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# Implementation of the Integrated Palliative Outcome Scale (IPOS) into Palliative Care Practice

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**Implementation of the Integrated Palliative Outcome Scale (IPOS) into Palliative Care Practice**

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### Abstract

**Problem:** The Visiting Nurse Association of Greater St. Louis (VNA) has a grant-funded, palliative care program called Advanced Illness Management (AIM). The Integrated Palliative Outcome Scale (IPOS) is a tool for providers to identify symptoms. The VNA implemented the IPOS in 2017. A previous quality improvement project revealed that IPOS symptoms were addressed less than 95% of the time leaving patients to suffer from burdensome symptoms, thereby reducing their quality of life.

**Methods:** Providers were educated on the importance of addressing all symptoms with pharmacologic or nonpharmacologic interventions and the impact the interventions have on the AIM program, grant funding, and the quality of life for patients. The education also included a “cheat sheet” of possible interventions and documentation tips.

**Results:** The sample included 33 visits among 4 providers. There was improvement from the baseline audit in the areas of weakness, poor mobility, and depression. Weakness was addressed 93% of the time compared to 83%. Patient anxiety was addressed 60% compared to 88%. Family anxiety was addressed 72% of the time in both audits. Poor mobility was addressed 100% of the time compared to 67%. Depression was addressed 100% of the time compared to 63%. Not at peace was addressed 25% compared to 83%.

**Implications for Practice:** This project demonstrated the need for additional training to address psychosocial symptoms. Providers expressed concern over the extra time needed for documentation. Additional efforts should focus on reducing documentation time to allow more time for providers to address burdensome symptoms.

*Keywords:* Integrated palliative outcome scale, palliative care, symptoms

## **Introduction**

According to the Centers for Disease Control and Prevention (2018), approximately 60% of Americans live with at least one chronic illness and 40% live with two or more chronic illnesses. Chronic illnesses are the leading cause of death and disability in the United States. Palliative care focuses on improving the quality of life for chronically ill patients by managing the physical, psychosocial, and spiritual needs of the patient, while supporting autonomy and the patients' choices in life-sustaining treatment ("Explanation of Palliative Care," n.d.). Palliative care can occur along with curative treatment or life prolonging care.

Advanced Illness Management (AIM) is term used to describe the point in a patient's life when one or more chronic conditions begin to cause a decline in their general health and a decline in their functional abilities and treatment becomes less effective. This process usually continues through the end of life ("Advanced Illness Management Strategies," 2018). The Visiting Nurse Association of Greater St. Louis (VNA) has a grant-funded palliative care program called Advanced Illness Management (AIM). One goal of the AIM program is to provide the highest quality of care at the most reasonable cost for patients with serious illnesses and high symptom burdens living in residential homes in St. Louis City, St. Louis County, and St. Charles County. Another goal of AIM is to create a community-based program that can serve as a model for other organizations. The Advanced Illness Management Program also has a goal to address advance directives and the appointment of Health Care Surrogates, while being an advocate for patients' choices in life-sustaining treatment.

In December 2017, the Integrated Palliative Outcome Scale (IPOS) (See Appendix A) was introduced to providers of the AIM program as part of a quality improvement project (Jeffery, 2018). The IPOS tool was used to help providers identify burdensome physical and psychosocial symptoms, both of which are essential to holistic, palliative care. To enable providers to directly document identified symptoms and corresponding interventions, the IPOS was embedded into the electronic health record (EHR) at the VNA (Jeffery, 2018).

The results of the quality improvement study showed a 93.5% compliance rate of providers' use of the tool. Despite the 93.5% compliance in using the tool, the documentation reflecting the management of symptoms was less. Interventions for an overwhelming response to weakness was 66%. The highest number of positive responses for psychosocial symptoms was the patients' perception of family anxiety. There were 30 positive responses to family anxiety with an intervention percentage of 78%. The percentage of interventions for the patients' own anxiety/worry was 87% of the time. Patients that rated their feelings of not being at peace, received an intervention 83% of the time (Jeffery, 2018).

