

IMPLEMENTING STANDARDS FOR QUALITY PALLIATIVE CARE

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- ▶ Nothing to disclose

OBJECTIVES

- ▶ Utilize the eight domains of palliative care as the structure for palliative care consultation
- ▶ Identify quality indicators appropriate for each of the eight domains of palliative care
- ▶ Implement quality improvement processes to identify opportunities for improvement in palliative care structure, process, and outcomes

WHY IMPLEMENT STANDARDS?

- ▶ Set goals for care delivery
- ▶ Continuous quality improvement
- ▶ Establish uniformity to allow for benchmarking and comparison
- ▶ Build sustainable systems and practices



NATIONAL CONSENSUS PROJECT FOR QUALITY PALLIATIVE CARE

- ▶ To build a national consensus around the definition, philosophy and principles of palliative care
- ▶ To promote consistent and high quality care
- ▶ Clinical practice guidelines for quality palliative care released 2004, revised 2009
- ▶ Established the eight domains of palliative care

EIGHT DOMAINS OF PALLIATIVE CARE

1. Structure and process of care
2. Physical aspects of care
3. Psychosocial and psychiatric aspects of care
4. Social aspects of care
5. Spiritual, religious, existential aspects of care
6. Cultural aspects of care
7. Care of the imminently dying patient
8. Ethical and legal aspects of care

EIGHT DOMAINS OF PALLIATIVE CARE: HOW THEY HELP

- ▶ Delineate the core essential elements of palliative care
- ▶ Differentiate palliative care from other types of care
- ▶ Support the structure of palliative care

- ▶ Palliative care is both a philosophy of care and a highly structured system for delivering care

NCP 2004

CLINICAL PRACTICE GUIDELINES FOR QUALITY PALLIATIVE CARE

- ▶ Patient population
- ▶ Patient and family centered care
- ▶ Timing of palliative care
- ▶ Comprehensive care
- ▶ Interdisciplinary team
- ▶ Attention to relief of suffering
- ▶ Communication skills
- ▶ Skill in the care of the dying and bereaved
- ▶ Continuity across care settings
- ▶ Equitable access
- ▶ Quality assessment and performance improvement



NATIONAL QUALITY FORUM

- ▶ Identified palliative care and hospice as national priority areas for healthcare quality improvement
- ▶ A Framework for Palliative and Hospice Care Quality Measurement and Reporting
 - ▶ Adopted the NCP Clinical Practice Guidelines for Quality Palliative Care
 - ▶ 38 preferred practices within the eight domains of palliative care



WHAT IS QUALITY?

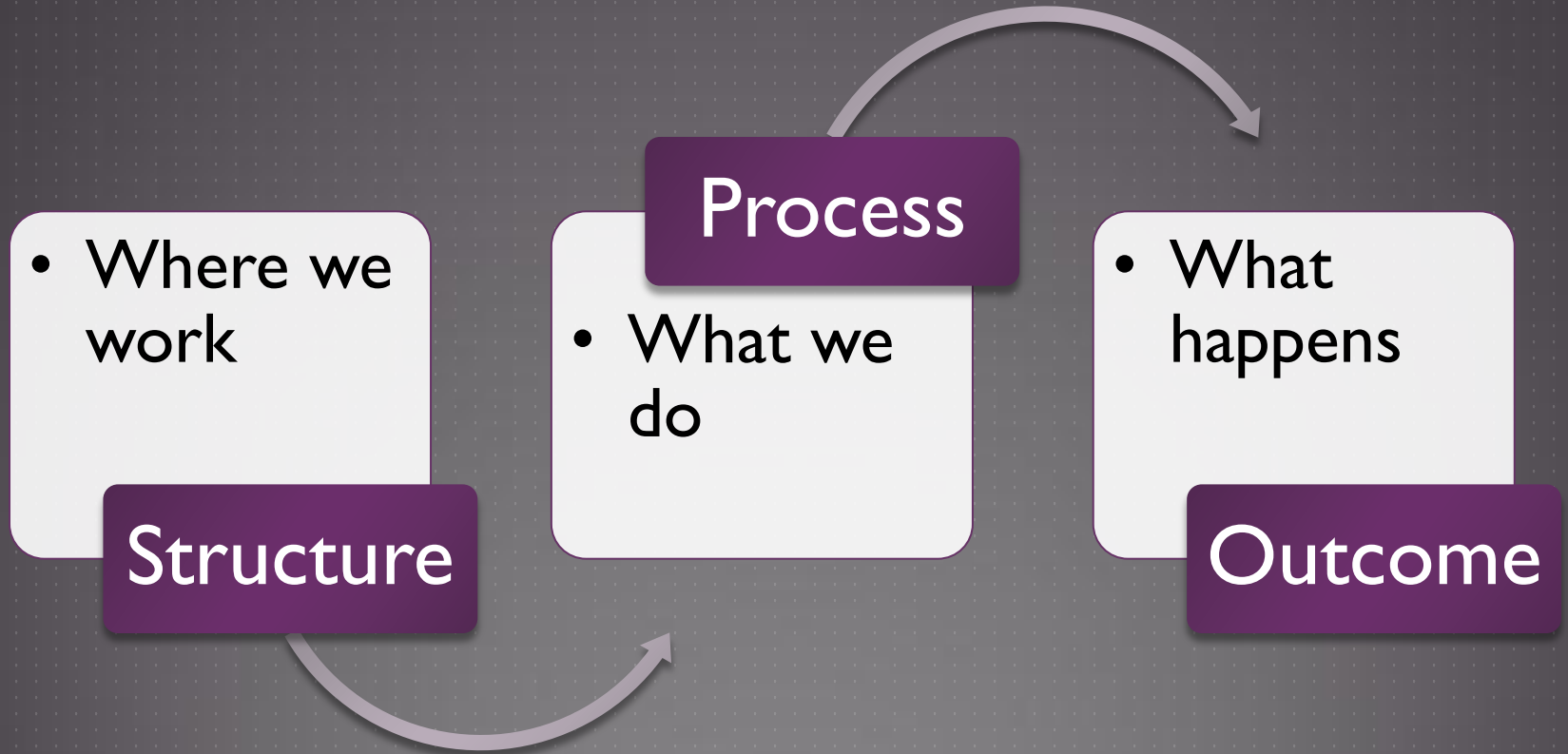
- ▶ Increases the likelihood of desired health outcomes
- ▶ Consistent with current professional standards of care



