Introducing the Outcome Assessment and Complexity Collaborative (OACC)

Using outcome measures in palliative care to improve patient care

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What are outcome measures?

- Instruments/questionnaires which capture **changes in health status** following healthcare or intervention[1]
- **Standardised** and **validated**[2]
- **Reliable** and **sensitive** in the population of interest[2]
- Ratings to individual questions often combined to produce an **overall score**[2]
- **Patient reported** outcome measures: Questionnaires completed by patients to measure their own perceptions of health and wellbeing[2]
- Used in **audit** (outcomes and quality improvement), **research** (evaluation) and **clinical care** (evidence-based medicine and assessment)[2,3]

What is already known?

- **Widespread use** and **acceptance**[3,4]
- **Commissioning** to be based on outcomes rather than activity[5,6]
- Benefits in **clinical care**: Assessment and monitoring, recording and identification of symptoms, patient involvement and communication, and person-centred care[4]
- **Benefits** identified by **professionals**: Better understanding of patient and family needs, improved quality of care, and assists decision making[3]
- **Barriers** to use: Time constraints[4], burden for patient, lack of training, insufficient guidance[3], fear of change, and feelings of being assessed[6]
- **Facilitators** for use: Information, guidance and training[3], feedback, leadership, and encouragement[6]

Outcome measures in Palliative Care

- Range of outcome measures in palliative care

- The Outcome Assessment and Complexity Collaborative (**OACC**) project selected a suite of measures most suitable for the purpose of capturing outcomes within palliative care services[5]

  - Integrated Palliative care Outcome Scale (IPOS)
  - Australia-modified Karnofsky Performance Status (AKPS)
  - Phase of Illness
  - Views on Care (VoC)
  - Barthel index
  - Zarit carer review

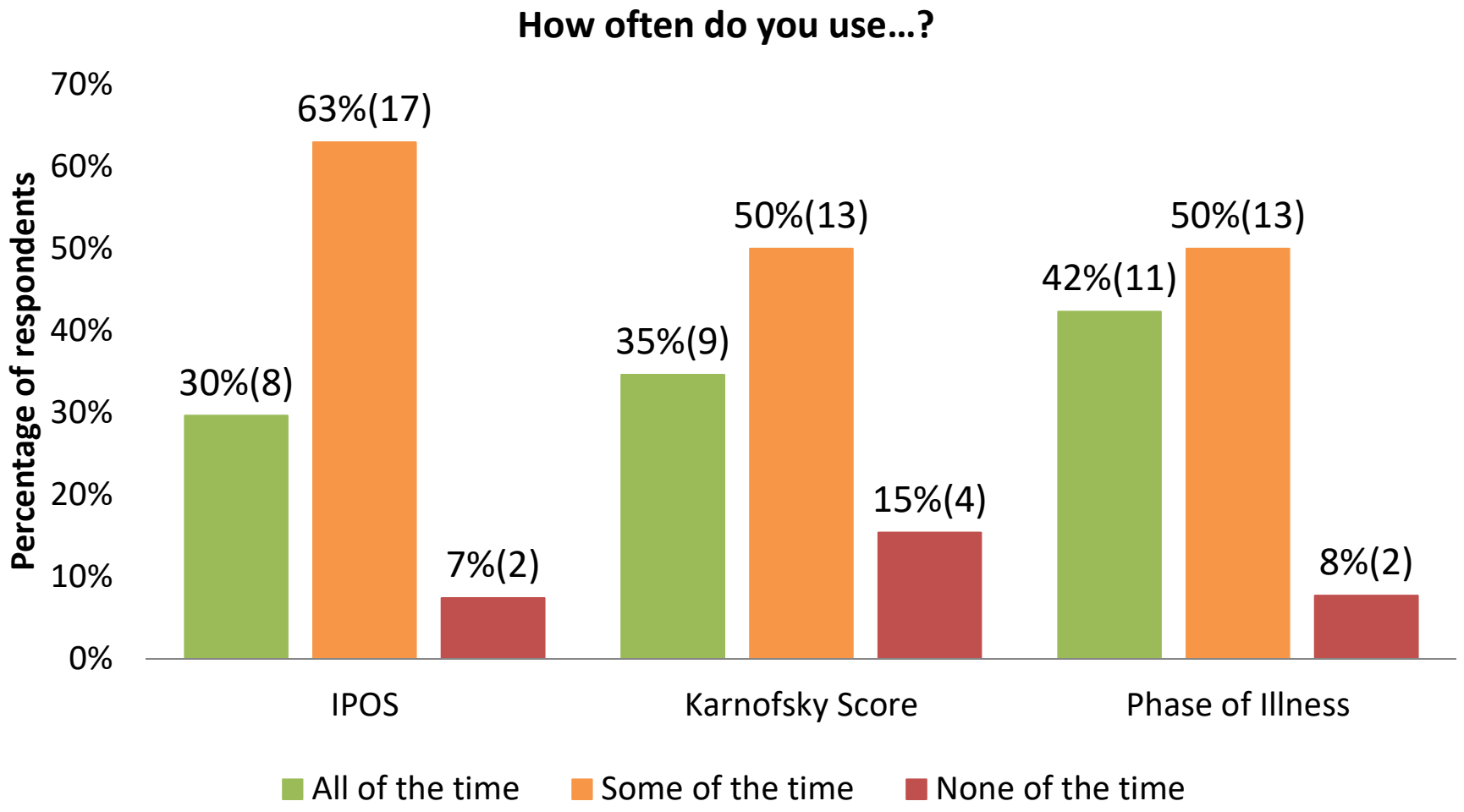
Why did we undertake this study?

