

How do I use Outcome Measures in my patient assessment?

We have developed the following information to assist and guide you with the introduction and implementation of Outcome Measures into routine clinical assessments

1. On initiating the assessment

Preparation - consider the following prior to the consultation:

- Background history for the patient, including referral details, and clinical case notes.
- If this is a follow-up assessment, check details of the last palliative Phase of Illness recorded for the patient.
- Mode of delivery (face-to-face, virtual discussion, telephone call).
- Privacy, minimising noise and interruptions.
- Any hearing, visual, cognitive impairment, learning disability, or language needs (e.g. interpreter).
- Documentation of patient information, including information technology or computer system template for patient record if relevant.



Click on the picture to watch the Palliative Phase of Illness video or visit: <http://www.hyms.ac.uk/resolve-training>

Establishing initial rapport:

- Introduction, and your role.
- Obtaining patient consent to undertake the assessment.
- Involvement of family and carers.
- Practising clear communication and attentive listening skills, including non-verbal signals.
- Encouraging patient self-expression and involvement throughout the assessment.

Identifying the reason for the consultation:

- Ascertain your patient's knowledge and understanding of current diagnosis and condition.
- Discuss the time frame for today's assessment.

Here are some key skills which you may find useful in enabling and developing your conversations during patient assessments:

EXAMPLE QUESTIONS	BENEFITS
<p>Open questions: who/where/why/what/how do you feel about.....?</p>	<p>Encourages people to talk, and “open up” about their feelings and opinions</p>
<p>Closed questions: Would you want to go back to hospital if.....?</p>	<p>Identifies specific information</p>
<p>Probing, and reflective questions: What makes you say (or feel) that?</p>	<p>Useful in seeking depth and detail</p>
<p>Active listening (and use of silence): Listen to words, tone of voice, facial expressions, and body language. Say what you see.....</p>	<p>Enables you to pick up cues, builds trust and rapport</p>
<p>Summarising: This can be done at anytime in the conversation</p>	<p>Shows the person that you are listening, and helps clarify discussion points</p>

Other helpful skills include:

- Deep listening (being truly present with your patient during the assessment).
- Empathy (recognising and responding to each patient’s unique fears, anxieties, and emotions in a genuinely caring way).
- Gentle honesty in conversations (what you say and how you say it).
- Developing partnerships with your patients, their families, and carers.
- Recognising the importance of help and assistance for family and carers who are supporting the patient – they in turn need to maintain their own wellbeing.

2. Conducting the assessment

Exploration of the patient's problems to discover:

- Their diagnosis and history (including treatment).
- Their main concerns and the urgency of these.
- The patient's overall perspective and preferences with regards their illness, treatment, and what support may be needed.

Be sure to identify the patient's symptoms and concerns in-depth, always considering what is reversible and what may be less so.

Allow the conversation to be driven by the patient's own concerns, while remembering those aspects which need to be included:

- Psychological and emotional impact of their care.
- Social and family aspects of care.

Always consider what multi-disciplinary team support is available for your patients and their families.

During the consultation, you may wish to consider inclusion of the IPOS (Integrated Palliative care Outcome Scale) to help inform your assessment - it is a useful prompt to ensure you include the full range of symptoms and concerns.



Click on the picture to watch the Integrated Palliative Care Outcome Scale (IPOS) video or visit: <http://www.hyms.ac.uk/resolve-training>

Remember that the IPOS measure captures simply the 'headlines' of the patient's main symptoms and concerns; the assessment will consider everything in much more detail.

3. Explanation and planning

Provide the most appropriate kind of information in line with the patient's preferences for advice:

- Ask the patient what is important to them at this point in time, and work together to achieve a shared understanding of the next steps.
- Check your patient's understanding of information given to them.
- Set goals – when next review will occur, and how to monitor changes.
- Facilitate shared decision making, working with your patient, their family and carers, to make a specific plan of care.

Ensure an appropriate point of closure:

- Check that the patient and family understand the agreed plans and how and where to get help if needed.
- Provide contact details.
- Seek permission from the patient to share their information with members of the multi-disciplinary team.



4. Outcome Measures

Consider which palliative Phase of Illness applies, considering the urgency of your plan of care.

If this is a follow up assessment, think back to the previous Phase allocation - has palliative Phase of Illness changed?

If this is a first assessment, OR if Phase has changed, OR the end of this episode of care approaches, then please also capture AKPS and IPOS scores.

The AKPS (Australia-modified Karnofsky Performance Scale) measure captures functional status, and will help to support multi-disciplinary contributions to the plan of care.

Ensure that your documentation of today's assessment is clear and accurate, including electronic capture in your patient record of the Outcome Measures used.



Click on the picture to watch the Australia-Modified Karnofsky Performance Scale video or visit:
<http://www.hyms.ac.uk/resolve-training>

References

We acknowledge Berry LL, Danaher TS, Chapman RA, Awdish RLA. Role of Kindness in Cancer Care. *Journal of Oncology Practice* 2017;13: (11):744-50., which helped inform section 1 “other helpful skills”.

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