



## NETWORK RECORDING DECLARATION

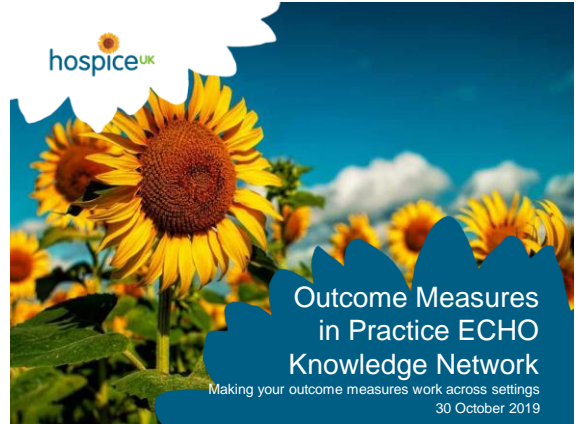
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## Making outcome measures work across settings

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30 October 2019



## Background

Systems not Structures – Bengoa

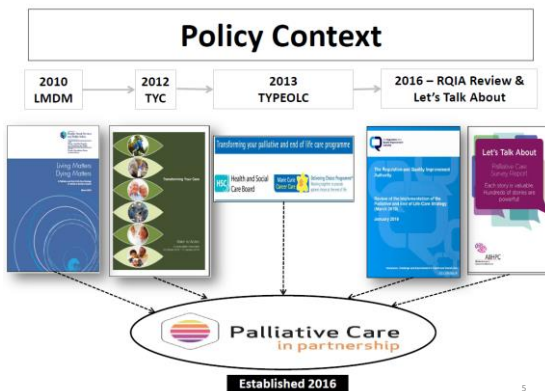
- Improving patient experience
- Improving population health
- Achieving better value

Health and Wellbeing 2026: Delivering Together

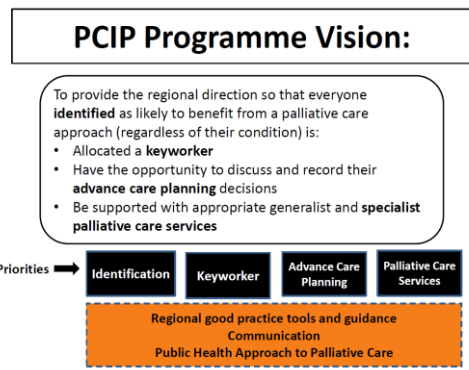
- Simpler and easier access to health care professionals
- Enable patients to be cared for at home
- Reduce unnecessary hospital admissions



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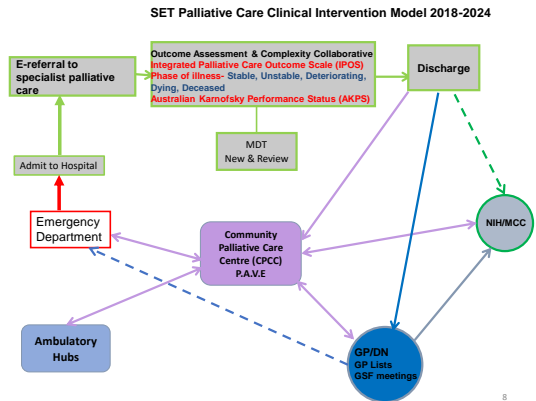
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### Aim

- Prevent acute hospital admission
- Earlier discharge from hospital
- Continuity between acute and community – currently consultant and SW – in future hopefully develop further



- Data base – summarise relevant patient information**
- Number of referrals
  - Demographics
  - Diagnosis
  - Reasons for referral
  - Consent

- Earlier appropriate information**
- Aids in clinical decision making
  - Case load allocation
  - Facilitates joint management care plans
  - Enables referrals to be priorities
  - Facilitate onward planning –prompt for possible CPCC intervention

### Referrals to Palliative Care Team & Admissions to Hospital

Reason for Referral to Palliative Care Team	15/16	17/18
Cancer	992	526
Non-Cancer	363	149
Central Nervous System	5	9
Not Recorded	30	68
<b>Total</b>	<b>1390</b>	<b>1152</b>

Palliative Care Patients Admitted to Hospital	Patients	Admissions
FY15/16	1390	2740
FY17/18	1141	2257



### How is it interpreted ?

- Designed to be responsive to change
- Detection of clinical change due to
  - course of disease
  - intervention
- Dependant on patient centred clinical reasoning

### How is it reported ?

- Informing care planning (individual patient)
- Care evaluation (of service)
- Senior management & service commissioners



**IPOS Assessments – Self Reported Scores N=46 15 had only 1 Assessment**  
 Number static includes those patients who have reported no issue in the category at either assessment

PAIN			
Self Reported Score	Assessment 1	Assessment 2	
Worst of all	20.0%	30.4%	Number Improved ↑
1 (No pain)	0.0%	41.3%	Number Improved ↑
2 (Mild pain)	21.7%	21.7%	Number Static ↔
3 (Moderate pain)	21.7%	21.7%	Number Static ↔
4 (Severe pain)	54.5%	44.9%	Number Deteriorated ↓
5 (Very severe pain)	0.0%	0.0%	Number Deteriorated ↓

