

Increased Use of Outcome Measures: How and Why They Improve Patient Care

Context to the study:

- Outcome measures are becoming more widely used on a national and international scale in order to improve the quality and cost-effectiveness of service delivery.
- Palliative needs are beginning to be recognised among a variety of populations beyond those with cancer.
- The POS family of outcome measures provide brief yet robust tools to capture what matters to patients and families in advanced illness.

Summary of findings

- Current barriers to implementation of outcome measures are a lack of time, resources and training. There should be increased investment in resources and training, and encouragement to standardise the use of outcome measures in routine palliative care.
- There is a need to improve existing measures rather than develop new resources for use in clinical practice. There is also a need for future research to compare data collected using outcome measures internationally and compare symptoms and needs across different disease groups.

Introduction

Outcome measures have an increasingly important role in health care. They help to record a patient's change in health over time, as a result of care or treatment¹. The routine use of outcome measures is important for improving the quality of service delivery and accurately assessing patients' symptoms and needs.

Summary of Research

Outcome Measures such as the Palliative Care Outcome Scale (POS) and the Support Team Assessment Schedule (STAS) are a good way to inform the delivery of health care and promote patient-centered care, as they directly reflect the difference made for the patient².

In order to review how and why the global reach of the measures has steadily increased, we conducted a systematic literature review of studies published between February 2010 and June 2014 using a broad range of relevant databases. 43 studies were identified which appraised the use of the POS and STAS since 2010.

Research Findings

Of the various patient-completed measures that have been developed specifically for palliative care, the POS and STAS measures have been proven to capture the concerns that are most relevant to patients. In particular, POS is among the top five outcome measures used in research, as well as in clinical care, across Europe⁴.

The STAS and POS have been successfully translated into a variety of languages and these have been used to advance

research on an international scale. However, these measures are still evolving with the help of patient and clinician feedback. Recently, for example, the importance of a question evaluating whether people felt 'at peace'^{5,6} as they approached the end of life was identified by people with advanced illness and the POS has been evolved to reflect this. Continuing research into the effective use of these measures will help to capture the symptomatic, psychological and spiritual needs of palliative care patients in order to inform and improve the care they receive.

The reason for the increased use of POS internationally may be linked to the increasing popularity of Patient Reported Outcome Measures in recent years, particularly in Europe, the US and Africa³. POS is a measure which was designed to be completed directly by patients as well as by staff, and clinical teams are keen to use tools which enable patients to communicate their needs and concerns to ensure that the care they receive is both effective and cost-effective.

There are generally more resources and support available for patients with cancer, despite the fact that there are many other life-limiting conditions which affect millions of people and their families. However, palliative needs are beginning to be recognised among a variety of populations beyond those with cancer, and there are now numerous publications reporting the use of the POS for patients with non-cancer conditions, such as HIV/AIDS and neurological conditions. Specialised versions of the POS have also been developed to be used by patients living with multiple sclerosis, Parkinson's disease and end-stage renal disease.

Policy Recommendations

In order to ensure that the most effective care is provided to patients, and that patients and carers feel listened to, we recommend:

1) Providing training and resources to care teams

Although the results of this study indicate an increase in the use of these measures, more could be done to support clinicians who wish to implement outcome measures, such as the POS (or STAS), in their clinical practice.

2) Develop POS and STAS further

During the testing phase of the POS outcome measure we confirmed the importance of a question assessing whether a patient felt 'at peace' at the end of life. We recommend supporting further research to improve existing measures for use in clinical practice.

3) Investing in further funding and research projects

There is further research that can be conducted into the use and effectiveness of outcome measures, such as the difference between patient and staff reporting of symptom severity. Improved communication between clinicians and patients will lead to more effective and cost-effective care overall, and higher patient satisfaction.

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