disciplines, but their use is limited in multilingual patient populations. We aimed to investigate facilitators and barriers to PROMs collection for patients with limited English proficiency (LEP). Semi-structured interviews were performed with providers from multiple surgical disciplines across six academic medical centers until thematic saturation was achieved. These barriers may result in inadvertent but systematic exclusion of patients with LEP from outcomes datasets as well as clinical decision making. Future implementation projects should consider these themes when developing initiatives for more equitable PROMs collection and utilization.

Ryder, C., et al. (2022). **Community Engagement and Psychometric Methods in Aboriginal and Torres Strait Islander Patient-Reported Outcome Measures and Surveys-A Scoping Review and Critical Analysis.** *International journal of environmental research and public health* ,19(16). [Link to full text.](#)

In healthcare settings, patient-reported outcome measures (PROMs) and surveys are accepted, patient-centered measures that provide qualitative information on dimensions of health and wellbeing. The level of psychometric assessment and engagement with end users for their design can vary significantly. This scoping review describes the psychometric and community engagement processes for PROMs and surveys developed for Aboriginal and Torres Strait Islander communities. Improvement in inclusion of Indigenous knowledges and research approaches is needed to ensure relevance and appropriate PROM structures. We provide suggestions for research teams to assist in future design.

ELECTRONIC PROMS/PREMS

Hatton, N. L., et al. (2025). **KERMIT: Performance indicators in electronic patient reported outcome measures: a modified Delphi.** *Journal of patient-reported outcomes*, 9(1): 81. [Link to full text.](#)

The use of electronic patient reported outcome measures (ePROMs) is increasing in routine cancer care, with benefit demonstrated in improving patient survival, satisfaction and response time. ePROMs represent a complex intervention, with successful implementation reliant upon a range of questionnaires, platform, patient and clinician characteristics alongside the wider organisational readiness and environment. Key performance indicators (KPIs) assess the performance of a system. A KPI framework would offer value in assessing ePROM implementation projects, however the outcomes and indicators of importance are not clear. This work provides a framework of 14 KPIs, covering those of relevance to patients, clinicians and health services and recognising the acceptability, feasibility and impact of ePROMs. This framework offers a means to appraise the implementation of ePROMs, supporting teams as they implement ePROMs in routine cancer care and other healthcare settings.

Canfell, O. J., et al. (2024). **Artificial intelligence after the bedside: co-design of AI-based clinical informatics workflows to routinely analyse patient-reported experience measures in hospitals.** *BMJ Health and Care Informatics*, 31(1): e101124. [Link to full text.](#)

To co-design artificial intelligence (AI)-based clinical informatics workflows to routinely analyse patient-reported experience measures (PREMs) in hospitals. The context was public hospitals (n=114) and health services (n=16) in a large state in Australia serving a population of ~5 million. We conducted a participatory action research study with multidisciplinary healthcare professionals, managers, data analysts, consumer representatives and industry professionals (n=16) across three phases: (1) defining the problem, (2) current workflow and co-designing a future workflow and (3) developing proof-of-concept AI-based workflows. Co-designed workflows were deductively mapped to a validated feasibility framework to inform future clinical piloting. Qualitative data underwent inductive thematic analysis. The manual analysis of free-text PREMs data is laborious and difficult at scale. Automating analysis with AI could sharpen the focus on consumer input and accelerate quality improvement cycles in hospitals. Future research should investigate how AI-based workflows impact healthcare quality and safety. Conclusion AI-based clinical informatics workflows to routinely analyse free-text PREMs data were co-designed with multidisciplinary end-users and are ready for clinical piloting.

Aiyegbusi, O. L., et al. (2021). **A narrative review of current evidence supporting the implementation of electronic patient-reported outcome measures in the management of chronic diseases.** *Therapeutic Advances in Chronic Disease*, 12(20406223211015958). [Link to full text.](#)

An application of telemedicine of growing interest and relevance is the use of personal computers and mobile devices to collect patient-reported outcomes (PROs). PROs are self-reports of patients' health status without interpretation by anyone else. The tools developed to assess PROs are known as patient-reported outcomes measures (PROMs). The technological innovations that have led to an increased ownership of electronic devices have also facilitated the development of electronic PROMs (ePROMs). ePROMs are a conduit for telemedicine in the care of patients with chronic diseases. Various studies have demonstrated that the use of ePROMs in routine clinical practice is both acceptable and feasible with patients increasingly expressing a preference for an electronic mode of administration. There is increasing evidence that the use of electronic patient-reported outcome (ePROMs) could have significant impacts on outcomes valued by patients, healthcare providers and researchers. Whilst the development and implementation of these systems may be initially costly and resource-intensive, patient preferences and existing evidence to support their implementation suggests the need for continued research prioritisation in this area.