The problem statement is: IPOS symptoms are addressed by providers less than 95% of the time leaving patients to suffer from symptoms of chronic illness and reducing their quality of life. There is a need to improve the percentage of symptoms addressed from the baseline audit. In addition, to receive grant funding, the VNA is required to report outcomes related to the use of assessment tools every six months. The PICOT question for this quality improvement project is: Will education for providers improve the use of the IPOS tool in addressing symptoms in chronically ill patients, thereby reducing

the burden of symptoms and improve the quality of life for those suffering from chronic illness and improve the baseline results of the first IPOS audit? The population of interest (P) is the number of visits by each provider within a 90-day period. The intervention of interest (I) is the documentation of interventions by providers for symptoms rated with a value of (3) or (4). The comparison of interest (C) is the percentage of documented interventions between December 1, 2017 and February 28, 2018 compared to the percentage of interventions documented in this quality improvement project. The outcome of interest (O) is the percentage of documented interventions to IPOS symptoms rated with a value of (3) or (4). Documentation of interventions provides evidence of symptom management in palliative care patients and helps to meet the AIM goal of high-quality care at a reasonable cost. Documentation of interventions identified on the IPOS tool demonstrates the effectiveness of the tool and the AIM program which is a reportable finding for grant funding.

### **Review of Literature**

A review of literature regarding the use of the IPOS and symptom management in palliative care was done using PubMed. The keywords were palliative care, outcome measures, symptom management tools, and IPOS. The years searched were from 2000 to present. This search resulted in 190 articles. Articles related to hospital-based palliative care and pediatrics were excluded.

Collins et al. (2015) conducted a systematic literature review to appraise the use of the palliative outcome scale (POS) or patient outcome scale for those settings in which patients may be unfamiliar with the term palliative care. The POS is used in various settings in multiple countries around the globe. There has been an increase in POS usage

in Europe and Africa since the tool has been translated into 13 different languages. There are 10 items on the POS that assess physical symptoms, psychological, emotional, spiritual, and the offering of information and support. The review concluded that the POS is useful in determining the prevalence of symptoms and the effectiveness of interventions.

Bauseweine et al. (2011) used an online survey to evaluate how palliative care professionals use outcome measures. Many of the respondents reported familiarity with patient reported outcome measures (PROM). Of those palliative care professionals not using PROM, they reported time constraints and lack of education and guidance as a barrier to completing a PROM.

Schildmann et al. (2016) used a cross sectional, qualitative design to explore the views of English and German-speaking patients on the use of the IPOS with the goal of improving the tool. Cognitive interviews of patients proved to be valuable for increasing the validity of the content.

Lorenz et al. (2006) conducted a systematic review of literature to identify quality measures and evidence to support usage in pain, dyspnea, depression, and advanced care planning (ACP) and any potential gaps in the literature. The results of the study were limited to cancer patients, so therefore difficult to transfer results to other populations.

Higginson and Donaldson (2004) conducted a secondary analysis of a prospective observational study to identify the relationship between three palliative outcome scales in advanced cancer patients. All three scales were relevant to advanced illness. This was the first study to quantify 'positivity' into end of life care.

The literature review for the IPOS provided evidence for the validity of the tool in measuring symptoms related to quality of life. In a study conducted by Bauseweine (2011), researchers identified common barriers to the use of PROMs. Time constraints and lack of training were the most commonly reported factors for not using PROMs. There are gaps in the literature for studies using the IPOS in the United States. There is also a limited number of studies that address patients with advanced dementia.

The Plan-Do-Study-Act framework was utilized to guide this project. In the Plan phase, research was done on the use of the IPOS and barriers to the use of the IPOS. The Plan phase also included the development of education that was presented to providers on the use of the tool and documentation of interventions related to symptoms identified on the tool.

The Do phase included the educational training sessions for providers. The education included documentation tips and a “cheat sheet” of possible interventions. The education also included the importance of addressing all reported symptoms with pharmacologic or nonpharmacologic interventions such as patient education, physical therapy, or counseling services and the impact those interventions have on the AIM program, grant funding, and the quality of life for palliative care patients.

The Study phase began with any provider visits that occurred after the education was completed. The audit came from a random selection of visits from each provider in the 90 days following the education. Visits with advanced dementia patients were excluded from the audit.

The Act phase began with audits of provider visits for documentation of interventions as identified in the IPOS. Results will be shared with VNA AIM providers. Providers will receive further education as needed based on the audit results.

### **Method**

#### **Design**

For this quality improvement project, retrospective chart audits were completed following education for AIM providers on documentation of interventions as identified by the IPOS. The chart audits came from randomly selected visits from each provider within 90 days of the education.

