impact
IMPLEMENTATION OF QUALITY INDICATORS IN PALLIATIVE CARE STUDY

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Palliative Care 2020

Towards integration of palliative care in an age-friendly EU

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Implementing high quality palliative care with the use of quality indicators

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On behalf of the IMPACT team

Palliative care for cancer patients well developed in many European countries

Access for patients with non-malignant life-threating diseases lacking

Inequity of access to high-quality palliative care:

- Rural areas
- Elderly patients
- Nursing homes

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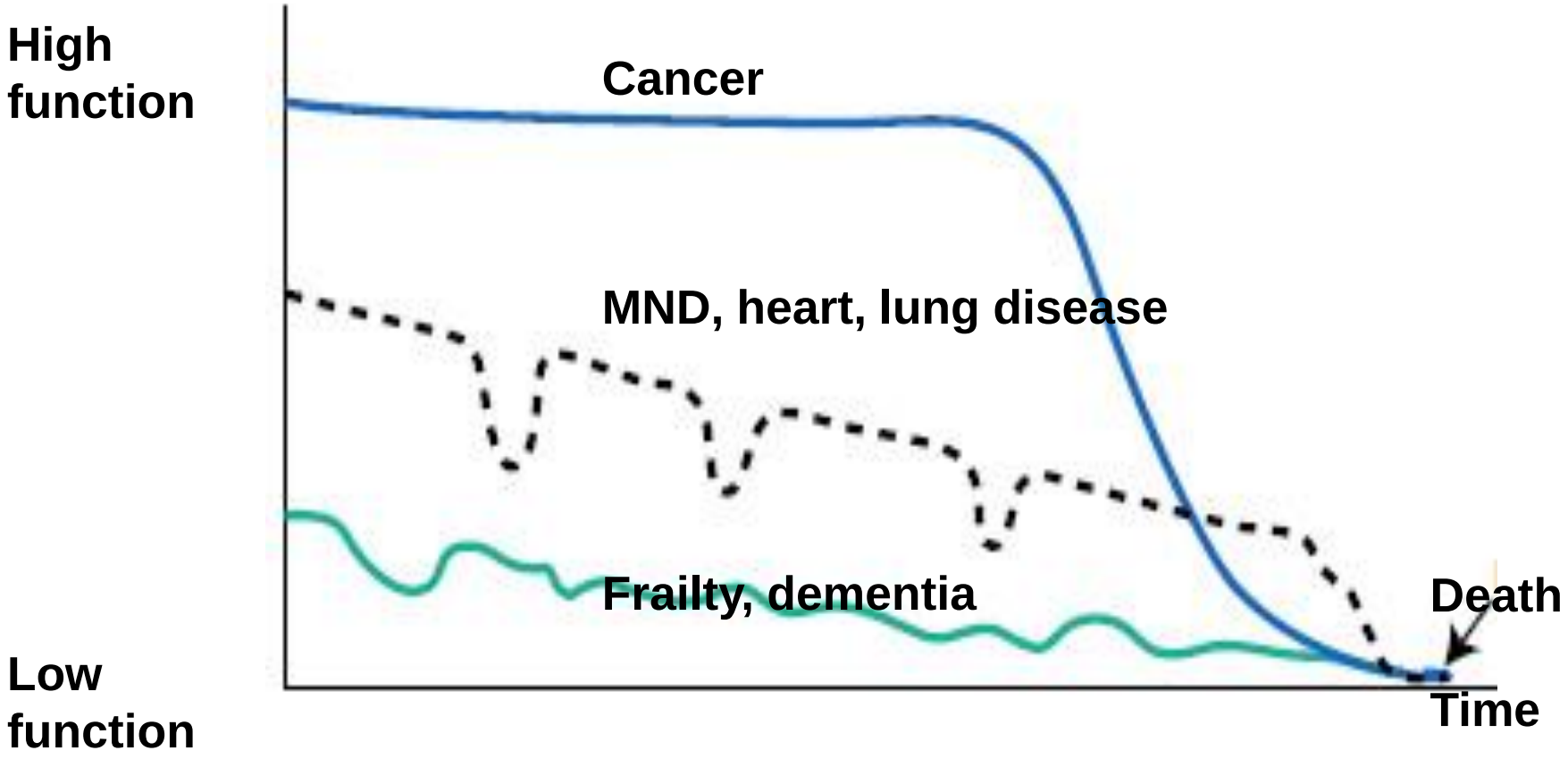
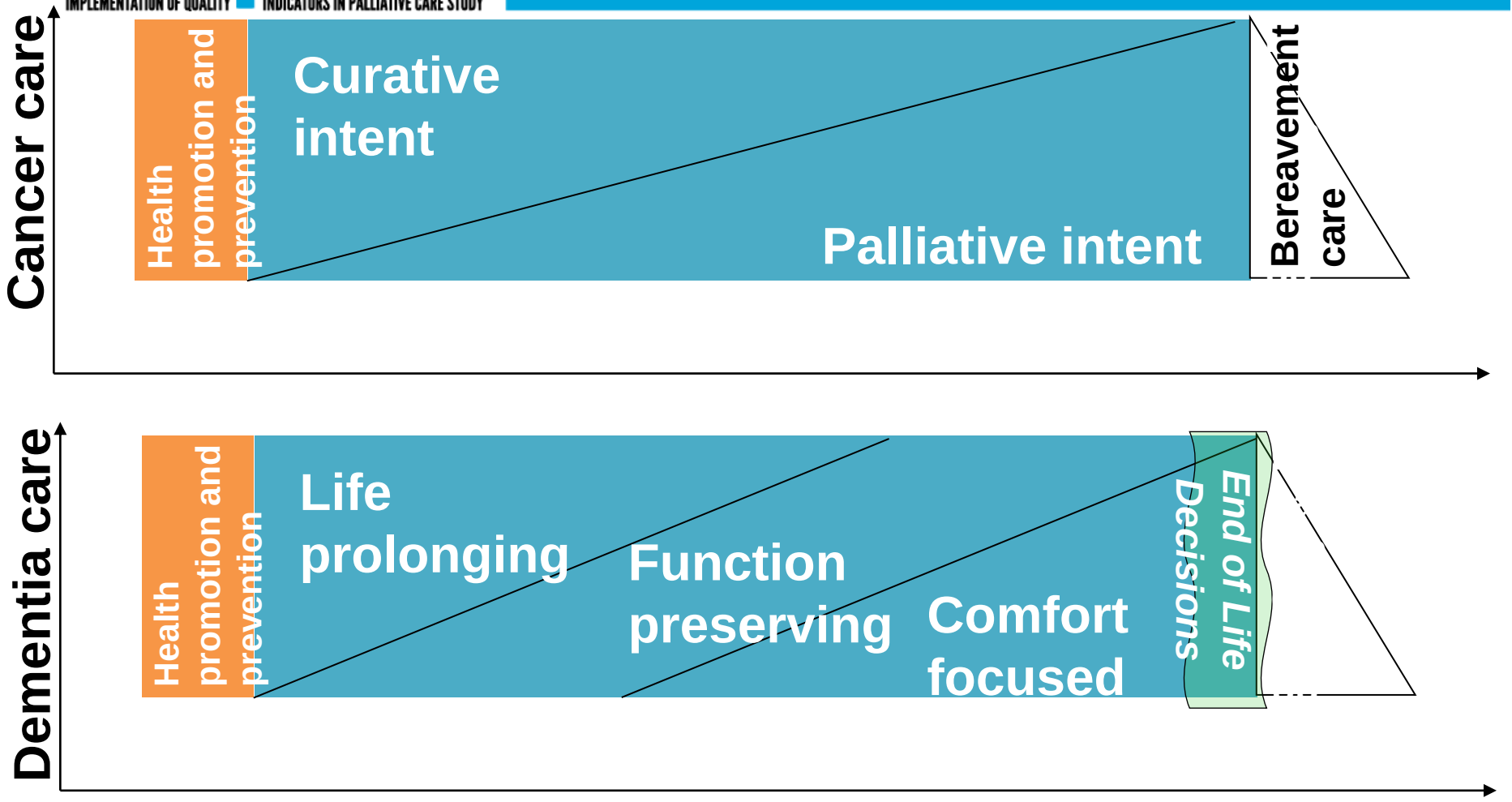
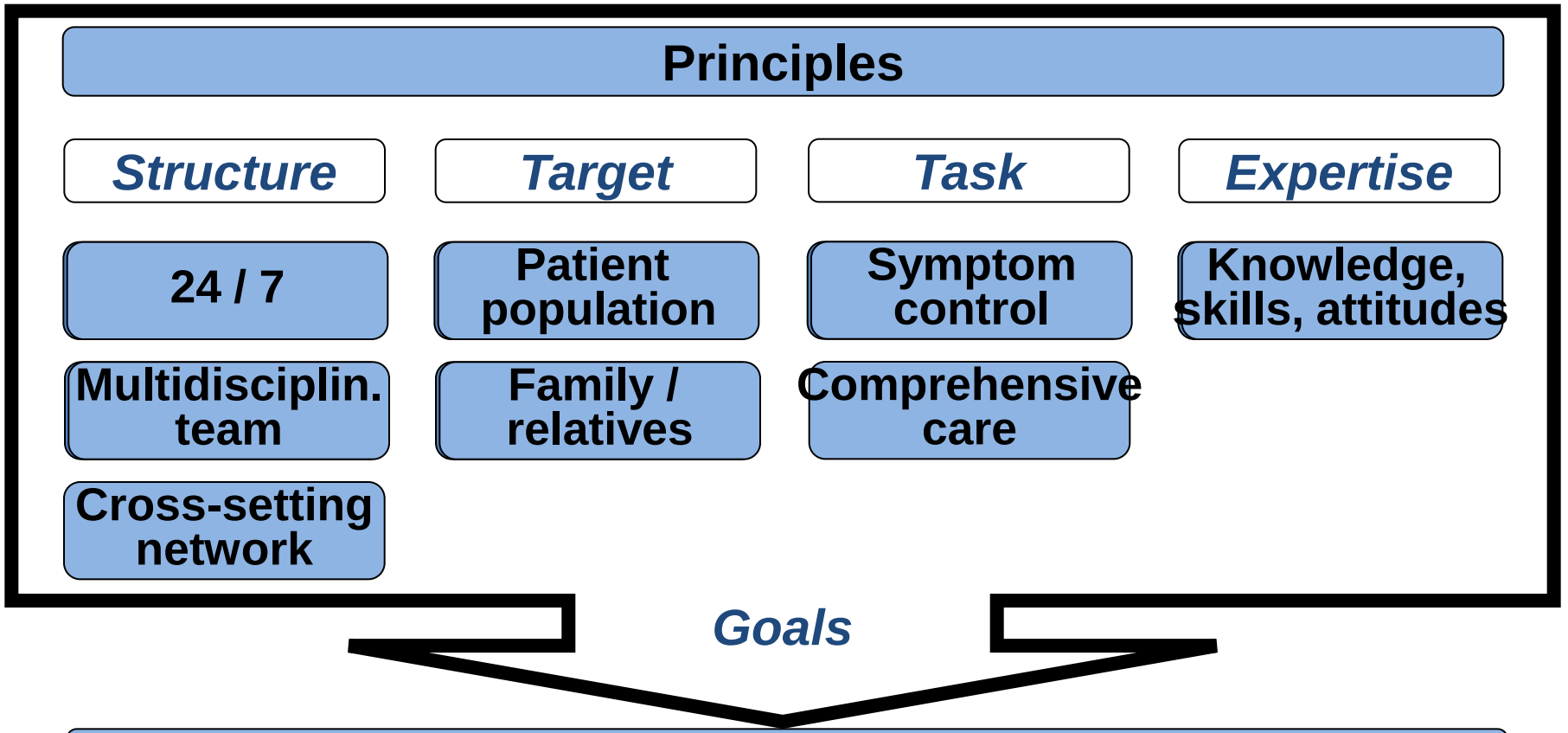


