Practical Steps to Embed Outcome Measures into Clinical Practice

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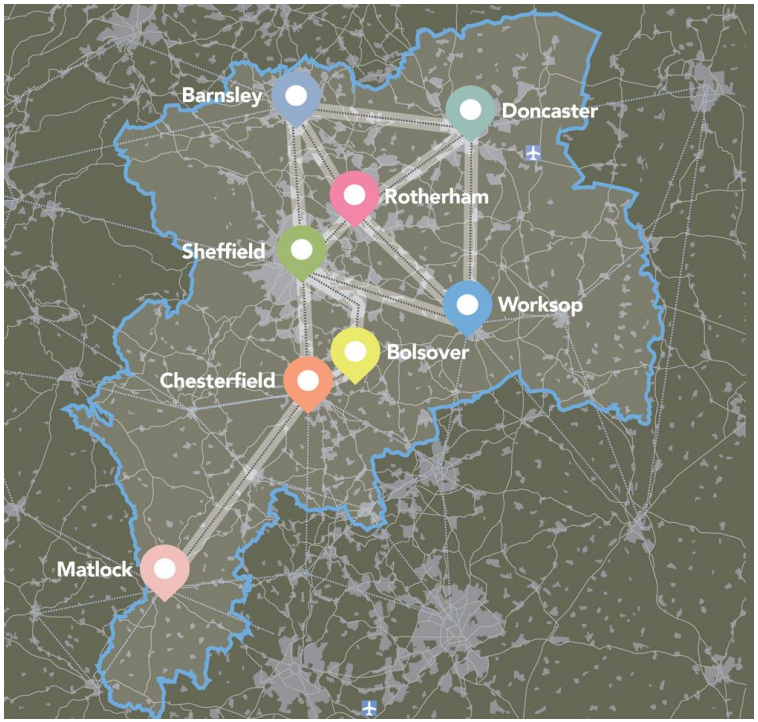
20 October 2017

Aims and objectives

- To set a St Luke's context as to why we considered outcome measures
- To consider the challenges of implementing outcome measures
- To consider practical steps in implementing outcome measures
- To consider the benefits of clinical applications

About Sheffield



Sheffield City Region

- Sheffield is the 3rd most populous metropolitan district in England outside of London with a population of 575,400
- Highest population centre in South Yorkshire Metropolitan Area which has a total population of 1.33 million
- 2nd most populated in Yorkshire and Humber which has a population of 5.338 million

St Luke's services

- 20 bedded inpatient centre
  - 400 patients per year
- Integrated Community Team
  - 1600 patients per year
  - Establishment:
    - 16.2 Community Nurse's
    - 0.7 Consultant
    - 1.05 SPR (8-13 WIE)
- Acute Intervention Day Centre
  - 300 patients per year

Drivers

Evolving drivers for change, start of January 2013

- Peer review, funding issues
- Workforce concerns – competencies establishment
- Patient outcomes
- Organisational outcomes – business case for existence
- Scale of the problem

The scale of the problem

- 42% projected increase in patients requiring palliative care by 2040
- At least 160,000 more people each year likely to have palliative care needs in hospitals, hospices and at home

  Etkind et al 2017
- Impact of palliative care need on acute services

Key areas of opportunity

Key areas of opportunity
1. More systematic, high-quality care
2. More proactive and targeted care
3. Better coordinated care
4. Improved access to specialist expertise
5. Greater patient engagement
6. Improved resource management
7. System improvement and learning

Extract from Imision C, Castle Clarke S, Watson R and Edwards N (2016). Delivering the benefit of digital health care. Nuffield trust.

Practical considerations

- Organisation culture shift – this is not just doing a few questionnaires
- Clinical teams
- Volunteers
- Leadership and ownership:
  - Clinical Exec, Medical Director and Director of Patient Services – must be joined up
  - Benefits to patient care needs to be owned and understood at all levels
  - IT and administrative support
  - Engaged and involved in co-design
  - Team Managers
  - Transparency and consistency
  - Time and commitment
  - Multi professional working – co design
  - IT readiness /capability vs human resource

Set clear objectives

- SMART objectives
- Gantt chart – key milestones
- Example of Gantt chart – pack

Work force considerations

- Who will assess PROMS
- Who has the skill set
- Who has the time
- Who has the commitment
- Setting dependant

Setting challenges

- Differences in clinical setting:
  - In Patient Centre vs Acute Intervention Day Centre vs Community
  - Multi professional working vs lone worker
  - Patient case mix
  - Length and nature of contact