#### **Setting**

The project setting is an outpatient palliative care practice that serves patients living in their private homes or long-term care facilities. Patients were primarily 65 years of age or older or disabled adults that enrolled in the AIM program with the VNA of Greater St. Louis.

#### **Sample**

The sample came from a random selection of visits by each provider following patients in the AIM program. Patients who scored less than 7 on the 10-point cognitive screen with the Rapid Geriatric Assessment Tool (RGAT) were excluded from this project. The sample was selected, and the audit was completed after education was given to providers. The sample size was expected to be 10 visits from each provider resulting in a total of 50 visits within 90 days of the provider education.

### **Approval Processes**

This was a noninvasive intervention. Patients or their legal designee gave consent to the participation in the AIM program. Information gained from the tool is being used to improve the quality of life for the patient and improve how care will be given. The project was approved by the University of Missouri-St. Louis Institutional Review Board (IRB). IRB approval was not required by the VNA.

### **Data Collection/Analysis**

Provider compliance with documentation of interventions on symptoms identified by the IPOS was assessed via encrypted computers in a cloud-based electronic health record. Data was de-identified by assigning a number to each audited visit. All chart audits occurred at the office of the VNA of Greater St. Louis using a paper audit tool. The final sample size was 33 visits. Statistical analysis could not be completed due to the small sample size.

### **Procedures**

This was a quality improvement project that used a retrospective chart review of random visits completed by each VNA AIM provider in the 90 days following the education to providers. An audit tool (See Appendix B) developed by a previous auditor was used for this project. The audit tool was used to determine which symptoms were identified in the IPOS and if documentation of an intervention occurred with each symptom. Patient responses that were recorded as “Severely” or “Overwhelmingly” to pain, shortness of breath, weakness or lack of energy, nausea, vomiting, poor appetite, constipation, sore or dry mouth, drowsiness, or poor mobility should have an intervention documented. Patient responses of “Severely” or “Overwhelmingly” to “other” symptoms

should also have a documented intervention. Patient responses to questions relating to 3 days prior to the IPOS about anxiety related to their illness or treatment, anxiety of family or friends, and depression should also have a documented intervention if the patient responds “Most of the time” or “Always” to any of those questions. Patient responses of “Occasionally” or “Not at all” to questions regarding their feelings of peace, sharing feelings with family and friends, and whether they have received as much information as they wanted should also have an intervention documented in the EHR. If patients respond with “Problems hardly addressed” or “Problems not addressed” to the question regarding practical problems such as financial or personal, a corresponding intervention should be documented. The audit tool excluded demographic information.

## **Results**

The sample for this project included a total of 33 visits among 4 providers. Visits on patients with an RGAT score of less than 7 were excluded from the study. An unexpected result was that one provider did not complete any visits during the 90-day evaluation period, which decreased the total number of charts audited. Another unexpected result was that 7 visits did not have an IPOS completed by the provider.

A documented intervention was expected when a patient rated physical symptoms as “Severely” or “Overwhelmingly.” A documented intervention was also expected for responses of “Most of the time” or “Always” to questions relating to 3 days prior to the IPOS about anxiety related to their illness or treatment, anxiety of family or friends, and depression. Patient responses of “Occasionally” or “Not at all” to questions regarding their feelings of peace, sharing feelings with family and friends, and whether they have received as much information as they wanted should have also had an intervention

documented in the EHR. If patients responded with “Problems hardly addressed” or “Problems not addressed” to the question regarding practical problems such as financial or personal, a corresponding intervention should have been documented.

The most common symptom reported by patients was poor mobility, which was addressed and documented by providers 100% of the time, which is an improvement compared to the last project in which poor mobility was addressed only 67% of the time. Family anxiety was the next most commonly reported symptom. Providers documented an intervention 72% of the time which is the same rate as the last project. Weakness was the third most commonly reported symptom by patients in this project. Providers documented an intervention for weakness 93% of the time compared to 83% in the previous project. The most prevalent symptoms between the previous project and the current project are weakness, patient anxiety, family anxiety, poor mobility, depression, and not being at peace. The number of symptoms identified in the post-education group were fewer than the number of symptoms identified in the pre-education group (See Figure 1). However, prevalent areas such as weakness, poor mobility, and depression were treated greater than 90% of the time (See Figure 2).

