# Outcome Measures (PCOM/OACC) Data Reporting

Wednesday 3<sup>rd</sup> September 2025 Big Conversation







### Welcome and introductions

Annette Alcock, Director of Programmes Hospice UK



## Housekeeping



Please keep your mic muted unless you are asking a question



Please note that the presentations (excluding the Q&A) are being recorded.



The recording and slides will be shared with you after the event, and we'll notify you by email



Please use the Chat function to ask any questions



Al bots are not permitted in these meetings and will be removed



Agenda		
14:00	Welcome and introductions	<b>Annette Alcock</b> , Director of Programmes Hospice UK
14:05	EMIS	<b>Aaron Salter</b> , Business Intelligence Lead Pilgrims Hospices in East Kent
14:25	Questions	All
14:45	SystmOne	<b>Robert Fletcher</b> , Business Intelligence and Information Governance Manager Southern Hospice Group
15:05	Questions	All
15:25 - 15:30	Close	<b>Annette Alcock</b> , Director of Programmes Hospice UK







## Hospice UK

PCOM360 DATA REPORTING



## Purpose & Agenda

By the end of this session, you'll understand: what EMIS X Insights is, how data flows, what measures we track, how we report them, and the vital role of our Outcome Measures Champions

- What is EMIS X Analytics
- EMIS data to Database The process
- Outcome Measures used and how often?
- •Pilgrims Reporting Timeline
- Outcome Measures Task Group & Reporting
- •BI Visualisation Methods used at Pilgrims
- Exception Reporting Methods
- Questions from the Group





## Background

- •Started working for Pilgrims Hospices in the Business Intelligence department in August 2017
- •Additional staff member in January 2022
- Roles mainly cover Patient Data/Human Resources/Finance/Income Generation
- Pilgrims Hospices covers East Kent
- •Three inpatient units in Ashford, Canterbury and Thanet
- •Inpatient Unit Capacity: 36 Beds
- Current Patient Caseload: 1,200 patients
- Moved from InfoFlex to EMIS in August 2019





## What is EMIS-X Insights?

- •Optum (formally know as EMIS) works with over 30 Hospices in the UK
- •EMIS-X is a bolt on that allows us to extract the information from EMIS into our in-house databases and analyse the data how we see fit.
- EMIS-X Insights effectively provides us on a daily basis our data.
- Pilgrims then upload that to our database so that we can interrogate the data







## What is EMIS-X Insights? SQL (Standard Query Language) Database









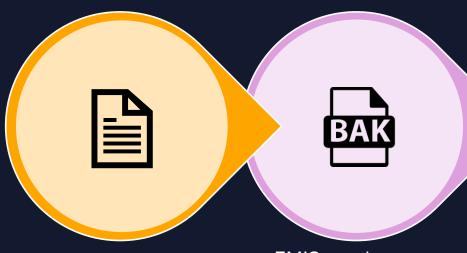




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Databacoc
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## What is EMIS-X Insights?



 Data recorded on EMIS from staff  EMIS send over .bak file on a daily basis



 Job processes the data into tables stored on a SQL (Standard Query Language) Database



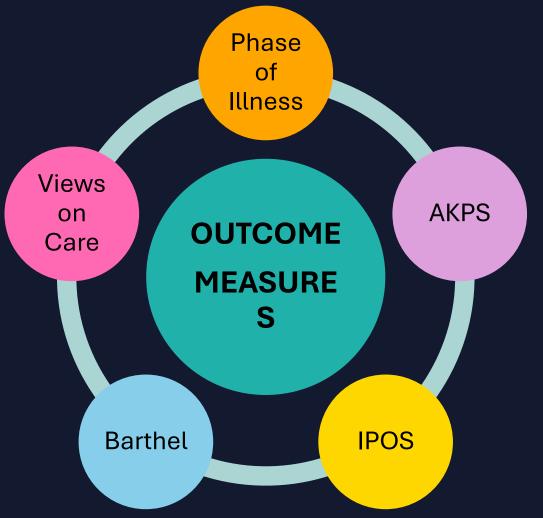
 This data is then tidied up to make sense



• Load

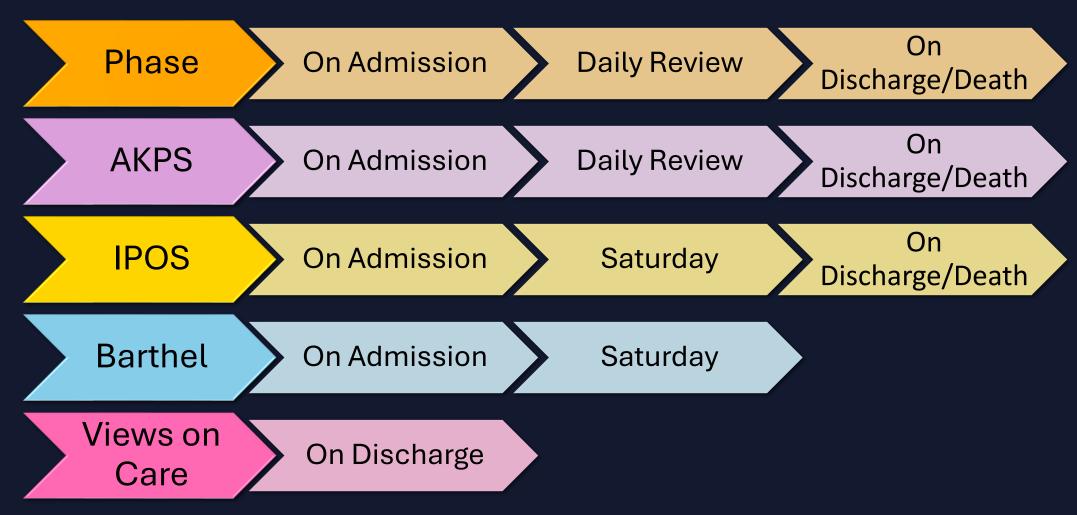
SQL Stored
 Procedures are
 created and run to
 make tables of data
 relating to the same
 area















Phase		Initial Assessment	$\rangle$	Every Clinical contact	On Discharge/Death
AKPS	$\geq$	Initial Assessment	>	Every Clinical contact	On Discharge/Death
IPOS		Initial Assessment	$\geq$	On every Phase change	On Discharge/Death
Barthel		Initial Assessment	$\rangle$	At face to face	On Discharge to another Service
Views on Care		On Discharge			





At first On last Phase session session At first On last **AKPS** session session At first On last **IPOS** session session Views on On last Care session