- Implementation has proved **challenging and inconsistent**[6] – despite clear **evidence to support** the use of outcome measures in palliative care
- **Clinician's views** are often **not heard** in outcome measurement[3]
- Hospice aims to achieve **90%** adoption: **73%** in June 2020
- Numerous **issues** were identified by Hospice clinicians such as uncertainty about the timing of use
- Possible **unknown issues** causing **suboptimal use** and preventing successful implementation[6]
- Barriers need to be **identified in order to be addressed** in future

Methods

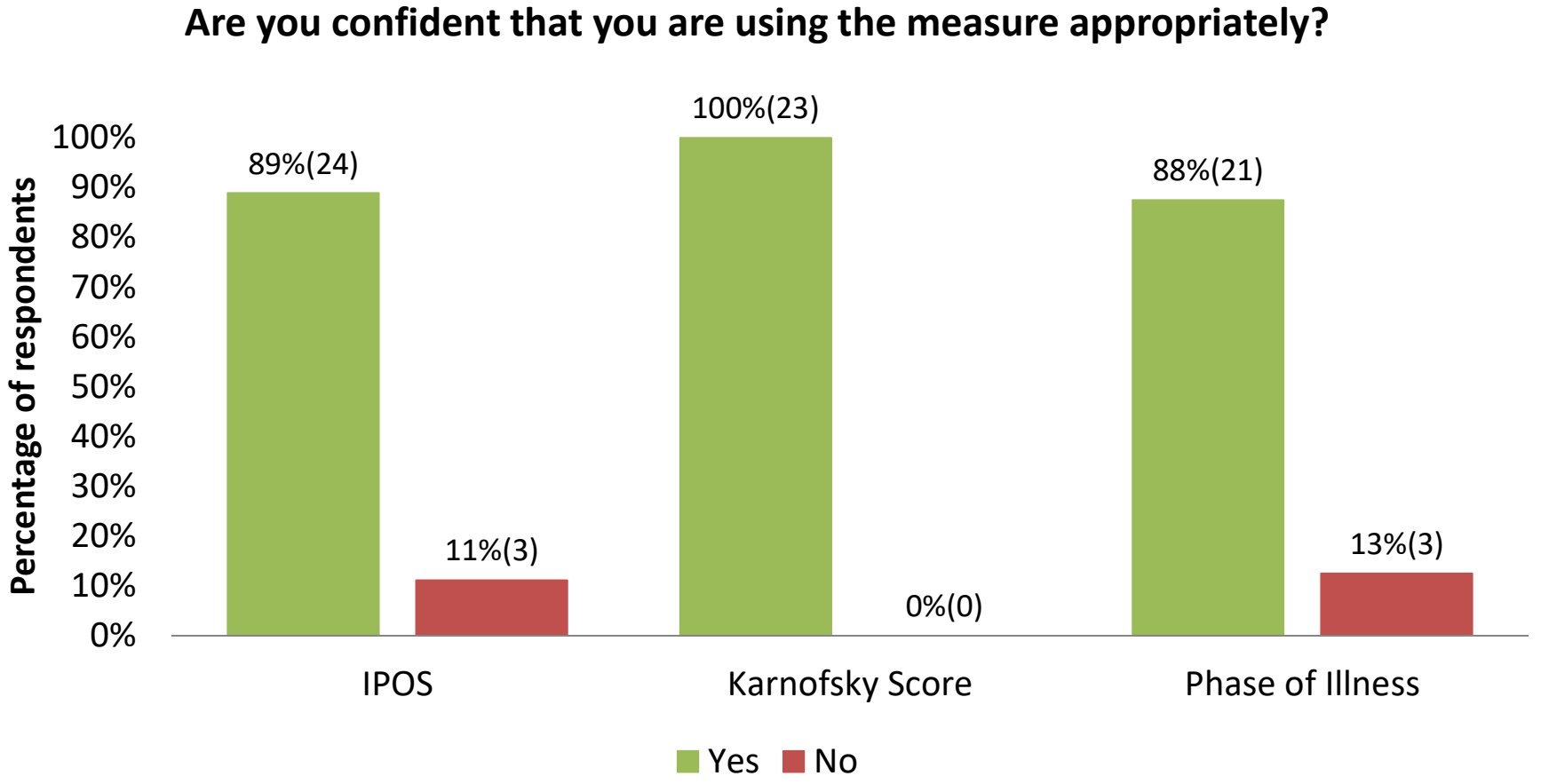
- All **clinical staff** who use the OACC measures were invited to take part
- **Online questionnaire** sent by email: 30th September 2020
- **Paper**-based questionnaires offered at MDT
- **Reminders**: Emails, in meetings, and posters around the building
- Collection by Scholl Academic Centre (SAC) Academic **Research Team**
- Data collection **closed**: 28th October 2020
- Data **analysis**: Summary statistics and thematic analysis

