

# Outcome Measures in Practice

## ECHO Knowledge Network

### Issue Presentation Template

**ECHO ID:** *OMIP002*

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#### Key Issue

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

How to make best use of the Outcome measures data recorded at a patient, team and organisational level.

#### 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.

Outcome measures introduced at our organisation 2012- SKIPP, 2013 phase of Illness 2014 OACC – POI, AKPS, IPOS, Views on Care, Bathel  
We have gathered LOTS of data  
Part of pilot project KCH & research, very fortunate to receive regular summaries of data in different formats. Another project is in pipeline.

Previous EPR – Infoplex - complete assessment recorded as own entity in electronic patient record. Separate entry to clinical notes. Compulsory to complete all fields. So relatively straightforward to extract data for assessments at particular time. Main challenge was not completing end of spell when patient died.

2018 changed electronic patient record to S1. Made conscious decision to integrate OACC measures in to holistic assessment template used by all members MDT. NOT an added extra, but integral to every physical/psychosocial/spiritual assessment. Cannot make fields compulsory as it is a template that all professionals use for all clinical contacts.

Very fortunate to have link with CSI and Hull.

Less successful locally using OACC data at team level. We use patient reported outcomes on individual basis to plan contacts and reviews and for escalation. Summaries of OACC data in clinical reports give overview of a caseload, i.e. can see at a glance Phase of Illness, AKPS, IPOS scores for whole caseload which helps with caseload management. See examples.

Also have access to strategic reporting which gives a more colourful summary of caseloads for example and shows high IPOS scores in amber/red.

We are working on clinical dashboards which would give us OACC summaries realtime for caseloads/teams and give comparison with initial data so we can see impact of the service.

Team members spend a lot of time inputting OACC and may not understand the relevance at more than an individual patient level, plus they don't get to see the difference they are making in improving outcomes.

## Interventions/development

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

We have "revived" our PROMS working group and continue to work with Fliss et al at Hull.

We are working with data team on producing clinical dashboards.

We are reviewing potential criteria from OACC data that we could use to ensure patients are reviewed/discussed with MDT/senior clinician.

## Output

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

Endorsement of executive team  
Ongoing training with all teams  
Integration of OACC measures into routine clinical assessments

## 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?

As above

## Actions and proposed date for follow up case presentation