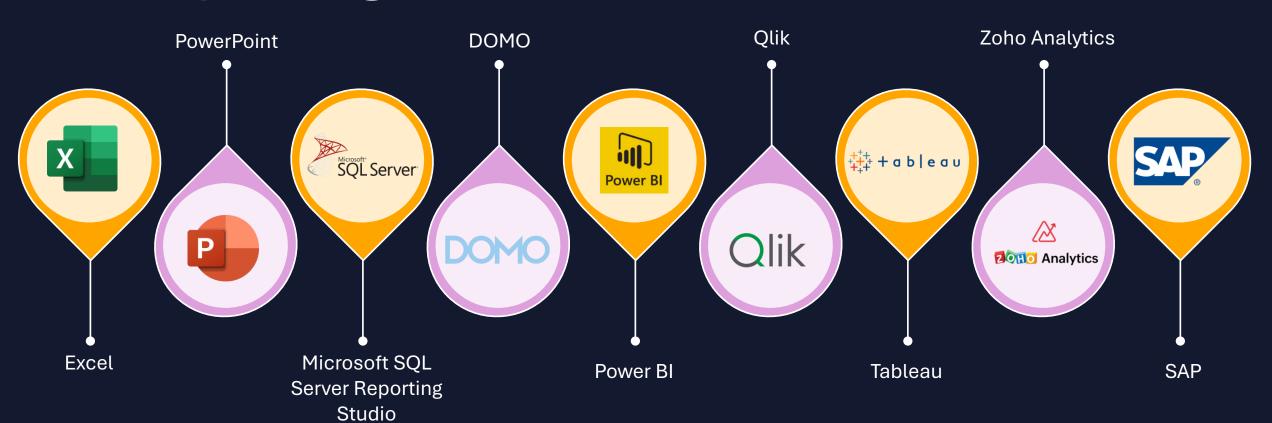




	2017	2018	2019	2020	2021	2022	2023	2024	2025
		'				Phase 1	Phase 2	Phas	se 3
Jan - Mar			Apr 2019  Monthly meetings with Leads on Exception reports			Feb 2022 Outcome Measures Task & Finish Group	Jan 2023 Outcome Measures Staff - IPU	Jan 2024 Outcome Measures Public - IPU	Apr 2025 Outcome Measures Public - Community
Apr - Jun		Jun 2018 Business Intelligence Led Reporting KPI's						Apr 2024 Outcome Measures Staff - Community	
Jul - Sep	Aug 2017 Nurse Led Reporting KPI's					Aug 2022 Outcome Measures Champions Group	Sep 2023 Public reports discussed	Jul 2024 Outcome Measures Staff - Wellbeing	
Oct - Dec					Nov 2021 New Clinical Director appointed	Oct 2022 First Outcome Measures designs shared with group		Dec 2024 Outcome Measures Visualisation Revamp	











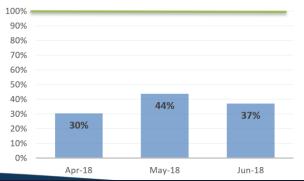


## Outcome Measures Jun 2018 Vs Jun 2020 Reporting

#### Clinical Update Apr-18 to Jun-18

Core Assessments KPI – Admissions (Company)

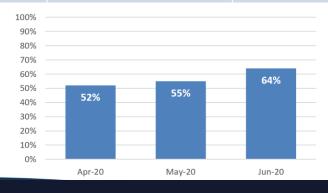
	No. Admissions	Core Assessments Completed	Percent Complete	Missed KPI Count
Apr-18	79	24	30%	55
May-18	96	42	44%	54
Jun-18	81	30	37%	51



#### Clinical Update Apr-20 to Jun-20

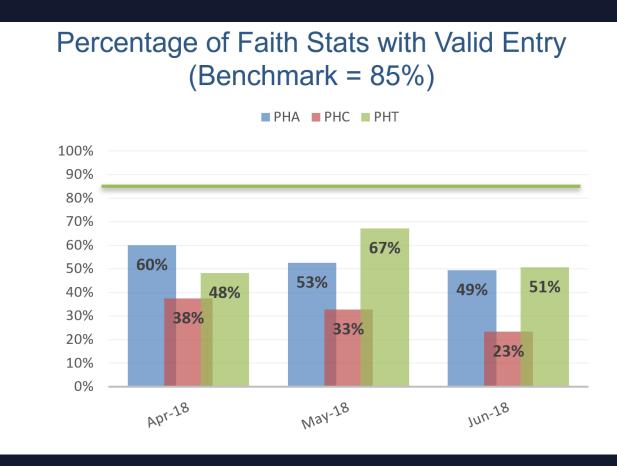
Core Assessments KPI – Admissions

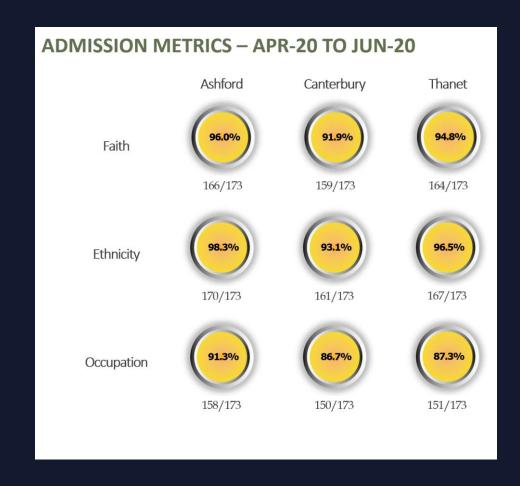
	No. Admissions	Core Assessments Completed	Percent Complete	Missed KPI Count
Apr-20	90	56	62%	34
May-20	78	43	55%	35
Jun-20	67	43	64%	24





## Outcome Measures Jun 2018 Vs Jun 2020 Reporting

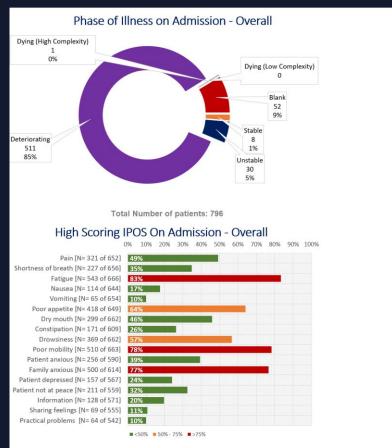


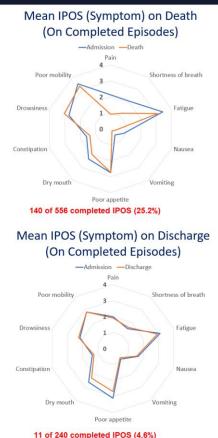






- Outcome Measure Task & Finish Group set up in Feb 2022
- Senior leads from different departments to identify useful insights.
- Group ran for six months to create a dashboard
- Focus on 3 KPI's
  - What is the symptom burden at beginning of spell of care (admission/first assessment)?
  - Change of high scoring symptoms from beginning to end of Spell of care
  - Feedback on the impact of care from service user (VOC)
- First Outcome Measures Dashboard designed in Excel in Aug 2022

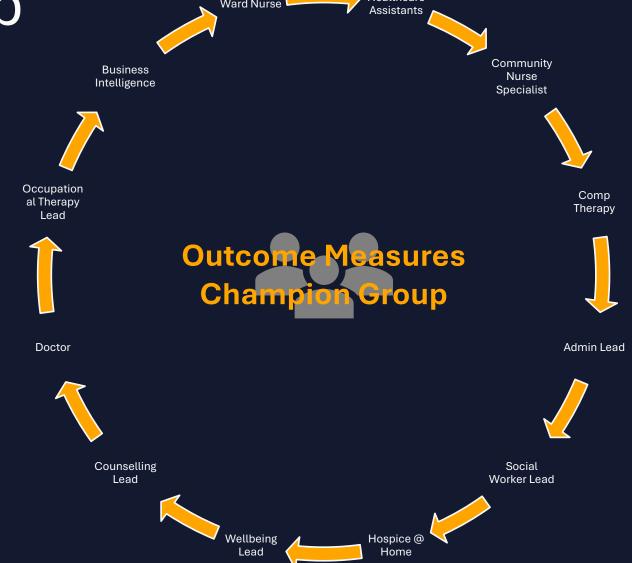




## Outcome Measures Champions Group



- Task & Finish Group closed and turned into an **Outcome Measures Champion Group**
- A mixture of staff from all disciplines attend and supply useful input
- •Group meet monthly to discuss analysis of the dashboards and any future developments
- Exception Reporting discussed to improve the completed data and further help with useful insights
- January 2023 saw the first Outcome Measures dashboard for IPU shared with all staff. This was printed and displayed in the Staff canteens on all three sites





IPIL - Discharges

Pilgrims Hospices

- •Agenda item all around Exception Reporting (Jun-25 as an example)
- Automated email subscriptions from SQL Server Reporting Studios (SSRS) identifying Exceptions

