

HOW CAN A PALLIATIVE CARE OUTCOME MEASURE BE USED IN AN ACUTE CARE SETTING?

An Audit of IPOS in a Scottish Teaching Hospital

Scott J, Buchanan D, Dickson S, Gaffney M, McFatter F, Paterson F, Finlay M, Brabin E

BACKGROUND

Outcome measures assess patients' symptoms, concerns and quality of life. Patient Reported Outcome Measures (PROMS) can be used on an individual basis to improve patient care, or on population level to measure the effectiveness of interventions and develop services. However, embedding outcome measurement into daily clinical practice can be challenging. Questionnaires require staff time to administer, can be burdensome for frailer patients and require a robust infrastructure to support data analysis. The Integrated Palliative care Outcome Scale (IPOS) has been developed to support a more streamlined and robust approach to outcome measurement and includes items such as mobility not previously included.

METHOD

A prospective audit of the Integrated Palliative care Outcome Scale (IPOS, 3 Day Patient Version) in Ninewells Hospital, Dundee, took place between November and December 2015. The aims of the audit were:

- To collect data on the type and severity of problems affecting patients referred to a hospital palliative care team
 - To assess compliance with IPOS in an acute hospital setting
- Consecutive referrals to the Hospital Palliative Care Team (HPCT) were considered for IPOS. No proxy ratings were used but staff/family assistance from HPCT staff was available if necessary. Demographics, Palliative Performance Scale (PPS) and Palliative Prognostic Index (PPI) were recorded for each patient. IPOS was repeated after 3-6 days following the initial IPOS and prior to discharge where possible.

DEMOGRAPHICS

68 patients screened for IPOS

27 PATIENTS COMPLETED INITIAL IPOS

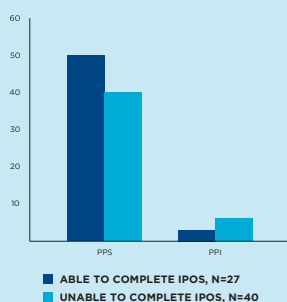
7 PATIENTS COMPLETED REPEAT IPOS

AGE RANGE **33** ————— MEDIAN AGE **70** ————— **85**

70% OF PATIENTS REQUIRED ASSISTANCE TO COMPLETE IPOS

Median PPS for patients able to complete IPOS was 50% ie. mainly sitting/lying and requiring considerable assistance with self care (Figure 1)

FIGURE 1: MEDIAN PPS & PPI SCORE



PROBLEMS

67% PATIENTS REPORTED 5 OR MORE SYMPTOMS AS MODERATE, SEVERE OR OVERWHELMING (FIGURE 2).

Patients rated family anxiety as more severe than their own levels of anxiety (Figure 3)

SYMPTOMS MOST FREQUENTLY REPORTED AS MODERATE, SEVERE OR OVERWHELMING WERE:

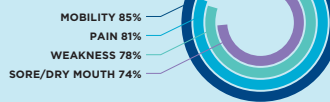
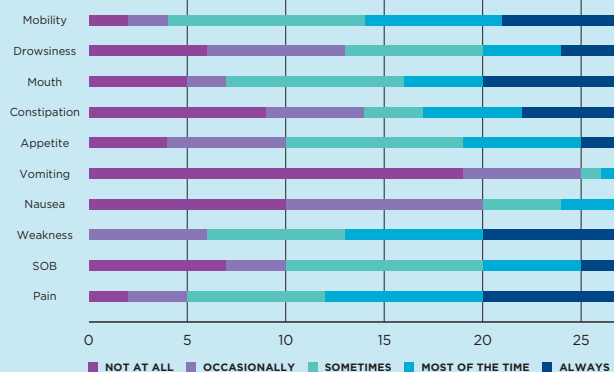


FIGURE 2: SEVERITY OF SYMPTOMS AFFECTING PATIENT OVER PREVIOUS 3 DAYS



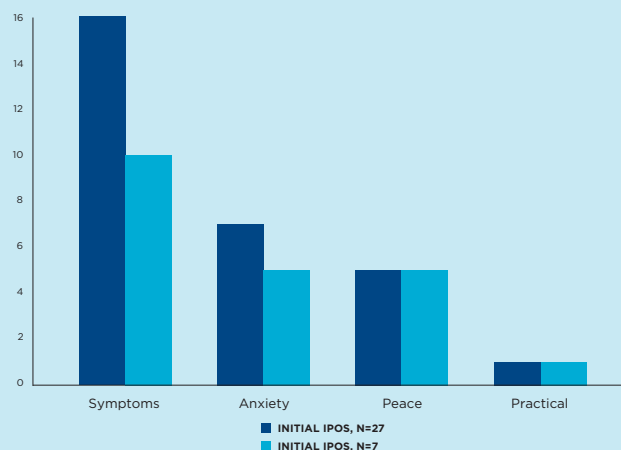
IPOS SCORES

- Statistical interpretation of change in IPOS scores was limited due to high attrition rate between 1st and 2nd IPOS.
- Severity of pain and total symptom scores improved on repeat IPOS, other problems remained unchanged (figure 4).

FIGURE 3: SEVERITY OF ANXIETY AND DEPRESSION OVER PREVIOUS 3 DAYS



FIGURE 4: DIFFERENCE BETWEEN MEDIAN INITIAL IPOS & REPEAT



STAFF FEEDBACK

Staff found tool helpful but did have some difficulties.

40% FELT THAT PATIENT VERSION OF IPOS NOT APPROPRIATE FOR ALL PATIENTS AS MANY WERE TOO FRAIL.

FREE TEXT

SELF REPORTED SYMPTOMS

I liked the feeling at peace part on the second page. It is also good to know what has been troublesome concerning over just few days/week as it highlights that things do change for people with palliative care needs.

Useful to include patient's comments, this enriched the information already contained in the form. It covers physical symptoms as well as the emotional reactions and practical help and information, meaning it's a fairly holistic tool!

CONCLUSION

- IPOS promoted a comprehensive holistic assessment.
- IPOS captures the range and severity of problems affecting patients referred to a HPCT.
- High prevalence of mobility issues is notable in this study. This suggests inclusion of a mobility specific item in IPOS is worthwhile.
- The Patient Version of IPOS is generally easy to use but repeatability in the acute setting may be influenced by patient frailty and environmental factors.
- Aggregation of IPOS data across different palliative care populations is required so scores can be benchmarked and contextualised.