WHAT IS QUALITY?

- ▶ Institute of medicine
- ▶ Six aims of quality healthcare delivery
 - ▶ Safe- First do no harm
 - ▶ Beneficial- influences important outcomes or processes linked to desirable outcomes
 - ▶ Patient centered- based on the goals and preferences of the patient
 - ▶ Efficient- designed to meet the actual patient needs
 - ▶ Timely- right patient, right time
 - ▶ Equitable- available to all who could benefit

HOW IS QUALITY MEASURED? DONABEDIAN MODEL



- ▶ Structure and process measures are most useful if changes in them demonstrably improve outcomes
- ▶ Outcomes measures are most useful if they can be linked to to specific structure or process measures that, if changed, improve the outcome



QUALITY INDICATORS

- ▶ Valid – supported by evidence or expert consensus
- ▶ Reliable – reproducible from center to center
- ▶ Feasible – easily measurable
- ▶ Actionable – under the control of providers



- ▶ Quality indicators are intended to evaluate whether care meets a minimal standard of quality
- ▶ Practice guidelines define best practices, highest quality care
- ▶ Preferred practices are best practices linked to specific desired outcomes

PREFERRED PRACTICES

- ▶ Specificity
- ▶ Benefit
- ▶ Evidence of effectiveness
- ▶ Generalizability
- ▶ Readiness
- ▶ Measurability



- ▶ Preferred practices are intended to provide the foundation for comprehensive program evaluation BUT
- ▶ No standard set of outcomes for palliative care exists SO
- ▶ Should be used as tools for promoting improved quality