Please see below a list of patients who are missing the Cancer/Non-Cancer entry



Outcome Measures Exceptions Cancer/Non-Cancer Diagnosis

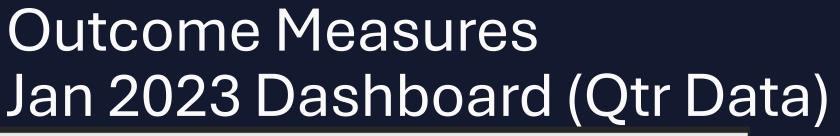
Missing:

Latest Consultation Date: Jul 11 2025 9:32AM

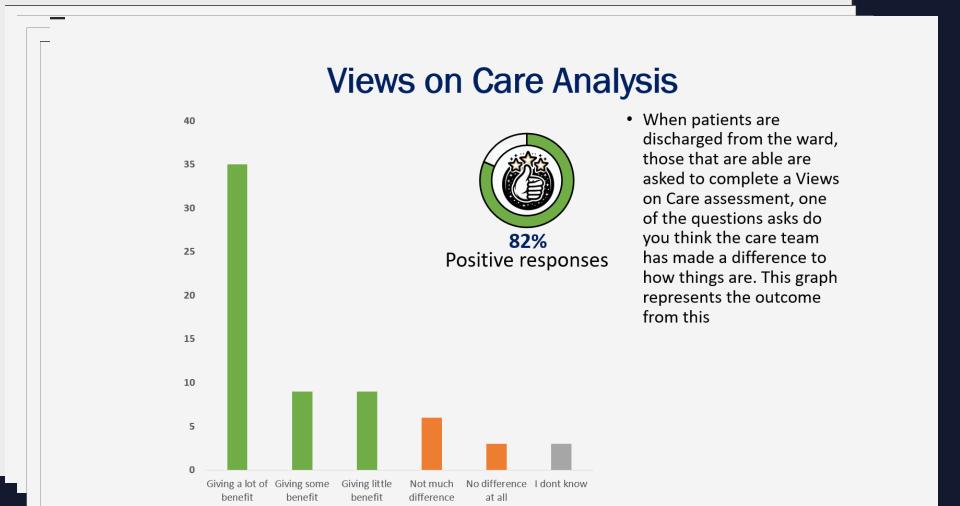
EMIS No.	Diagnosis
54026	Chronic kidney disease stage 3, Congestive heart failure, Frailty
54028	Metastatic carcinoma to prostate
54030	Carcinoma of pancreas, Metastatic malignant neoplasm to liver
54031	Metastatic malignant neoplasm to liver, Malignant tumour of breast
54035	
54033	
54034	Frailty, Transient cerebral ischaemia

Jun-25	PHA			PHC				PHT				
Inpatient	Completed	Missed	% Com	plete	Completed	Missed	% Comp	lete	Completed	Missed	% Com	plete
Reporting Group	18	0	100.0%	Ø	25	0	100.0%	€	25	0	100.0%	Ø
Phase of Illness	18	0	100.0%	❷	25	0	100.0%	☑	25	0	100.0%	❷
IPOS on Admission	17	1	94.4%	•	21	4	84.0%	8	24	1	96.0%	0
IPOS on Discharge	2	1	66.7%	8	5	0	100.0%	❖	2	0	100.0%	❷
IPOS on Death	12	2	85.7%	•	24	0	100.0%	❖	21	1	95.5%	0
Unstable 3+ Days		0				0				0		
Community	Completed	Missed	% Com	plete	Completed	Missed	% Comp	lete	Completed	Missed	% Com	plete
Reporting Group	79	0	100.0%	<b>②</b>	68	0	100.0%	<b>⊘</b>	52	1	98.1%	0
Phase of Illness	77	2	97.5%	0	68	0	100.0%	ਂ	53	0	100.0%	❷
IPOS on First Assessment	76	3	96.2%	1	67	1	98.5%	1	48	5	90.6%	1
Unstable 7+ Days		6				1				5		

IPU - Discharges							
EMIS_number ▼	admitted_site 🔻	date_admitted 🔻	discharge_date 🕝	discharge_method -	length_of_stay 🕆	IPOS -	EXCEPTIONS
53579	PHA	23/05/2025	04/06/2025	Death	12	✓	
52949	PHA	30/05/2025	04/06/2025	Death	5	✓	
50744	PHA	04/06/2025	08/06/2025	Death	4	✓	
53260	PHA	28/05/2025	09/06/2025	Death	12	✓	
53140	PHA	11/05/2025	11/06/2025	Discharge	31	✓	
52478	PHA	09/06/2025	12/06/2025	Discharge	3	×	Exception Required
52498	PHA	04/06/2025	15/06/2025	Death	11	✓	
51030	PHA	01/05/2025	16/06/2025	Discharge	46	✓	
52014	PHA	17/06/2025	21/06/2025	Death	4	✓	
52567	PHA	29/05/2025	22/06/2025	Death	24	✓	
52946	PHA	14/06/2025	23/06/2025	Death	9	×	Exception Required
52960	PHA	11/06/2025	23/06/2025	Death	12	✓	
53818	PHA	23/06/2025	25/06/2025	Death	2	×	Exception Required











- Work quickly began on producing a Public version
- Outcome Measures Group helped to decided what to show
- Development started, again using PowerPoint as a means for presentation
- Details passed on to a Volunteers Committee to seek approval
- Public IPU Dashboard first printed Jan 2024
- Community & Wellbeing Dashboards created and discussed mid way through 2024
- Total revamp of Outcome Measures. Colours/infographics all changed





## Outcome Measures

Inpatient

Jul-24 to Jun-25

#### **Demographics**

956 admissions over 845 patients

413 Male

432 Female





**Primary Diagnosis** 

79% Cancer (670)

21% Non-Cancer (175)

0% Not Recorded (0)



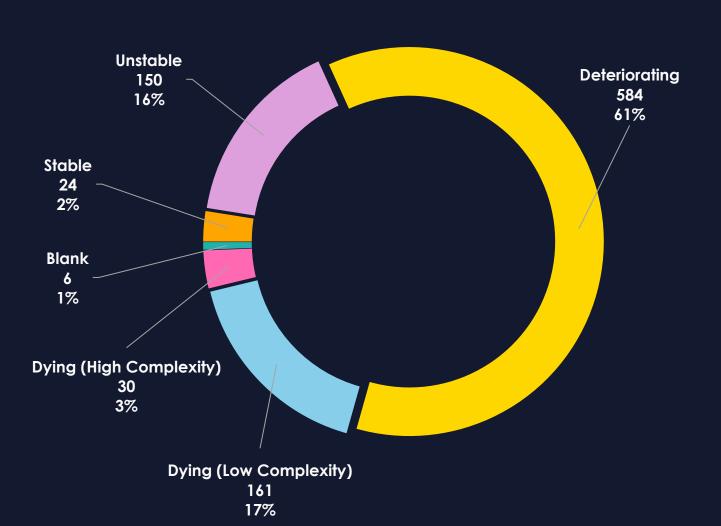


**Ended Episode Outcomes** 

70% Died (658)

