# Outcome Measures in Practice
# ECHO Knowledge Network
## Issue Presentation Template

**ECHO ID:** OMIP 003
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## Key Issue
Please identify the challenge, question, good practice or learning for this presentation.

How are settings best defined in specialist palliative care?

How do timing of outcome measures work in each setting, and how does this support use across settings?

This is in relation to the measures of:

- Palliative Phase of Illnes
- Australia-modified Karnofsky Performance Status
- The Integrated Palliative care Outcome Scale

(but could also be applied to other measures, depending on purpose, setting and context

## 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.

There are increasing and varied models of care in settings, especially in the community setting. Some organisations have asked how to define or group the different models of care in any one setting.

For example, a hospice organisation may typically operate the following teams:

- A community nurse specialist-led home visiting service
- A day care type service
- A medical outpatient clinic
- An AHP individual or group session, where the patient sees the AHP on hospice premises
- AHP home visits
- A counselling service, where patients attend the hospice for support
- A lymphoedema service or breathlessness clinic or other disease-specific service
- …. and many other variations …

Several organisations have asked for clarity on best frequency / timing of outcome measurement, and whether this needs to be different in each setting.

Should measurement of outcomes be the same or different for each of the teams named above, and for each of the other variations?

## Interventions/development

What is the current status of the change e.g. what have you done or observed.

We have worked with several services to try and carefully define and clarify these questions.

## Output

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

We have progressed this through iteration and discussion back and forth with these services and drawn the following conclusions so far:

**‘Setting’ should be defined as one of five options:**

a. Hospital – Inpatient
b. Hospital – Outpatient
c. Hospice – Inpatient
d. Community – own or care home *
e. Community – outpatient **

d. * we have defined this option as all care where the professional(s) go to the patient's own home or care home (including community visiting service to patient's home, to care home, hospice at home services, AHP home visits, etc)

e. ** we have defined this option as all care where patient goes to the professional(s) (including day care, outpatients, clinics, lymphoedema or breathlessness or other specific clinics, AHP clinics or groups, etc)

[Note that this then allows for all the different teams providing these services to be ***locally*** defined, rather than fitted into some slightly artificial national definition which may not apply locally. Yet it still allows for consistency in a regional or national approach].

This will enable services to compare ‘like with like’ in terms of outcomes. That is, however they have defined their own teams, they can compare community services where ‘the professional goes to the patient’ between providers. And likewise, they can make meaningful comparisons for community services where ‘the patient comes to the professional’.

Moving on to the second question:

It then becomes much easier to decide how timing of outcome measures can work in each setting, and how this supports use across settings.

This is the current recommendation for timing of outcome measures:

a. **Hospital – Inpatient** – Phase, AKPS and IPOS are measured with each contact

b. **Hospital – Outpatient** – Phase, AKPS and IPOS are measured with each contact

c. **Hospice – Inpatient** – Phase is measured daily, and AKPS and IPOS are measured at first assessment, 1st Phase change, and end of episode of care (death or discharge)

d. **Community – own or care home** (professional goes to patient) - Phase, AKPS and IPOS are measured with each contact, with the exception of Hospice @ Home services where Phase, AKPS and IPOS are measured at first assessment and end of episode (death or discharge)

e. **Community – outpatient** (patient goes to professional) - Phase, AKPS and IPOS are measured with each contact

## 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?

Several services are using this approach, including adopting it regionally.

It would be good to discuss what ECHO participants think about it, whether it would work, and if it would be helpful to be consistent in this way.

Also how this might support use of outcome measures between settings. At time of transition from one setting to another, the last measures in one setting can readily become the first in another setting, as long as these standard approaches are adopted.

Are there benefits and challenges to this approach? Are there other suggestions? What has your experience been so far?

## Actions and proposed date for follow up case presentation

Open to suggestions.