

Using Outcome Measurement to Capture Complexity in a Specialist Palliative Care Unit.



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Background

The implementation of the OACC (Outcome Assessment & Complexity Collaborative) project has recently commenced in a Specialist Palliative Care Unit (SPCU) ¹. 'Phase of Illness' is one measure currently in use which identifies a clinically meaningful period in a patient's condition (Figure 1). Evidence suggests the length of time a patient spends in the unstable phase can adversely affect the patient and family outcome.

Aims

This study aims to examine the phase of illness trajectory of patients admitted to a SPCU in an unstable phase.

Method

A retrospective, cross sectional study of 50 patient's records was carried out. A customised excel sheet was created to collect and analyse the data. Patients who were admitted during an unstable phase only, were included in data analysis.

Results

44% of patients were documented as being in an unstable phase on admission to a SPCU. The average admission period was 22 days. The average amount of phase changes during an admission was 10.

100% of the patients admitted in an unstable phase had a documented change of phase within 72 hours (Figure 2). 59% of these patients moved from an unstable phase within 24 hours, entering a 'Deteriorating', 'Stable' or 'Dying' phase (Figure 3). Change of phase is determined by a holistic clinical assessment which considers the needs of the patients and their family.

Figure 1. Phase of illness

Phase	This is the current phase if...	This phase ends when...
Stable	Patient's problems and symptoms are adequately controlled by established plan of care ² and further interventions to maintain symptom control and quality of life have been planned and family/carer situation is relatively stable and no new issues are apparent.	The needs of the patient and or family/carer increase, requiring changes to the existing plan of care.
Unstable	An urgent change in the plan of care or emergency treatment is required because the patient experiences a new problem that was not anticipated in the existing plan of care and/or the patient experiences a rapid increase in the severity of a current problem and/or family's/carer's circumstances change suddenly impacting on patient care.	The new plan of care is in place, it has been reviewed and no further changes to the care plan are required. This does not necessarily mean that the symptom/crisis has fully resolved but there is a clear diagnosis and plan of care (i.e. patient is stable or deteriorating) and/or death is likely within days (i.e. patient is now dying).
Deteriorating	The care plan is addressing anticipated needs, but requires periodic review, because the patient's overall functional status is declining and the patient experiences a gradual worsening of existing problem(s) and/or the patient experiences a new, but anticipated, problem and/or the family/carer experience gradual worsening distress that impacts on the patient care.	Patient condition plateaus (i.e. patient is now stable) or an urgent change in the care plan or emergency treatment and/or family/ carers experience a sudden change in their situation that impacts on patient care, and urgent intervention is required (i.e. patient is now unstable) or death is likely within days (i.e. patient is now dying).
Dying	Dying: death is likely within days.	Patient dies or patient condition changes and death is no longer likely within days (i.e. patient is now stable or deteriorating).
Deceased	The patient has died; bereavement support provided to family/carers is documented in the deceased patient's clinical record.	Case is closed.

Figure 2. Unstable Phase on Admission - time to change

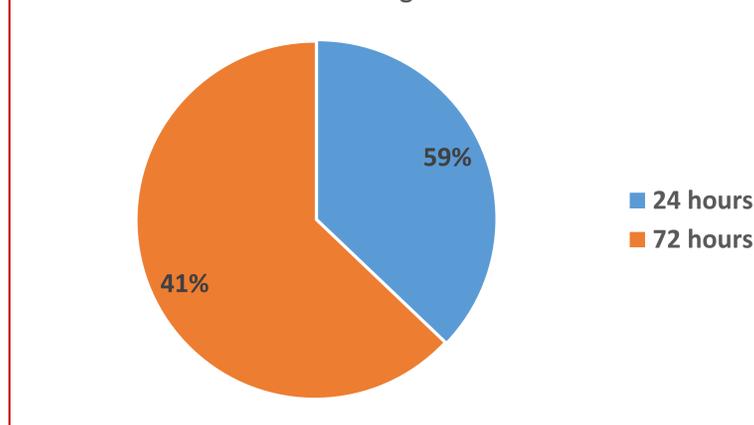
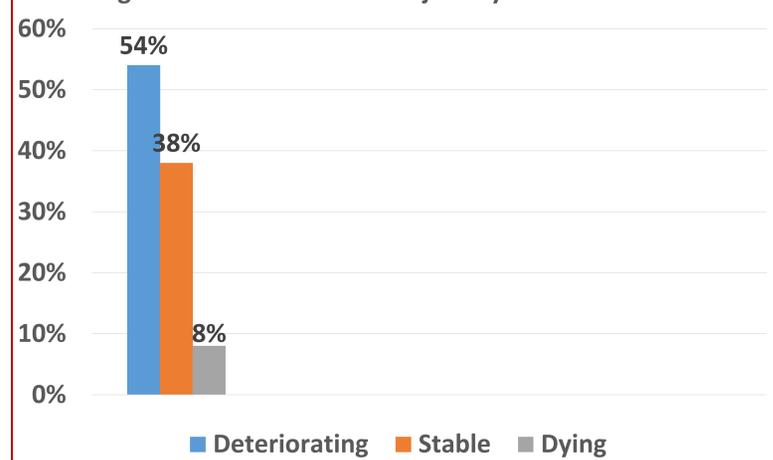


Figure 3. Phase of illness Trajectory within 24 hours



55% of patients became unstable again during their admission, of these 89% had a documented change of phase within 72 hours.

The median number of unstable phases of illness is two. The unstable phase requires urgent intervention and escalation of care with review and change of the plan of care to meet the patient and family's needs.

Conclusion

The unstable phase has been shown to require intensive review for a short period of time. The use of phase of illness measurement can assist the identification of patient and family need, highlighting the urgency in planning care and consequent resource demand ².

This study shows patients required ongoing care plan review for new or rapidly escalating issues, thereby, demonstrating the complexity of a SPCU.

References

- OACC – Outcome Assessment Complexity Collaborative project. UK. 2013
- Bausewein C. et al.. 'EAPC White Paper on outcome measurement in Palliative Care. Improving practice, attaining outcomes and delivering quality services – Recommendations for European Association for Palliative Care (EAPC) task force on outcome measurement.' Palliative Medicine, 2015; Vol 30 (1): 6 – 22.

