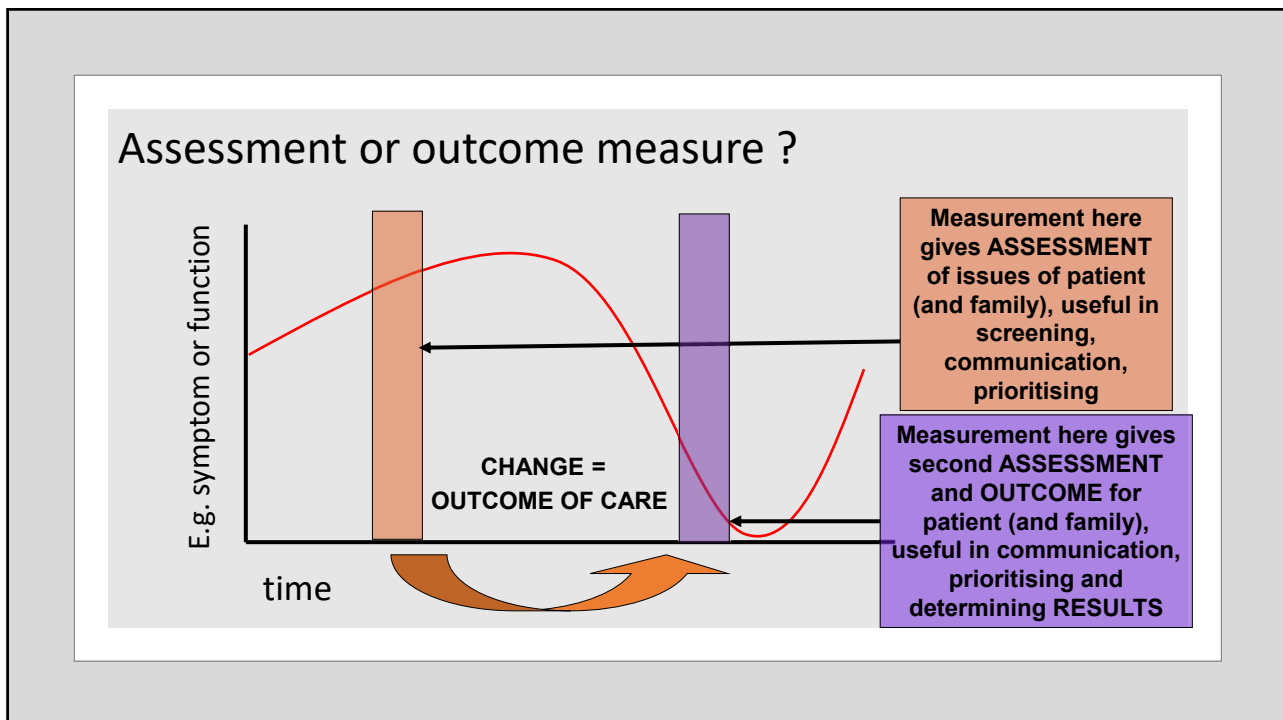


Demonstrating the Benefits of Care Using Routinely collected Clinical Outcomes in Palliative Care

Fliss Murtagh
Professor of Palliative Care

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How to use outcomes data



	Individual patient data	Group data
Used with patients	Assessment Screening Monitoring Promoting patient-centredness	Cohort screening Use of alerts and decision aids
Used away from patient interface, with team and/or organisation	Facilitating within-team communication and team working Working with other organisations for referrals, handovers, discharge information	Discuss with patient/family as appropriate, use as conversation opener, use first Q to help centre on main priorities, focus quickly on most troublesome symptoms, but also see whole range; follow up and see what is improving/not improving

Adapted from: Joanne Greenhalgh, Qual Life Res (2009) 18:115–123

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How to use outcomes data



	Individual patient data	Group data
Used with patients	Assessment Screening Monitoring Promoting patient-centredness	Use in MDTs to prioritise time, focus the discussion, recognise and intervene with unaddressed issues. Allocate and plan workload/reviews Use in referrals, discharges, handovers
Used away from patient interface, with team and/or organisation	Facilitating within-team communication and team working Working with other organisations for referrals, handovers, discharge information	Assessing and improving quality of care Service development Business intelligence and business case for new/sustained resourcing of services Population monitoring – who accesses care Financial resources/tariff