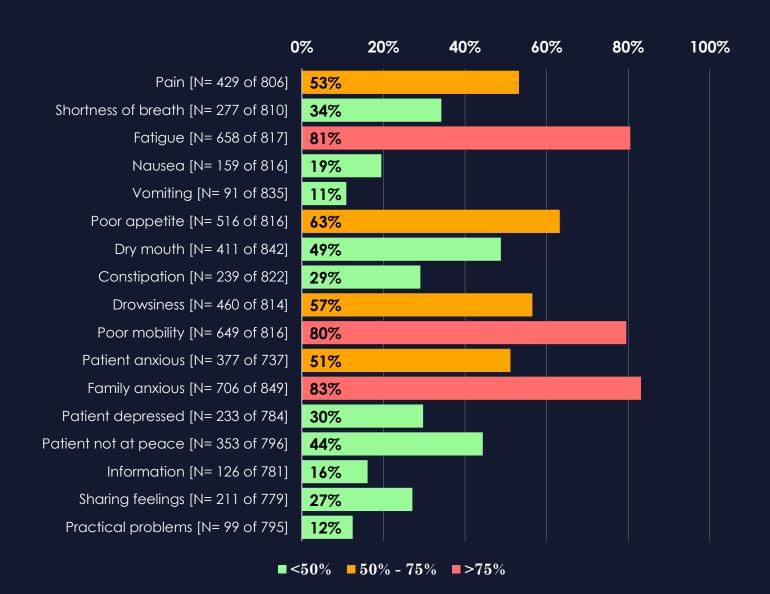
**30% Discharged (277)** 

#### Phase of Illness on Admission



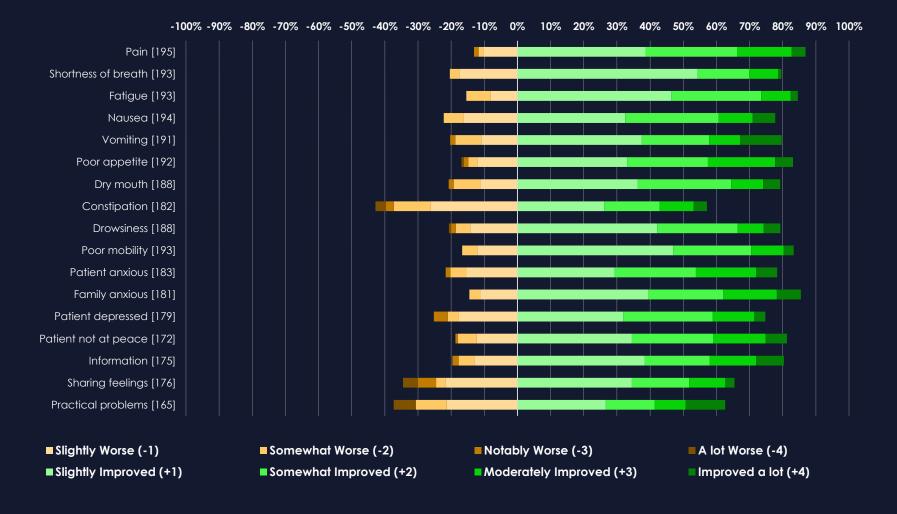
- Phase of illness describes the urgency with which a care plan requires adjustment. Care plans can address physical, social or psychological needs:
- <u>Unstable</u> new care plan urgently needed
- <u>Deteriorating</u> current care plan needs tweaking
- <u>Stable</u> current care plans effective and no need to change
- <u>Dying high / low complexity</u> death expected within days and patient / family requires a lot of support / are coping
- This is showing the Phase of Illness that the patient was on the day of admission.
- 16% (150 patients) were Unstable on admission

#### High Scoring IPOS on Admission



- This graph is collecting the IPOS scores that were recorded on admission and showing the percentage of those that scored high (3 or 4). Scores are coloured depending on the percentage. Against each score it is showing the number of IPOS scores that are high.
  - For this time period, Fatigue, Poor mobility & Family Anxious are scoring high)

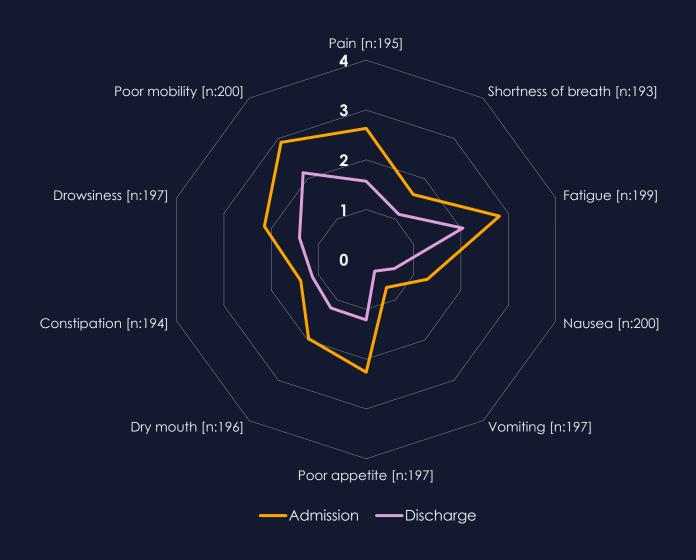
## IPOS Score Change Admission to Discharge (Total Discharges: 277)



Patients with no Entry in IPOS Score on either Admission or/and Discharge

	No Entry	%
Pain	82	30%
Shortness of breath	84	30%
Fatigue	78	28%
Nausea	77	28%
Vomiting	80	29%
Poor appetite	80	29%
Dry mouth	81	29%
Constipation	83	30%
Drowsiness	80	29%
Poor mobility	77	28%
Patient anxious	94	34%
Family anxious	80	29%
Patient depressed	81	29%
Patient not at peace	87	31%
Information	81	29%
Sharing feelings	83	30%
Practical problems	88	32%

#### Mean IPOS scores (Symptom) on Discharge



- This graph is providing the average IPOS scores completed on admission to discharge for each patient. We can see from this that the average scores have decreased on discharge proving that the patients time on the ward has been beneficial to them.
- Under each symptom we can see how many patients this relates to.

#### Mean IPOS scores (Psychosocial) on Discharge



- This graph is providing the average IPOS scores completed on admission to discharge for each patient. We can see from this that the average scores have decreased on discharge proving that the patients time on the ward has been beneficial to them.
- Under each symptom we can see how many patients this relates to.

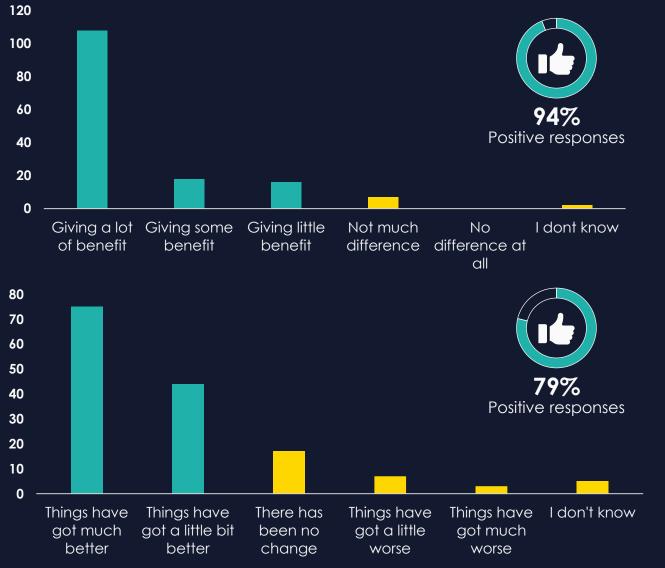
#### Mean IPOS scores on Death



—Admission — Death

- This graph is providing the average IPOS scores completed on admission to death for each patient. We can see from this that the average scores have generally decreased on death proving that the patients time on the ward has been beneficial to them. The only one to increase here is practical problems
- Under each symptom we can see how many patients this relates to.

#### Views on Care Analysis



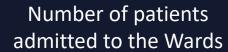


- When patients are discharged from the ward, those that are able are asked to complete a Views on Care assessment, one of the questions asks do you think the care team has made a difference to how things are. This graph represents the outcome from this
- They are also asked 'Over the last week, thinking about your main problems and concerns would you say that...' This graph represents the responses for this question



## Outcome Measures Inpatient

Between **July 2024** to **June 2025**, the three Inpatient wards at Pilgrims Hospices reported the following patient outcome data...





25yrs to 102yrs



The age range of patients admitted

Percentage of patients that were discharged from the Hospice back home or a Care Home





Average number of days our patients stay before being discharged

Percentage of patients discharged that said their stay made a positive difference to their quality of life



#### What are Outcome Measures?

These are special tools that help describe the progress of care, support and treatement. Think of them as a compassionate way to ensure that patients and their families receive the best possible support during challenging times.

