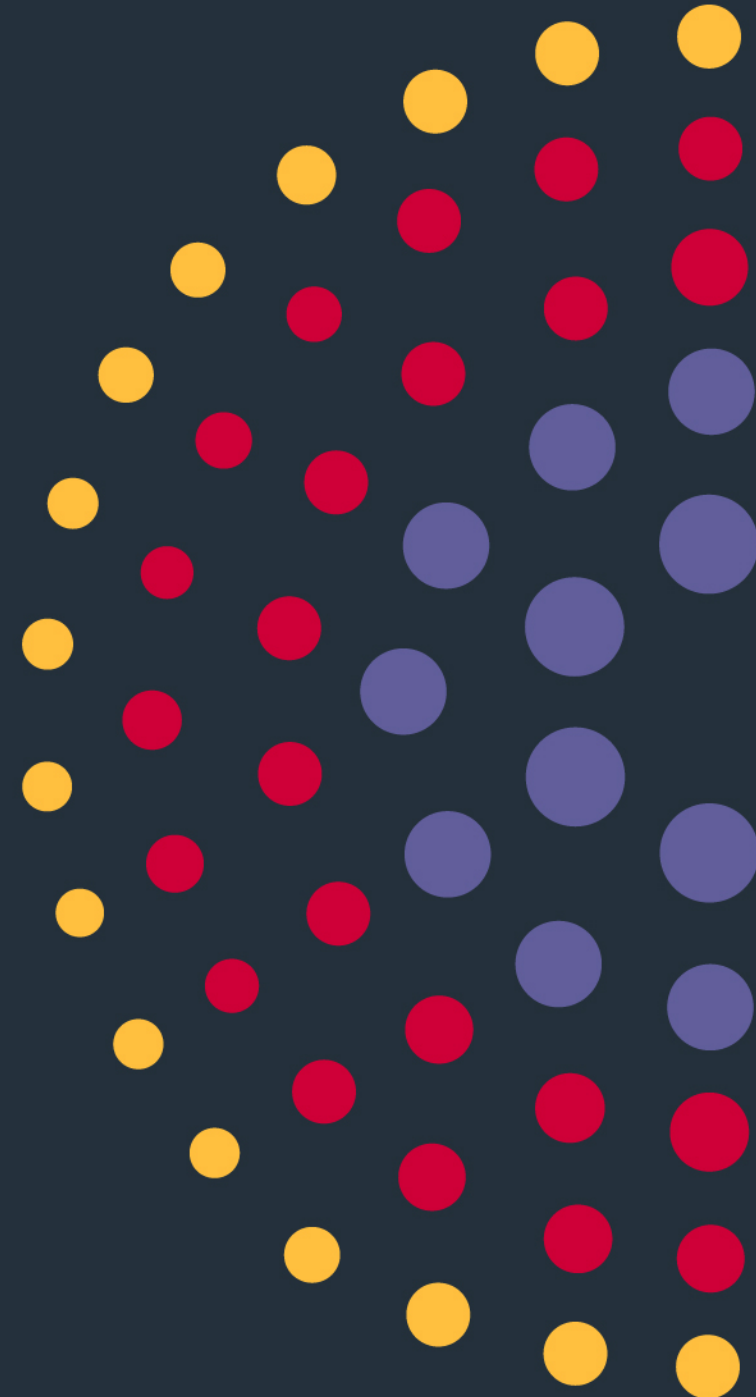


**RESOLVE - Understanding the processes  
underpinning the successful  
implementation of Patient-Centred  
Outcome Measures**

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# What are patient-centred outcome measures?

Outcome = “the change in a patient’s current and future health status that can be attributed to preceding healthcare”

# What are patient-centred outcome measures?

Patient-centred outcome measures (PCOMs) – standardised and validated questionnaires that provide us with information about a person’s health and well-being

