

MAKING MEASUREMENT MATTER IN PALLIATIVE CARE



Quality of Life and Quality of Care: Improving the use of the Integrated Palliative care Outcome Scale (IPOS) in a hospital palliative care setting

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BACKGROUND

Patient Reported Outcome Measures (PROMs) can facilitate person-centered care by helping identify unmet physical, psychological, social and spiritual needs (1). PROMs allow us to provide a safe, effective, person-centred service in line with the Scotland 2020 vision (2).

CHALLENGE

The Ninewells specialist Hospital Palliative Care Team (HPCT) identified challenges in integrating the IPOS into the complex hospital setting and recognised a need to develop new strategies to incorporate this tool into routine work



AIMS AND OBJECTIVES

The specific aim was to increase the number of patients considered to complete an initial IPOS on admission and repeat IPOS prior to discharge

This project aims to help us understand the smaller yet cumulatively significant barriers to implementing person-centred care.

METHODS

PDSA methodology was used to test strategies to optimize the uptake of the IPOS. See timeline below

A staff questionnaire and informal discussions with patients, families and staff provided a valuable feedback platform, enabling meaningful change strategies to be developed.

ELECTRONIC INCORPORATION

we scanned and uploaded IPOS results onto the electronic note system.



PDSA 1 – week 4

PDSA 2 – Week 5



IPOS IN HANDOVER

We discussed the IPOS status of each referral in the morning handover

PDSA TIMELINE

PATIENT INFORMATION SHEET

We created a patient information leaflet to improve understanding of the purpose of the IPOS



PDSA 3 – Week 7

PDSA 4 - Week 8



EDUCATION AND FEEDBACK SESSION

Staff were presented with IPOS data as well as patient and staff feedback

NURSE LED IPOS PROCESS

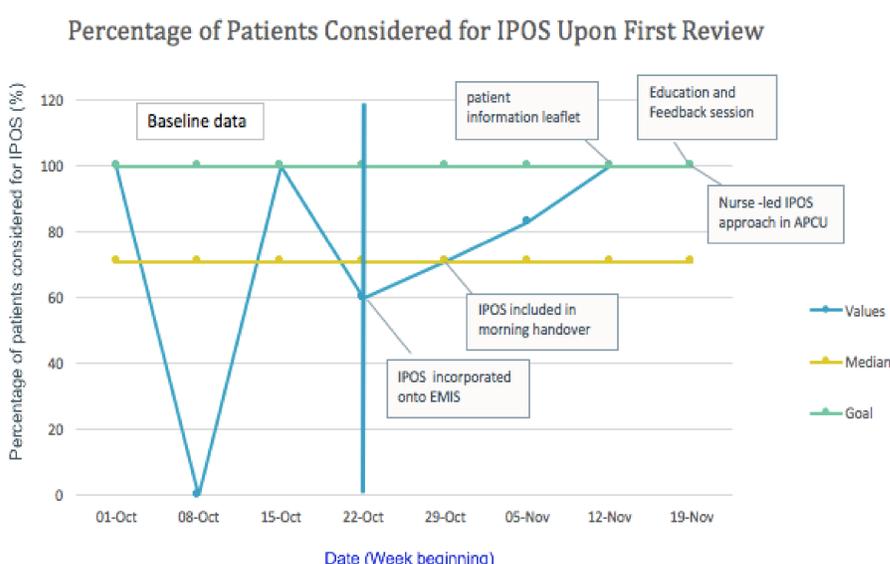
We tested whether involvement of nursing staff would lead to a more sustainable and effective process



PDSA 5 - Week 8

RESULTS

An increase from **60%** to **100%** of patients considered for IPOS upon first review by the HPCT following implementation of each PDSA cycle.



“The IPOS helps you not miss out what is important to the family. Because what is important to the family may not be what is typically important on a normal ward based environment”

“Patient –centeredness doesn’t always come at first consultation, it takes time to get to know somebody ...whereas if that has been documented (through IPOS), it would be useful”

“It’s really helpful if you can see that you have made a difference, that the patient is making an improvement in terms of quality of life” – Junior doctor

“you actually get a lot of information back from them that would surprise you”- specialist nurse

CONCLUSIONS

- The IPOS has clinical value as a holistic and person-centred assessment tool.
- Staff involvement in the IPOS feedback session, diffusion of information to all key stakeholders and raising the profile of IPOS through clinical leadership were identified as key facilitators in optimising IPOS uptake.
- Barriers to integration of the IPOS included time constraints, additional staff work pressures and organisational complexity of introducing a new assessment tool.

SUSTAIN, EMBED AND SPREAD

- The IPOS has recently been integrated onto the electronic records and is now a part of the core data set for every patient.
- Other palliative care services in Tayside have now implemented the IPOS, helping fulfil its role as a collaborative communication tool



ACKNOWLEDGEMENTS

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REFERENCES

1. Cicely Saunders Institute. Palliative care Outcome Scale (POS) - Home [Internet]. Pos-pal.org. 2012 [cited 20 December 2018]
2. The Scottish Government. Everyone Matters: 2020 Workforce Vision. Edinburgh: Scottish Government; 2013.