

Palliative Care Quality Network: Identifying Core Data to Drive Quality Improvement

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BACKGROUND

Improving care requires measuring processes and outcomes. Lack of standardized data collection across palliative care services (PCS) limits the ability to benchmark outcomes and identify best practices.

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

The Palliative Care Quality Network (PCQN) provides a continuous learning collaborative committed to improving the quality of PCS provided to patients and their families. The PCQN developed a standardized core dataset, web-based database and automated reports with comparisons to the entire PCQN.

OBJECTIVE

Describe the development of the PCQN core dataset and present findings from data collected by 5 hospitals in 2013

METHODS

PCQN was established 2009

Currently consists of PCS from 20 California hospitals

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

Guided by the goals:

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

PCQN members were involved in a modified Delphi process to establish core data items

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

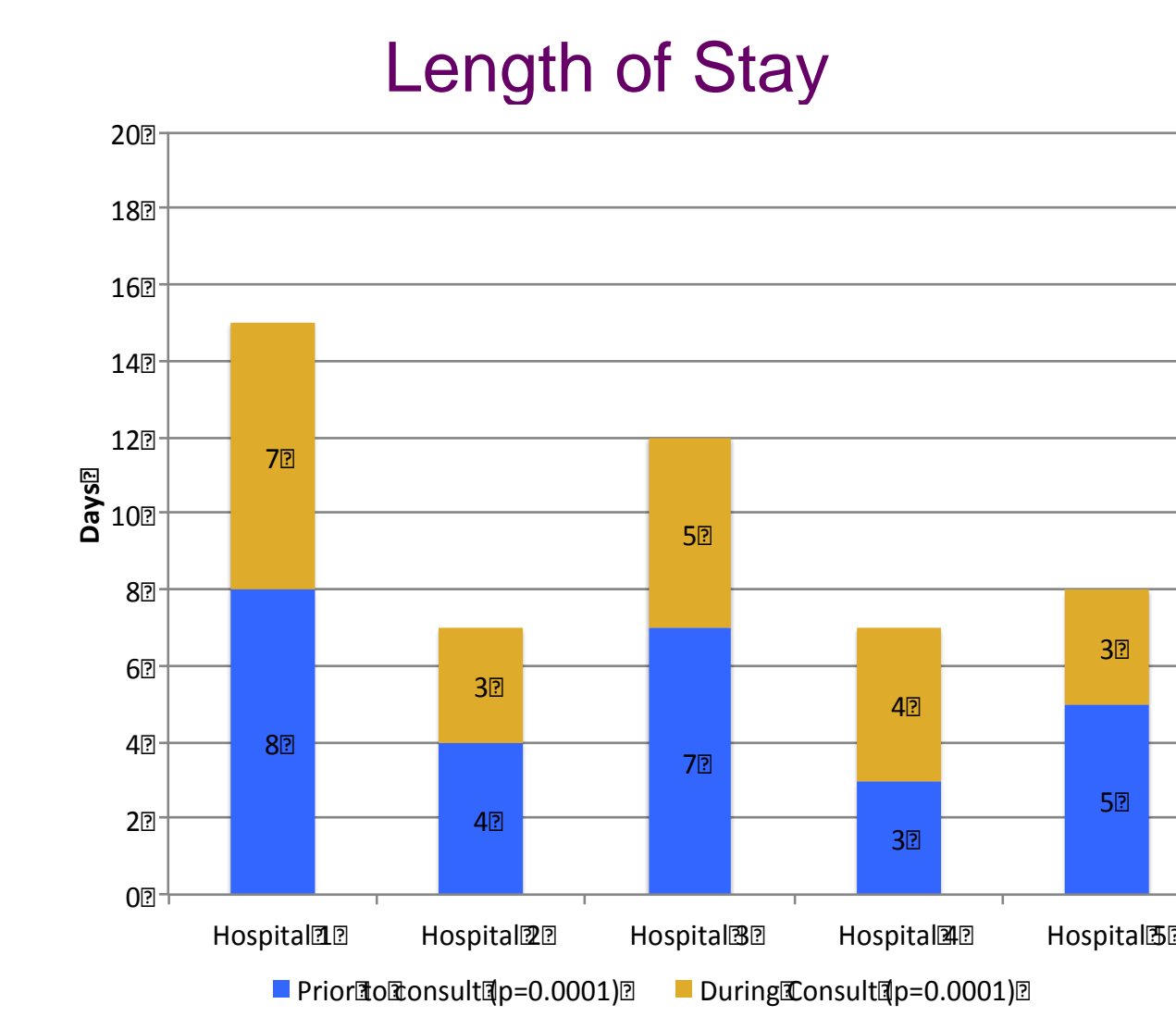
PCQN core dataset consists of 23 elements and takes approximately 5 minutes per patient to collect

Data are entered and stored on a secure web-based system that produces automated data reports with comparison across sites