Crockett, C., et al. (2021). **The Routine Clinical Implementation of Electronic Patient-reported Outcome Measures (ePROMs) at The Christie NHS Foundation Trust.** *Clinical Oncology*, 33(12): 761-764. [Link to full text.](#)

The use of electronic patient-reported outcome measures (ePROMs) is associated with significant benefits for patient care. Studies reporting ePROM implementation have described improved communication between patients and clinicians, greater patient/clinician satisfaction and enhanced efficiency in the clinic due to the availability of patients' responses prior to consultations. Furthermore, landmark randomised controlled trials (RCTs) have reported improved patient survival associated with ePROM use for patients receiving cancer treatment or in follow-up. In these RCTs, clinical teams were alerted to patients reporting significant symptoms or a clinical deterioration. This enabled a real-time responsive service facilitating earlier intervention and led to improvements in symptom control, a reduction in emergency department attendances and hospitalisation.

Yu, J. Y., et al. (2021). **Electronic forms for patient reported outcome measures (PROMs) are an effective, time-efficient, and cost-minimizing alternative to paper forms.** *Pediatric rheumatology online journal*, 19(1): 67. [Link to full text.](#)

Patient reported outcome measures (PROMs) provide valuable insight on patients' well-being and facilitates communication between healthcare providers and their patients. The increased integration of the technology within the healthcare setting presents the opportunity to collect PROMs electronically, rather than on paper. The Childhood Health Assessment Questionnaire (CHAQ) and Quality of My Life (QoML) are common PROMs collected from pediatric rheumatology patients. The objectives of this study are to (a) determine the equivalence of the paper and electronic forms (e-form) of CHAQ and QoML questionnaires; (b) identify potential benefits and barriers associated with using an e-form to capture PROMs; and (c) gather feedback on user experience. E-forms collect comparable information in an efficient manner to paper forms. Given that patients and caregivers indicated they preferred completing PROMs in this manner, we will implement their suggested changes and incorporate e-forms as standard practice for PROMs collection in our pediatric rheumatology clinic.

APPENDIX

SEARCH METHODOLOGY

A systematic search was conducted for literature. The results were screened by librarians using [Covidence](#).

SEARCH LIMITS

- English-language
- Published within the last 5 years

DATABASES SEARCHED

- Medline – index of peer reviewed articles across health sciences and medicine.
- Embase – index of biomed and pharmacological peer reviewed journal articles.
- Emcare – index of nursing, allied health, critical-care medicine and more.
- Grey literature – Google, Google Scholar, Trip database, Biomed Central Proceedings.

MEDLINE SEARCH STRATEGY

This search strategy was conducted on 20/01/2026 and translated to other databases, as relevant. Searches in each database were conducted on the same day.

- 1 (Health service* or hospital service* or healthcare service* or health care service* or patient service* or hospital network* or health network* or healthcare network* or health care network* or health setting* or hospital setting* or healthcare setting* or health care setting* or health service-wide level or hospital service-wide level or healthcare service-wide level or health care service-wide level).ti,ab,kw.
- 2 exp health services/
- 3 exp Australia/
- 4 (Australia* or Victoria* or Vic or Melbourne or New South Wales or NSW or Sydney or Queensland or QLD or Brisbane or Northern Territory or NT or Darwin or Western Australia* or WA or Perth or South Australia* or SA or Adelaide or Tasmania* or TAS or Hobart or Australian Capital Territory or Canberra or gold coast or cairns or newcastle or wollongong or geelong or townsville or ballarat or toowoomba or sunshine coast or bendigo or launceston or rockhampton or bunbury or mackay or bundaberg).mp.
- 5 exp Canada/
- 6 (Canada* or Canadi* or Alberta* or Calgary* or Edmonton* or "British Columbia*" or Vancouver* or Victoria* or Manitoba* or Winnipeg* or "New Brunswick*" or Fredericton* or

