"I always assess my patients holistically, I don't need a scoring system to tell me how ill they are"

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Background

- Measuring patient outcomes is necessary to assess the impact of care and to identify areas for improvement.[1,2] It is therefore vital that clinicians are comfortable and confident when using outcome measures in practice.
- In July 2019, Hospice Isle of Man (IOM) adopted three of the Outcome Assessment and Complexity Collaborative (OACC)[3] measures: the Integrated Palliative Care Outcome Scale (IPOS), the Australia-modified Karnofsky Performance Status (AKPS) and the Phase of Illness (POI).

Aim: To understand clinicians' use and views of the OACC measures, any problems and suggestions for improvement.

Methods

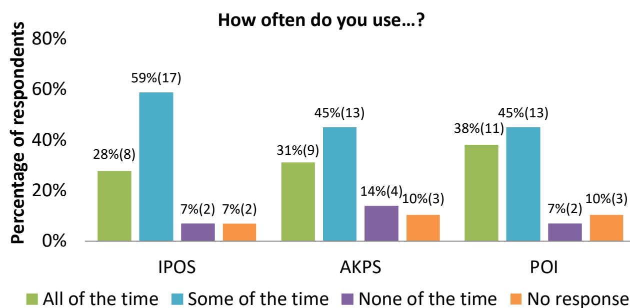
- In September 2020, Hospice IOM clinicians (n=42) who routinely use OACC were invited to complete a survey on their perceptions of the measures. Closed and open-ended questions were used.
- Surveys were distributed electronically via email. Paper-based versions were offered at clinical team meetings.

Analysis

- Descriptive statistics were calculated using the statistical packages R and R Studio (Version 4.1.0 for Windows).
- Qualitative data were analysed through thematic analysis.[4]

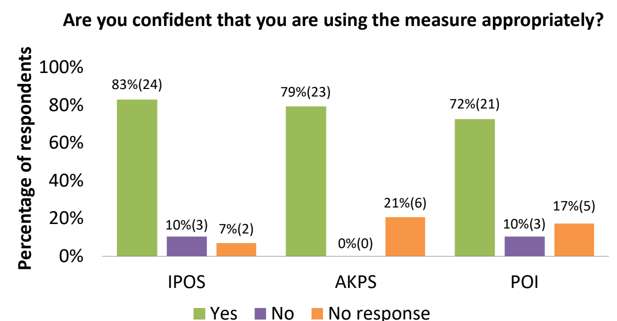
Results

Participants n=29 (response rate 69%) All active services represented **100%** used one of the measures at least once



Benefits of OACC:

- Person-centred assessment and monitoring.
- Assists when planning care.
- Helps identify wider needs (holistic care).
- Helps open up dialogue and increase rapport.
- Provides a 'common language' between clinicians.



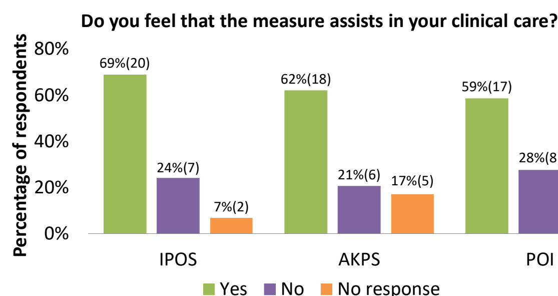
What's not working well:

- Physical health focus offers limited benefit to other services, particularly Allied Health Professionals (AHPs).
- Perceived to be subjective and dependent on clinician and timing.
- Uses as outcome measures were not evident, including wider organisational uses (e.g. measuring effectiveness).

"I think [IPOS] is a very valuable and useful tool that assists me in providing appropriate care and increasing service as required"

"[AKPS is] too medicalised for [my] service" (non-clinical professional)

"…our team were never clear on what was expected of us in terms of OACC and it wasn't routinely used"



Recommendations:

- Incorporation of OACC into patient discussions (e.g. handovers).
- For AHPs, consideration of other outcome measures.
- Standardising use and reporting results to clinical teams.
- More training on: Completing after death or if unfamiliar with patient; How often to use; How to apply in team meetings; How to differentiate between phases in POI.

Conclusions

- In a palliative care setting, benefits were witnessed mainly in relation to patient assessment. Benefits surrounding the broader application of outcomes were not apparent in responses.
- Further staff training and application of outcomes may be beneficial.

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