

# Palliative Care Quality Network

## Developing Core Data to Drive Quality Improvement

Steven Z. Pantilat, MD, FAAHPM, SFHM; Ashley R. Bragg, BS; David L. O’Riordan, PhD; Betty Ferrell, PhD, MA; Peter K. Lindenauer, MD, MSc; Karl A. Lorenz, MD; Jeffery Stoneberg, DO



### BACKGROUND

Many palliative care services (PCS) use un-validated measures to document patient care and often fail to analyze or report the data they do collect

For the busy PC clinician, data collection must be:

- simple and streamlined
- done in real time at the bedside
- include electronic data whenever possible
- contribute to patient care

Meeting all these demands can be difficult in a busy PCS

Lack of standardized measures across PCS prevents the identification of benchmarks and best practice

The Palliative Care Quality Network (PCQN) provides a continuous learning collaborative committed to improving the quality of PCS provided to patients and their families

### PCQN OVERVIEW

Established 2009

Currently consists of 20 California hospital PCS

PCQN Aim: *to improve the quality of services provided by the PCS by linking structures and processes of care to patient-level outcomes*

### PROJECT AIM

Describe the development of the PCQN core dataset and data collection pilot results among 20 participating hospital PCS

Report results of 2-week pilot at 5 PCQN sites

### METHODS

Guided by the goals:

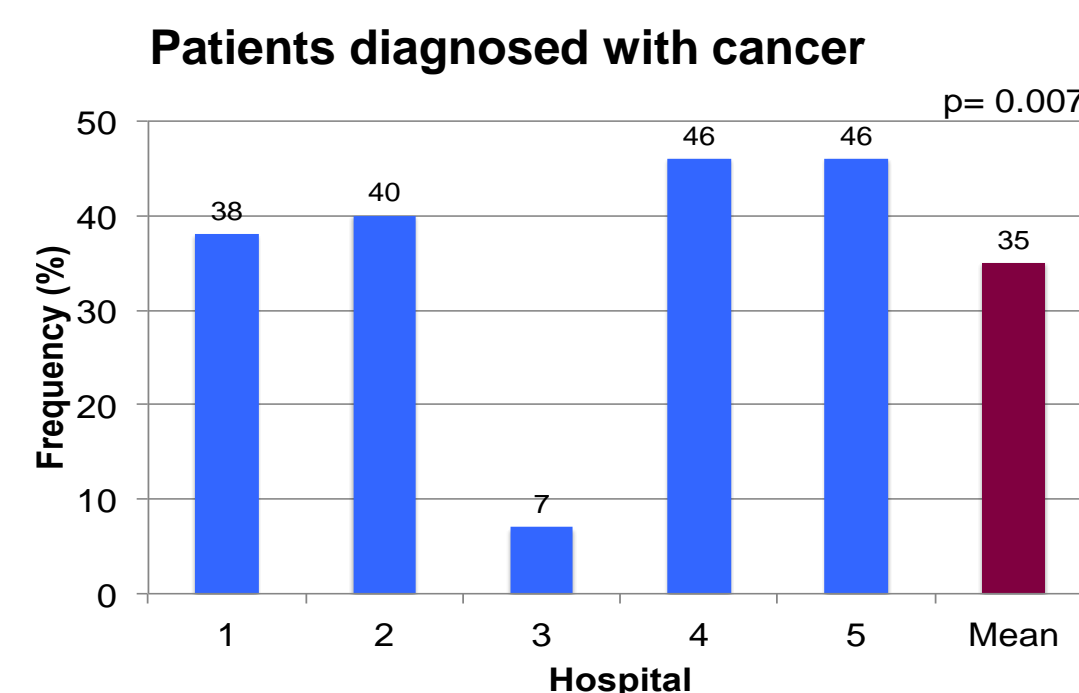
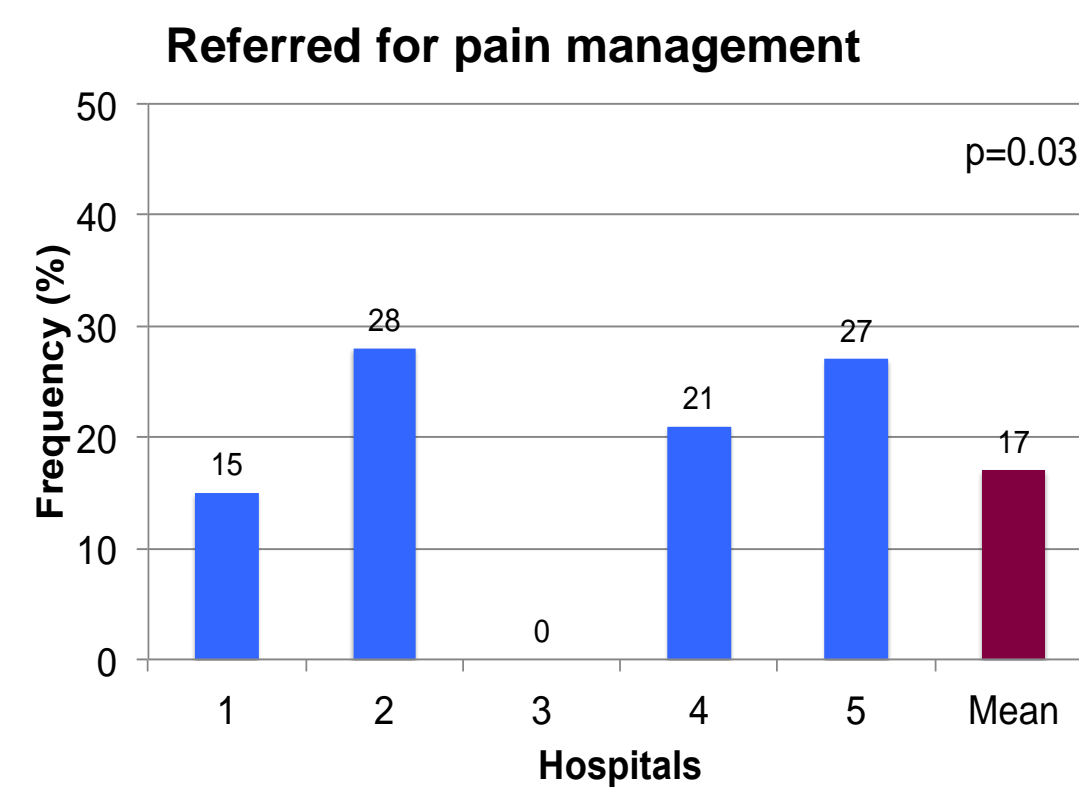
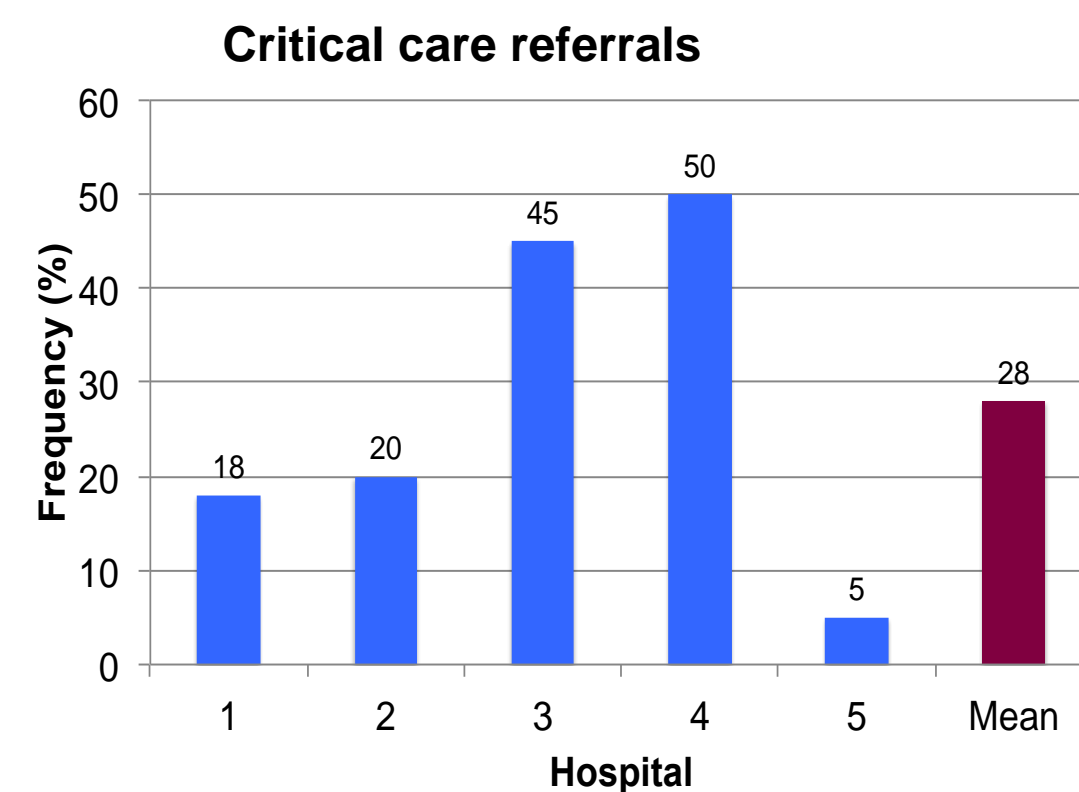
1. Collecting operational and clinical outcome data to support real time patient care and quality improvement
2. Being time efficient
3. Adhering to National Consensus Project guidelines