Table 1

## Symptoms Identified and Addressed in the Preliminary Project

Symptom	Symptom Identified	Symptom Addressed	Percentage
Pain	10	8	80%
Shortness of Breath	8	6	75%
Weakness	18	15	83%
Nausea	2	1	50%
Vomiting	-	-	-
Poor Appetite	7	5	71%
Constipation	1	0	50%
Sore or Dry Mouth	7	3	43%
Drowsiness	4	3	75%
Poor Mobility	12	8	67%
Patient Anxiety	17	15	88%
Family Anxiety	32	23	72%
Depression	16	10	63%
Peace	18	15	83%
Family Sharing	7	6	86%
Information Sharing	-	-	-
Practical Problems	-	-	-

Note. The symptoms addressed indicate how often a provider treated a symptom before the provider received education about the documentation of the interventions. Only symptoms rated as severe or overwhelming were measured for comparison with the current project.

Table 2  
Symptoms Identified and Addressed after Education about IPOS

Symptom	Symptom Identified	Symptom Addressed	Percentage
Pain	10	9	90%
Shortness of Breath	6	4	67%
Weakness	14	13	93%
Nausea	1	0	50%
Vomiting	-	-	-
Poor Appetite	-	-	-
Constipation	2	1	50%
Sore or Dry Mouth	-	-	-
Drowsiness	2	1	50%
Poor Mobility	19	19	100%
Patient Anxiety	10	6	60%
Family Anxiety	18	13	72%
Depression	3	3	100%
Peace	4	1	25%
Family Sharing	10	3	30%
Information Sharing	2	2	100%
Practical Problems	1	1	100%

Note. Only symptoms rated as severe or overwhelming were measured for comparison with the preliminary project.

Figure 1  
Comparison of Most Prevalent Symptoms Addressed in the Pre- and Post-Education Groups

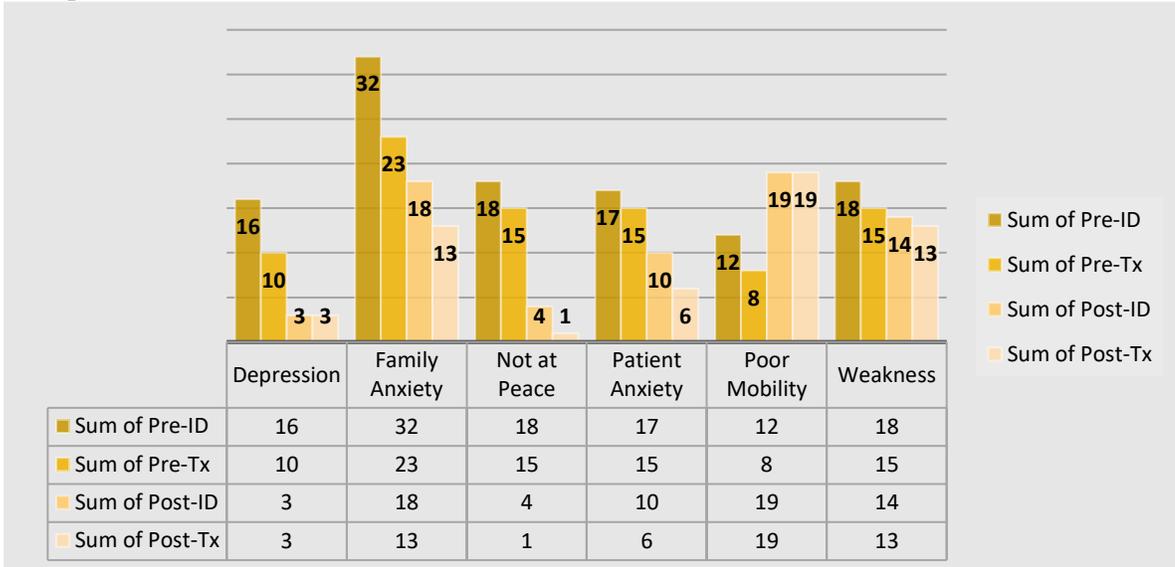
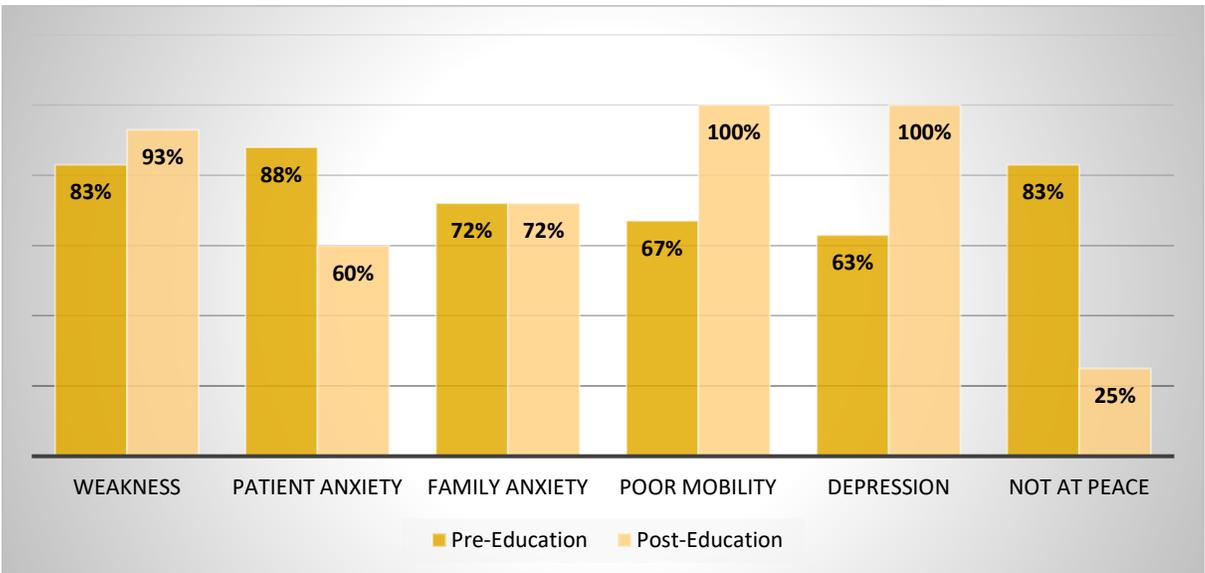


