

P39 PROMIS in orthopaedic trauma: How do we get patients on board?

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Objective: To more effectively gather and utilize PROMIS screening tools in orthopaedic trauma as a standard-of-care. With targeted implementation strategies, we aim to improve surgical outcomes and the patient experience through engagement in shared decision making, tracking progress in recovery (PROMIS-PI, -PF), and identifying mental health intervention points such as depression (PROMIS-D) and anxiety (PROMIS-Anxiety). However, patient underreporting, stigma, and purpose confusion in screening remains a concern as well as patient questionnaire burden and clinical encounter time constraints. To mitigate these barriers, we decided to create a short (less than two minutes) patient education video for one-time viewing prior to first screening with PROMIS measures.

Methods: A proposed patient education video script was completed and sent to two former, fully recovered orthopaedic trauma patients for review. Participants were informed of the video's objectives (improved patient engagement and mitigation of questionnaire burden and purpose confusion) prior to review. One-on-one interviews were held with each patient for feedback and collaborative design. Script revisions were conducted by the design team and reviewed by former patients until consensus was reached. Video production concluded in March 2025 with plans to embed the video into Epic's "My Chart" e-check in process in May 2025.

Results: Participants found the initial script consisting of voiceover and images to be pedantic with marketing-type messaging they would not be responsive to. Both identified the lack of patient voice and too much academic language regarding screening ("patient-reported outcomes", "physical capabilities", "pain interference") as problematic. The final approved script included three patient testimonials reflecting on engagement with PROMIS questionnaires and how they subsequently supported communication with their surgeon and overall recovery.

Conclusions: Including the patient voice in patient-facing education materials can provide validation of their experience in recovery, thus reducing stigma. Additionally beneficial is improved attention and patient buy-in, increasing the likelihood that PROMIS questionnaires will be completed voluntarily, fully, and accurately. If our educational messaging is successfully delivered, it is anticipated that PROMIS completion rates will improve as well as related elements of patient satisfaction scoring.