PCQN members were involved in a modified Delphi process

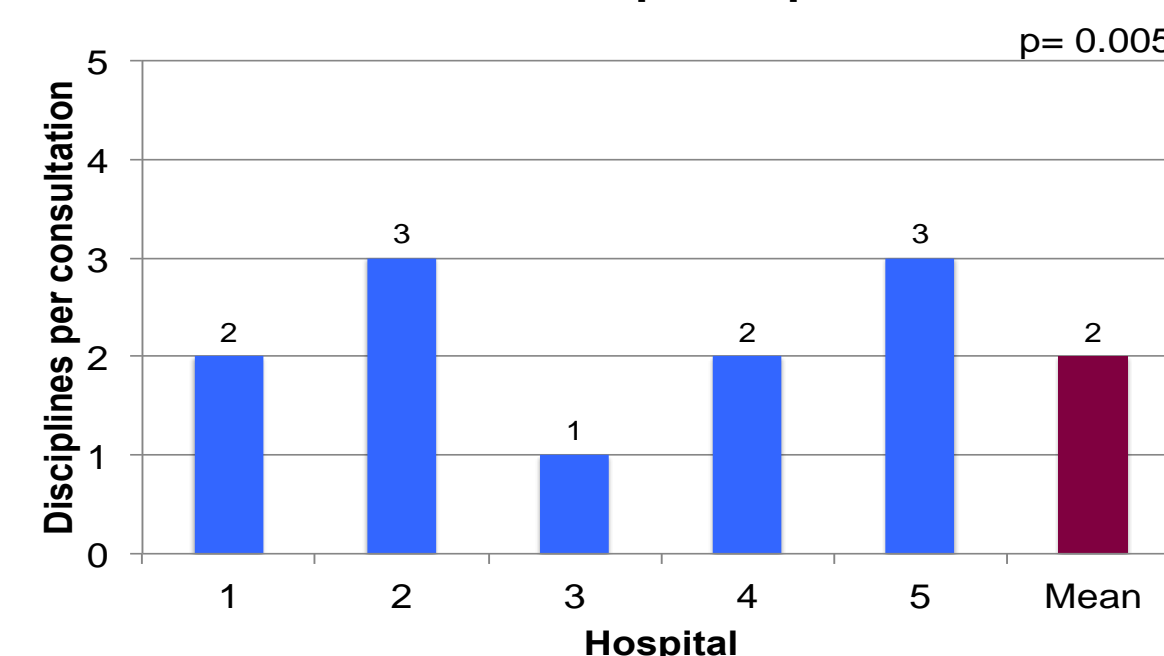
A data collection pilot was conducted to evaluate feasibility, acceptability and importance of data