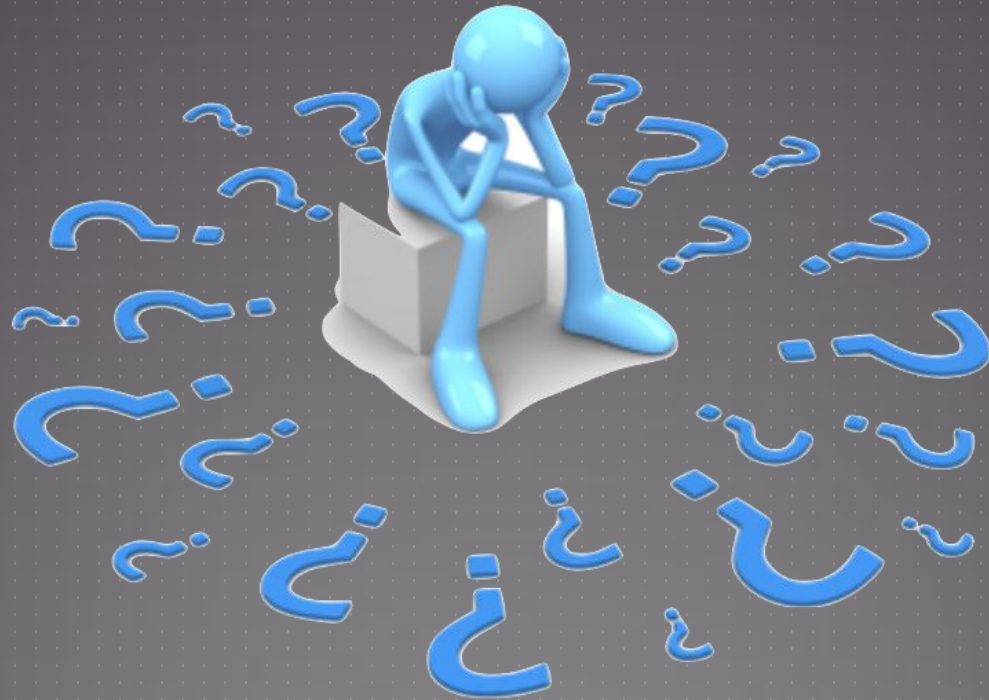
CANCER QUALITY – ASSIST PROJECT

- ▶ RAND, Karl Lorenz
- ▶ **A**ddressing **S**ymptoms, **S**ide effects and **I**ndicators of **S**upportive **T**reatment
- ▶ Developed process quality indicators for supportive cancer care
- ▶ 92 of 133 indicators deemed valid and feasible
- ▶ 41 validated



ACOVE PROJECT

- ▶ RAND, Neil Wenger, MD and ACOVE investigators
- ▶ **Assessing Care Of Vulnerable Elders**
- ▶ Developed process quality indicators for the vulnerable elderly
- ▶ 392 indicators judged valid over 26 conditions
- ▶ Based on clinical evidence and expert opinion
- ▶ validated



NATIONAL QUALITY FORUM

- ▶ In February 2012, NQF endorsed 14 quality measures for palliative and end of life care

NQF ENDORSED MEASURES

- ▶ Pain screening
- ▶ Pain Assessment
- ▶ Patients treated with opioids given a bowel regimen
- ▶ Patients with advanced cancer assessed for pain at outpatient visits
- ▶ Dyspnea screening
- ▶ Dyspnea treatment

NQF ENDORSED MEASURES

- ▶ Patients admitted to ICU who have care preferences documented
- ▶ Treatment preferences
- ▶ Percentage of hospice patients with documentation of spiritual/religious concerns or desire not to discuss
- ▶ Comfortable dying
- ▶ Hospitalized patients who die an expected death with an ICD that has been deactivated

NQF ENDORSED MEASURES

- ▶ Family Evaluation of Hospice Care
- ▶ CARE-Consumer Assessments and Reports of End of Life
- ▶ Bereaved Family Survey

MEASURING WHAT MATTERS

- ▶ Partnership between AAHPM and HPNA
- ▶ Consensus project to identify a set of recommended performance measures for use in all hospice and palliative care programs
- ▶ Goal is for programs to adopt these measures to lay the groundwork for benchmarking and meaningful comparison

MEASURING WHAT MATTERS

- ▶ 75 initial published measures mapped to the domains of care
- ▶ Technical advisory panel rated the indicators on scientific soundness and referred 34 measures to clinical user panel
- ▶ Clinical user panel rated the measures on 3 areas of performance
 - ▶ How meaningful is it to patients and families
 - ▶ How actionable is it for providers and organizations
 - ▶ How large is the potential impact

MEASURING WHAT MATTERS

- ▶ Clinical User Panel achieved consensus on top 12 measures
- ▶ Draft list sent to membership of AAHPM, HPNA, other organizations and patient advocacy groups for feedback
- ▶ Top 10 measures across 6 domains selected
- ▶ No measures selected for social or cultural aspects of care or care of the imminently dying

Core Measures



STRUCTURE AND PROCESS OF CARE

- ▶ Comprehensive Assessment
 - ▶ Hospice
 - ▶ % patients enrolled for greater than 7 days for whom comprehensive assessment was completed within 5 days
 - ▶ Palliative care
 - ▶ % seriously ill patients receiving palliative care in an acute hospital setting for longer than 1 day for whom comprehensive assessment was completed