Figure 2  
Comparison of the Percentages of Most Prevalent Symptoms Treated Pre- and Post-Education



**Discussion**

Palliative care focuses on improving the quality of life for chronically ill patients by managing the physical, psychosocial, and spiritual needs of the patient (“Explanation of Palliative Care,” n.d.). This project evaluated the use of the IPOS in identifying symptoms and the documentation of interventions offered by providers. The project demonstrated the need for a greater focus on the interventions documented by providers. This should include further training on documentation of interventions and further training on implementing interventions to improve the quality of life for patients in the AIM program. This project is limited in its ability to determine if the lack of documented interventions is due to the failure of the providers to appropriately document or if there is truly a lack of interventions for managing the symptoms identified by patients.

Discussions with providers throughout the study generated ideas for future projects that could improve these results, thus improve the quality of life for patients in the AIM program. Most providers expressed a concern over the volume of documentation. One suggestion would be to add check boxes to the electronic health record next to the IPOS symptoms or check boxes in the assessment or plan section for the visit note. This would allow providers to document interventions by checking a box rather than typing out specific interventions. Providers would subsequently receive cues on possible interventions and minimize additional time for documentation.

Interestingly, family anxiety was one of the most prevalent symptoms in this project and in the previous project. Interventions for family anxiety occurred only 72% of the time in both projects. Future projects could focus on the patient discussion that

surrounds this question on the IPOS, and possible psychosocial interventions to manage this symptom.

Interventions for patient anxiety and not being at peace were addressed less often in this study than they were in the previous project (See Figure 2). This may be due to the addition of new AIM providers since the last project. New community-based palliative care providers may be less comfortable addressing this symptom and could benefit from additional training on managing psychosocial symptoms.

### **Conclusion**

Palliative care focuses on improving the quality of life for chronically ill patients by managing the physical, psychosocial, and spiritual needs of the patient, while supporting autonomy and the patients' choices in life-sustaining treatment ("Explanation of Palliative Care," n.d.). The AIM program at VNA has a goal of providing high quality care with expert symptom management at a reasonable cost. The VNA receives grant funding from the Missouri Foundation for Health to test quality and cost effectiveness of the AIM program (Jeffery, 2018). Better symptom management increases the quality of care. Data obtained from this project and the previous project will assist VNA leaders and providers to develop best practices for symptom management.

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Appendix A

# IPOS Patient Version

Patient name : .....

Date (dd/mm/yyyy) : .....