Moncton* or Newfoundland* or "New Foundland*" or Labrador* or "St John*" or "Saint John*" or "Northwest Territor*" or Yellowknife* or "Nova Scotia*" or Halifax* or Dalhousie* or Nunavut* or Igaluit* or Ontario* or Ontarian* or Toronto* or Ottawa* or Hamilton or Queen's or McMaster* or Kingston* or Sudbury* or "Prince Edward Island*" or Charlottetown* or Quebec* or Montreal* or McGill* or Laval* or Sherbrooke* or Nunavik* or Kuujuaq* or Inukjuak* or Puvirnituk* or Saskatchewan* or Saskatoon* or Yukon* or Whitehorse*).mp.

7 New Zealand/

8 (new zealand* or auckland or wellington or New Plymouth or Nelson or Canterbury or Otago).mp.

9 exp United Kingdom/

10 (national health service* or nhs*).ti,ab,in.

11 (english not ((published or publication* or translat* or written or language* or speak* or literature or citation*) adj5 english)).ti,ab.

12 (gb or "g.b." or britain* or (british* not "british columbia") or uk or "u.k." or united kingdom* or (england* not "new england") or northern ireland* or northern irish* or scotland* or scottish* or ((wales or "south wales") not "new south wales") or welsh*).ti,ab,jw,in.

13 (bath or "bath's" or ((birmingham not alabama*) or ("birmingham's" not alabama*) or bradford or "bradford's" or brighton or "brighton's" or bristol or "bristol's" or carlisle* or "carlisle's" or (cambridge not (massachusetts* or boston* or harvard*)) or ("cambridge's" not (massachusetts* or boston* or harvard*)) or (canterbury not zealand*) or ("canterbury's" not zealand*) or chelmsford or "chelmsford's" or chester or "chester's" or chichester or "chichester's" or coventry or "coventry's" or derby or "derby's" or (durham not (carolina* or nc)) or ("durham's" not (carolina* or nc)) or ely or "ely's" or exeter or "exeter's" or gloucester or "gloucester's" or hereford or "hereford's" or hull or "hull's" or lancaster or "lancaster's" or leeds* or leicester or "leicester's" or (lincoln not nebraska*) or ("lincoln's" not nebraska*) or (liverpool not (new south wales* or nsw)) or ("liverpool's" not (new south wales* or nsw)) or ((london not (ontario* or ont or toronto*)) or ("london's" not (ontario* or ont or toronto*)) or manchester or "manchester's" or (newcastle not (new south wales* or nsw)) or ("newcastle's" not (new south wales* or nsw)) or norwich or "norwich's" or nottingham or "nottingham's" or oxford or "oxford's" or peterborough or "peterborough's" or plymouth or "plymouth's" or portsmouth or "portsmouth's" or preston or "preston's" or ripon or "ripon's" or salford or "salford's" or salisbury or "salisbury's" or sheffield or "sheffield's" or southampton or "southampton's" or st albans or stoke or "stoke's" or sunderland or "sunderland's" or truro or "truro's" or wakefield or "wakefield's" or wells or westminster or "westminster's" or winchester or "winchester's" or wolverhampton or "wolverhampton's" or (worcester not (massachusetts* or boston* or harvard*)) or ("worcester's" not (massachusetts* or boston* or harvard*)) or (york not ("new york*" or ny or ontario* or ont or toronto*)) or ("york's" not ("new york*" or ny or ontario* or ont or toronto*))))).ti,ab,in.

14 (bangor or "bangor's" or cardiff or "cardiff's;" or newport or "newport's" or st asaph or "st asaph's" or st davids or swansea or "swansea's").ti,ab,in.

15 (aberdeen or "aberdeen's" or dundee or "dundee's" or edinburgh or "edinburgh's" or glasgow or "glasgow's" or inverness or stirling or "stirling's").ti,ab,in.

16 (armagh or "armagh's" or belfast or "belfast's" or lisburn or "lisburn's" or londonderry or "londonderry's" or derry or "derry's" or newry or "newry's").ti,ab,in.

17 (patient reported experience measures or PREMS or client reported experience measures or CREMS).ti.

