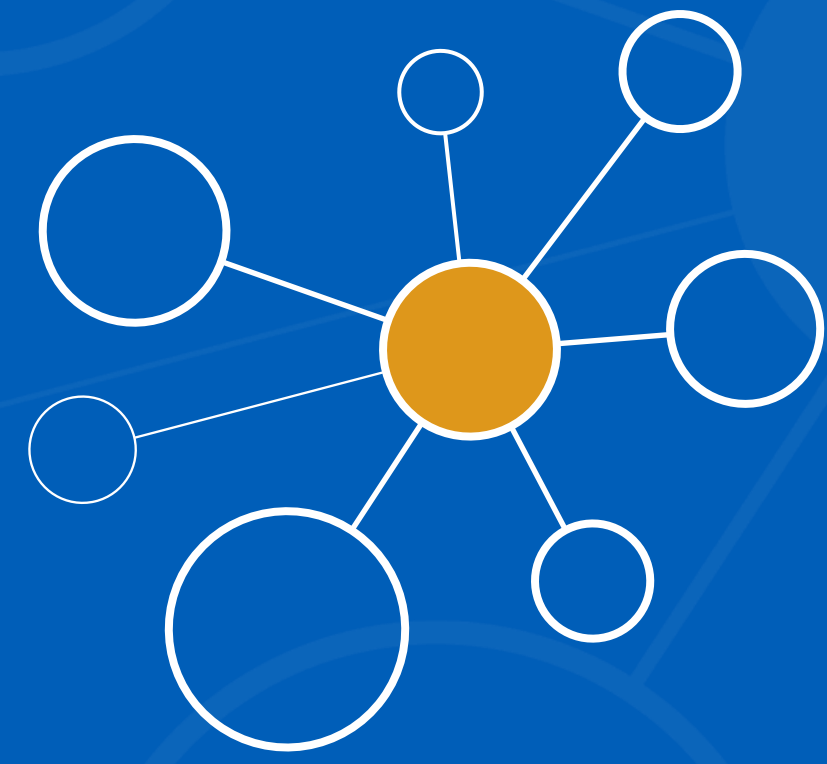




Quantifying Specialist Palliative Care Needs: Increasing completion rates of the Integrated Palliative Care Outcome Scale (IPOS) to evidence complexity of palliative care needs of patients referred to community specialist palliative care

Community Specialist Palliative Care

Background

There is increasing demand for specialist palliative care provision within Gloucestershire. Referral optimisation ensures effective use of a small, specialist resource. The current selection process can offer cognitive bias resulting in inequalities of access to SPC provision.

Research indicates that the Integrated Palliative Care Outcome Scale (IPOS) is a reliable and validated tool to objectively measure complexity of needs and thereby reduces subjectivity in decision making (Cantey et al 2025, Murtagh et al 2019).

Despite the evidence, compliance of completion of IPOS scores were variable and sub-optimal. The team sought a QI approach to increase completion rates.

Measures

Outcome: % completion of IPOS scores

Process – measurement completion at first home visit

Balancing – attendance of staff at meetings and training & length of time to complete IPOS scores

PDSA Cycles

Cycle 1A – Baseline data analysis. Identify exact point for IPOS measurement; first home visit

Cycle 1B – Team engagement and survey to identify barriers to completion

Cycle 2A – Review data

Cycle 2B – Team education

Cycle 3A – Include IPOS score at Clinical Review Meeting discussion when presenting new patient

