

## **Using a Patient-Reported Outcome Measure to Improve the Identification of Palliative Care Needs**

People in the last year of life often suffer complex and multiple symptoms (sometimes severe), and psychological, informational and social concerns because of their illness or impending death.<sup>1,2,3</sup> Given the complexity of problems experienced by those nearing death, it is no surprise that a high proportion of health care resource is spent on this stage of life – as much as 20% of all health care expenditure.<sup>4</sup>

Recent studies demonstrated improved patient outcomes and reduced costs when palliative care is provided early.<sup>5,6,7</sup> Yet, despite evidence supporting the early integration of palliative care into standard care for people nearing the end of their lives, it can be difficult to identify who would benefit from palliative care, and when it is the right time to introduce this to people.

One potential method to identify people, is to use a patient-reported outcome measure (PROM), a questionnaire completed by the patient to measure their perceptions of their functional status and well-being.<sup>8</sup> The Integrated Palliative Outcome Scale (IPOS) is a PROM which assesses symptoms and other palliative care concerns as perceived by the patient.

Having secured funding from the Improvement Fund, hosted by Healthcare Improvement Scotland, there is a small, year-long quality improvement project that has just begun utilising the Model for Improvement as its methodology. The overarching aim of the project is to improve the identification of palliative care needs of people living with a life-limiting illness in one community setting.

We hypothesize that using the IPOS tool routinely in general practice will enable healthcare practitioners to proactively identify needs and improve the holistic assessment of people living with life-limiting conditions. This project is supported by the local hospice who will offer support to those identified who may benefit from additional, specialist services. In addition to the hospice, we have engaged with, and recruited, two general practices to undertake the project in collaboration with the hospice, and we have the support of the local senior health and social care management. We aim to test the use of the IPOS tool in both practices, and it is anticipated that following successful and sustained use of the tool in both practices, the project will spread the improvements to other general practices within the local area. To know that an improvement has occurred, the project team has agreed outcome, process and balancing measures. These include the number of unmet needs identified during the consultation; the number of patients being referred for additional services to the hospice and the patient and GP satisfaction using the tool.

I believe the qualities held by Annette J Bartley are reflected in this project. That is, to improve the care delivered by frontline staff to ensure the delivery of high quality, safe and person-centred care. This will be done by improving the opportunities for all people living at the end of their lives to access palliative care to alleviate physical and psychological symptoms that may have otherwise gone unnoticed.

## References

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