Use of OACC measures



Missing responses excluded, N=27 IPOS, 26 Karnofsky, 26 Phase of illness

Confidence in using the OACC measures



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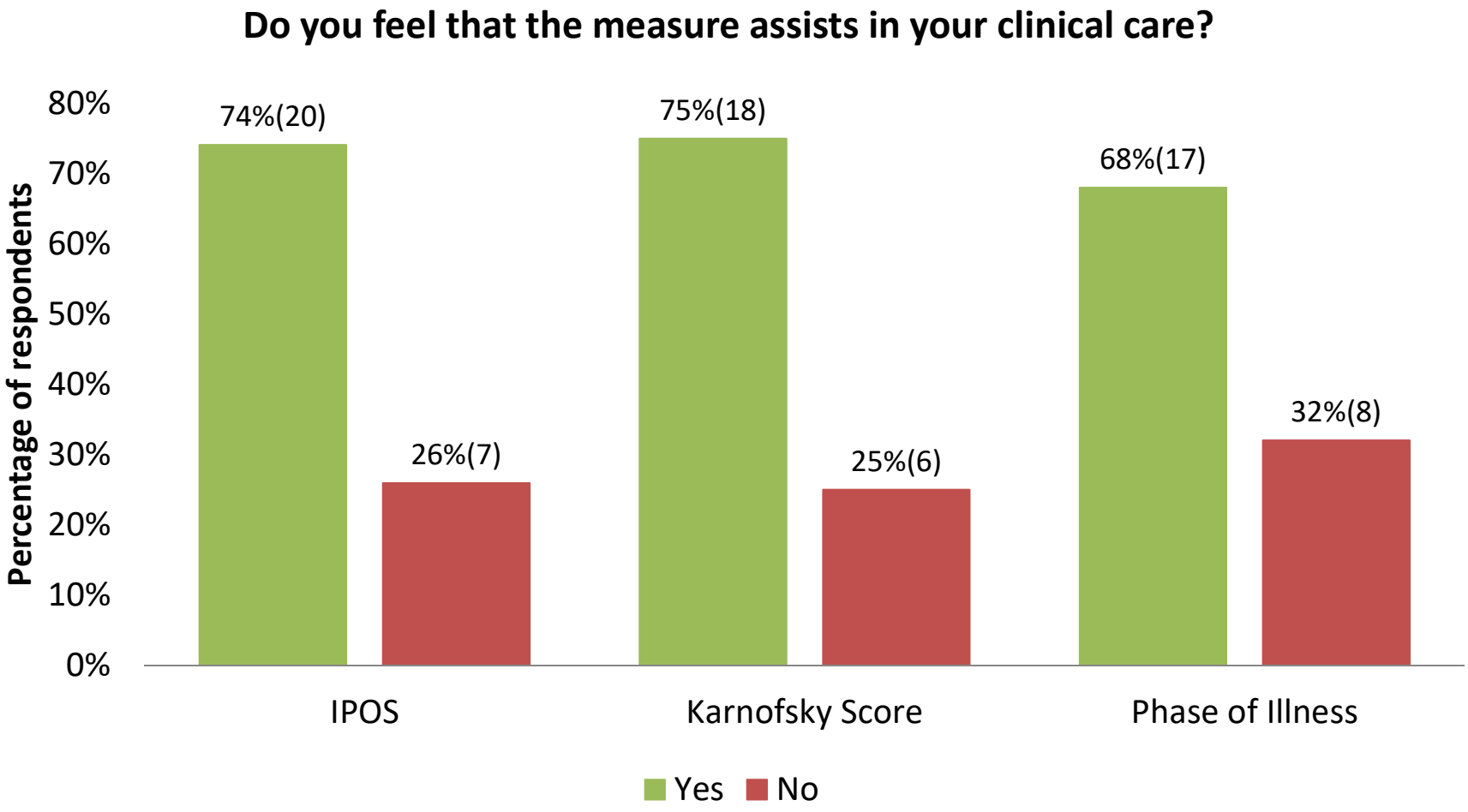
Assistance in clinical care