There are many different assessments that make up a suite of Outcome Measures.

One of these assessments is something called an **IPOS** form which stands for **I**ntegrated **P**alliative-care **O**utcome **S**core.

We use this tool to monitor the effectiveness of each person's care throughout their time with us. This is completed ideally by the patient (or family/healthcare professionals involved in their care) and helps us make sure we are meeting each person's needs fully.

Each question gives a scoring scale. Below shows a summary of some of these questions that are asked both on admission and again on discharge or completed by a healthcare professional on death.



When patients were admitted to the ward...

6 out of 10 patients said that they had a poor appetite to a severe or overwhelming degree



6 out of 10 patients were experiencing feeling anxious at a severe or overwhelming degree



When patients were <u>discharged</u> from the ward...

Only 2 out of 10 patients still had a poor appetite to a severe or overwhelming degree



Only 2 out of 10 still experienced feeling anxious at a severe or overwhelming degree



When patients were admitted to the ward...

**5** out of 10 said that they are experiencing pain at a severe or overwhelming degree



**5** out of 10 said that they are experiencing sore or dry mouth at a severe or overwhelming degree



Of those patients that <u>died</u> the ward...

Only 1 out of 10 still experienced pain at a severe or overwhelming degree

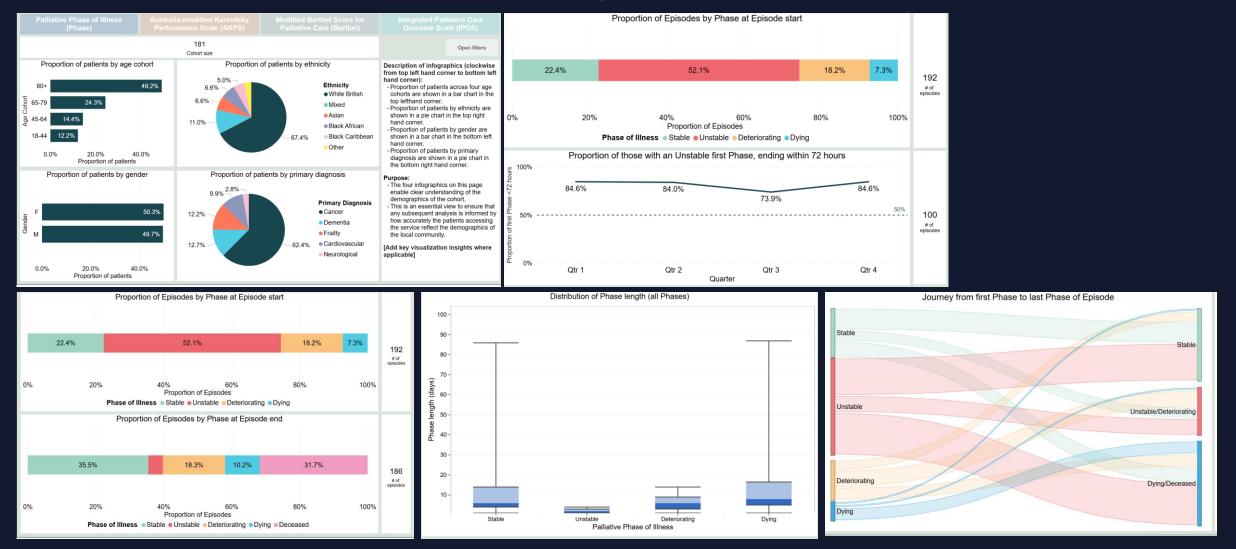


**2** out of 10 still experienced sore or dry mouth at a severe or overwhelming degree



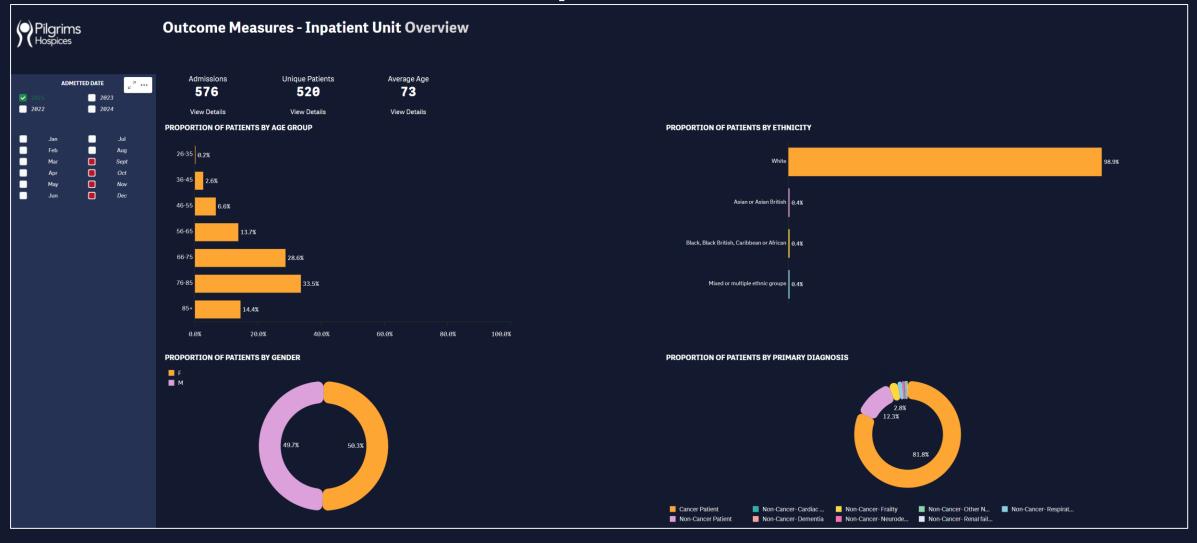


# PCOM360 - Examples



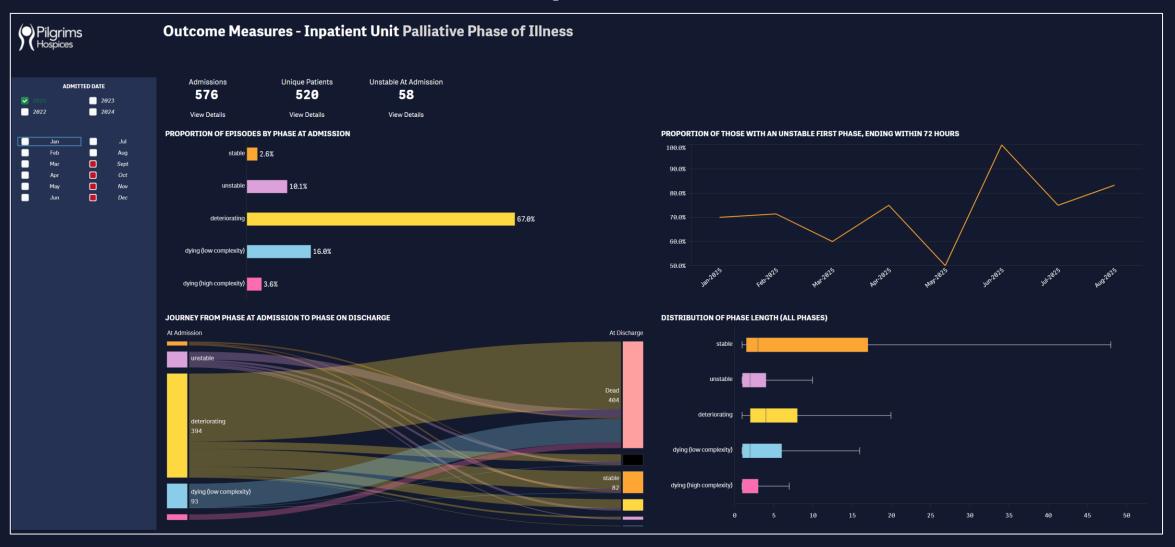


# Qlik Sense Examples





# Qlik Sense Examples





# Thank you for your time

Any Questions?



