

# Face-validation of quality indicators for the organization of palliative care in hospitals in Indonesia: a contribution to quality improvement

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**Purpose:** Quality indicators (QIs) for the organisation of palliative care (PC) can contribute to quality improvement as they assess the key elements for adequate organisation of care. They might differ between health care organisation, cultures and economic resources. The aim of this study was to face- validate an Indonesian set of QIs based on on the sets of the IMPACT and EUROPALL projects, to compare the two sets of QIs and to test the applicability of Indonesian set.

**Methods:** A modified two-round RAND Delphi process was conducted in Indonesia.

**Results and conclusions:** A total of 21 panellists considered 76 QIs (78%) face-valid, and added two new ones. The top 10 QIs were applicable in Indonesia. This suggests that most of the organizational QIs are universal rather than country-specific. The Indonesian set of QIs should be considered as a first step in developing, testing and implementing a set of QIs for PC in Indonesia.

QUALITY INDICATORS (DOMAIN)		
	INDONESIA	EUROPEAN
1	A palliative care team is available at in-patient ward (A)**	Opioids and other controlled drugs are available for a palliative patient 24 hours a day, 7 days a week (A)
2	A palliative care team is available at Out-patient clinic (A)**	Anticipatory medication for the dying patient are available for a palliative patient 24 hours a day, 7 days a week (A)
3	Before discharge/ transfer/ admission there is information transfer to the caregivers in the next setting regarding care and treatment (A)	All volunteers should have training in palliative care (P)
4	The out-of-hours service has handover forms (written or -electronic) with clinical information of all palliative care patients in the terminal phase at home (A)	A palliative care team is available at home (A)
5	Consultations with the patient and/or family / informal caregivers are done in an environment where privacy is guaranteed (e.g. there is a dedicated room)(I)	A palliative care team is available at hospital (A)**
6	A physician and a nurse are essential members to have in a multidisciplinary palliative care team (P)	Consultations with the patient and/or family / informal caregivers are done in an environment where privacy is guaranteed (e.g. there is a dedicated room)(I)
7	All team members have accredited training in palliative care that appropriate to their discipline (P)	Specialist equipment (e.g. anti decubitus mattresses) is available for the nursing care of palliative care patients in each specific setting (I)
8	For patients receiving palliative care a structured clinical record is used (D)	For patients receiving palliative care a structured clinical record is used (D)
9	The palliative care clinical record contains a clinical summary (D)	A discharge/ transfer summary is accompany the patient when a palliative care patient is discharged/ transferred (D)
10	There is a register for adverse events (Q)	All team members should have certified training in palliative care, appropriate to their discipline (P)

## Recommendation for practice and policy makers:

- ➔ This set of Indonesian QIs can be used to evaluate the provision of palliative care and also for supporting quality improvement activities and clinical accreditation in Indonesian hospitals.
- ➔ Develop Standard Operating Procedures (SOPs) for palliative care in hospitals based on these QIs.
- ➔ Validate these QIs in other palliative care setting and develop additional QIs for continuity of care, community care, care for family caregivers on palliative care.

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