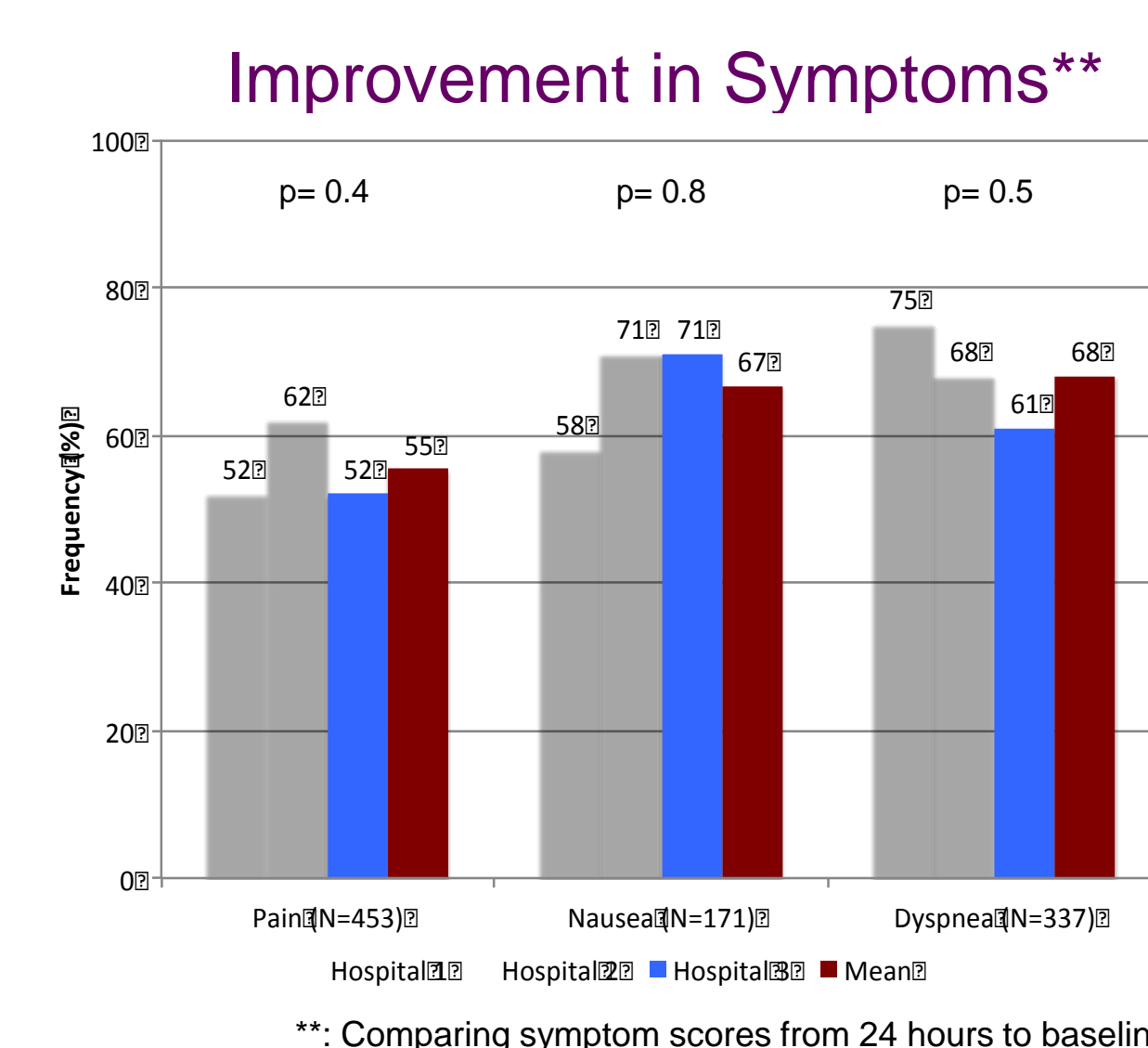
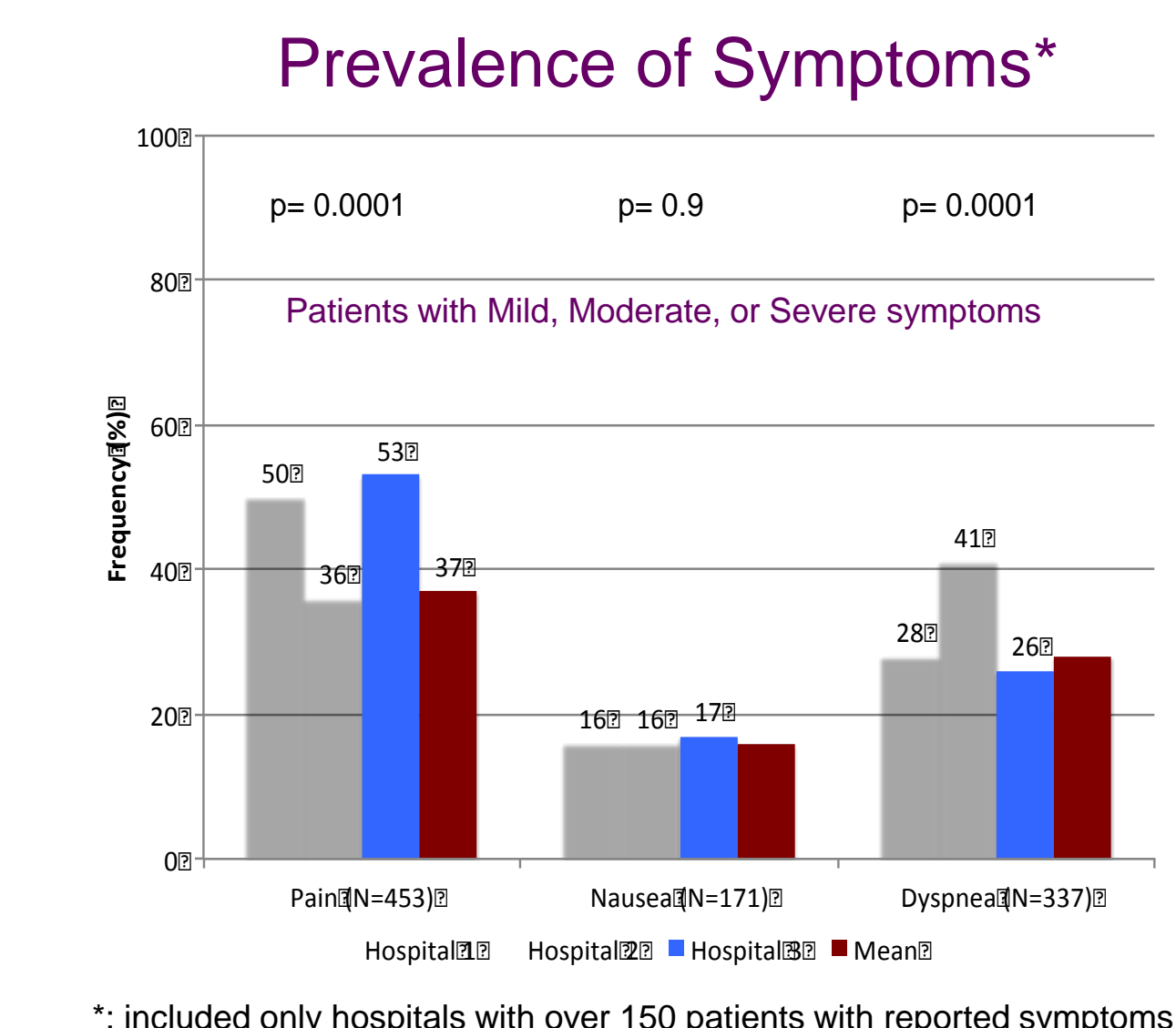