2014 – Today

- Karnofsky Performance Status
- Phase of illness
- IPOS – Palliative Care Outcome Score
- MDT Co-ordinator
- Assistant Practitioner
- IPOS User Group
- MDT chair
- Clinical work flows:
  - Setting dependent
  - IT supported
  - reporting

Reporting is key to clinical delivery

- Drives patient care
- Support patient flow
- Support staff allocation/workflow
- Support staff compliance with process
  - Example reports
  - Community team

Gathering outcomes

- Set your assessment schedules – in the pack
- Need to be S M A R T
- Embed outcomes in every day practice

Use the outcomes in daily practice

- Handover
- Ward round/board round
- Acuity and dependency and case mix management
- Escalation
- MDT
- Feedback is essential

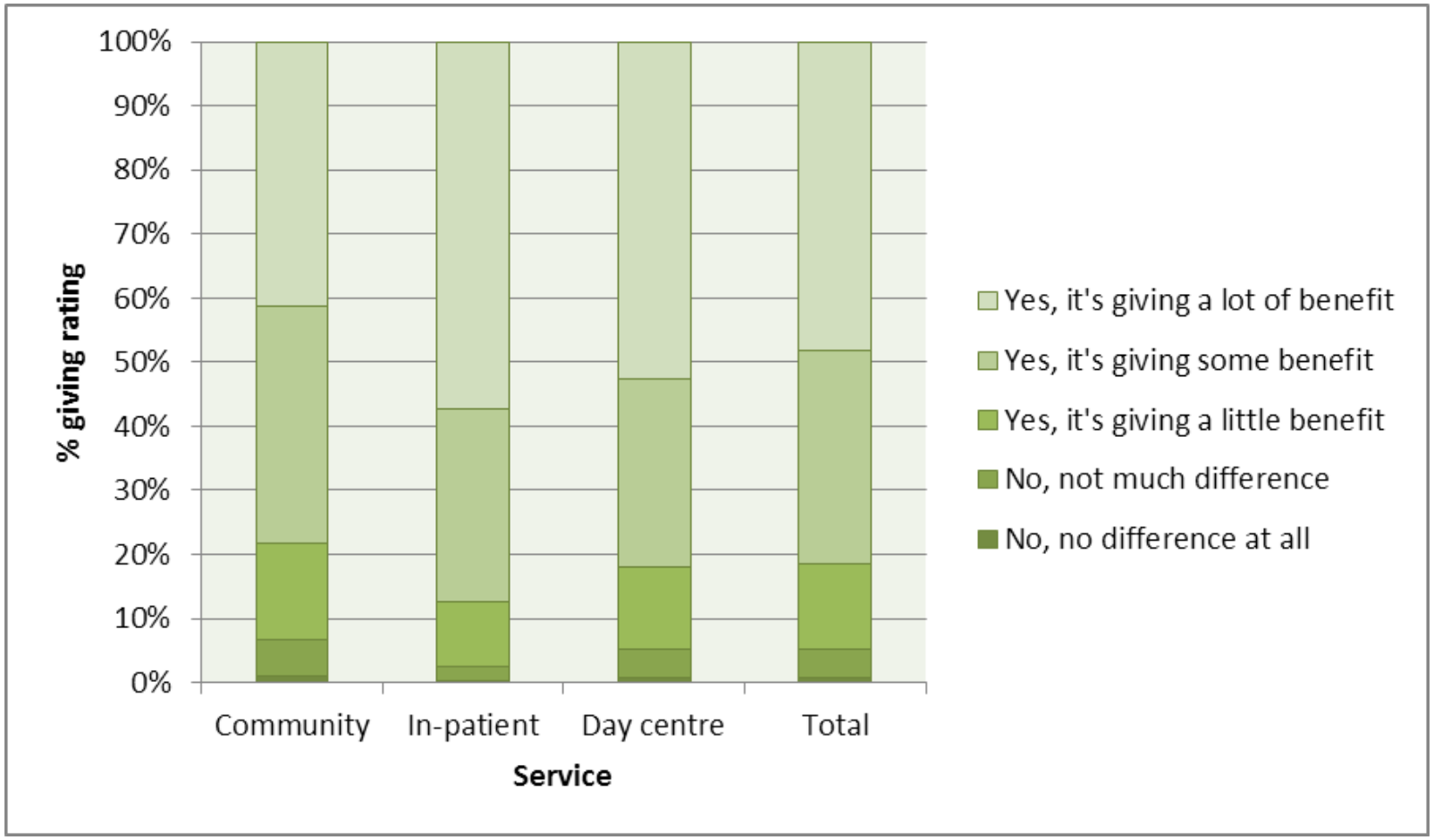
Multi professional working is essential

- Effective MDT working
- Efficient MDT meetings
- Outcome driven

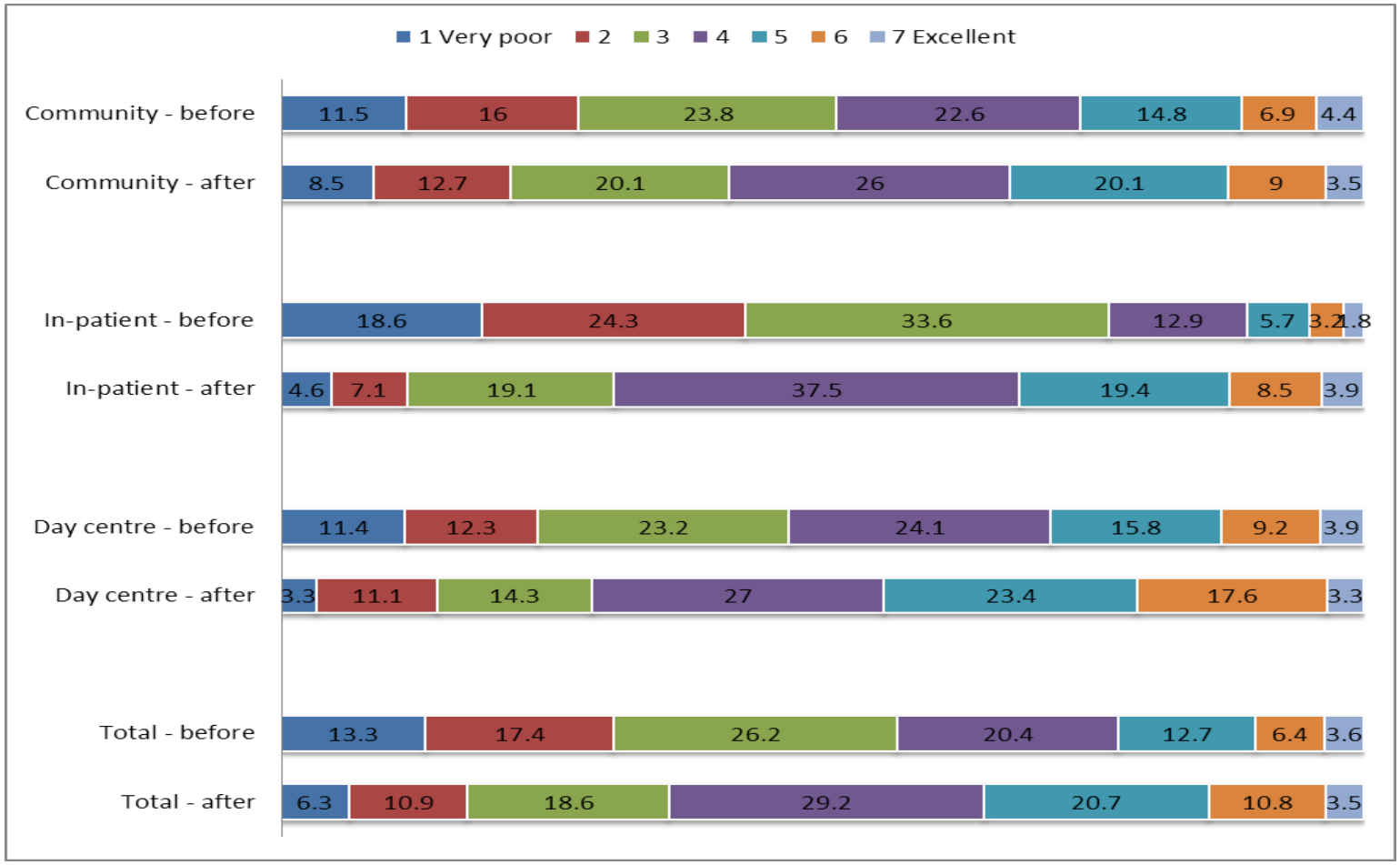
MDT meetings

- How do we make them work
- Historical context
- Current context
  - Governance
  - Structure
  - Clear inputs/outputs

