

# Help with IPOS: the answers to your questions

**How many versions of the Integrated Palliative care Outcome Scale (IPOS) are there?**



There are four versions of IPOS, depending on:

- First, whether asking for symptoms and concerns over the last 3 days OR over the last 7 days
- Second, whether it is asking for patient report OR staff report

[There are also versions for renal disease and neurological disease (IPOS-Renal and IPOS-Neuro), plus a version for dementia called IPOS-Dem, but we will not consider these versions here. They are mainly for use with specific disease groups.]

**Is there guidance on which of the four versions of the standard IPOS to use and when?**

Yes. First consider which recall period is appropriate to use first. The 3-day version is for use with inpatients in hospice or hospital, and the 7-day version is for use in the community, including for outpatients and daycare.

Hospice at Home type services are the exception as they usually provide care in the dying Phase, and it is effectively the same as Inpatient care but at home; so the 3 day version should be used.

Then consider whether to use a patient-reported version or a staff-reported version.



**I am not sure when to use a patient-reported measure and when to use a staff-reported version. Are the scores interchangeable?**

- Most inpatients (about 65-75%) are unable to complete IPOS either at all, or without substantial help. Therefore, we generally recommend staff-reported IPOS is used in this setting (including Hospice at Home type services).
- Most community-based patients (seen at home, or in Outpatients or Daycare) can complete IPOS without help or with some support from family or staff (estimated about 60-70% can complete, depending on your population). Therefore, we generally recommend patient-reported IPOS is used in this setting (excluding Hospice at Home type services).



We should also consider how the different IPOS versions are used, as this helps understand how the staff-reported version fits in.

- First, note that the patient-reported version includes the option to have help (from family or staff) – it is still patient-reported.
- The staff-reported version is completed by staff **independently** of the patient, but **based on that staff member's usual holistic assessment** of the patient, as part of standard clinical care.

'Independently of the patient' means that the patient isn't specifically aware of the IPOS being used; the holistic assessment just needs to include the full range of IPOS items AND use the 'stem' for questioning (that is, asking 'have you been affected by pain over the last 3 days' or whichever stem is relevant to the IPOS version being used and the item being considered).

Because we are using IPOS clinically, and not research use, staff do not have to slavishly adhere to asking every question in the precise IPOS format – it is acceptable to ask 'Have you been affected by pain over the last 3 days'? Or nausea over the last 3 days?" for instance. As long as it is clear that you are asking about 'being affected by' (not frequency or severity) and you make the recall period (3 or 7 days) clear.

With practice, it becomes easy to weave all the IPOS questions into the holistic assessment, and it then becomes seamless – simply a way of ensuring the holistic assessment **includes all the areas which patients report as important to them**. This approach is especially helpful for new or less experienced staff, as it acts as a prompt to remember everything. See the accompanying video, which explains how to use IPOS as part of the holistic assessment.

For more experienced staff, it is a reminder to consider all aspects of care; hopefully we do this anyway, but it prompts us to ask in a more standardised way (asking 'have you been affected by' for example, rather than how severe or how frequent the symptom is) and to remember all the important areas to consider, yet in a concise way.

Please note that every IPOS item can be regarded as a 'conversation opener'; if someone says 'yes I am been affected by pain a lot' (or any other item), then it needs to be explored – just as in any holistic assessment, and actions to address and/or monitor then need to be included in the care plan. There is no point in considering and scoring an IPOS item and then doing nothing; **if moderate, severe or overwhelming, it certainly needs to be addressed**. This is true even for 'resistant' symptoms, like fatigue – short term rehabilitation, advice from physio, helping a person to cope with a persistent symptom or concern, are all relevant and important actions. Taking this approach allows the person's own symptoms and concerns to drive the agenda; rather than professionals (almost unconsciously) selecting out the symptoms or concerns which we consider that we can best help.



At the end of an assessment which focuses on the symptoms concerns prioritised by that person, a professional can simply asked 'have we missed anything' to the patient, and also look at IPOS to help remind them of all the common symptoms and concerns which IPOS includes.

Lastly, are the scores from patient-reported IPOS and staff-reported IPOS interchangeable?

Strictly, no. This is why it is important to decide as a team which version (patient-reported or staff-reported) is most appropriate to use in your setting and for your population. When extracting or reporting IPOS, it is helpful to include 'how completed?' (patient-reported, patient-reported with family help, patient-reported with staff help, or staff-reported) so this can be explored further in the analyses and reporting.

We would generally recommend the **staff-reported IPOS** for Inpatient settings (and Hospice at Home type services) and the **patient-reported IPOS** for Community (including Outpatient or Daycare type settings). But it does also depend on your population.

You may decide to routinely use staff-reported IPOS, and then ADD the patient-reported IPOS if it is appropriate for the patient, how well or ill they are, and their approach/preferences about using a measure like IPOS. It is valuable and sometimes very revealing to see where patient report and staff report differ!



# RESOLVE

Resolving Symptoms in Cancer



The RESOLVE project is funded by Yorkshire Cancer Research