Murray et al. BMJ 330 (2005) 1001-11



Van der Steen et al. Pall Med 28 (2014) 197-209


Principles
Structure
Target
Task
Expertise
24 / 7
Patient population
Symptom control
Knowledge, skills, attitudes
Multidisciplin. team
Family / relatives
Comprehensive care
Cross-setting network
Goals
Prevention and relief of suffering
Improvement of quality of life

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Systematic review on outcome instruments

Patients	number of outcome instruments	number of overall findings
Quality of Life / Wellbeing	80	316
Quality of Care / Satisfaction	57	230
Physical Symptoms and Symptom Control	43	196
Performance Status / Functional (Dis)ability	36	111
Psychological Symptoms	34	85
Decision-making and Communication	27	71
Place of Death	4	39
Stage of Disease / Cause of Death	12	38
Mortality / Prognosis / Survival	12	34
Distress / Wish to Die	20	33
Spirituality & Personality	18	25
Disease specific instruments	11	17
Clinical features	5	14
Meaning in Life	8	11
Needs	5	11
Sum	**372**	**1230**

Stiel et al. Support Care Cancer 20 (2012) 2879–93

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Using quality indicators to improve the organization of palliative cancer and dementia care in Europe

- **Modelling** palliative care for people with dementia or with cancer
- Developing **quality indicator** sets

- Field testing indicators in primary care, care homes, hospitals and hospices (**before and after study**)

RAND Delphi procedure:
compose a set of palliative care quality indicators

International expert panel, four rounds,
final meeting

Final set of 23 quality indicators, mostly generic

Final set of quality indicators:

- Access to palliative care (specialist services, out of hours care, continuity of care)
- Infrastructure
- Assessment tools
- Personnel (teamwork, sharing information)
- Documentation of clinical data
- Quality
- Education

Access to palliative care specialist services:

- QI 1: Specialist palliative care **team** available 24/7
- QI 2: Specialist palliative care **advice** available 24/7
- QI 3: Bereaved relatives and/or professionals offered **support during the bereavement** process

A specialist palliative care team is available 24/7:

- Is there a specialist palliative care team present in your organization? (yes / no)
- Do you use this palliative care team?
  (yes for all / most / some patients / no)
- Which professionals are part of the team?
  (physician / nurse / others)
- And when are they available?
  (office hours / evenings / nights / weekends)

Field test (pre – intervention – post)

- England, Germany, Italy, Norway, The Netherlands
- Per country, **2 hospitals, 2 hospices, 2 nursing homes, and 2 primary care** settings
- **Three indicators** selected for implementation
- **Consultants** to moderate and evaluate the process
- Pretest 3 months, **implementation** 8 months, posttest 1 month

Field test (pre – intervention – post)

- QI 3: (procedure to ensure that professionals caring for persons who received palliative care are offered bereavement support) selected most often

- Also selected:
  File contains documentation of discussion with patient or proxy about goals of treatment and end-of-life decisions
- Family and caregiver experiences of the palliative care service are assessed/evaluated/recorded.
- An end-of-life care pathway (such as the Liverpool Care Pathway) is used for the last 3 days of life

Field test (pre – intervention – post)

- QI 1 and 2: 24/7 availability of specialist teams (at least physician and nurse, with access to other relevant professions) remained a challenge for most services
- QI 6: An electronic / paper patient file was not accessible 24/7 because of organisational and legal barriers
- QI 15: Regular assessment of pain was more common than of other symptoms, the combination of both underrepresented

Field test (pre – intervention – post)

- QI 21: Less than a third of the services regularly assessed family and caregiver experience, and some voiced concerns about appropriateness
- QI 23: In some countries there was no accredited training, or not for all professions

Recommendations

- Promote 24/7 availability of specialized palliative care teams in all relevant in- and outpatient settings
- Promote electronic files that are accessible 24/7 for professional carers in charge
- Promote the use of regular assessment of pain and other symptoms
- Promote assessment of family (and patient) satisfaction
- Promote accredited training for all professions involved in the delivery of palliative care

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SEVENTH FRAMEWORK PROGRAMME