Adapted from: Joanne Greenhalgh, Qual Life Res (2009) 18:115–123

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How to use outcomes data



	Aggregated (group) data to inform: <ul style="list-style-type: none"> - If current services are working? - Does a new service deliver improved outcomes? - Make a business case for new resources 	
Used with patients	Screening Monitoring Promoting patient-centredness	Alerts and decision aids
Used away from patient interface, with team and/or organisation	Facilitating within-team communication and team working Working with other organisations – referrals, handovers, discharge information	Annual reports Assessing and improving quality of care Service development Business intelligence and business case for new/sustained resourcing of services Population monitoring – who accesses care Financial resources/tariff

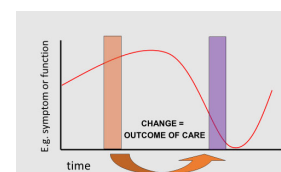
Adapted from: Joanne Greenhalgh, Qual Life Res (2009) 18:115–123

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What outcomes data to report? (Palliative Phase of Illness, Australian Karnofsky Performance Score, Integrated Palliative care Outcome Scale)

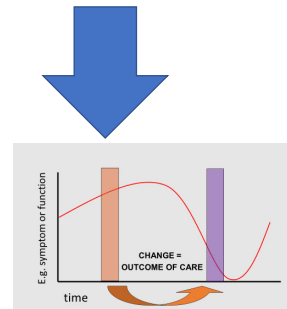
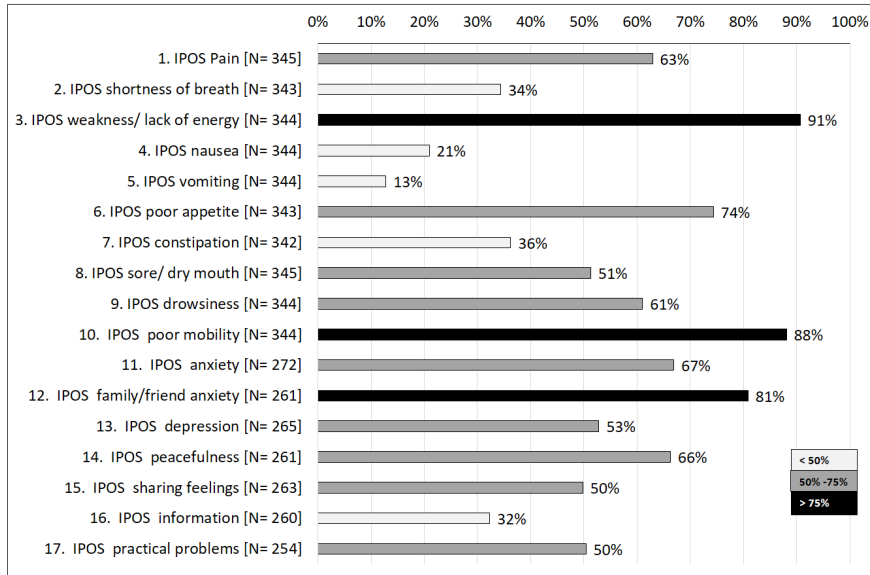


- Descriptives first
 - Age, gender, diagnoses, etc
- Information on episodes of care
 - Duration (median and IQR) - note this varies by discharge practice and re-referrals. End result (discharge or death)
- **Distribution of Phase, AKPS, IPOS scores at start**
- **Duration of unstable Phase of Illness**
- **Change in Phase, AKPS, IPOS – i.e. outcomes**