START	END
<b>Stable</b>	
Patient problems and symptoms are adequately controlled by established plan of care <b>and</b> <ul style="list-style-type: none"> <li>Further interventions to maintain symptom control and quality of life have been planned <b>and</b></li> <li>Family/carer situation is relatively stable and no new issues are apparent.</li> </ul>	The needs of the patient and / or family/carer increase, requiring changes to the existing plan of care.
<b>Unstable</b>	
An urgent change in the plan of care or emergency treatment is required <b>because</b> <ul style="list-style-type: none"> <li>Patient experiences a new problem that was not anticipated in the existing plan of care, <b>and/or</b></li> <li>Patient experiences a rapid increase in the severity of a current problem; <b>and/or</b></li> <li>Family/ carers circumstances change suddenly impacting on patient care.</li> </ul>	<ul style="list-style-type: none"> <li>The new plan of care is in place, it has been reviewed and no further changes to the care plan are required. This does not necessarily mean that the symptom/crisis has fully resolved but there is a clear diagnosis and plan of care (i.e. patient is stable or deteriorating) <b>and/or</b></li> <li>Death is likely within days (i.e. patient is now terminal).</li> </ul>
<b>Deteriorating</b>	
The care plan is addressing anticipated needs but requires periodic review <b>because</b> <ul style="list-style-type: none"> <li>Patients overall functional status is declining <b>and/or</b></li> <li>Patient experiences a gradual worsening of existing problem <b>and/or</b></li> <li>Patient experiences a new but anticipated problem <b>and/or</b></li> <li>Family/carers experience gradual worsening distress that impacts on the patient care.</li> </ul>	<ul style="list-style-type: none"> <li>Patient condition plateaus (i.e. patient is now stable) or</li> <li>An urgent change in the care plan or emergency treatment <b>and/or</b></li> <li>Family/ carers experience a sudden change in their situation that impacts on patient care, and urgent intervention is required (ie patient is now unstable) or</li> <li>Death is likely within days (i.e. patient is now terminal).</li> </ul>
<b>Terminal</b>	
Death is likely within days.	<ul style="list-style-type: none"> <li>Patient dies or</li> <li>Patient condition changes and death is no longer likely within days (i.e. patient is now stable or deteriorating).</li> </ul>
<b>Bereavement – post death support</b>	
<ul style="list-style-type: none"> <li>The patient has died</li> <li>Bereavement support provided to family/carers is documented in the deceased patient’s clinical</li> </ul>	<ul style="list-style-type: none"> <li>Case closure</li> <li>Note: If counselling is provided to a family member or carer, they become a client in their own right.</li> </ul>

**Palliative Phase Of Illness**

Q2. Below is a list of symptoms, which you may or may not have experienced. For each symptom, please tick one box that best describes how it has affected you over the past week.

	Not at all	Slightly	Moderately	Severely	Overwhelmingly
Pain	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Shortness of breath	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Weakness or lack of energy	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Nausea (feeling like you are going to be sick)	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Vomiting (being sick)	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Poor appetite	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Constipation	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Sore or dry mouth	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Drowsiness	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Poor mobility	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

**Integrated Palliative care Outcomes Scale (IPOS)**

AKPS ASSESSMENT CRITERIA	SCORE
Normal; no complaints; no evidence of disease	100
Able to carry on normal activity; minor sign of symptoms of disease	90
Normal activity with effort; some signs or symptoms of disease	80
Cares for self; unable to carry on normal activity or to do active work	70
Able to care for most needs; but requires occasional assistance	60
Considerable assistance and frequent medical care required	50
In bed more than 50% of the time	40
Almost completely bedfast	30
Totally bedfast and requiring extensive nursing care by professionals and/or family	20
Comatose or barely rousable	10
Dead	0

**The Australia-modified Karnofsky Performance Scale (AKPS)**

# Uses of patient-centred outcome measures

## For better individual patient care:

- Person-centred
- Supports assessment
- If responded to well, improves care
- Person-level outcomes

## For better team working:

- Focuses patient reviews
- Improves team workload planning
- Enhances intra and inter-team communication

## Organisation quality improvement:

- Aggregated cohort data
- Service evaluation and development
- Quality improvement
- 'Business intelligence' to support/sustain resourcing

## To improve care at population level:

- Who is accessing palliative care with what benefit?
- Population-level benchmarking
- Integration with other health and social care services