# Outcome Measures (PCOM/OACC) Data Reporting

Robert Fletcher

Business Intelligence & IG Manager

Southern Hospice Group









#### Who are we

Southern Hospice Group was created by the merger of Martlets, St Barnabas and Chestnut Tree House hospices.

We operate within an Office 365 environment

We migrated from Crosscare to SystmOne through 2020, going live at the end of January 2021

We implemented strategic reporting as soon as we could following go-live.

St Barnabas have been using SystmOne a lot longer but only enabled strategic reporting once the merger was complete

We are currently engaged in a program of clinical and SystmOne integration









#### **Contents**

- 1. How IPOS measures are currently presented.
- 2. Working with related tables to isolate relevant IPOS values.
- 3. Explore some of the complex calculated columns that are needed to create a 'First/Latest' field.
- 4. Using these to derive metrics such as average First and Latest scores.

Chatham House rules – data is 'real' for Martlets Hospice, 2021 to 2022 only but recording not fully embedded across all services so not representative of true current picture

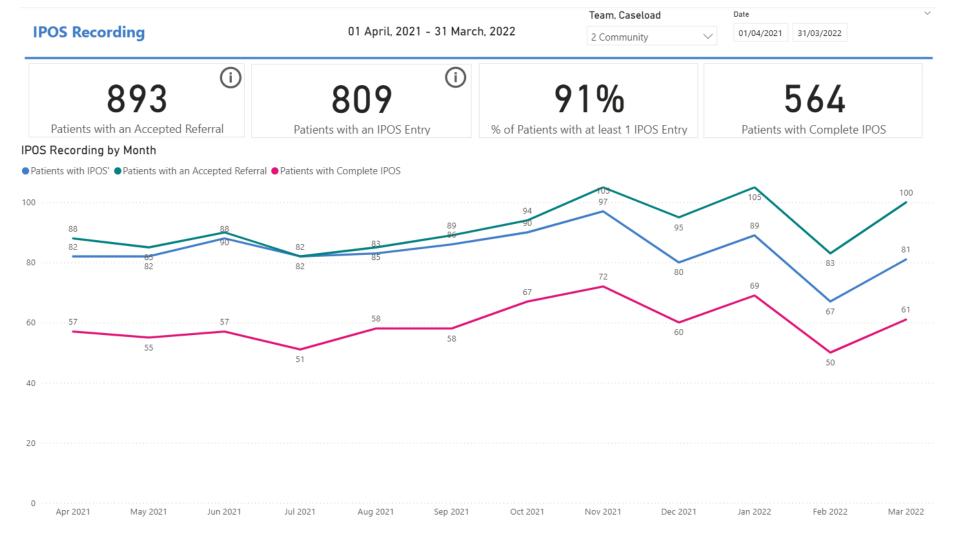








#### How IPOS measures are currently presented











#### How IPOS measures are currently presented

#### **IPOS Score Spread**

01 April, 2021 - 31 March, 2022



IPOS Score Spread by First/Last, NumericValue and CTV3Text











#### How IPOS measures are currently presented

**Physical IPOS** 

Legend

01 April, 2021 - 31 March, 2022

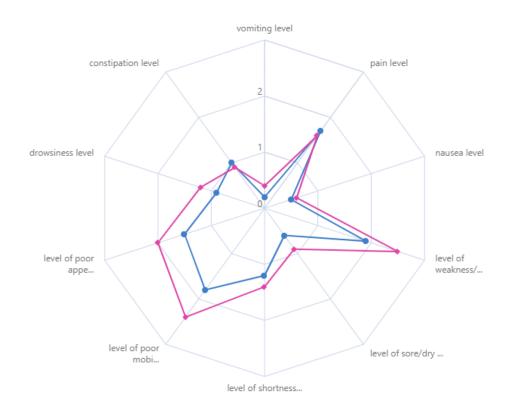


**#** 

01/04/2021 31/03/2022

The Average First Value and Average Latest Value by IPOS Measure







IPOS Measure	Patients	Entries
constipation level	401	802
drowsiness level	393	786
level of poor appetite	446	892
level of poor mobility	450	901
level of shortness of breath	439	878
level of sore/dry mouth	371	742
level of weakness/lack of energy	467	935
nausea level	392	784
pain level	458	917
vomiting level	385	770
Total	493	8407

Patients - The number of patients covered by the radar chart

**Entries** - The number of entries covered by the radar chart. This should be around double the patients count as each patient should have a first and latest. May be more due to duplicate entries.

**Average First Value** - This is the average value of the first IPOS Score for all patients with at least two entries.

**Average Latest Value** - This is the average value of the latest IPOS entry for all patients with at least two entries.









#### What do we need

- Patient data
  - Has to have at least 2 recordings of each measure we want to visualise
- Identification of the setting of care
- Methods to identify first and latest records
- Calculations to provide totals and other statistics









# Working with related tables to isolate relevant values

- How do we find which patients have IPOS recorded?
- How do we find how many have a 'full set' of IPOS measures?
- How do we go about identifying the first and latest recording?









#### **Strategic Reporting Files**

SRCode – source of our patient level IPOS recordings

SRConfiguredListOption – source of event location, contact method and other text values

SRPatient – allows us to add other patient information when merged with main query

SRHospitalAdmissionAndDischarge – source of dates to identify IPU as setting of care

SREvent – source for our setting of care and other markers when merged with configured list option and hospital admission and discharge