### RESULTS

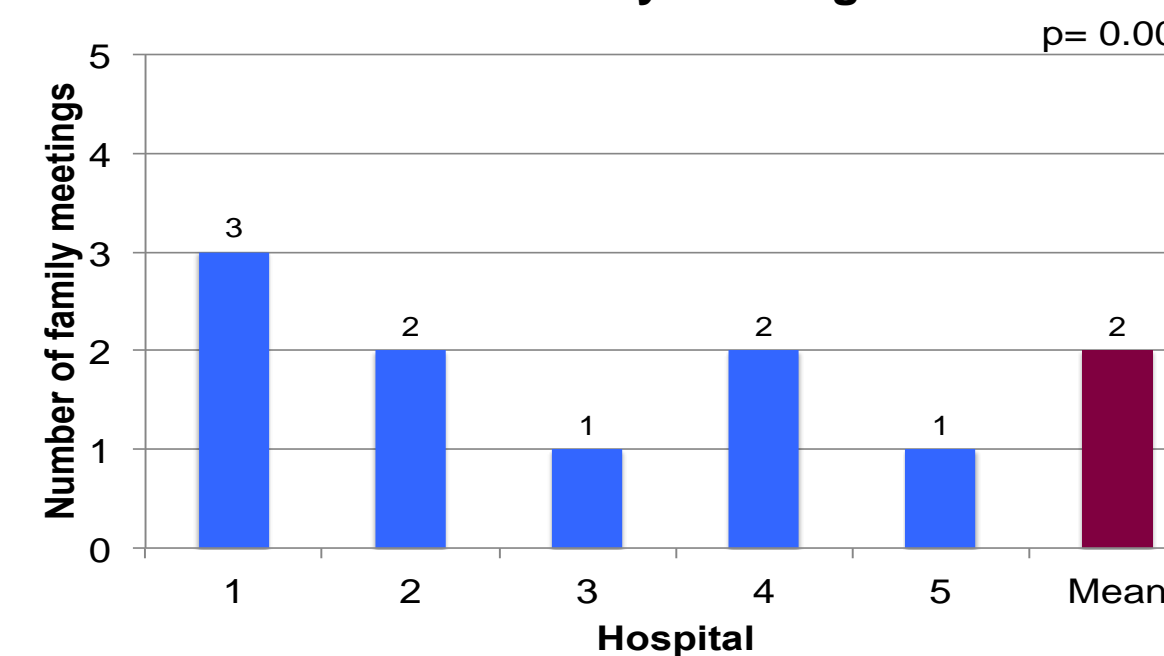
Consultation Characteristics			
Number of patients seen	136		
Gender (Female)	54%		
	Mean	Median	Range
Age of patients (years)	74	78	23 – 99
Symptom assessments/pt (n)	2	1	0 – 13
LOS pre referral (Days)	5	2	0 – 47