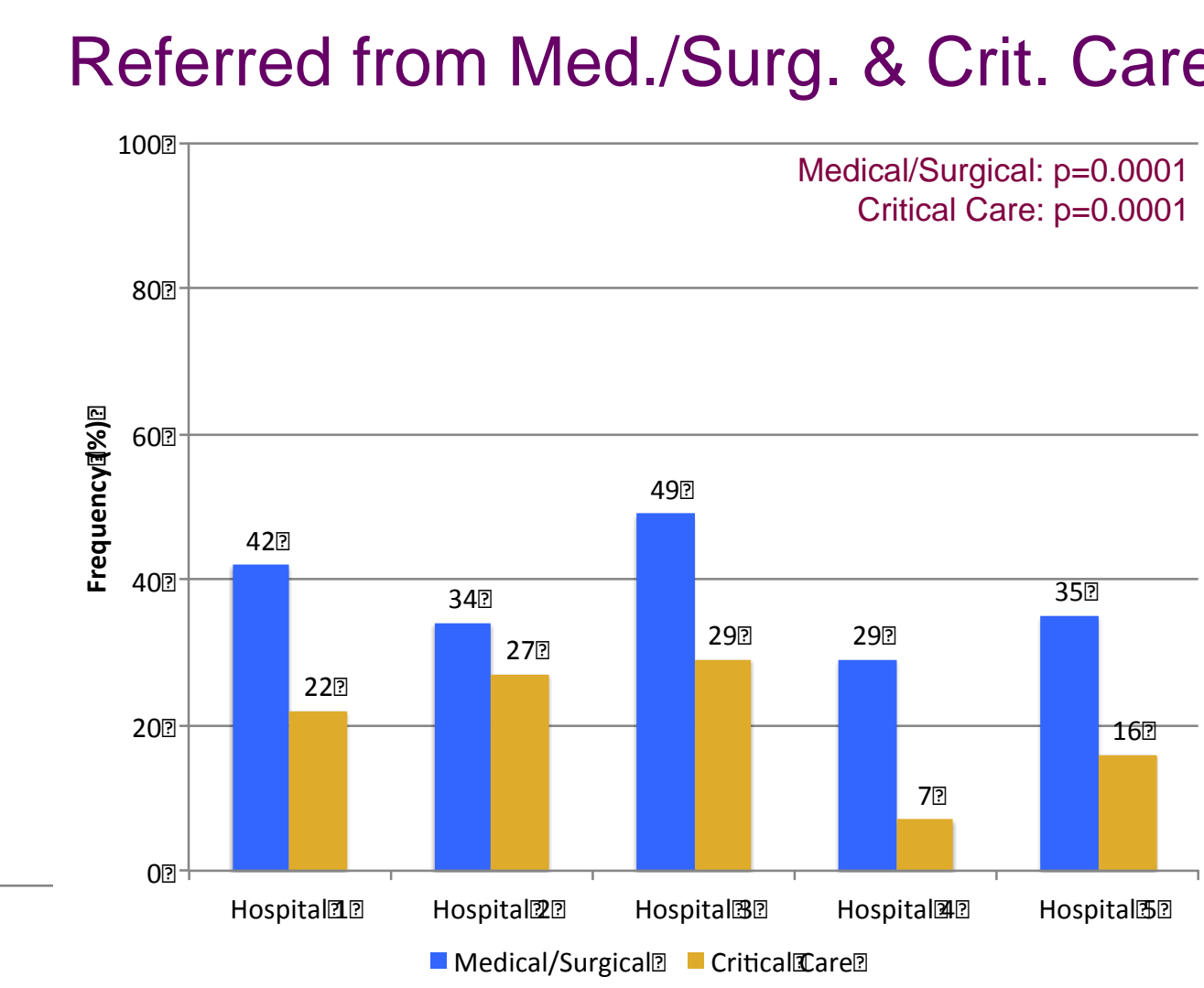
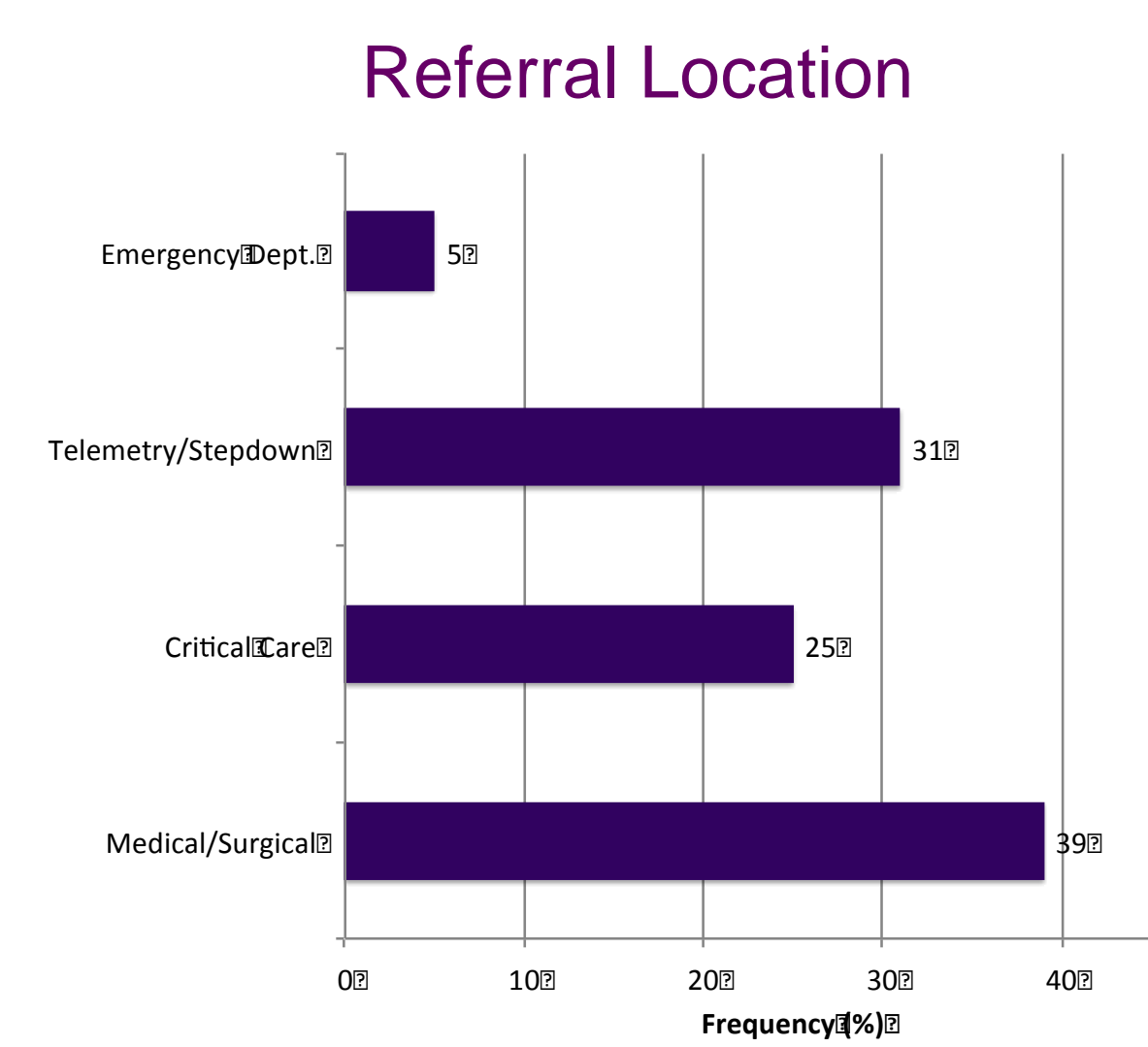
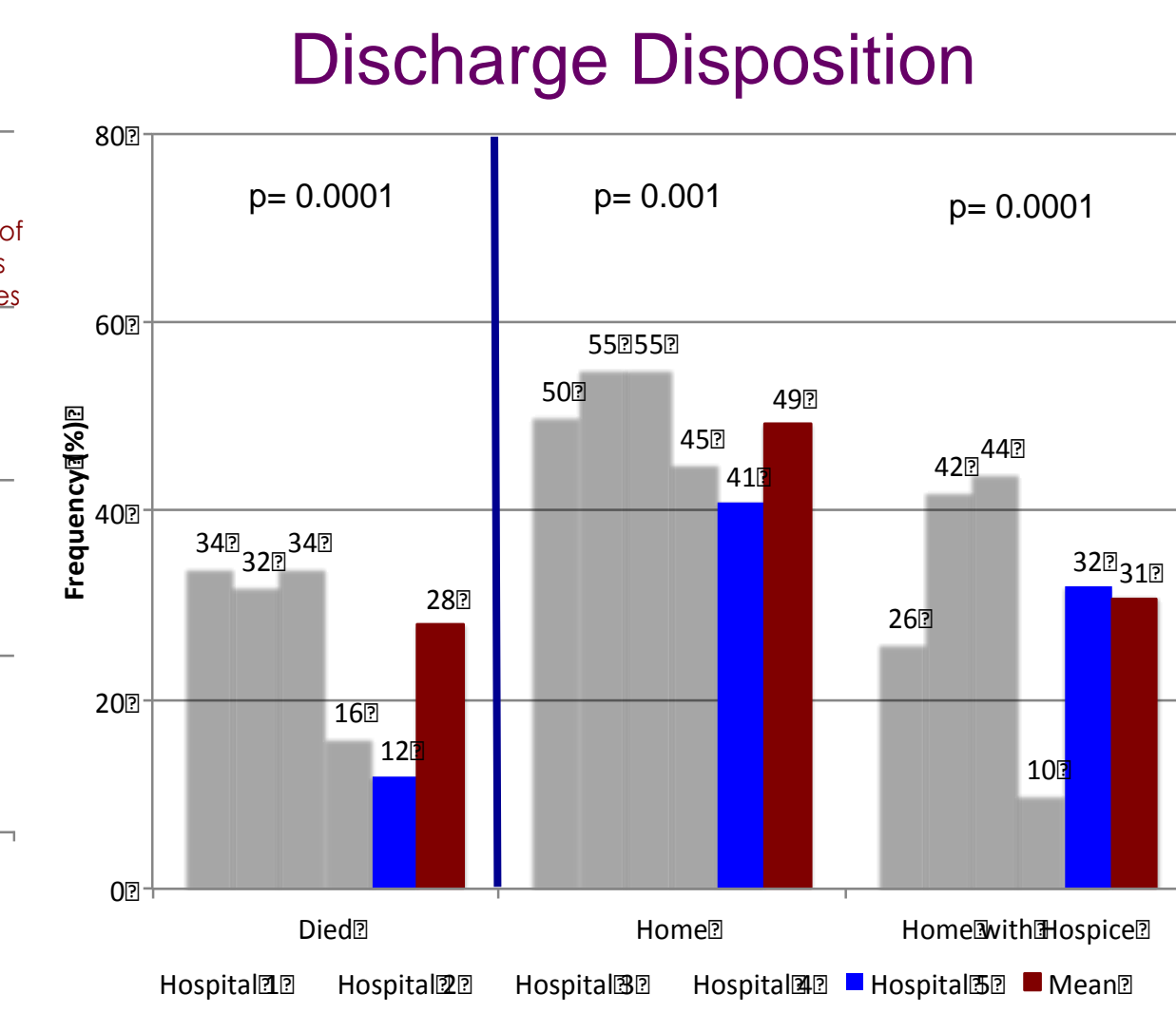