The Aim

By September 2026, have a 90% IPOS completion rate at first home visit

*compared to baseline data January 2026

The QI Team

Clare Bone – Palliative Care CNS

Julie Harwood – Palliative Care CNS

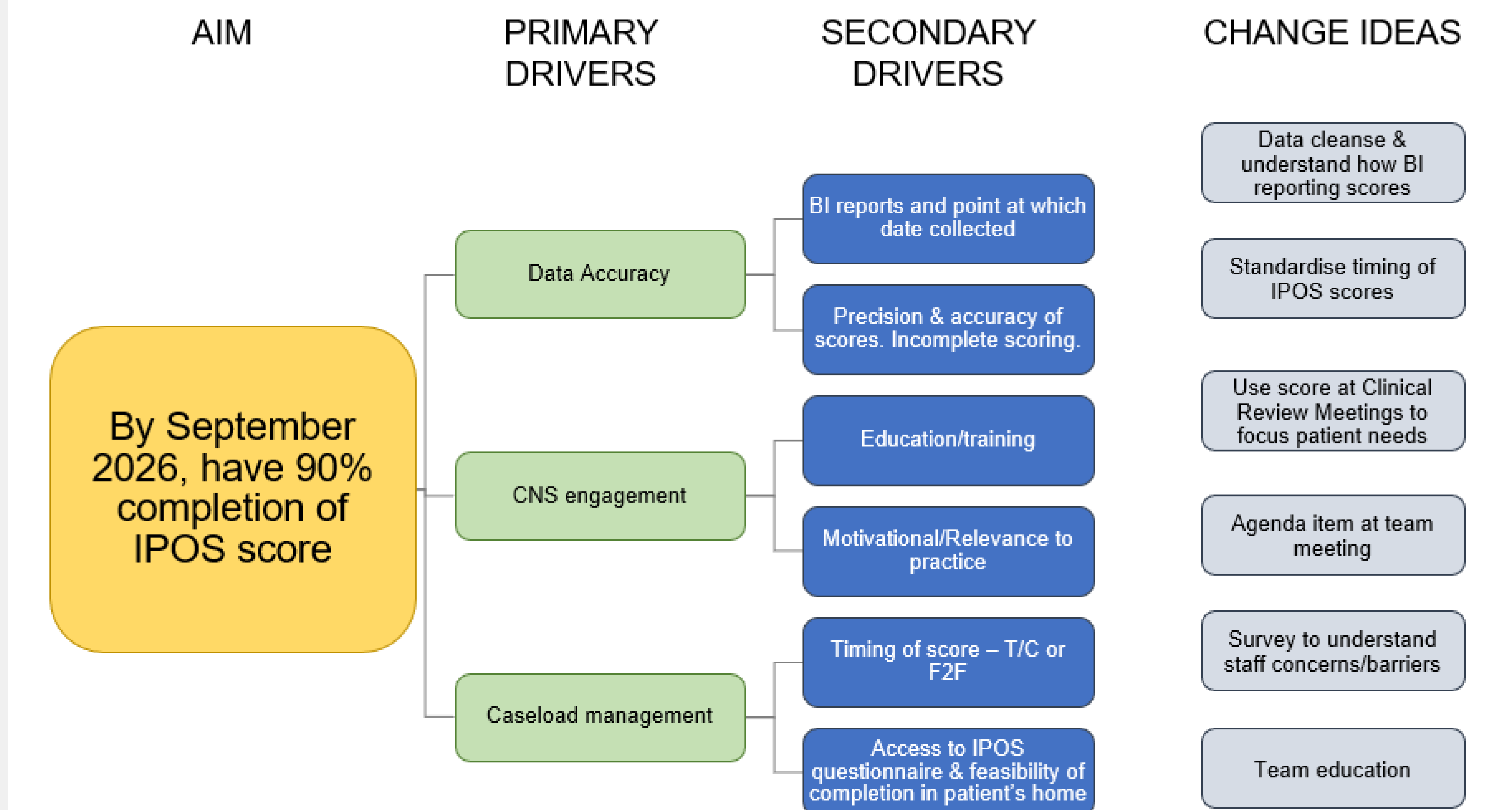
Gill Bennett – Team Lead Palliative Care CNS