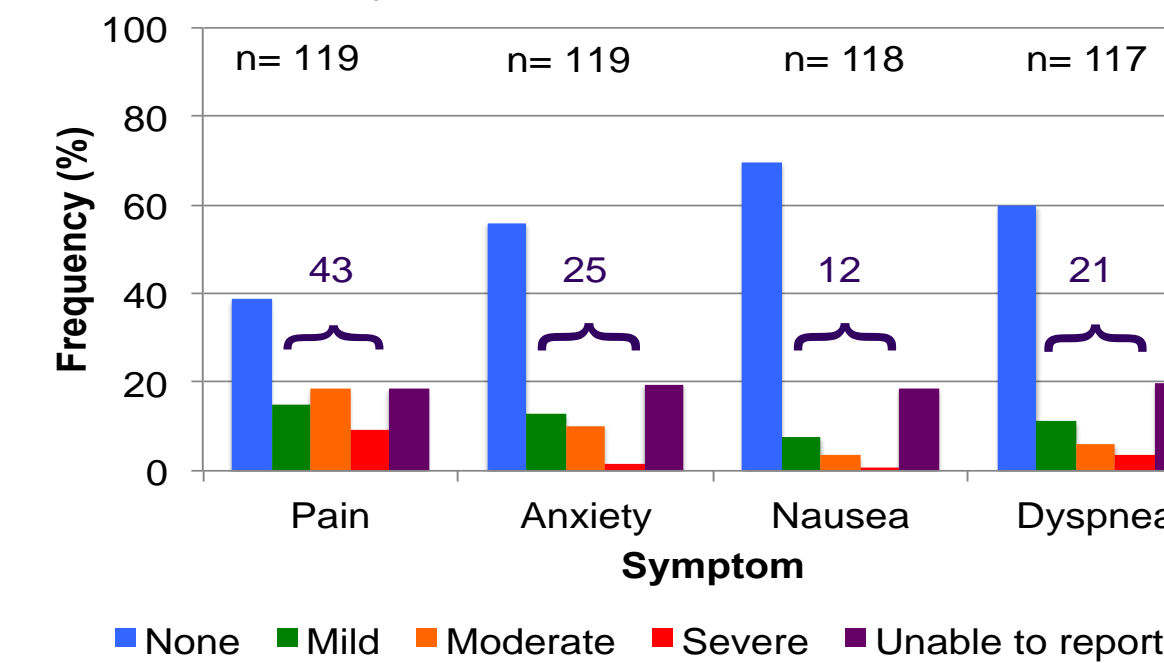
#### Number of disciplines per consultation



