BACKGROUND: The use of patient-reported outcome measures (PROMS) in trauma is limited and there is minimal evidence in the areas of qualitative methodology or pertaining to socioeconomic or employment outcomes. The aim of this study is to evaluate qualitative and societal outcomes of trauma for which there is currently a poor evidence base.

METHODS: National ethical approval was obtained for routine prospective PROMs data collection, including EQ-5D, between September 2013 & March 2015 for patients who sustained injuries with severity score (ISS) greater than 9 (n=92). There were 85 polytrauma patients that disclosed their intended return to work at discharge. Income was collated for all participants. EQ-5D responses were valued using the time trade-off method and correlation analysis performed by Spearman’s rank method.

RESULTS: Only 26% of patients working at admission anticipated returning to work within 14 days post-discharge. Self-rated health status on the EQ-5D analysis correlated with perceived likelihood of return to work (r=0.25, p=0.0395). Very strong correlations were demonstrated between EQ-5D scores and perceived dignity preservation (r=0.38, p=0.0004), and overall satisfaction (r=0.46, p< 0.0001). There was no correlation between EQ-5D and ISS score. Perceived ability to return to work at discharge did not correlate with ISS scores overall (r=-0.05, ns), or when stratified by working group. Increased physicality of work showed a trend towards poorer return to work outcomes, although non-significant in Spearman’s rank analysis (r= 0.14, p= 0.32). No significant difference was demonstrated in the comparative incomes of patients with the best and worst return to work outcomes (ANOVA n=61, t=0.63, ns). Lowest quartile earners (n=19) were more likely to complete the open questions (79%) than higher quartile earners. Qualitative thematic content analysis of open responses was possible for 69% respondents. Prominent positive themes were: care, staff, professionalism, and communication. Prominent negative themes were: food, ward response time, and communication.

CONCLUSIONS: The self-rated health status scores at discharge (EQ5D) correlated with intended return to work, dignity, and satisfaction. Expected return to work did not correlate with ISS score or socioeconomic status. Contrary to previous studies, this study demonstrates that lower socioeconomic groups have best engagement with PROMS. This study highlights the importance of qualitative PROMS analysis in leading patient-driven improvements in trauma care.