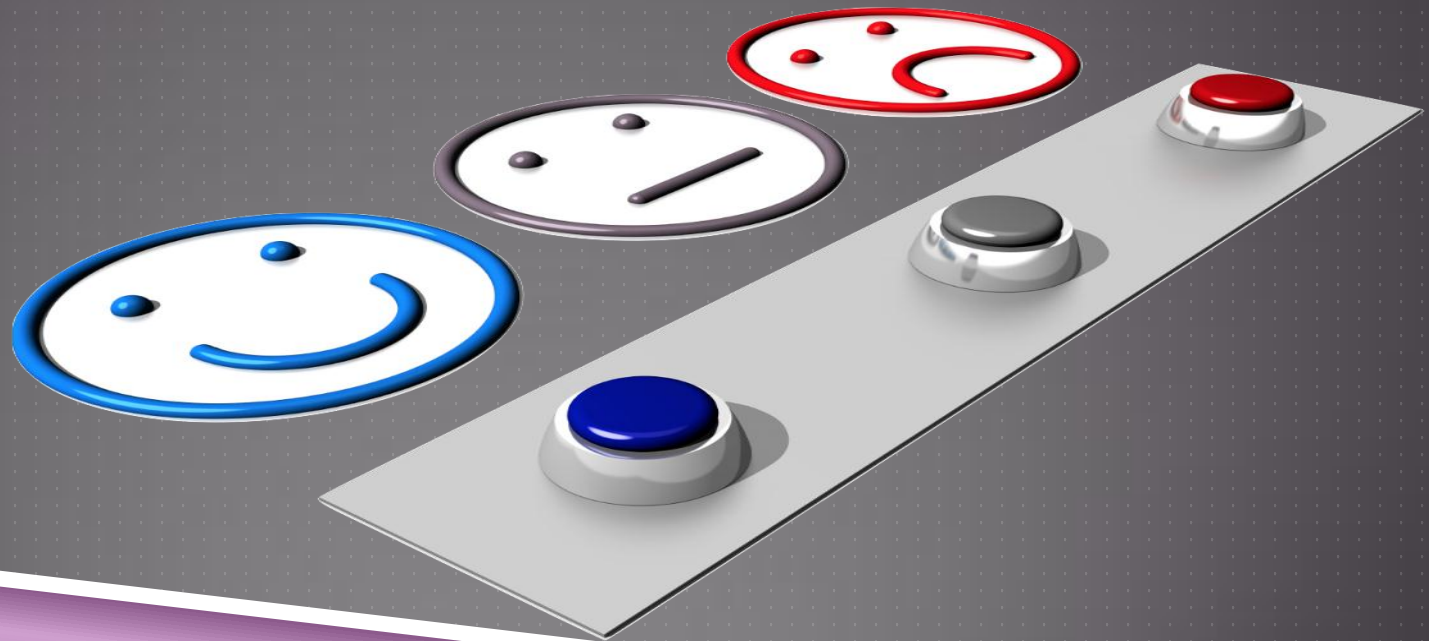
PHYSICAL ASPECTS OF CARE

- ▶ Pain Treatment(Any)
 - ▶ % of patients receiving medication vs non-medication treatment of pain within 24 hours of positive screen for moderate to severe pain



PHYSICAL ASPECTS OF CARE

- ▶ Screening for physical symptoms
 - ▶ % of patients screened for physical symptoms (pain, dyspnea, nausea, constipation) during the initial (admission) visit



PHYSICAL ASPECTS OF CARE

- ▶ Dyspnea screening and management
 - ▶ % of patients with advanced or serious life threatening illness that are screened for dyspnea
 - ▶ % of patients with moderate to severe dyspnea with a documented management plan



PSYCHOLOGICAL AND PSYCHIATRIC ASPECTS OF CARE

- ▶ Discussion of emotional or psychological needs
 - ▶ % of seriously ill patients with chart documentation of a discussion regarding emotional or psychological needs



SPIRITUAL, RELIGIOUS, AND EXISTENTIAL ASPECTS OF CARE

- ▶ Discussion of spiritual/religious concerns
 - ▶ % of patients with documentation of discussion of spiritual/religious concerns or documentation that the patient or caregiver do not want to discuss these issues

ETHICAL AND LEGAL ASPECTS OF CARE

- ▶ Documentation of Surrogate
 - ▶ % of seriously ill patients with the name and contact information for the patients surrogate decision-maker in the chart or documentation that there is no surrogate



ETHICAL AND LEGAL ASPECTS OF CARE

- ▶ Treatment preferences
 - ▶ % of patients with chart documentation of preferences for life-sustaining treatments, documentation should reflect patient self-report

ETHICAL AND LEGAL ASPECTS OF CARE

- ▶ Treatment preferences followed
 - ▶ If a vulnerable elder has documented treatment preferences to withhold or withdraw life-sustaining treatment, then these treatment preferences should be followed

nolst
ILLINOIS

GLOBAL MEASURE

- ▶ The Family Evaluation of Palliative Care(FEPC)
 - ▶ The FEPC is a post-death survey that captures family members perception about the quality of palliative care their lived ones received



So now what do I do?



