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DOI:

[10.1089/jpm.2017.0674](https://doi.org/10.1089/jpm.2017.0674)

Document Version

Peer reviewed version

[Link to publication record in King's Research Portal](#)

Citation for published version (APA):

Guo, P., Gao, W., Higginson, I. J., & Harding, R. (2018). Implementing Outcome Measures in Palliative Care. *Journal of Palliative Medicine*, 21(4). <https://doi.org/10.1089/jpm.2017.0674>

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Letters to the Editor

Implementing outcome measures in palliative care

Dear Editor:

The capture of patient-reported outcome measures (PROMs) data improves awareness of unmet need and allows professionals to address needs/concerns of patients with life-limiting diseases and their families. It consequently leads to their enhanced emotional and psychological quality of life.¹ The Palliative care Outcome Scale (POS) measures as a family of tools specifically developed for palliative care to measure patients' multidimensional symptoms and needs are now used in a wide variety of settings and countries across the globe including countries of the Asia Pacific.²

A systematic review concluded that successful implementation of PROMs in palliative care requires multidisciplinary staff to be involved in planning from the outset.³ In order to facilitate the use of outcomes measures in routine practice across Asian countries, an outcome measurement workshop was held at the Asia Pacific Hospice Conference in July 2017. We sought to facilitate collaborative planning to answer the following questions: 1) how could the routine use of POS measures enhance practice? 2) What do we need to implement outcome measures routinely? The workshop was attended by approximately 350 professionals engaged in palliative care (including doctors, nurses, allied healthcare professionals, managers, policy makers, and academics).

During group work discussion, the participants' proposals were as follows: 1a) routine use of PROMs such as POS measures could contribute to improved quality, greater cost-effectiveness of health care, and inform funding models; 1b) routine use of POS measures could provide a structured and simple approach to clinical assessment and routine screening, monitor how patients' symptoms/needs are changing in disease trajectory, improve staff-staff and staff-patients/caregivers communication, help to focus on what matters most to patients and families, generate a common language for multidisciplinary meetings and comparisons between services, and enhance care coordination.

The participants also identified the challenges and strategies of using PROMs in routine practice: 2a) ongoing staff training and support to ensure sustainable implementation, 2b) IT system to support point-of-care data collection and real time access, 2c) data analysis and regular feedback about the meaning of the data, 2d) resources available to follow up on issues flagged up by PROMs, 2e) involvement of non-palliative colleagues (e.g., oncologists), 2f) translated versions into different languages, 2g) leadership and champions, 2h) education programmes for patients, caregivers, and wider public to better understand the benefits of palliative care, 2i) development of palliative care as a specialty, 2j) a palliative care PROM is urgently needed for the Intensive Care Unit setting, and 2k) a paediatric palliative care PROM is needed.

The use of PROMs is crucial not only in service evaluation and resource allocation, but also in comparisons between service providers and models of palliative care.⁴ The discussion from the workshop can now underpin the roll-out of PROMs regionally. Locally-generated plans are required to ensure that PROMs fit local clinical working practices, health systems, staff, and patient and family needs.

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