The difference the team is making



Comparison of quality of life scores



Lessons for success

Lessons for success
1. Transformation first
2. Culture change is crucial
3. User-centred design
4. Invest in analytics
5. Multiple iterations and continuous learning
6. Support interoperability
7. Strong information governance

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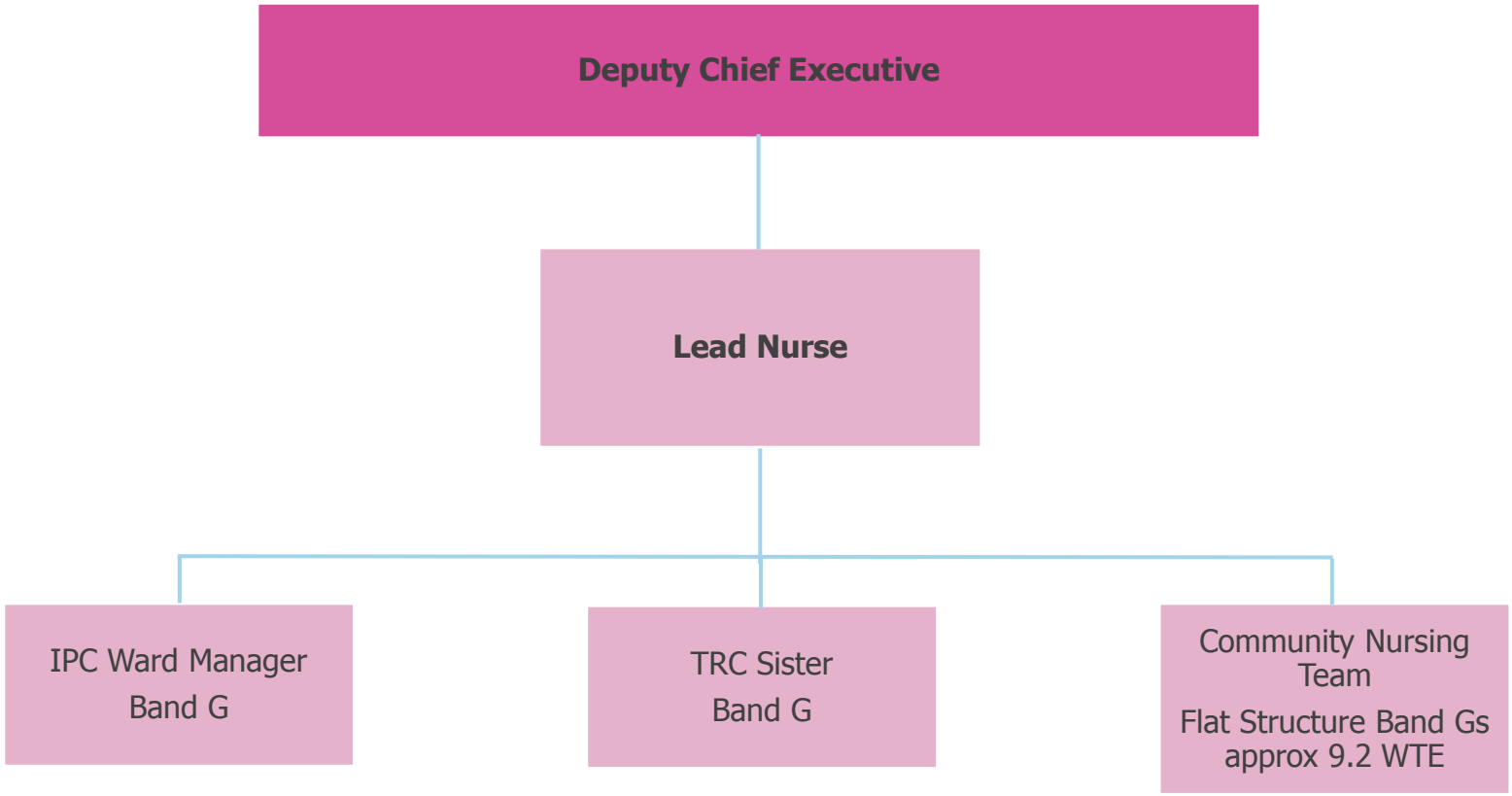
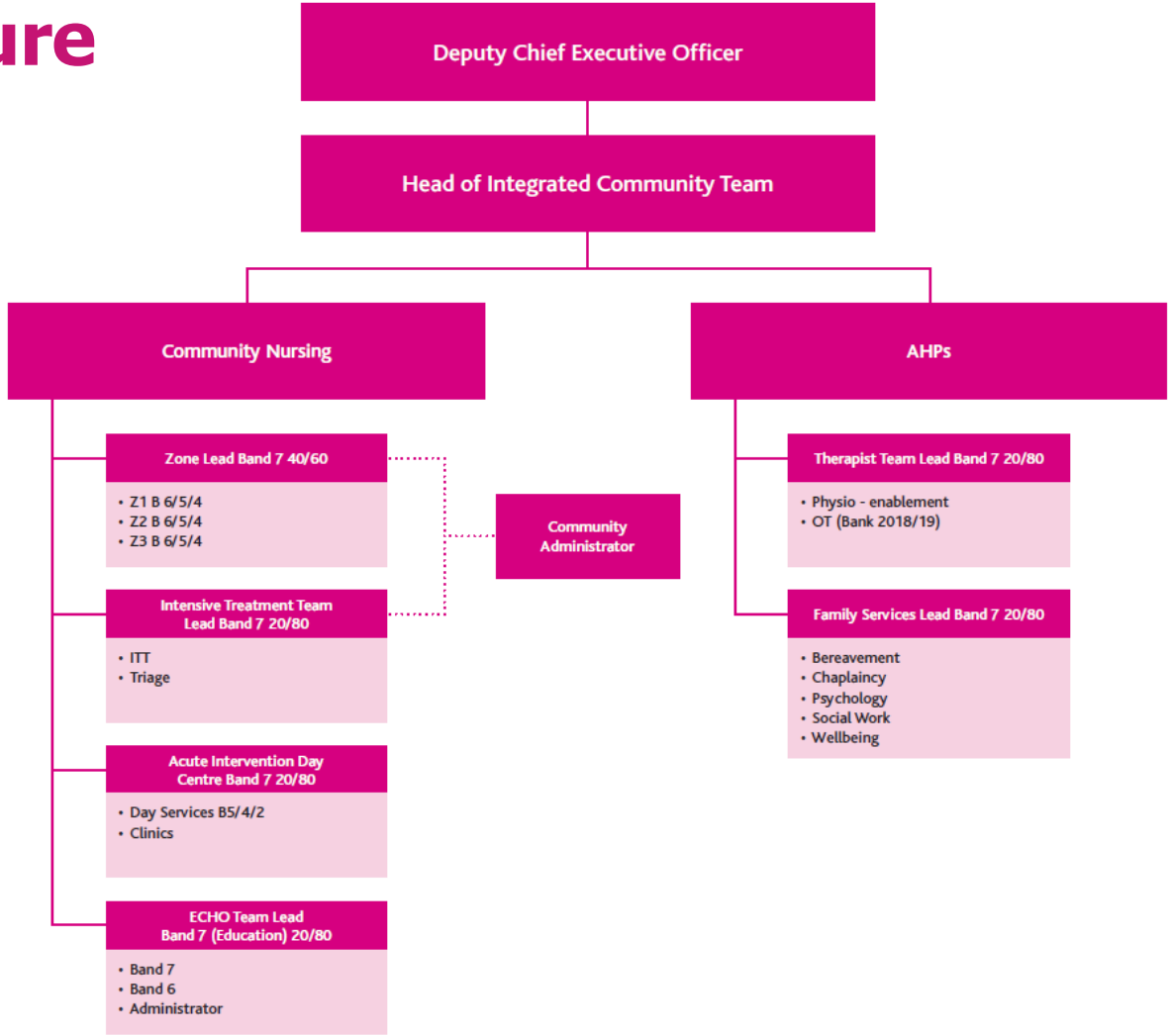
DCEO nursing structure 2010



Structure


Deputy Chief Executive Officer
Head of Integrated Community Team
Community Nursing
AHPs
Zone Lead Band 7 40/60
• Z1 B 6/5/4
• Z2 B 6/5/4
• Z3 B 6/5/4
Community Administrator
Intensive Treatment Team Lead Band 7 20/80
• ITT
• Triage
Acute Intervention Day Centre Band 7 20/80
• Day Services B5/4/2
• Clinics
ECHO Team Lead Band 7 (Education) 20/80
• Band 7
• Band 6
• Administrator
Therapist Team Lead Band 7 20/80
• Physio - enablement
• OT (Bank 2018/19)
Family Services Lead Band 7 20/80
• Bereavement
• Chaplaincy
• Psychology
• Social Work
• Wellbeing

Questions?