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A Marie Curie Initial Training Network funded by the European Commission

MARIE CURIE ACTIONS

SEVENTH FRAMEWORK PROGRAMME

Quality Indicators for Palliative Care

- update of a systematic review -

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October 19th 2012, Ghent

Ghent University & Vrije Universiteit Brussel
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NTNU – Trondheim
Norwegian University of Science and Technology

International Observatory on End of Life Care

KING'S College LONDON
University of London

IRCCS AOU San Martino - IST

Springer science+business media

EUGMS European Union Geriatric Medicine Society

EAPC Research Network

Cicely Saunders International
Better care at the end of life

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Background

Vol. 38 No. 1 July 2009 *Journal of Pain and Symptom Management* 145

Review Article

Quality Indicators for Palliative Care: A Systematic Review

H. Roeline W. Pasman, PhD, Hella E. Brandt, RN, PhD, Luc Deliens, PhD, and Anneke L. Francke, RN, PhD

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Findings of Pasman et al.

- Some quality indicators (QI) developed
- More attention for physical aspects of care
- Varying quality of development process
- More attention in last years ⇨ update

Methodology

- Literature search: PubMed, CINAHL, Embase, PsycINFO
- Inclusion criteria:
  - (a) Development process OR characteristics of QI for PC provided by care organizations/professionals
  - (b) Numerators - denominators OR performance standards

Results (1)

- 8 QI sets (Pasman et al.) + 9 new sets (update)
  = 17 sets of QI = 326 unique QI

- Specific patient populations
  - Cancer (5)
  - Vulnerable elderly (2)

- Specific settings:
  - Hospice care (2)
  - ICU (1), nursing home (1), home care (1), hospital based PC (1)
  - Various settings (4)

Example 1 (Claessen et al., 2011)

A1. Percentage of patients with moderate to severe pain	
Reason for indicator	Pain is a common symptom in the palliative phase. The quality of both pharmacological and non-pharmacological interventions influences the severity of pain.
Numerator	The number of patients with a pain score of 4 or above on the NRS (average over 3 days).
Denominator	The total number of patients for whom this indicator is measured.
Do not measure	Comatose and deeply sedated patients.
Registration source: patients, according to their scores on the NRS described here	This indicator must be measured on 3 consecutive days (1x a day) on a Numeric Rating Scale (NRS). As far as possible, the measurements should take place at the same time each day (e.g. before the daily care rounds). The question is: Which score from 0 to 10 would you give for pain? *The patient must decide on the score independently. If the patient's health status permits, the patient should preferably also hold the pen. A score list with NRS scales could also be left with the patient. This is, in particular, important for patients (e.g. living at home) who do not have daily contact with a care provider. This also applies to other quality indicators described below which are measured with a NRS.*
Registration of patients with cognitive impairments (e.g. patients with dementia or in institutes for the mentally retarded):	Pain can be measured in patients with moderate to (very) severe cognitive impairments, but not with an NRS. Pain in these patients, can be measured with a pain observation instrument that was specifically developed for the measurement of patients with cognitive impairments, namely the REPOS (Rotterdam Elderly Pain Observation Scale, see Van Herk 2008). Measurements with this instrument should also take place on 3 consecutive days (1x a day), for as far as possible at the same time each day (e.g. before the daily care rounds).

Example 2 (Eagar et al., 2010)

Benchmark measure 1 - Time from referral to first contact

Time from referral to first contact is calculated as the time in days between the referral date and the date of first contact (…) and is calculated for all episodes of care and across all settings of care.

Numerator/Denominator:
Percentage of patients that are contacted by a member of the clinical team (either face to face or by phone) within 48 hours of referral (including weekends)

Performance standard: 90%

Results (2)