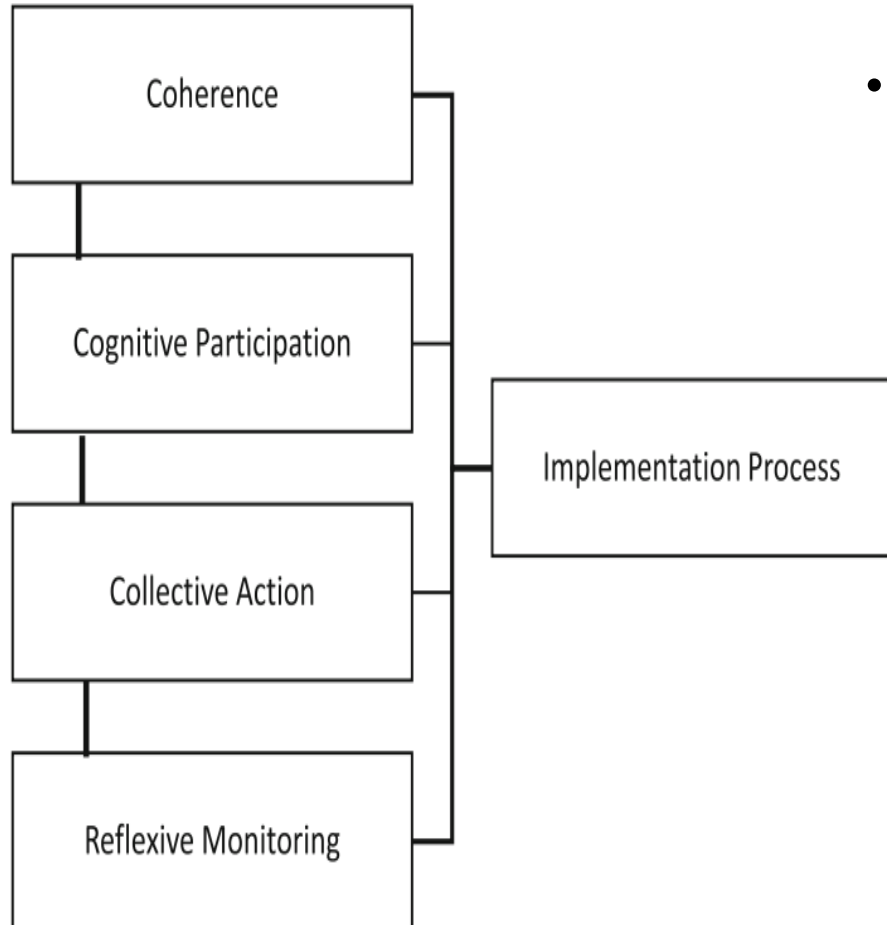
# The RESOLVE project

## Aims

1. To use implementation theory to understand and explain the causal mechanisms that underpin successful implementation of Person-Centred Outcome Measures within palliative care.
2. Collaboratively develop theoretically informed strategies to address challenges



# Theoretical Framework: Normalisation Process Theory (NPT)



- Consists of 4 constructs that explore the inter-connected processes through which outcome measures are implemented into routine practice:

1. Coherence: how individuals and groups understand outcome measures
2. Cognitive Participation: what people do to engage in, legitimize, and build a community around the use of outcomes measures
3. Collective action: skills and resources within the organisation
4. Reflexive Monitoring: how people assess the value of outcome measures

# Key findings: Coherence

## General challenges

- *Difficulty scoring:* Due to perceived subjectivity of measures

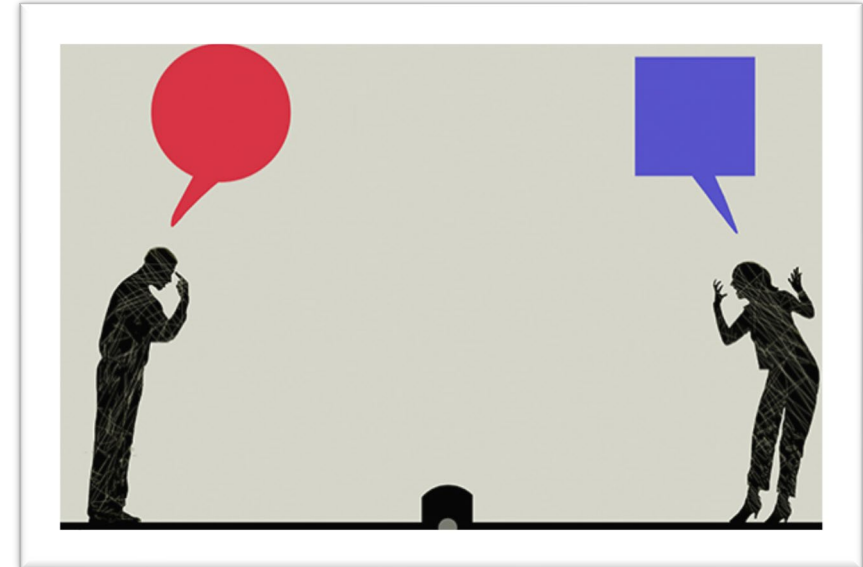
## Measure-specific challenges

- *Ambiguity/confusion over Phase of Illness meaning*
- *Frequency of use and version of IPOS*



## Key findings: Cognitive participation

- *Top down approach to implementation:* An autocratic approach led to people feeling detached from the implementation and use of measures
- *Inconsistent (or lack of) communication:* 'Out of sight, out of mind'





## Key findings: Collective action

- *Battling with electronic systems:* To input data onto, use it within, and extract it off the electronic systems used within a service



## Key findings: Reflexive monitoring

- *Reinforcing use through demonstrating value:* Through feedback of data to those who use outcome measures. When this was not done, outcome measures were often seen as a ‘tickbox exercise’



# To summarise putting outcome measures into practice

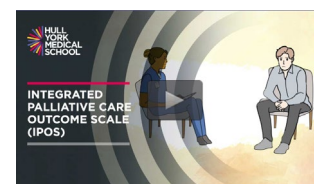
Bradshaw, A., Santarelli, M., Mulderrig, M., Khamis, A., Sartain, K., Boland, J. W., Bennett, M. I., Johnson, M., Pearson, M., & Murtagh, F. E. M. (2020). Implementing person-centred outcome measures in palliative care: An exploratory qualitative study using Normalisation Process Theory to understand processes and context. Palliative Medicine. <https://doi.org/10.1177/0269216320972049>



# Recommendations and ways forward

Those leading implementation and using outcome measures:

- Is there sufficient training/educational support?
- Do people know how to use outcome measures appropriately?
- Are efficient I.T. systems in place that can be easily used?
- Is everybody included in implementation?
- Are there people championing change?
- How are outcome measures being integrated into team working?
- Are outcome measures being fed back?



For more training/educational resources, visit:  
<https://www.hyms.ac.uk/research/research-centres-and-groups/wolfson/resolve/resolve-training-resources>

Thank you

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