18 (Patient reported outcome measures or Patient reported measure* or PROMs).ti.

19 1 or 2

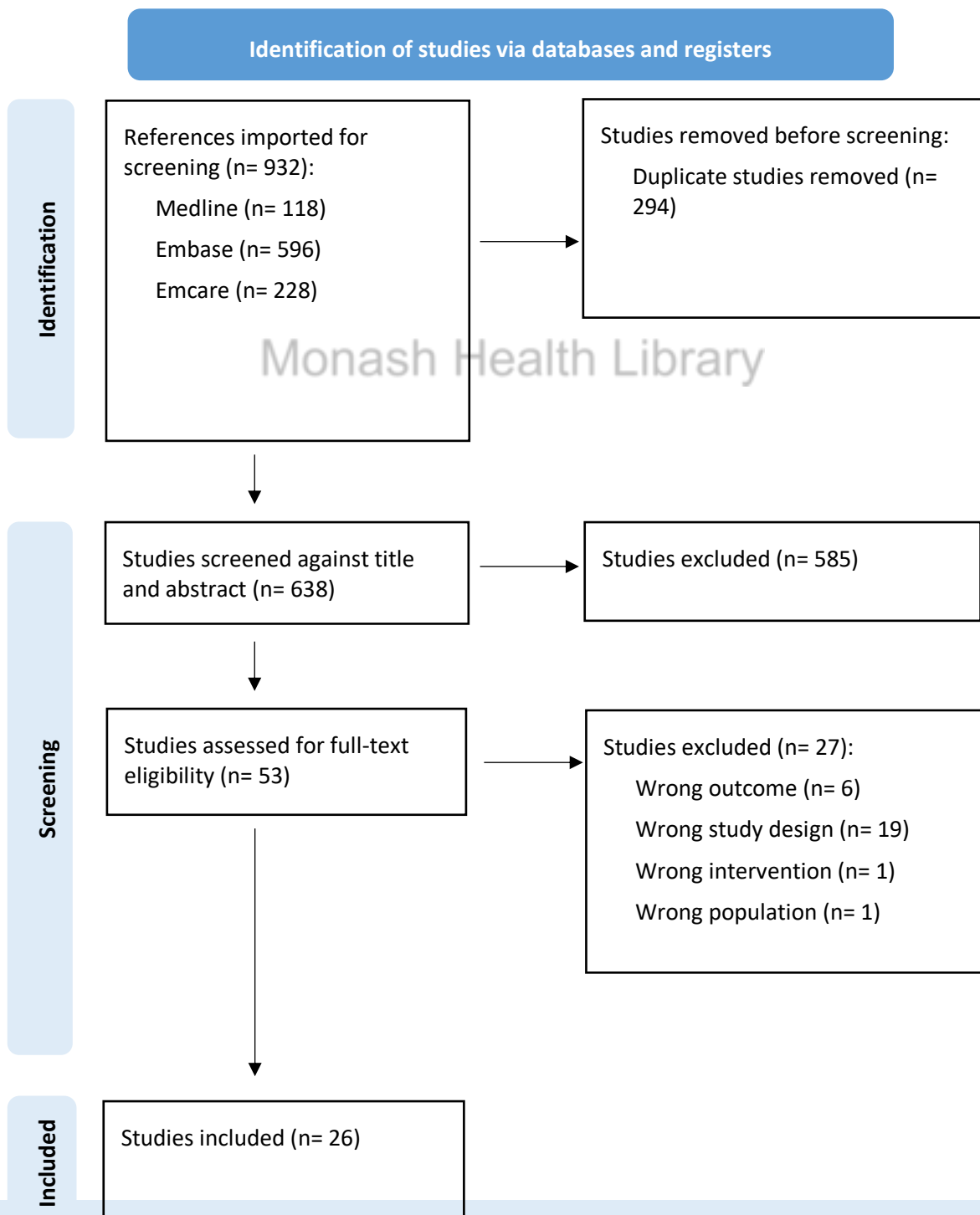
20 3 or 4 or 5 or 6 or 7 or 8 or 9 or 10 or 11 or 12 or 13 or 14 or 15 or 16

21 17 or 18

22 19 and 20 and 21

23 limit 22 to (english language and yr="2021 -Current")

PRISMA CHART



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