THE DEMING CYCLE

- ▶ Series of steps to learn how to continually improve a process
- ▶ Introduced to Deming by his mentor Shewhart
- ▶ Developed for process/product improvement on the manufacturing floor
- ▶ Effective in healthcare improvement
- ▶ Intended to be rapid cycles

THE DEMING CYCLE




PLAN

- ▶ Determine quality priorities- what do you want to improve
- ▶ Create a driver diagram
 - ▶ Helps breakdown the project into logical steps
 - ▶ It outlines your theory about how your system works



DRIVER DIAGRAM

 IHI OPEN SCHOOL
for health professionals

KEY DRIVER DIAGRAM

Name: _____ University/Organization Name: _____
Project Title: _____ Health System Sponsor Name: _____
Team Members: _____

Aim:	Primary Drivers	Secondary Drivers
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Measures:

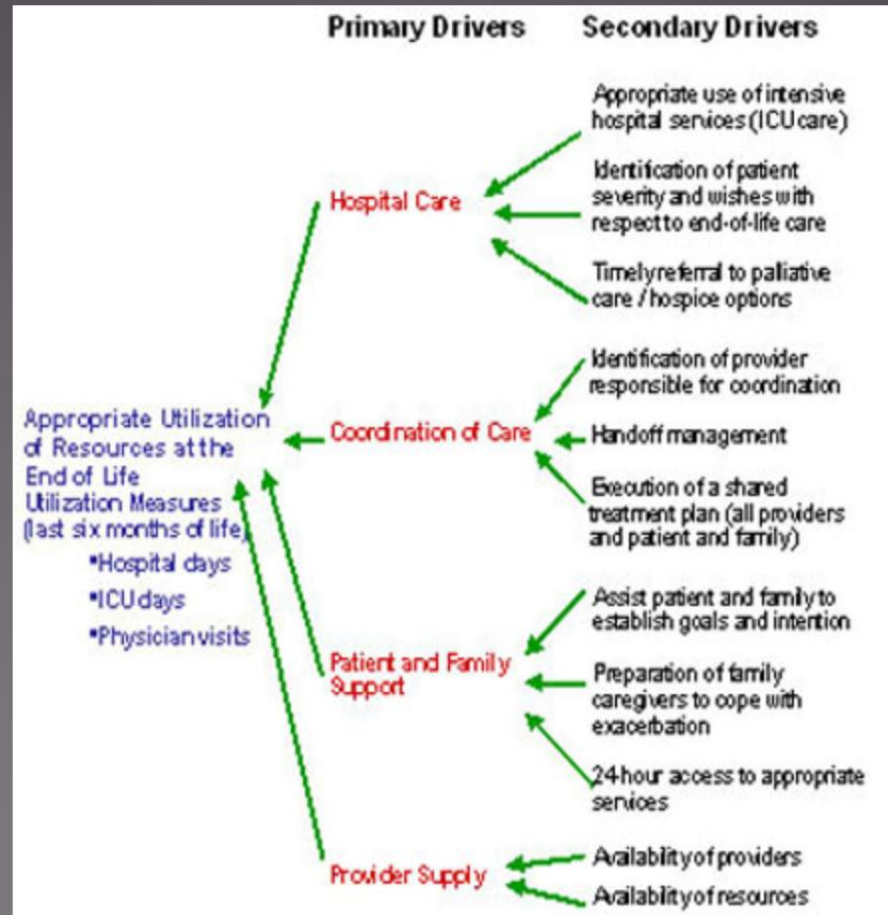
Aim/Primary Driver-Outcome Measure(s):

- 1.

Secondary Drivers-Process measure (s)

- 1.
- 2.

DRIVER DIAGRAM



DO

- ▶ Put the plan into action



STUDY

- ▶ Collect (just) enough data
- ▶ Keep it small at first – just a few patients
- ▶ Monitor success and areas for improvement



ACT

- ▶ Apply what you learned
- ▶ Refine intervention and repeat until perfected
- ▶ Implement when ready
- ▶ Add another project!



RESOURCES

- ▶ National Quality Forum
 - ▶ www.qualityforum.org
- ▶ Peace Hospice and Palliative care Quality Measures
 - ▶ www.med.unc.edu/pcare/resources
- ▶ Institute for Healthcare Improvement
 - ▶ www.ihl.org
- ▶ Measuring What Matters
 - ▶ www.AAHPM.org





**KEEP
CALM
AND
MAKE A
PLAN**

“Not everything that counts can be counted, not everything that can be counted counts”

Albert Einstein