Figure 1. Number of QIs per domain

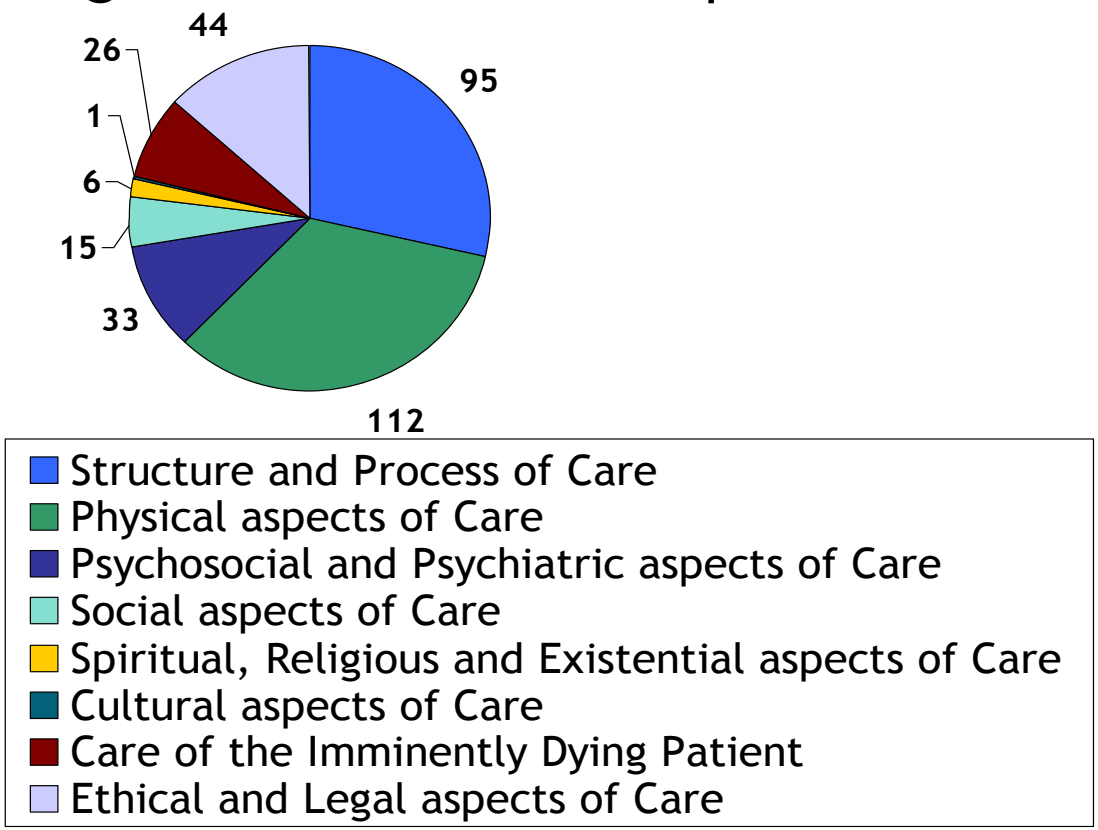
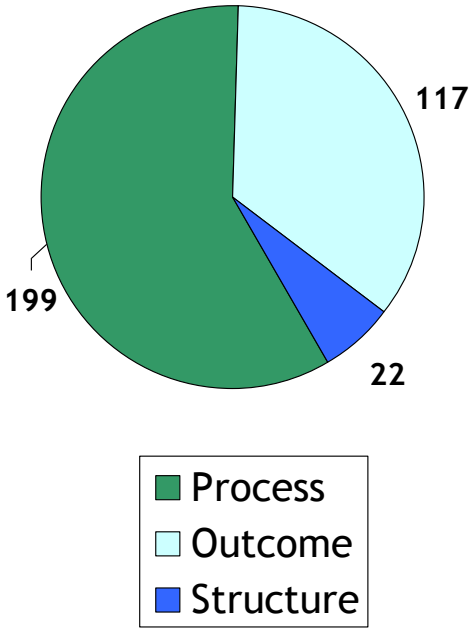


Figure 2. Type of indicator



Results (3)

- Methodological evaluation
  - Wide variation
  - Lack of details
    - Development process
    - Testing in daily practice

Discussion

- Considerable overlap in content
- Mosts sets lack elaborate description of
  - Evidence
  - Developmental process
  - Feasibility and validity in practice

Conclusion

- More attention for QI in the last years
- Existing QI can be used in other countries
- Need more detailed publication of methodology
- Need for testing in daily practice

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Thank you for your attention…

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EURO IMPACT, European Intersectorial and Multidisciplinary Palliative Care Research Training, is funded by the European Union Seventh Framework Programme (FP7/2007-2013, under grant agreement nr [264697]).