POOR APPETITE			
Self Reported Score	Assessment 1	Assessment 2	
Worst of all	0.0%	0.0%	Number Improved ↑
1 (No appetite)	0.0%	0.0%	Number Improved ↑
2 (Mild appetite)	0.0%	21.7%	Number Improved ↑
3 (Moderate appetite)	21.7%	21.7%	Number Static ↔
4 (Severe appetite)	21.7%	21.7%	Number Static ↔
5 (Very severe appetite)	54.5%	54.5%	Number Deteriorated ↓

CONSTIPATION			
Self Reported Score	Assessment 1	Assessment 2	
Worst of all	0.0%	0.0%	Number Improved ↑
1 (No constipation)	0.0%	0.0%	Number Improved ↑
2 (Mild constipation)	0.0%	0.0%	Number Improved ↑
3 (Moderate constipation)	0.0%	0.0%	Number Improved ↑
4 (Severe constipation)	0.0%	0.0%	Number Improved ↑
5 (Very severe constipation)	100.0%	100.0%	Number Deteriorated ↓

SOME OR VERY RASHY			
Self Reported Score	Assessment 1	Assessment 2	
Worst of all	0.0%	0.0%	Number Improved ↑
1 (No rash)	0.0%	0.0%	Number Improved ↑
2 (Mild rash)	0.0%	0.0%	Number Improved ↑
3 (Moderate rash)	0.0%	0.0%	Number Improved ↑
4 (Severe rash)	0.0%	0.0%	Number Improved ↑
5 (Very severe rash)	100.0%	100.0%	Number Deteriorated ↓

INDIGESTION			
Self Reported Score	Assessment 1	Assessment 2	
Worst of all	0.0%	0.0%	Number Improved ↑
1 (No indigestion)	0.0%	0.0%	Number Improved ↑
2 (Mild indigestion)	0.0%	0.0%	Number Improved ↑
3 (Moderate indigestion)	0.0%	0.0%	Number Improved ↑
4 (Severe indigestion)	0.0%	0.0%	Number Improved ↑
5 (Very severe indigestion)	100.0%	100.0%	Number Deteriorated ↓

POOR MOBILITY			
Self Reported Score	Assessment 1	Assessment 2	
Worst of all	0.0%	0.0%	Number Improved ↑
1 (No mobility)	0.0%	0.0%	Number Improved ↑
2 (Mild mobility)	0.0%	0.0%	Number Improved ↑
3 (Moderate mobility)	0.0%	0.0%	Number Improved ↑
4 (Severe mobility)	0.0%	0.0%	Number Improved ↑
5 (Very severe mobility)	100.0%	100.0%	Number Deteriorated ↓

**Main Problems Recorded at Assessments 1 & 2**

Main Problem	Assessment 1	Main Problem	Assessment 2
Lethargy/Fatigue	34	Lethargy/Fatigue	21
Appetite	31	Lethargy/Fatigue	18
Pain	21	Pain	9
Short of Breath	15	Mobility	6
Nausea/Vomiting	9	Nausea/Vomiting	5
Mobility	7	Other/Not Recorded	5
Anxiety	5	Short of Breath	4
Dry Mouth	4	Anxiety	4
Other/Not Recorded	4	Dry Mouth	1
Digestive	3	Confusion	1
Confusion	2	Digestive	1

**Barriers**

- Appropriateness with vulnerable individuals
- Investment of time in administering in relation to value added
- Investment of time to process, interpret, report
- Investment of time to educate & support
- Perception of scrutiny where goal posts are shifting

**Case - CM**

- 76 Year old lady
- Recent diagnosis Pancreatic ca with liver and lung mets
- Discharged from hospital but symptoms still problematic. Reviewed in CPCC 5 days after d/c – medications altered, bloods done, USS ordered
- Tel r/v 1 week later – ongoing symptoms. USS 1 week later. Bloods organised and r/v planned 2 days after USS

**Acute hospital review**

- Admitted to hospital 3 days after tel r/v with worsening symptoms due to blocked stent (disease progression). Inpatient for 11 days. New stent. CSCI for symptoms
- Oncology r/v 2 days after d/c
- R/V at centre 5 days later
- Worsening symptoms, general deterioration
- Bloods checked – LFTs worse

**Community Palliative Care Centre Review**

- CSCI altered
- Urgent admission to Marie Curie organised
- Benefit of prompt review
- Benefit of r/v across care settings
- Hospital admission avoided

## Patient journey

- The patient was assessed using the palliative care outcome measures
- IPOS on referral to the team – Unstable AKPS 50% (Performance status)
  - main problems reported – Pain, vomiting, anxiety
- IPOS on discharge – Unstable AKPS 60%
  - main problems reported – Pain, nausea, anxiety
- IPOS in the CPCC – Unstable 50%
  - pain, opioid toxicity, anxiety

## Future plans

- Revise the coding for symptoms in-line with National data return
- Develop a recognised symbol for identifying specialist palliative patients on eWhiteboards
- Include an outcome based measure in the range of data collected by SPC – IPOS

