EXPLORING THE INTEGRATED PATHWAY OF CARE AT TE OMANGA (IMPACT): AN ACTION RESEARCH PROJECT

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Background
Palliative care services around the world have been re-evaluating service delivery models in response to changing population demographics, longer survival with long term conditions, and treatment improvements which make living with cancer now more often a long term condition rather than a terminal illness diagnosis. The ImPaCT project was initiated by Te Omanga Hospice, Lower Hutt, as a result of a pending change in model of health care service from two prior programmes; a comprehensive specialist programme with care based at the hospice, and a partnership generalist programme with care in the community. The hospice wanted to know if and how quality and safety may be compromised by a change in service delivery.

Aims
To determine the effectiveness and efficiency of a change to an ‘integrated (community-based) model’ of care.

Method
The first phase of the project was a qualitative evaluation of the programmes. The second phase of the project was a proof of concept quantitative study that tested six suites of quality indicators developed in part from data obtained in the earlier qualitative phase. The indicators were used to create an audit tool and the records of twenty deceased patients from both the former comprehensive and partnership care pathways were selected for test of the indicators. Data was collected from the electronic database Palcare, manual notes for each patient and desk diaries for 2014. Ethics approval was obtained for the project.

Results of Findings
Phase one results revealed great satisfaction with the old models of care and considerable anxiety about how introducing a new care model might impact on that satisfaction level. Typical quotations will be discussed. In the quantitative phase two, testing quality indicators, we found gaps in the recording of required data, particularly with partnership model patients, that limited the results. Despite this there was a trend toward increased crises of care amongst patients on the partnership programme compared to the patents on the comprehensive programme. Examples of results from phase 2 will be presented. An addition finding, about the clinical audit process rather than this audit itself, was that clinical audit sometimes requires subjective interpretation of evidence and for consistency this should be done using clear criteria.
Conclusion

Comparing service models is not straight forward even when it involves the same service. Audit data is only as good as the collection and documentation. Some aspects of the different care models were more comparable than others and suggestions were made for additional indicators that could capture extra useful information. As a result of this proof-of-concept study, a larger set of data will be collected in order to test significance of trends and findings to date.