PCQN

PALLIATIVE CARE QUALITY NETWORK

Understanding the Advance Care Planning Needs of Palliative Care Patients: Identifying Opportunities for Improvement

Kara Bischoff MD, David L. O'Riordan PhD, Shayna R. McElveny,
Ashley Bragg, Angela K. Marks, Steven Z. Pantilat MD

OBJECTIVES

1. Understand the advance care planning (ACP) needs of inpatients referred to palliative care (PC) consult teams.
2. Describe the ACP activities currently performed by inpatient PC consult teams at a diverse range of hospital across the United States.
3. Consider opportunities to improve the ACP services provided by inpatient PC consult teams.

BACKGROUND

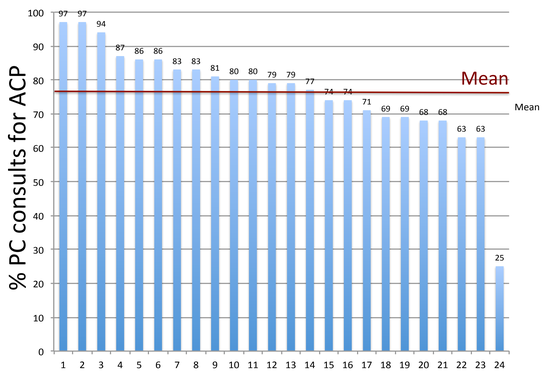
- ACP is a common reason for PC consultation and a critical function of PC teams.
- However, the patient population referred to PC for ACP has not been characterized.
- Further, the ACP activities performed by PC teams and the results of these actions have not been well described.

METHODS

- The Palliative Care Quality Network (PCQN) is a consortium of 54 palliative care teams committed to working together to improve the care of seriously ill patients and their families.
- Twenty-four PC teams in the PC Quality Network (PCQN) entered data on 9,515 patient encounters between July 1, 2014 and June 30, 2015.
- We examined characteristics of the patients who were referred to PC for ACP.
- We also examined the ACP activities of PC teams and the resulting clinical outcomes.

RESULTS

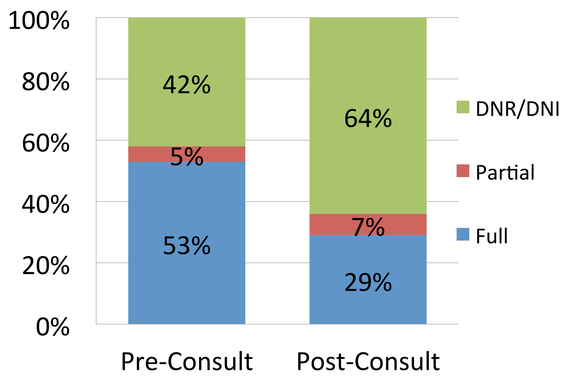
- Across the network, ACP was a reason for PC consultation in 76% of cases, with substantial variation between hospitals.



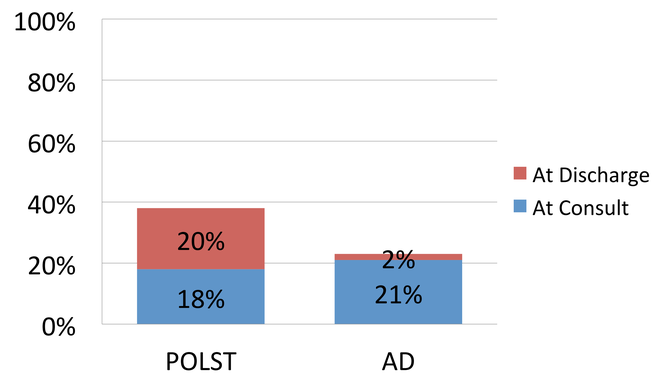
- PC teams perform ACP for 95% of the patients they identify as having ACP needs.
- PC consult teams clarified code status in 42% of patients.

Patient Characteristics	Referral for ACP	Referral for other	P-value
Mean age (years)	74.4	71.2	**0.0001**
Sex (%)			**0.0001**
Female	50.6	55.1	
Male	49.4	44.9	
Palliative Performance Scale score (mean)	34.8	37.9	**0.0001**
Diagnosis (%)			**0.0001**
Cancer	32.1	45.5	
Cardiovascular disease	13.1	7.4	
Pulmonary disease	11.6	9.2	
Neurologic disease	10.7	8.9	
Other	32.4	29.1	
Code status at time of consult (%)			**0.0001**
Full code	53.4	48.0	
Partial code	5.2	4.2	
DNR/DNI	41.4	47.7	

Code Status Pre- & Post-Consult



POLST & AD Among Non-Full Code Patients



CONCLUSIONS

- ACP is a common reason for PC consult.
- Patients referred to PC for ACP were older, less functional and more commonly had diagnoses other than cancer.
- PC teams frequently clarified code status and after PC consultation 22% more patients choose a code status of DNR/DNI.
- However, the minority of patients who expressed a desire to limit life-sustaining interventions left the hospital with a completed AD or POLST.

IMPLICATIONS

- Based on the finding that PC teams commonly do ACP, including addressing code status, but less frequently complete transitional documents to help patients receive care consistent with their expressed preferences, we embarked on a multi-site quality improvement project to increase POLST completion.
- We are focusing on patients who are discharged from the hospital alive with a code status other than Full Code.
- Each team that is participating in the QI project has set an improvement goal appropriate for their unique hospital.
- We have monthly conference calls and twice annual conferences to advance this project.
- This quality improvement collaborative offers an opportunity for all teams to motivate each other and learn from best performers.

FUNDING

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

Improving the quality of caring