

When should I use different Outcome Measures?

The current recommendation for timing of Outcome Measures in Palliative Care settings

a. **Hospital (Inpatient)** – palliative Phase of Illness is measured with each contact, and Australia modified Karnofsky Performance Scale (AKPS) and the Integrated Palliative care Outcome Scale (IPOS) are measured:

- at initial assessment
- with any change in Phase of Illness
- at end of episode (which is discharge or death).

Please note that, at death, Phase should be recorded as 'deceased' and AKPS should be recorded as 0%. IPOS should also be recorded at death, because it looks back over the last phase (often 'dying') and reports whether symptoms were controlled or not; without this last recording of IPOS, we do not know if symptoms were controlled or not in the 'dying' phase. Guidance on how to complete IPOS in the dying Phase of Illness will follow.



b. **Hospice (Inpatient)** – palliative Phase of Illness is measured daily, Australia modified Karnofsky Performance Scale (AKPS), and Integrated Palliative care Outcome Scale (IPOS) are measured:



- at first assessment
- with any change in Phase of Illness
- at end of episode of care (which is discharge or death)

Please note that, at death, phase should be recorded as 'deceased' and AKPS should be recorded as 0%. IPOS should also be recorded at death, because it looks back over the last phase (often 'dying') and reports whether symptoms were controlled or not; without this last recording of IPOS, we do not know if symptoms were controlled or not in the 'dying' phase. Guidance on how to complete IPOS in the dying Phase of Illness will follow.

c. **Community - Outpatient (patient comes to professional)** – palliative Phase of Illness, Australia modified Karnofsky Performance Scale (AKPS), and the Integrated Palliative care Outcome Scale (IPOS) are measured:

- with each contact.

(If the patient is not planned for outpatient or other follow up for some time, a second IPOS can sometimes be given to the patient to complete and return themselves after one week).

Note – hospital outpatients are included here under ‘Community’ because the patient is living in the community (although attending for outpatient care).

Note – this also includes hospice or palliative care Day Care, hospice or palliative care Outpatients, palliative care Clinics (lymphoedema or breathlessness or other specific clinics), Allied Health Professional clinics or groups, etc



d. **Community – own or care home** (professional goes to patient) palliative Phase of Illness, AKPS, and IPOS are measured:

- with each contact, with the exception of Hospice at Home services where palliative Phase of Illness, AKPS, and IPOS are measured at first assessment and end of episode (discharge or death).

For Hospice at Home or similar services, please note that, at death, palliative phase should be recorded as ‘deceased’ and AKPS should be recorded as 0%. IPOS should also be recorded at death, because it looks back over the last phase (often the ‘dying’ phase) and reports whether symptoms were controlled or not; without this last recording of IPOS, we do not know if symptoms were controlled or not in the ‘dying’ phase.



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