

Abstract

Humanization vs Automation: The Impact of Nurse-Led Sensibilization Intervention on Response Rate to Patient-Reported Outcome Measures

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Introduction. In chronic diseases such as heart failure, integrating Patient-Reported Outcome Measures (PROMs) is essential to orient care toward patient-perceived value. However, the transition from individual to automated enrollment can lead to a sharp decline in response rates. In our experience, when enrollment was automated using ICD discharge codes, the response rate dropped from 64% to approximately 14%.

Methods. In this quality-improvement project, a 4-month sensitization intervention was conducted. Two nurses performed pre-discharge interviews aimed at overcoming barriers by providing technical and informational support to respondents. Response rates were monitored after 7 days(T0) and one month(T1) after discharge.

Results. The intervention team reached 19%(42) of the automatically enrolled population (231). The response rate at both T0 and T1 stabilized at 19%, suggesting a direct association with the sensitization activities. During peak sensitization periods, adherence reached 70%, while it was negligible when nurses were absent.

Discussion. Early results confirm that automation ensures maximum coverage but cannot guarantee responsiveness or adherence. The nurse's role appears crucial in transforming PROMs from bureaucratic tasks into decision-making tools. For the model to be sustainable, a greater number of nurses should participate in sensitization activities. In addition, integrating monitoring dashboards could support real-time data oversight.

Keywords: Patient-Reported Outcomes, Patient Engagement, Quality Improvement

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