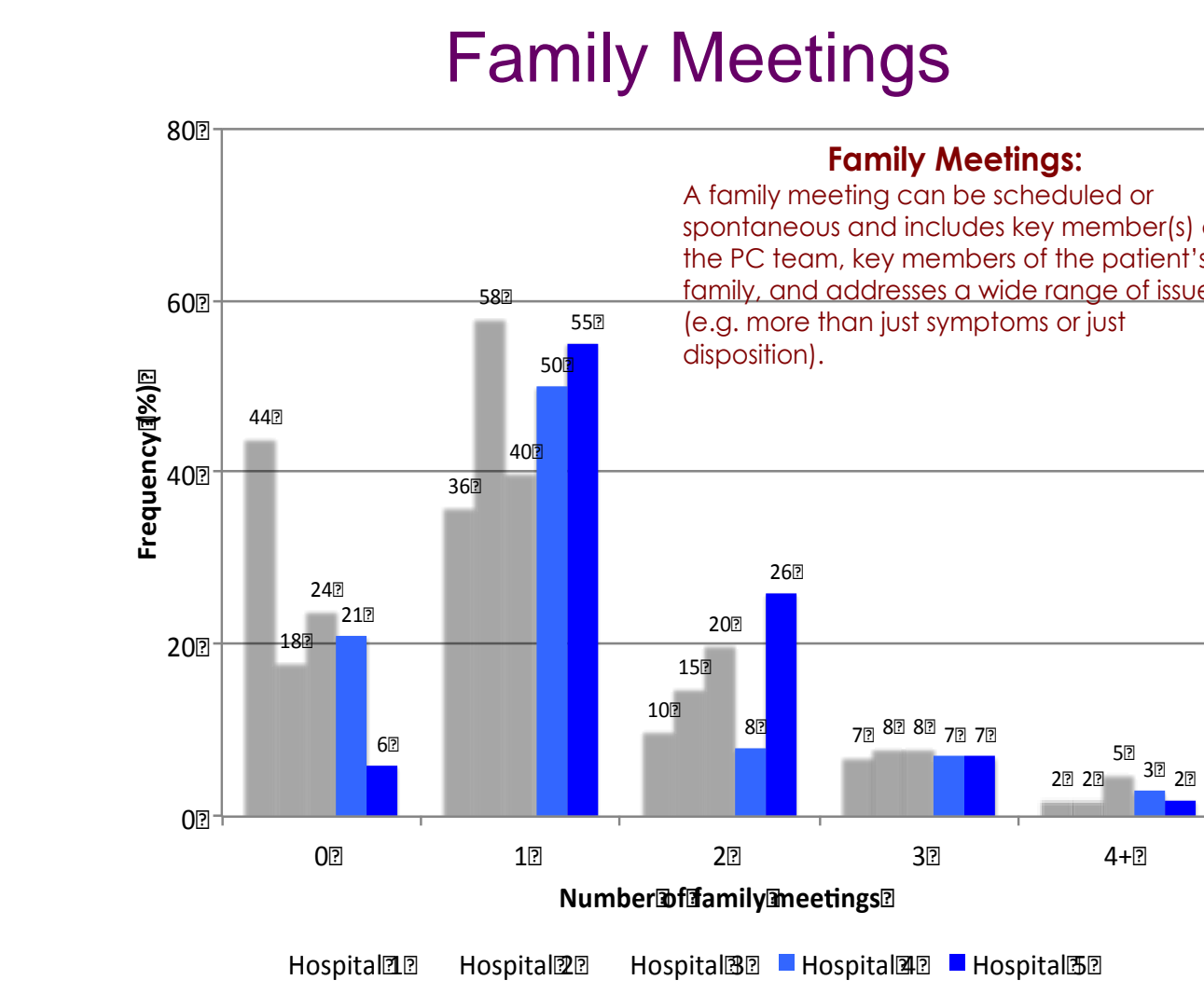
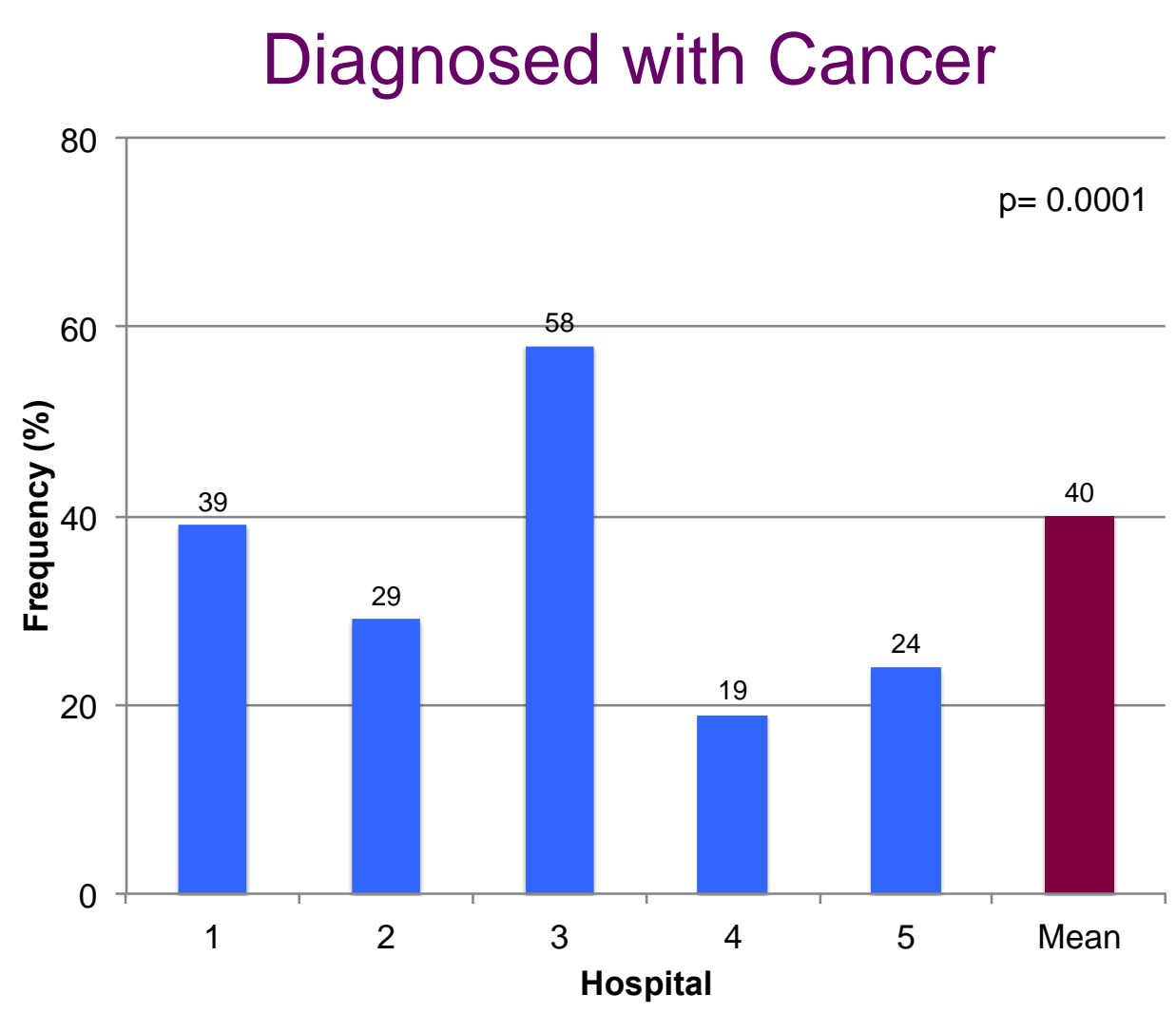