Becky Cullis - Team Lead Palliative Care CNS

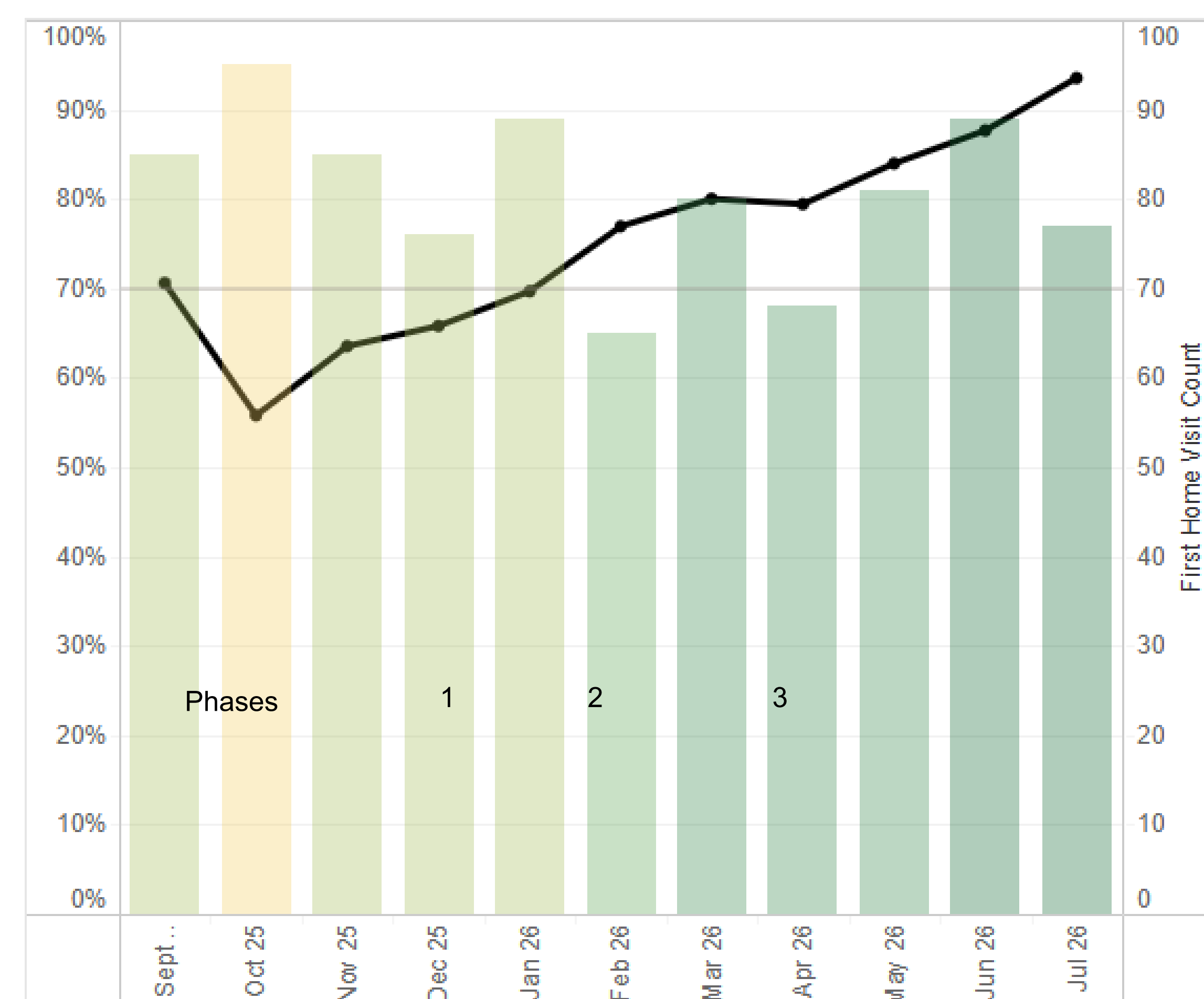
Sam White – Clinical Lead SPC

Rachel John – Business Intelligence

Driver Diagram



Measurement & Key Results



Overall improvement in completion of IPOS scoring

Key change ideas:

Phase 1: cleansing data set and standardised scoring. Data previously captured at different intervals, and sometimes incomplete, creating poor results

