

Lessons learned from integration of IPOS into the community: Building relationships and sharing learning and understanding between Specialist and Generalist Palliative Care Services.

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BACKGROUND

The aim of the project was to embed the use of the Integrated Palliative Outcome Scale (IPOS) within the Inverclyde Community Primary Care teams. IPOS is a validated and reliable tool used to identify unmet needs for people living with a life limiting illness. IPOS use within Primary Care is an innovative strategy. IPOS use in Specialist Palliative Care Services is well established, however it is untested in General Practice and the Community Setting. IPOS has been established in Ardgowan Hospice within clinics and inpatient setting for 3 years.

Fig. 2: Challenges identified by POSA cycles within a focus group session with principal investigators and discussions with clinical community team members.

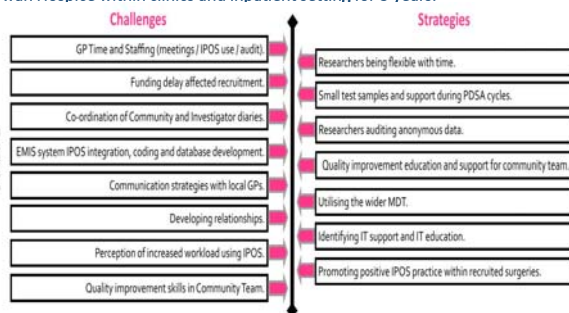


Fig.1

THE CHALLENGES

GPs accept the responsibility to care for palliative care patients, although many see palliative care patients infrequently and find it challenging due to the variable training received.^[1,2,3] GPs require individualised training and education to improve knowledge and facilitate close working relationships with Specialist Palliative Care^[4] within a professional personhood model^[4,5,6].

During the project we identified key barriers and challenges (Fig. 1) to collaborative inter-disciplinary working within Generalist and Specialist Palliative Care services. We acknowledged the differing demands, knowledge, skills, job plan and structure and priorities in General Practice and Palliative Care as well as indeed the variability and confidence^[7] in management of patients with life limiting illnesses. We focused on innovative solutions to translate and integrate the use of IPOS into the Community and collaborate within an inter-disciplinary community setting. The challenges of integration of the IPOS tool into Community setting were found to be different to the challenges integrating it into a Hospice setting.

RECOMMENDATIONS

- Individual practices need to adopt practice protocols for IPOS governance. GPs and DNs adopted different protocols, follow-up mechanisms and strategies within individual practices.
- IPOS Community Champions should support their peers with upscaling / implementing of IPOS across Inverclyde and share previously developed practice protocols.
- To establish a network of Generalist and Specialist Palliative Care Professionals to continue learning, networking and developing as an inter-disciplinary team which we have shown improves quality of care and continuity of care for people with life limiting illness in Inverclyde.

NEXT STEPS

- The next stage of the project is to trial the use of hand held patient IPOS records to facilitate transfer of information between teams. IT systems are being reviewed.
- We will provide ongoing support and training for the District Nursing IPOS Community Champions who will lead the project upscaling and implementation throughout Inverclyde.

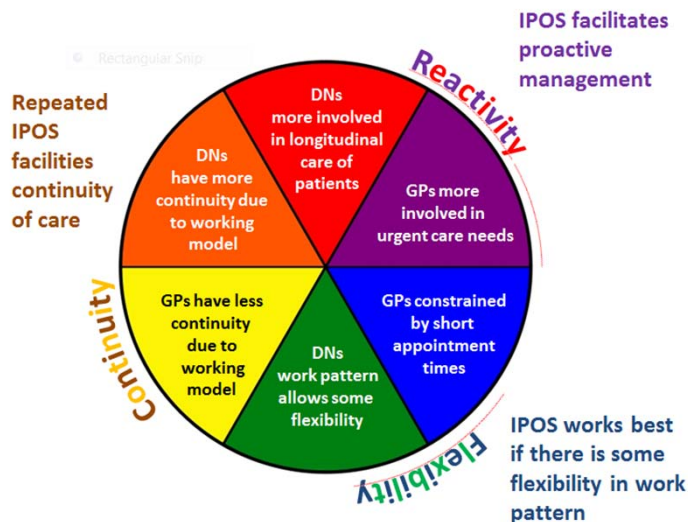


Fig.2

THE STRATEGIES

The successful implementation of IPOS required us to have a flexible approach and to be inventive in our problem solving. General Practice is a speciality with a fast, large and variable workload. We developed multifaceted ways in which to communicate as a project team using a variety of strategies including whatsapp, email, face to face and telephone communication at a variety of time points during the day. This rectified the issue of challenges in timely communication and whatsapp was the most successful method of communication.

We also completed face to face education sessions and disseminated knowledge and skills during large group plenaries, small group tutorials and individual sessions. The process has strengthened the relationships between teams and enabled multi-disciplinary community based communication and inter-disciplinary communication with the Hospice. We also identified alterations in the ways in which patients with life limiting illnesses were assessed and palliative care approached within General Practice. (Fig. 2)

It became clear the clinical governance structure of managing IPOS information needed to be specific to the generalist community setting and practice protocols and IT systems were piloted. IT systems require ongoing development to enable IPOS to be integrated fully. We also established that protocols will involve Community MDT assessment and would not be GP led.



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