



## Poster # 9

**Title of poster:** Integration of Quality of Life Assessments into Acute Care for Older Adults with Chronic Life-Limiting Illness: Clinician Perspectives

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### Abstract

**Background and Objectives:** Older adults with chronic life-limiting illnesses present unique challenges within acute care hospital settings. The use of quality of life (QOL) assessments may enable clinicians to more efficiently attend to fluctuations in patient and family caregiver's QOL. The aim of this integrated knowledge translation (KT) research project is to adapt and integrate an electronic tablet/mobile practice support system for clinicians in a tertiary palliative care setting. This system will facilitate routine assessment of concerns and needs relevant to the QOL of older people with chronic life-limiting illnesses and their family caregivers. We refer to this as a Quality of Life Assessment and Practice Support System (QPSS). This project involves three phases: 1) Preliminary development- using focus groups with clinical team members to inform the selection of appropriate tools and to tailor the system; 2) Usability testing- a small subset of clinicians, patients and family caregivers will be invited to try the system and provide feedback and, 3) Implementation- making the system available for routine use by any clinician on the unit. The purpose of this abstract is to present the results of Phase I of the project.

**Methods:** Phase 1 included a diverse sample of eleven clinicians who participated in 3 audio-taped facilitated focus groups (FG). The initial FG asked participants to consider: 1) ideal characteristics of QOL assessment instruments; 2) feedback system features to report assessment information to clinicians and; 3) linkage with site-specific practice recommendations. Findings from the first FG were presented to participants in the 2nd FG, including four potential QOL instruments comprising both patient-reported outcome measures (PROMs) and patient-reported experience measures (PREMs). Participants were encouraged to express concerns and identify potential barriers related to these instruments. FG3 included an initial demonstration of the QPSS and discussion about the incorporation of existing practices/protocols.

**Results:** Clinicians revealed that they wanted instruments that assessed various social, physical, psychological and existential aspects of QOL; satisfaction with the care team and; communication with family regarding advance care planning. Desired features of the feedback system included: the capability of amalgamating and presenting data visually (e.g. graphs);

visualizing changes over time; ranking areas of greatest concern/needs; accessing assessment results in “real time” at the point of care; printing reports that can be used in rounds and filed in paper charts; preventing duplication in documentation and; simplifying documentation where possible. Desired features of the device itself included: being lightweight; easy to use and; the ability to be cleaned/sanitized between uses. Additionally, recommendations were that automated prompts address areas of concern/need, interventions could be tracked and, and existing available practice recommendations be easily accessed.

Conclusion: Clinicians’ perspectives helped determine which QOL assessments may be most applicable to their practice setting, how these might best be integrated into their practice and, what reporting and feedback features are desired. Next steps include using clinician, patient and caregiver feedback to evaluate and further adapt the QPSS.