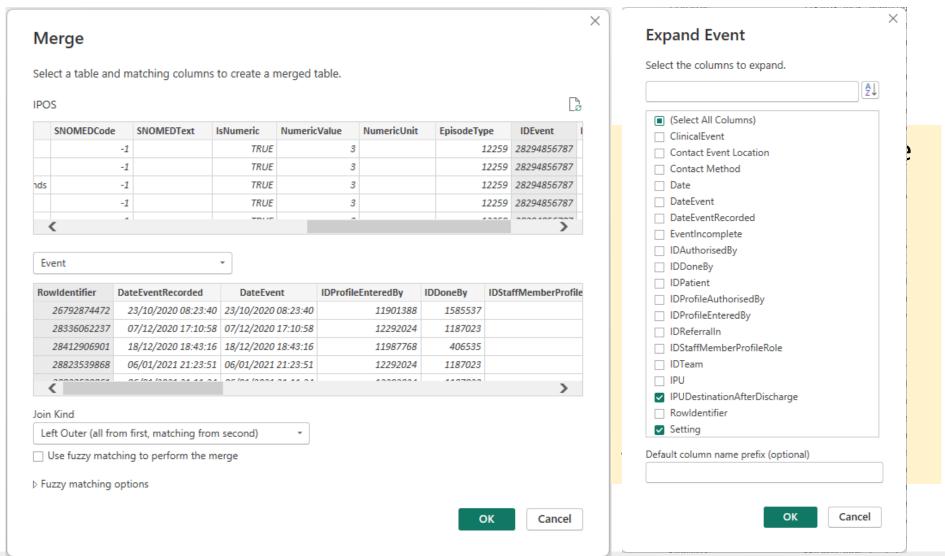








#### Strategic Reporting Files 'merger relationships'



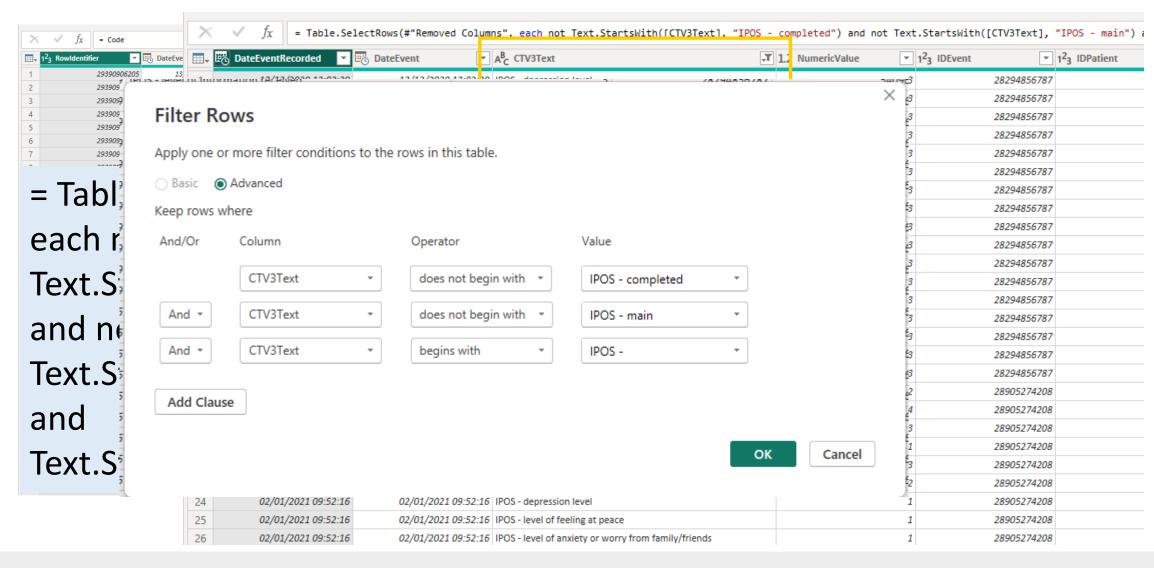








#### Finding IPOS records





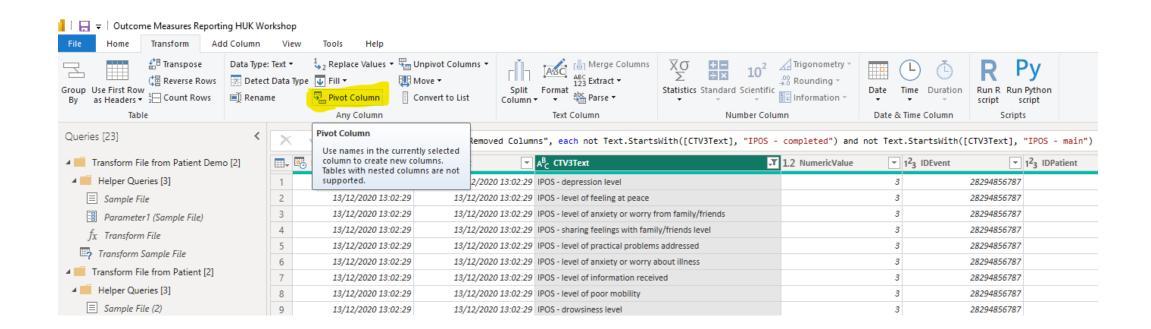






#### **Pivot and count**

We are now going to pivot our table to produce columns of the CTV3Text and add a custom column to count how many of those columns have a value