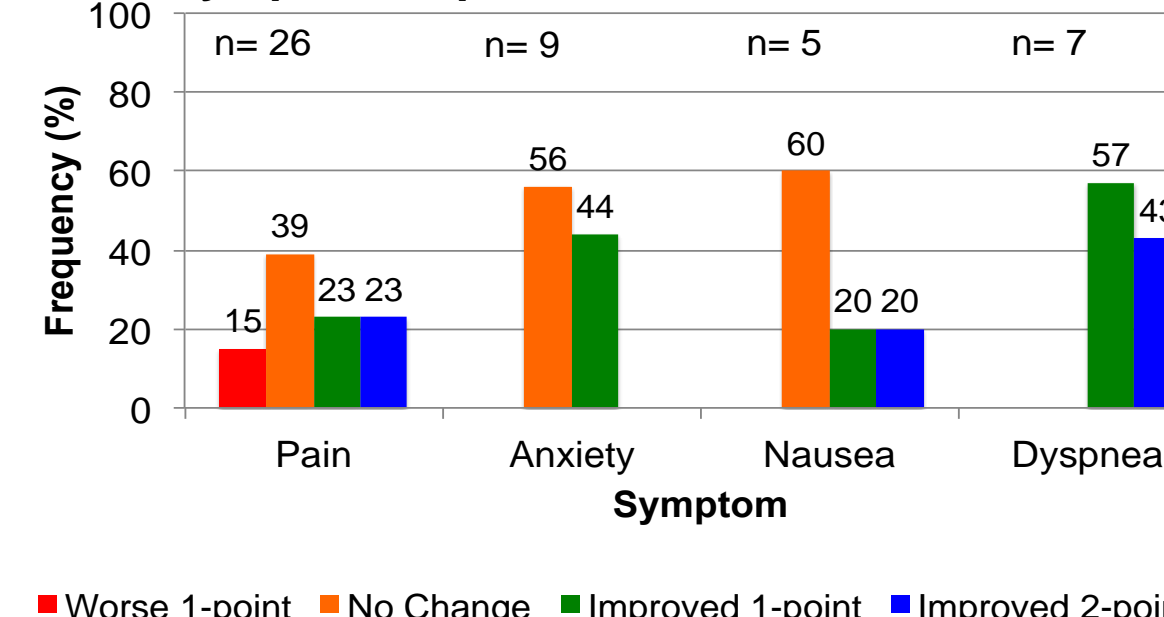
#### Number of family meetings



#### Initial symptom assessment

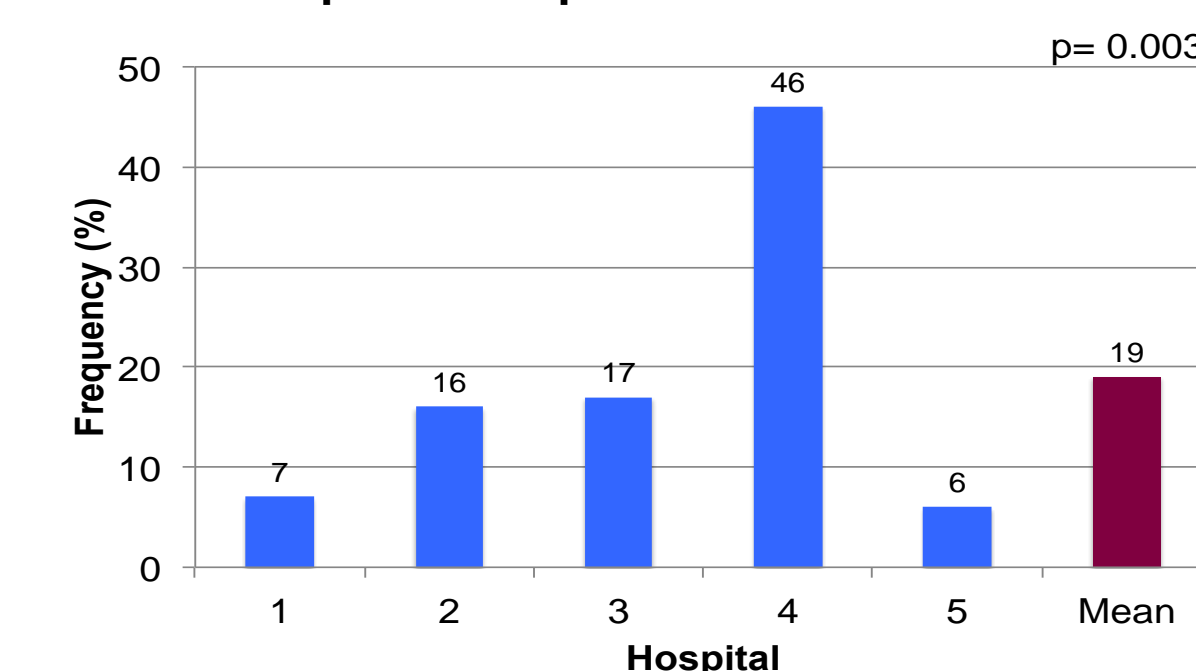


#### Symptom improvement at 24hrs.



### RESULTS

#### Proportion of patients that died



### DISCUSSION

PCQN members collect a core dataset on each patient seen

Variability exists across PCQN members

Once entered into the PCQN database, data enables PCS to generate reports with comparisons to the rest of the PCQN members

Results can be used to define and disseminate best practices and drive quality improvement

### IMPLICATIONS / FUTURE DIRECTIONS

The PCQN supports and fosters a professional community that contributes to the growth of each member and the future direction of the palliative care field

The PCQN database will allow linking of patient level outcome data with structure and processes of care to define best practices, benchmark, and support QI initiatives

### ACKNOWLEDGEMENTS

The PCQN is supported by grants from the UniHealth Foundation, the Archstone Foundation, the Irvine Foundation and the Kettering Family Foundation.