Patient number : ..... (for staff use)

**Q1. What have been your main problems or concerns over the past 3 days?**

1.  
.....  
.....
2.  
.....  
.....
3.  
.....  
.....

**Q2. Below is a list of symptoms, which you may or may not have experienced. For each symptom, please tick one box that best describes how it has affected you over the past 3 days.**

	Not at all	Slightly	Moderately	Severely	Overwhelmingly
Pain	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Shortness of breath	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Weakness or lack of energy	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Nausea (feeling like you are going to be sick)	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Vomiting (being sick)	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Poor appetite	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Constipation	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Sore or dry mouth	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

<b>Drowsiness</b>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
<b>Poor mobility</b>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
<b>Please list any <u>other</u> symptoms not mentioned above, and tick <u>one box</u> to show how they have <u>affected</u> you <u>over the past 3 days</u>.</b>					
<b>1.</b>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
<b>2.</b>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
<b>3.</b>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

**Over the past 3 days:**

	<i>Not at all</i>	<i>Occasionally</i>	<i>Sometimes</i>	<i>Most of the time</i>	<i>Always</i>
<b>Q3. Have you been feeling anxious or worried about your illness or treatment?</b>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
<b>Q4. Have any of your family or friends been anxious or worried about you?</b>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
<b>Q5. Have you been feeling depressed?</b>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
	<i>Always</i>	<i>Most of the time</i>	<i>Sometimes</i>	<i>Occasionally</i>	<i>Not at all</i>
<b>Q6. Have you felt at peace?</b>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

<b>Q7. Have you been able to share how you are feeling with your family or friends as much as you wanted?</b>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
<b>Q8. Have you had as much information as you wanted?</b>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
	<i>Problems addressed/ No problems</i>	<i>Problems mostly addressed</i>	<i>Problems partly addressed</i>	<i>Problems hardly addressed</i>	<i>Problems not addressed</i>
<b>Q9. Have any practical problems resulting from your illness been addressed? (such as financial or personal)</b>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
	<i>On my own</i>	<i>With help from a friend or relative</i>			<i>With help from a member of staff</i>
<b>Q10. How did you complete this questionnaire?</b>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>

*If you are worried about any of the issues raised on this questionnaire then please speak to your doctor or nurse*

Appendix B

# IPOS Audit Tool

Date (dd/mm/yyyy) : ..... Admitting

Diagnosis.....

Provider Number:

	Visit 1 Provider addressed positive symptom y=yes, n=no	Visit 2 Provider addressed positive symptom y=yes, n=no	Visit 3 Provider addressed positive symptom y=yes, n=no	Visit 4 Provider addressed positive symptom y=yes, n=no	
Pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Shortness of breath	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Weakness or lack of energy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nausea (feeling like you are going to be sick)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Vomiting (being sick)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Poor appetite	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Constipation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sore or dry mouth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Drowsiness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Poor mobility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Additional symptoms noted by patient:</b>					
1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**Over the past 3 days**

	<b>Visit 1 Provider addressed positive symptom y=yes, n=no</b>	<b>Visit 2 Provider addressed positive symptom y=yes, n=no</b>	<b>Visit 3 Provider addressed positive symptom y=yes, n=no</b>	<b>Visit 4 Provider addressed positive symptom y=yes, n=no</b>	
<b>Q3. Have you been feeling anxious or worried about your illness or treatment?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Q4. Have any of your family or friends been anxious or worried about you?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Q5. Have you been feeling depressed?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<b>Visit 1 Provider addressed positive symptom y=yes, n=no</b>	<b>Visit 2 Provider addressed positive symptom y=yes, n=no</b>	<b>Visit 3 Provider addressed positive symptom y=yes, n=no</b>	<b>Visit 4 Provider addressed positive symptom y=yes, n=no</b>	
<b>Q6. Have you felt at peace?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Q7. Have you been able to share how you are feeling with your family or friends as much as you wanted?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

<p><b>Q8. Have you had as much information as you wanted?</b></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<p><b>Visit 1 Provider addressed positive symptom y=yes, n=no</b></p>	<p><b>Visit 2 Provider addressed positive symptom y=yes, n=no</b></p>	<p><b>Visit 3 Provider addressed positive symptom y=yes, n=no</b></p>	<p><b>Visit 4 Provider addressed positive symptom y=yes, n=no</b></p>	
<p><b>Q9. Have any practical problems resulting from your illness been addressed? (such as financial or personal)</b></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