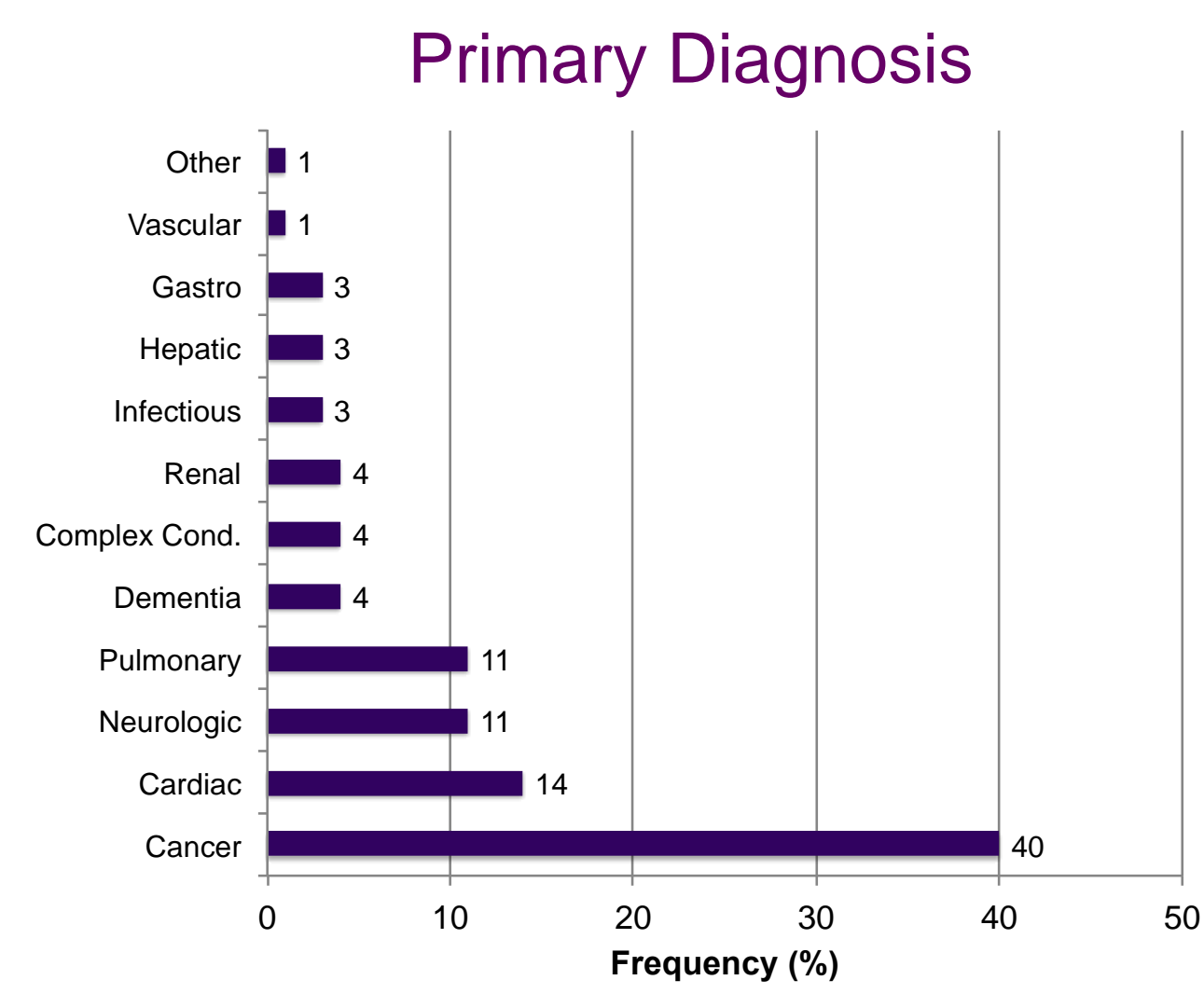
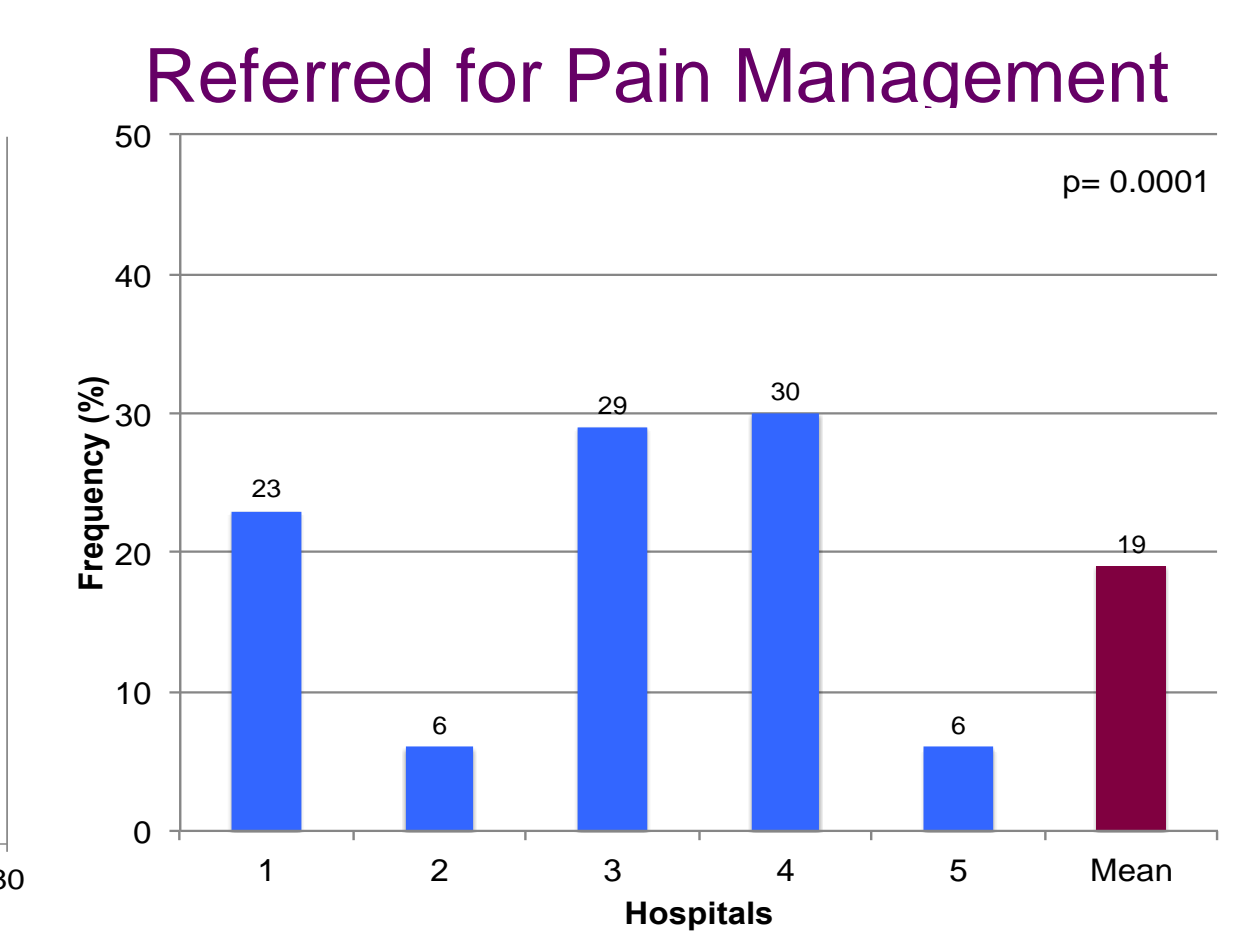
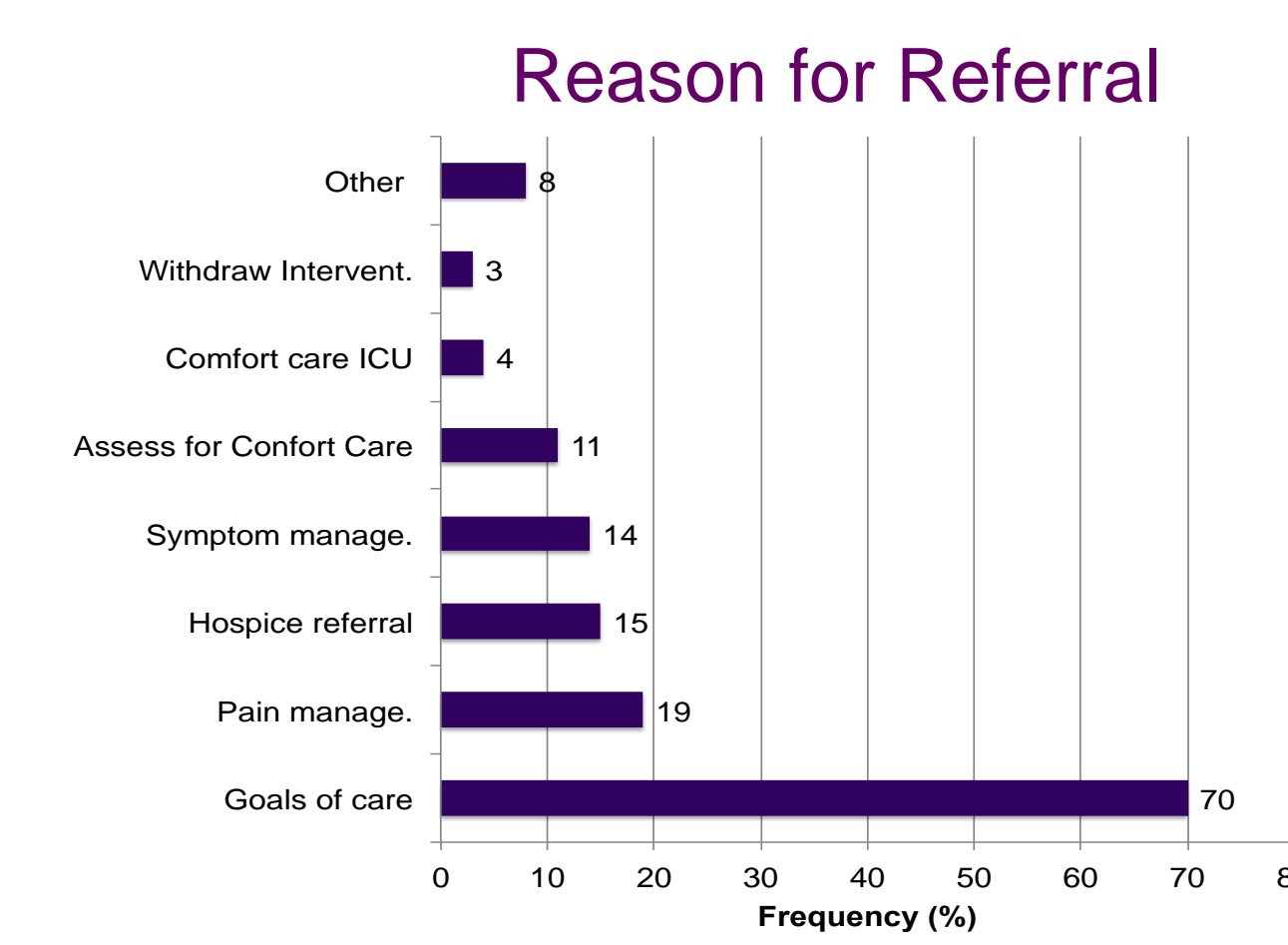