Missing responses excluded, N=27 IPOS, 24 Karnofsky, 25 Phase of illness

What is working well

Assessment and monitoring

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

"You are able to prioritise the problem of patients, problems the need more attention, care plans updated"

Assists when planning care

Help identify wider needs

"It is a system that everyone uses and understands and gives an overview of the patient which helps at MDT – as opposed to different systems/assessments within different departments"

Common framework among clinicians

What is not working well

Physical focus

"Not always appropriate as tends to focus on the physical"

Perceived lack of benefit

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

Subjective

"Sometimes difficult to decide between % scores e.g. 60% or 70%, dependent on what you hear/observe in 1 hour assessment"

Specific issues

IPOS	• The ‘at peace’ question is difficult to answer • The overall scoring method can miss patients
Karnofsky score	• Difficult to differentiate between percentage scores
Phase of Illness	• Lack of differentiation between ‘unstable’ and ‘deteriorating’ • Sensitive to small changes in a patient’s condition

How staff can be supported

Recommendations for use

- Add a 'not appropriate' option for questions/measure
- Data link between measures completed by patients and measures completed by staff

Improve use of OACC measures as outcome measures

- Standardise the use in practice – e.g. when used
- Report the results to clinical teams to demonstrate impact of care

Incorporate OACC in patient discussions – MDT and patient handovers

Other outcome measures which are more relevant to other services

More information and training

- How to complete measures following patient death/if staff not familiar with patient
- How often
- How to apply in MDT
- How to differentiate Phase of Illness phases
- Refresher session

Key messages

- **Widely used** and **positively perceived**
- **Similar** perceptions and use across the three outcome measures, however **specific issues** were identified
- Benefits in the **context of the direct care**
  - e.g. a tool for patient assessment
- Benefits as **outcome measures** were not evident - practitioners are not considering the **wider uses** of the OACC measures
  - e.g. caseload management, workforce planning, assessment of the impact of interventions, and effectiveness of the service

Is OACC the only option?
A case for ICECAP measures

- Palliative care is **holistic** and provided by a **multidisciplinary** team[4]
- The ICEpop CAPability (**ICECAP**) measures have a broader evaluative space and **multidimensional** nature[7]
- **Beyond health** outcomes: Also includes choice, relationships, dignity, support and preparation[7,8]
- Supportive Care Measure (**ICECAP-SCM**) developed specifically for palliative and end of life care[8]
- Evidence shows that it is **acceptable** in a **hospice setting** and is easily **understood** by patients[9]

Thank you

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