Outcome Measures in Practice
ECHO Knowledge Network
Issue Presentation Template

ECHO ID: (for administrative use)
Name of presenter: George Obita

Key Issue
Please identify the challenge, question, good practice or learning for this presentation.

How often should we measure outcome in a hospice day care setting?
How do we use this data for patient care or service improvement?

Background information/setting the scene
What is/was the case for change e.g. Introduction of outcome measures? Include here key points that will help the network understand the situation.

- Our plan is to embed outcome measures in all our services (i.e. IPU, DTU and out patients clinics)
- We adopted a phased approach, starting with IPU
- Having successfully embedded outcome measures in the IPU, the next phase was to scale up to the day therapy service
- However this was disrupted by the closure of the DTU services due to the Covid 19 scurge.
- Although we have done preliminary work such as baseline audit and staff training, questions still remained on as to how frequently we will conduct outcome measure and how we would use the data collected to improve patient care or services?
- Opportunity for embedding Outcome when services restart, ? reconfigured
- DTU is unique because most of the patients were stable and their symptoms were addressed through other services.
- Offered services on Monday, Wednesday and Friday
- About 50 patients attended at the time for respite, social interaction and few for clinical input
Interventions/development
What is the current status of the change e.g. what have you done or observed.

- Training of staff on use of OACC tools
- Conducted baseline clinical audit
- Introduced Barthel – trial bases

Output
What factors have enabled the change to progress or kept the change from progressing to the desired level?

- Enablers: – Plan, management support, buy in.
- Barrier: Covid 19 – Halt to DTU services
- Opportunity: planning, introducing outcome measure

Results
Any impact to date on patients/families, you and/or your service, other services or the wider health and social care system.

- Include here what worked and/or what didn’t (areas of good practice and areas for improvement) e.g. the changes that were made because of the interventions by either you or your service and what happened. Were there any barriers/ constraints? What might have happened without this intervention?

Findings from the baseline audit:

Median Age group 60 - 69
72% Non-cancer diagnosis - ~ 77% were progressive neurological diseases
Characterised by long stay average – 9 months

1.

<table>
<thead>
<tr>
<th>Phase</th>
<th>Number of patients</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stable</td>
<td>39</td>
<td>78%</td>
</tr>
<tr>
<td>Unstable</td>
<td>2</td>
<td>4%</td>
</tr>
<tr>
<td>Deteriorating</td>
<td>9</td>
<td>18%</td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>50</strong></td>
<td><strong>100%</strong></td>
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Actions and proposed date for follow up case presentation

- Introduce OACC suite of outcome measures when DTU opens.
- Report progress 6 months after introduction of outcome measures

Hospice UK in partnership with Cicely Saunders Institute of Palliative Care, Policy & Rehabilitation, King's College London and Wolfson Palliative Care Research Centre, Hull York Medical School, University of Hull.