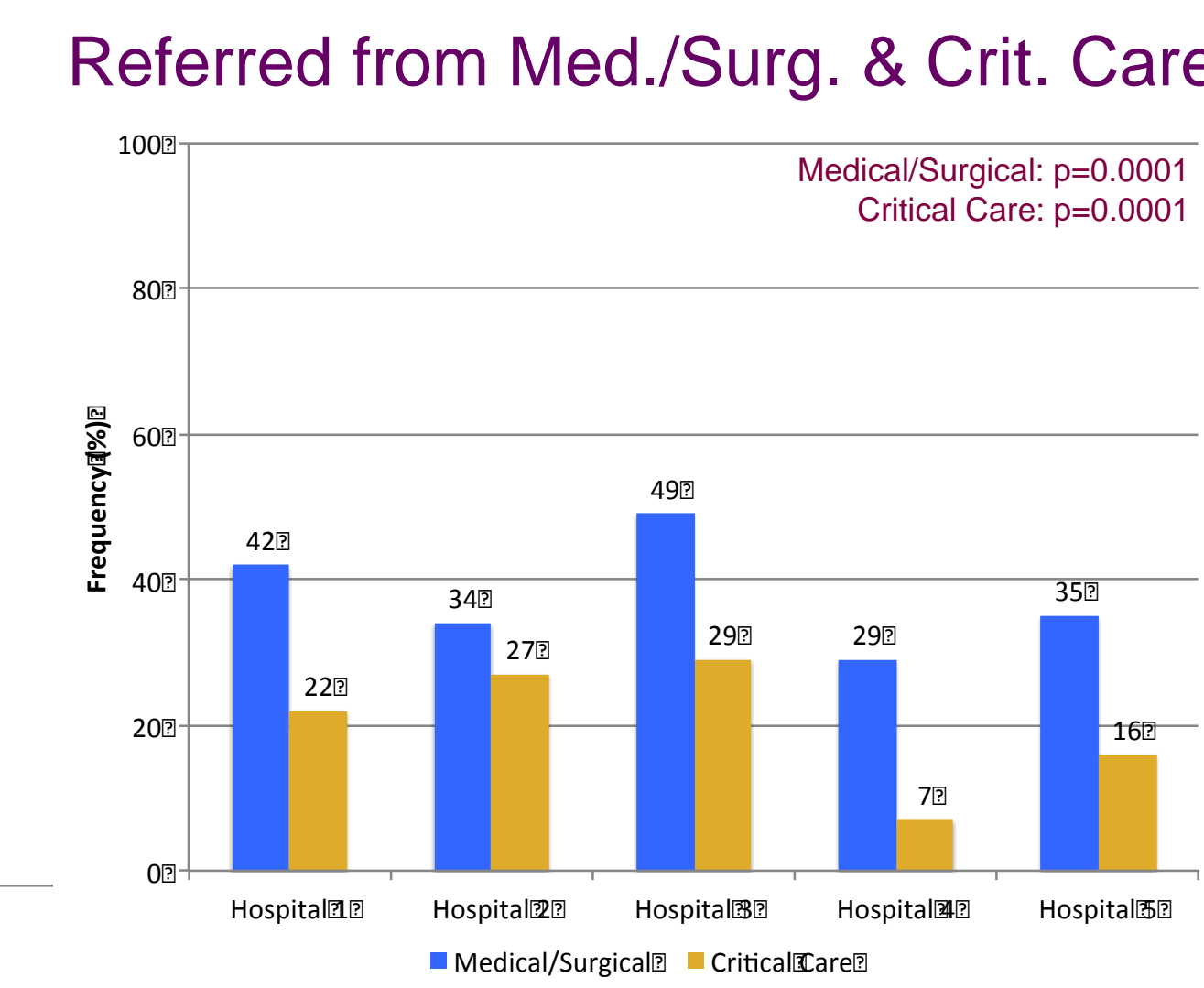
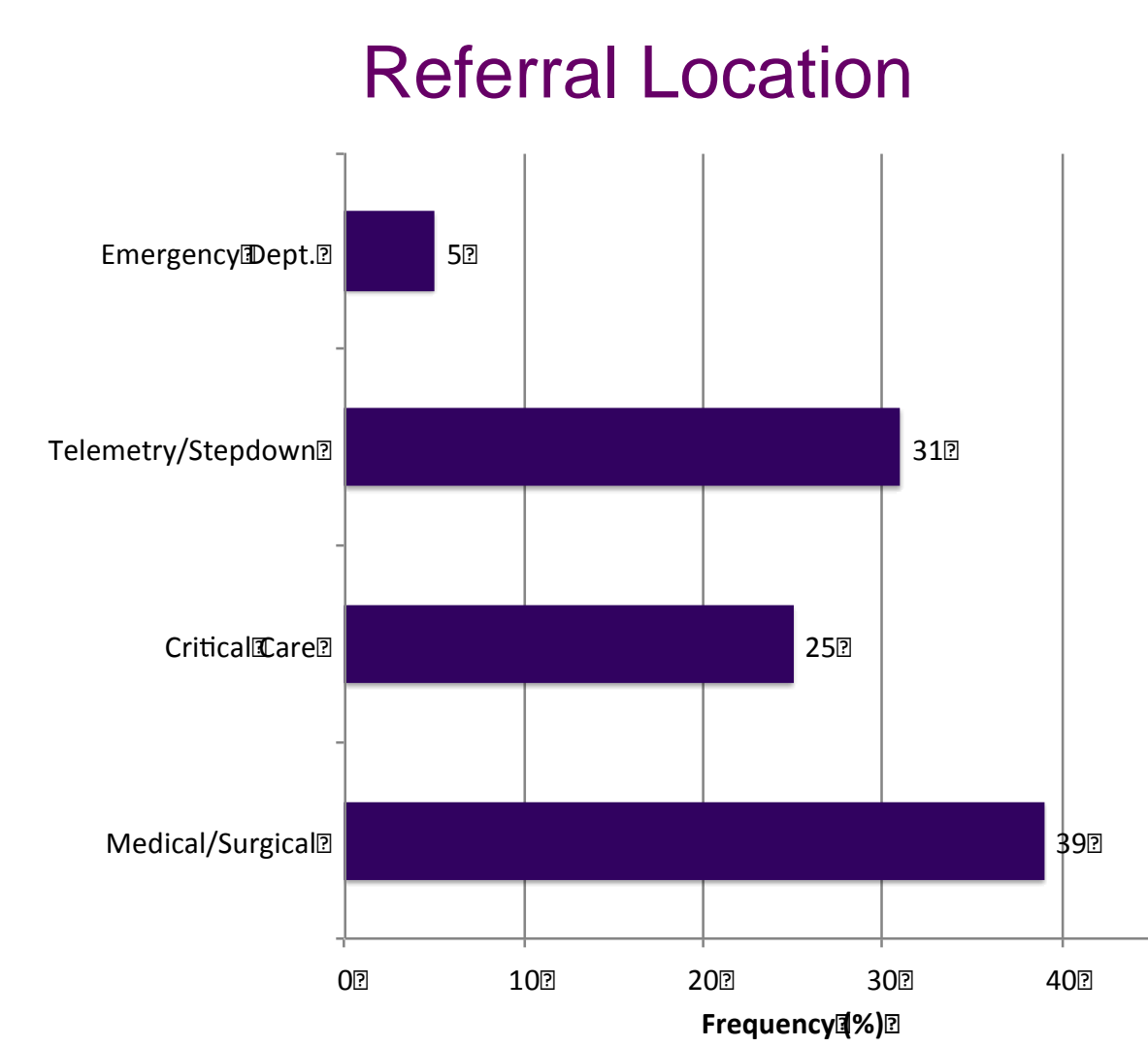
In 2013, 5 PCQN members collected patient information from 2,800 patients cared for by their PCS