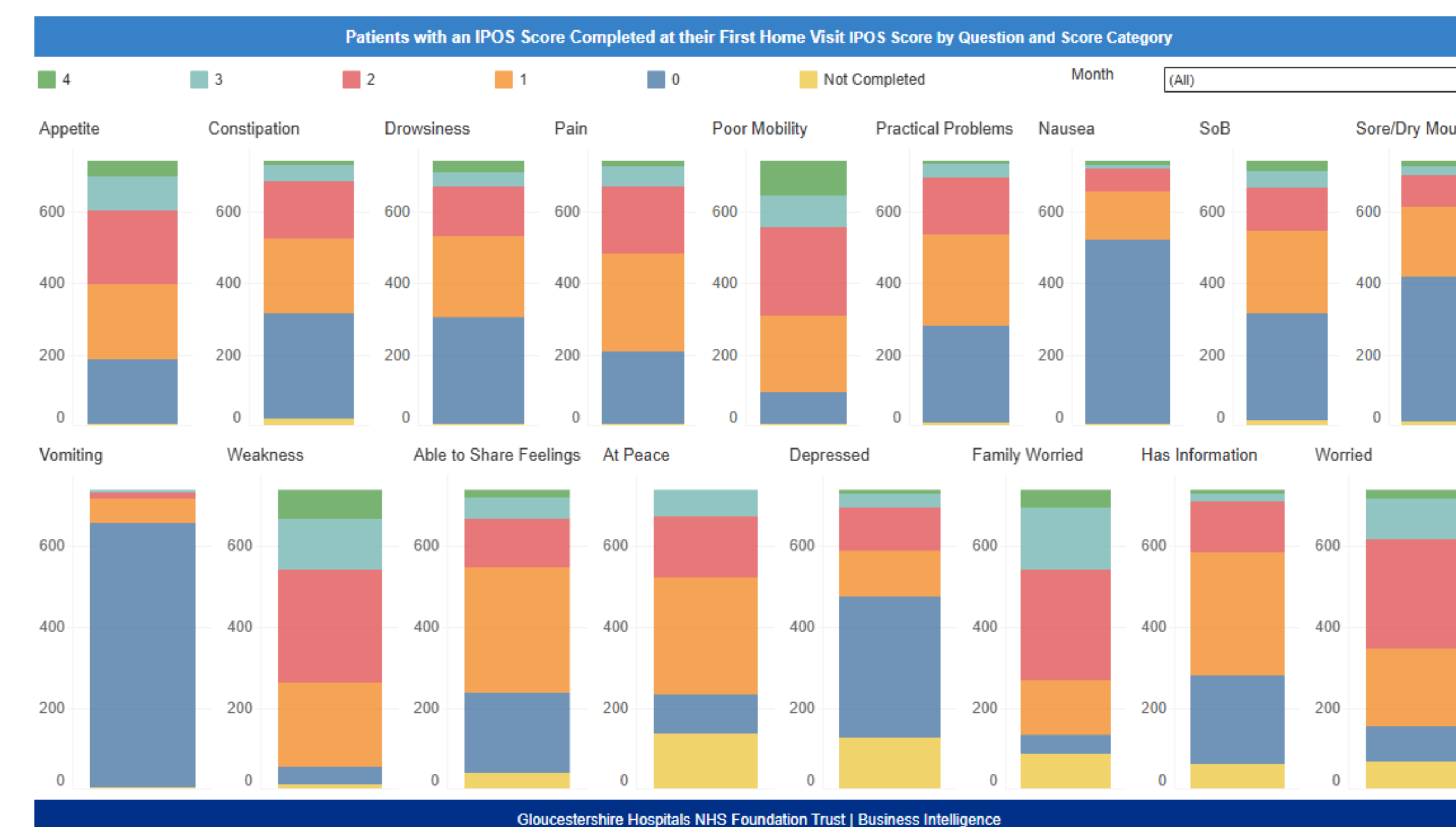
Phase 2: Staff engagement & education. Survey & discussion to create broad reach. Conducted by team for team.

Phase 3: Using IPOS at CRM to enforce clinical credibility of score

Conclusion: Standardised data collection & team understanding/engagement contributory factors to improvement

Other Benefits

- Staff engagement with data measurement. SPC is a very subjective, qualitative and personalised speciality. BI engagement & visual representation of data
- IPOS scores increased, indicating more accurate completion
- IPOS scores can identify symptom needs that are most prevalent in our patient population
- Can help identify & tailor staff training, as well as needs of patient/carer population



Next Steps

- Ongoing analysis of BI data. Using IPOS scores to tailor education delivery to team; e.g. psychological skills training
- IPOS measurement as an outcome measure for an SPC virtual ward
- Inclusion of IPOS training/information at staff induction
- Share improvement findings with other teams within SPC service
- Aim to share & publish findings with Hull York Medical School