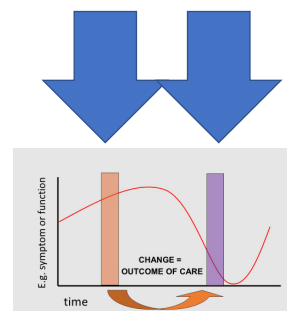
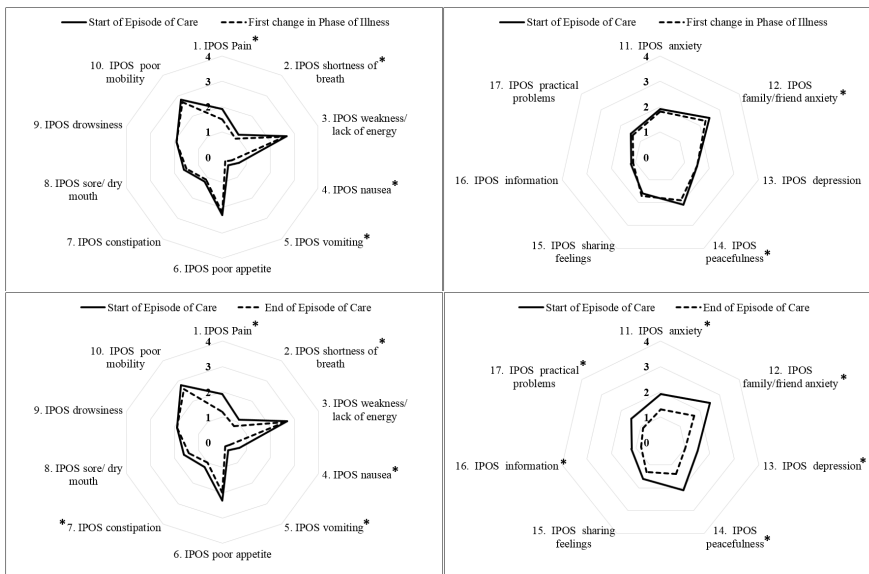
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What symptoms/concerns at 1st assessment?



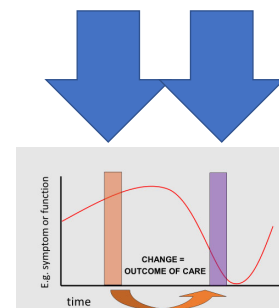
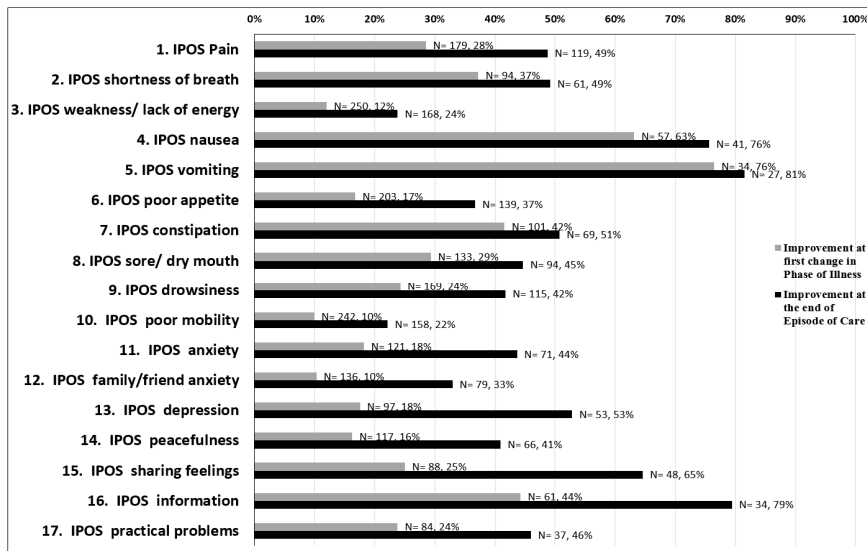
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How do symptoms/concerns change (IPU)?



8

Do symptoms/concerns **improve** (IPU)?



Define 'improve'?
A moderate, severe or overwhelming symptom reduces to mild or absent.

9

Does it improve clinical care if you measure outcomes?

JOURNAL OF PALLIATIVE MEDICINE
 Volume 20, Number S1, 2017
 © Mary Ann Liebert, Inc.
 DOI: 10.1089/jpm.2017.0447

The Impact of Measuring Patient-Reported Outcome Measures on Quality of and Access to Palliative Care

Deborah Dudgeon, MD, FRCPC

Strong to very strong evidence of:

- positive effect on patient-clinician communication
- better identification of unrecognized symptoms
- increased monitoring of symptoms and other concerns
- larger number of actions taken based on quality of life data
- improved patient satisfaction/experience
- association between higher symptom scores and higher rates of clinical action
- less reports of debilitating physical symptoms at follow up

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Thank you

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