RESULTS

Consultation Characteristics			
Number of patients seen	2796		
Gender (Female)	50%		
	Mean	Median	Range
Age of patients (years)	71	74	20 – 105
Symptom assessments/pt. (n)	2	1	0 – 23
LOS pre referral (Days)	5	2	0 – 366
LOS during consult (Days)	4	2	0 – 161



	Hospital					p
	1	2	3	4	5	
	%	%	%	%	%	
Patients seen within 24 hours	29	43	30	49	43	0.001
Pts. receive any symptom assessment	93	87	93	35	61	0.001
Pts. receive 2+ symptom assessments	63	51	68	13	20	0.001



DISCUSSION

PCS can collect and report standardized, patient-level data that includes clinical outcomes

PCQN data reveals wide variation in all aspects of care including patient outcomes:

- 5x difference in % of patients referred for pain management
- 4x difference in % of patients with cancer
- 3x difference in mortality rates
- 4x difference in hospice
- Only half of patients have improvement in pain at 24hrs

Collection of common data elements and evidence of variation in data across sites allows the PCQN to:

- identify norms of practice
- establish benchmarks
- define best practice

PCQN data collection can support quality improvement efforts to increase the quality of care provided to patients and families

IMPLICATIONS

Next steps include using PCQN data to drive quality improvement projects (underway)

Expansion of the PCQN to include additional sites increases the power of the data and allows for more targeted comparisons and benchmarking with like hospitals

PCQN process and outcomes data can be combined with planned automated financial analysis reports to address value and advocate for ongoing support and sustainability of PCS

PCQN can conduct comparative effectiveness research and test impact of proven interventions

Developing crosswalks of PCQN data to other data collection efforts will allow for even broader comparisons across sites

ACKNOWLEDGEMENTS

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