CAN THE PALLIATIVE CARE OUTCOME SCALE BE USED TO MEASURE THE POSITIVE IMPACT OF A HOSPITAL BASED PALLIATIVE CARE LIAISON TEAM?

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Background The Palliative Care Outcome Scale (POS) is a holistic, validated, Patient Reported Outcome Measure (PROM). PROMs can enable evaluation of patient care, helping to improve service quality.

Aims To assess POS as a tool for patient assessment and clinical audit in a nurse-led hospital liaison palliative care team (HPCT).

Methods We used POS and POS-S (symptoms) at initial, weekly and last consultations in 30 patients and evaluated the HPCT experience of this. We used the following Minimal Clinically Important Difference in scores to determine PCT effectiveness: 80% percent achieving a one-point reduction in pain score. Statistically significant reductions in grouped POS and POS-S scores (Wilcoxon signed rank test).

Results The HPCT saw 57 patients to collect 30 patients’ data. (23 clinically unsuitable, 4 missed). Follow-up questionnaires were available in 19 patients for POS, 15 for POS-S (7 patients seen once, 1 data set destroyed, remainder missed).

A one-point reduction in pain score occurred in 74% patients (14 out of 19 with follow-up POS data).

Both POS and POS-S median scores improved. POS median score: initial consultation 17, last consultation 6 (p=0.002). POS-S median score: initial consultation 17, last consultation 8.5 (p=0.04).

▸ The HPCT felt that POS was useful to:
▸ Establish the patient’s agenda
▸ Enable early discussion of psychosocial concerns
▸ Reduce the risk of missing significant needs

Concerns were:
▸ The staff time required to complete POS
▸ That patients found repeated questionnaires burdensome

That POS data may underestimate HPCT effectiveness as sometimes advice was disregarded and patients were discharged before a final assessment.

Conclusions The HPCT significantly improved patient well-being. However, repeat use of POS was burdensome and low inclusion and follow-up rates suggest POS is not a suitable audit tool to measure our HPCT effectiveness at this time. Using POS and POS-S at the initial consultation usefully established the patients’ baseline status and needs. The HPCT will continue to use it in this manner.