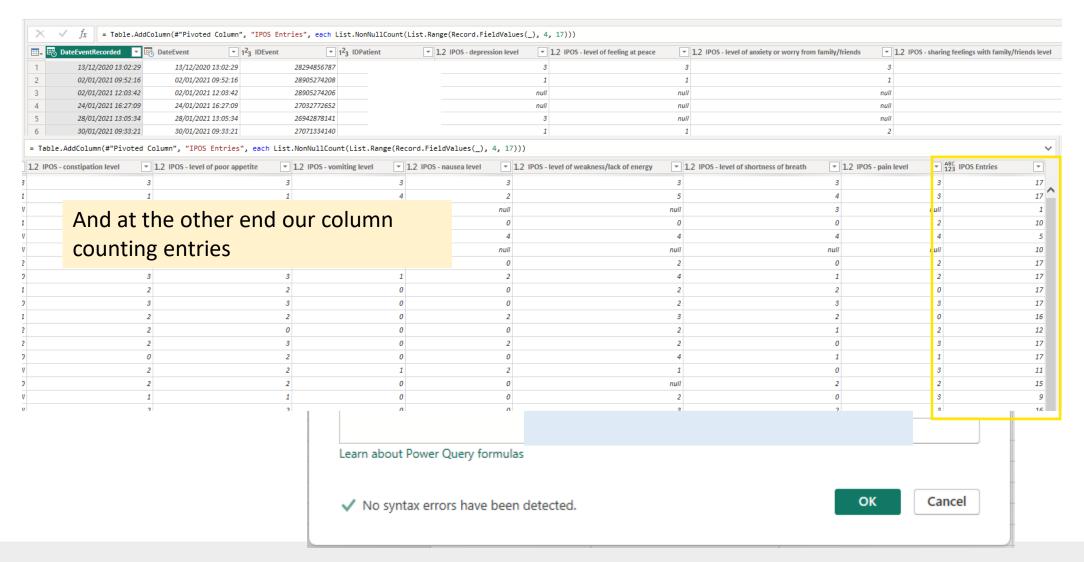








#### **Pivot and count**



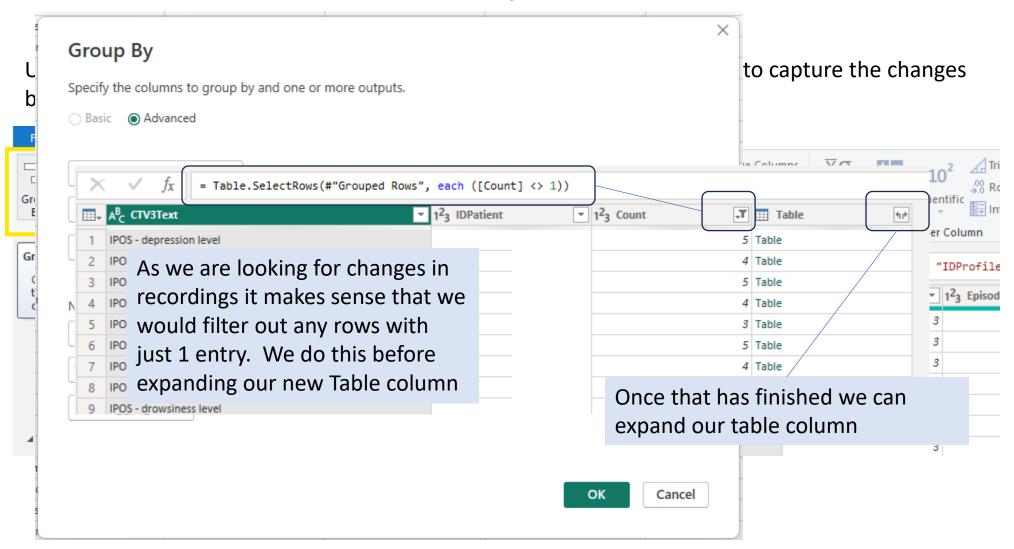








#### Where does this take us, what's next...?











#### Our expanded table after a bit of tidying up

₩	A <sup>B</sup> <sub>C</sub> CTV3Text	▼ 1 <sup>2</sup> <sub>3</sub> IDPatient	▼ [	DateEvent	1.2 NumericValue	1.2 Ro
1	IPOS - depression level			13/12/2020 13:02:2	9 3	:
2	IPOS - depression level			02/01/2021 09:52:1	6 1	
3	IPOS - depression level			28/01/2021 13:05:3	4 3	:
4	IPOS - depression level			02/02/2021 09:12:2	4 0	)
5	IPOS - depression level			21/09/2021 08:48:3	0 2	!
6	IPOS - level of feeling at peace			13/12/2020 13:02:2	9 3	:
7	IPOS - level of feeling at peace			02/01/2021 09:52:1	6 1	!
8	IPOS - level of feeling at peace			02/02/2021 09:12:2	4 0	)
9	IPOS - level of feeling at peace			21/09/2021 08:48:3	0 4	!
10	IPOS - level of anxiety or worry from family/friends			13/12/2020 13:02:2	9 3	
11	IPOS - level of anxiety or worry from family/friends			02/01/2021 09:52:1	6 1	!
12	IPOS - level of anxiety or worry from family/friends			01/02/2021 08:13:3	5 4	!
13	IPOS - level of anxiety or worry from family/friends			02/02/2021 09:12:2	4 0	)
14	IPOS - level of anxiety or worry from family/friends			21/09/2021 08:48:3	0 4	!
15	IPOS - sharing feelings with family/friends level			13/12/2020 13:02:2	9 3	
16	IPOS - sharing feelings with family/friends level			02/01/2021 09:52:1	6 1	!
17	IPOS - sharing feelings with family/friends level			02/02/2021 09:12:2	4 0	)
18	IPOS - sharing feelings with family/friends level			21/09/2021 08:48:3	0	)
19	IPOS - level of practical problems addressed			13/12/2020 13:02:2	9 3	
20	IPOS - level of practical problems addressed			02/01/2021 09:52:1	6 1	
21	IPOS - level of practical problems addressed			21/09/2021 08:48:3	0	
22	IPOS - level of anxiety or worry about illness			13/12/2020 13:02:2	9 3	
23	IPOS - level of anxiety or worry about illness			02/01/2021 09:52:1	6 2	!









#### What's next...?

Now we can create the measures that will allow us to build our various visualisations.

The first task is to build a formula to 'find' our First/Last records for each patient and for each IPOS measure









#### First and Last records

The following is a calculated column in our IPOS table and evaluates the criteria in a number of columns in the table in order to produce a valid 'First and Latest' marker for each patient and outcome measure

For each combination of **patient**, **IPOS measure**, and **setting**, this formula:

- Checks if there's **only one record** → returns "Ignore"
- If not:
  - Marks the earliest record as "First"
  - Marks the latest record as "Latest"
  - All others are "Ignore"









The main calculation is also dependent on a previously built calculated column to produce a rank based on the event date for the IPOS recording.

```
1 Rank = RANKX(CALCULATETABLE('IPOS', ALLEXCEPT('IPOS', 'IPOS'[CTV3Text], 'IPOS'[IDPatient], IPOS[Setting])), 'IPOS'[DateEvent], asc, Dense)
```









#### And finally...

The following measures now provide the calculations needed to produce our visualisations. As they are measures they react and adjust to all filters that are linked such as calendar, teams, settings and so on.

```
1 Average First Value = ROUND(CALCULATE(AVERAGE('IPOS'[NumericValue]),FILTER ('IPOS','IPOS'[First/Last]="First")),1)
1 Average Latest Value = ROUND(CALCULATE(AVERAGE('IPOS'[NumericValue]),FILTER ('IPOS','IPOS'[First/Last]="Latest")),1)
1 IPOS Recorded = COUNT(IPOS[IDPatient])
1 Patients with IPOS = DISTINCTCOUNT(IPOS[IDPatient])
1 Complete IPOS = 'IPOS Entries'[IPOS Entries] = "17"
```

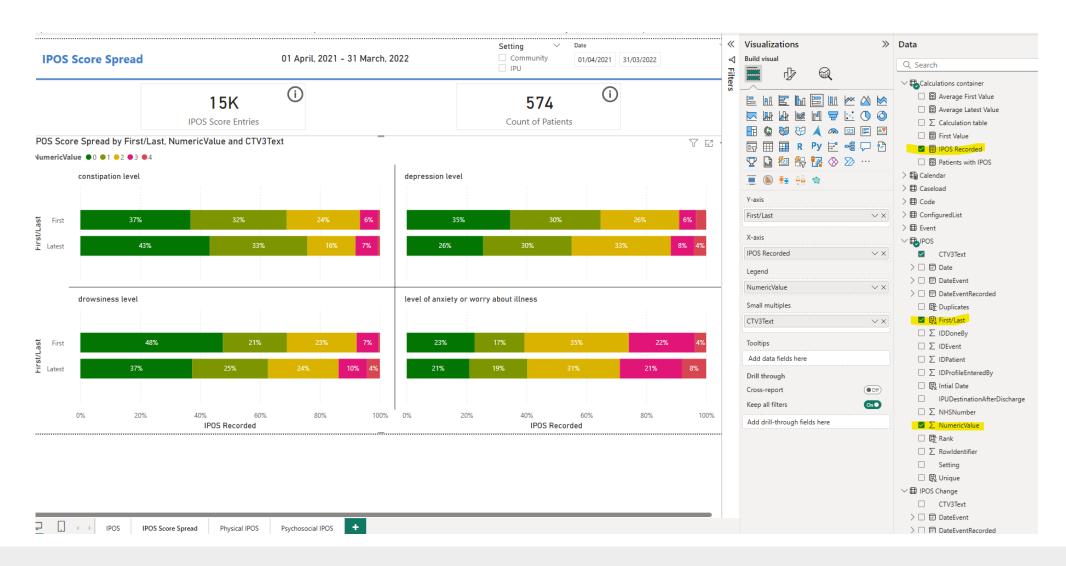








#### Which brings us back to where we started from

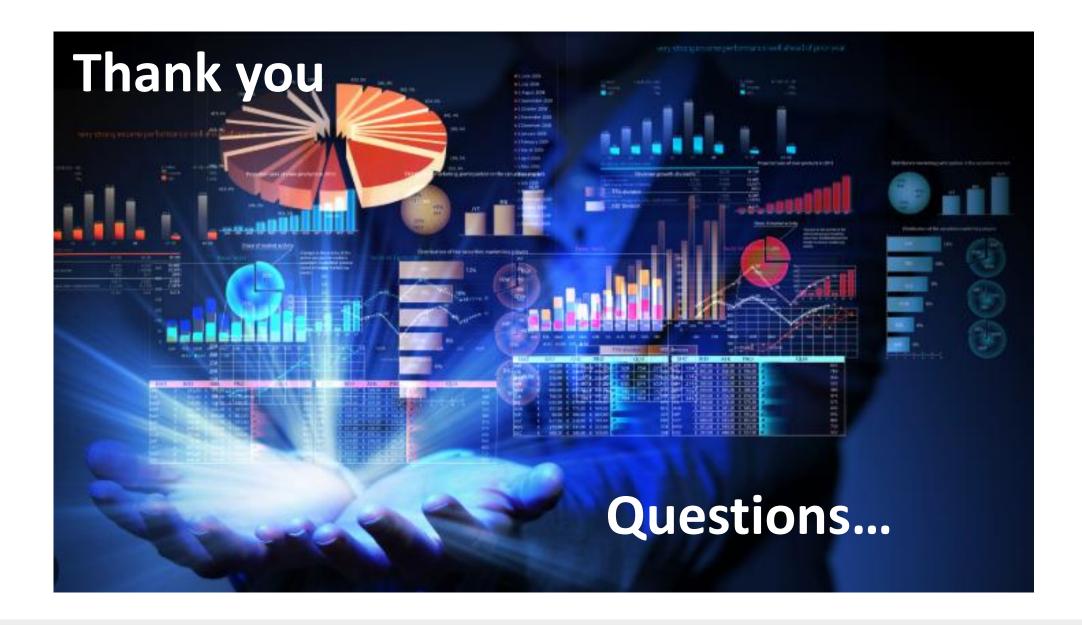




















## Feedback Survey

Please consider sparing a few minutes to answer this survey, so that we can continue to improve future Big Conversation events:

https://www.surveymonkey.com/r/RSLYXBS







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From emerging leaders to volunteer gardeners, our eight award categories reflect the breadth of innovation in our sector.

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