

Implementing Outcome Measures in Palliative Care: Putting the Evidence into Practice

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Background

Measuring palliative care outcomes is widely advocated with little evidence on how best to implement measures into practice. The UK-based Outcome Assessment and Complexity Collaborative (OACC) is implementing outcome measures (OMs) into palliative care practice, and **building evidence** on how best this can be done.

Aim

To apply systematic review recommendations on implementing OMs into clinical practice across palliative care and review results.

Conclusions

The four strategies were successful. **Feedback** is especially **powerful in influencing attitudes** towards the use of OMs but **implementation needs time**, facilitation and encouragement. The role of **QIFs throughout implementation** process is key to embed OMs into routine practice.



Measuring outcomes
to improve care

Recommendations to be implemented

- i. **Tailored implementation** using appropriate facilitators tailored to characteristics of each team
- ii. **Educational intervention** prior to implementation on how and when measures are used and suggestions of how they may be integrated into practice
- iii. **Timely feedback** of results at both patient and service level
- iv. **Use of a facilitator** working alongside clinicians throughout the implementation process to address concerns as they arise

See: Antunes *Palliat Med* 2014
28(2):158-75

Observations

Most clinicians are unfamiliar with OMs and question their clinical relevance. Attitudes to use change as benefits become apparent. Resistance is offset by increasing rapport and support from the Quality Improvement Facilitator (QIF). An **adjustment phase** before main data collection enables teams to consider how best to integrate OMs into practice. Feedback impacts on individual patient management, distribution of team workload, organisational quality improvement and understanding of complexity.



For more info
OACC

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