Using an Outcome Measure in a Palliative Care Day Therapy Unit

Joyce McNaught, Elaine Blair, Mairi-Ann Higgins, Susan Jackson
joyce.mcnaught@accord.org.uk

BACKGROUND
The Day Therapy Unit (DTU) is an active, therapeutic environment where staff aim to meet the physical, psychological, social and spiritual needs of people living with a life limiting illness. The environment of DTU pro-actively enables people to maximise their potential and maintain or improve quality of life and self-worth.

In today’s climate of clinical governance and scrutiny, it is vital for staff within DTU to demonstrate the value of their service. Outcome measures are one such way of achieving this however within palliative care this can often pose significant challenges.

The Therapy Outcome Measure (TOM) is a validated tool which allows health care professionals to measure the abilities and difficulties of patients in four domains – IMPAIRMENT, ACTIVITY, PARTICIPATION AND WELL-BEING (Enderby, John & Petheram 2006).

AIM
To explore the usefulness of TOM as an outcome measure in palliative day care and more specifically to:
• Compare the number of increased and decreased scores during attendance at DTU.
• Ascertain what influence the TOM has on the decision to discharge a patient from the service.

IMPAIRMENT

ACTIVITY

PARTICIPATION

WELL-BEING

METHODS
A retrospective review of case notes of the most recent discharges or deaths from DTU who had at least three TOM scores recorded. One on initial assessment, one at an intermediate point during the patient’s attendance and one at the end of the treatment plan. Total number = 16.

RESULTS
11(69%) maintained or increased their well-being and participation score, 7 (64%) of which demonstrated a simultaneous reduction in impairment and activity
5(31%) of patients demonstrated a decrease in their well-being and participation.
4 of which were approaching end of life
10 (62%) were discharged with TOM scores influencing the decision in 70% of cases

DISCUSSION
The results of this audit have shown the TOM to be a useful measure of patients’ progress within the DTU environment. Measurement of scores over a period of time has demonstrated that despite physical deterioration and reducing activity levels, the care offered within DTU can have a positive effect on the patient’s participation and well-being. In addition to monitoring patient progress the data also offers an effective reporting mechanism to validate DTU activity. It would also appear to be a useful tool to aid decision making in the discharge planning process.

RECOMMENDATIONS
• Continue the use of TOM as a validated outcome measure within DTU.
• Develop use in other areas of hospice care.
• Re-audit to ensure consistency in scoring practice.