Palliative Care Quality Network: Improving the Quality of Caring

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Palliative Care: The Right Thing to Do

Consider the following scenario: *Two years ago, you invested in a palliative care service. You were convinced that you can and must improve the care for people with serious illness and those at the end of life—and it was the right thing to do. Since that time, the care provided by this team of doctors, nurses, a social worker, and a chaplain has generated wonderful stories from grateful patients, families, and staff. All of them have appreciated the human touch, the expert pain control and compassionate communication, and the help with difficult decision making. Those stories are compelling and important. Yet, you still wonder whether the team has achieved its full potential and the promises for improved care. You were told that a palliative care service would improve resource utilization and that savings would more than cover the cost of the team. Now, with budgets tight and the increasing need to measure and demonstrate improving quality, you need to review every program and want to know whether the palliative care team provides good value, and if so, wonder whether you should invest more in palliative care. Key questions you might be asking include:*

Can your palliative care team deliver data on the quality of care they deliver?

Does your palliative care team use best practices to provide the best care?

Is your palliative care team functioning at the highest level and in a way that will prevent burnout?

Can your palliative care team demonstrate return on investment?

Palliative Care Improves Care for Seriously Ill Patients and Those at the End of Life

Palliative care patients are the sickest, costliest, and most resource-intense patients in the hospital. Too often these patients receive care they do not want, and from which they will not benefit (e.g., mechanical ventilation, chemotherapy in the last weeks of life), and fail to receive care they do want, from which they will benefit (e.g., pain management, support to be at home).[1] Studies show that palliative care teams increase the quality of care by addressing a broad range of issues crucial to patients with serious illness, including symptom management, goals of care discussions, psychosocial and spiritual needs, as well as discharge planning and linking with community services.[2] Furthermore, palliative care is associated with reduced ICU length of stay, fewer hospital admissions, and lower costs, making the case for a measurable return on investment.[3,4]

Exhibit 1: Percentage of Patients Seen by the PCS with a Primary Diagnosis of Cancer, by Hospital

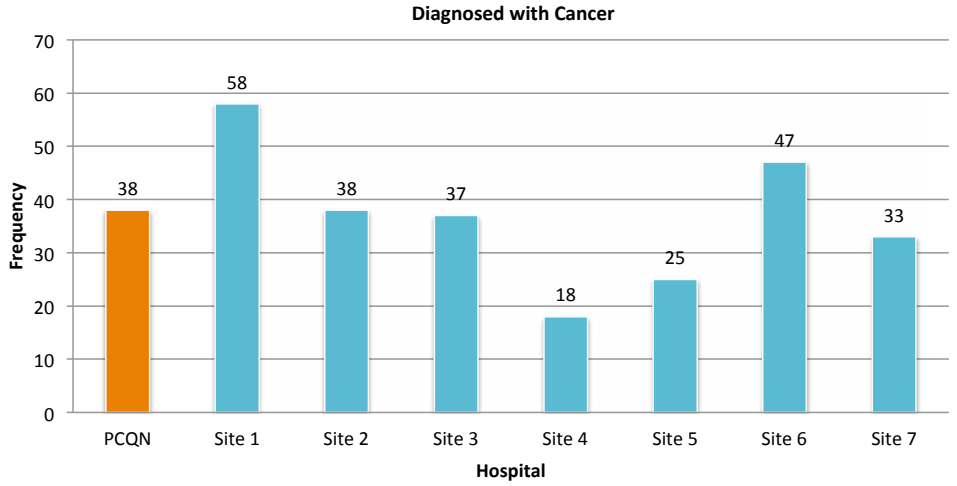
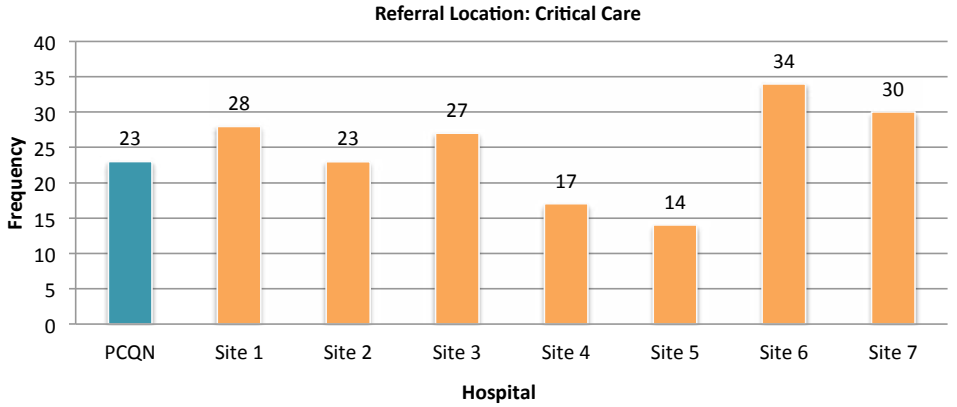


Exhibit 2: Percentage of Patients Seen by the PCS That Were in the ICU at the Time of Referral, by Hospital



Demonstrating and Improving Quality

Palliative care teams also strive to provide the highest-quality care and a meaningful patient experience. To do so they must define what high-quality care means,

1 Craig C. Earle et al., "Aggressiveness of Cancer Care Near the End of Life: Is It a Quality-of-Care Issue?" *Journal of Clinical Oncology,* Vol. 26, No. 23 (August 10, 2008), pp. 3860–3866.

2 Areej El-Jawahri, Joseph A. Greer, and Jennifer S. Temel, "Does Palliative Care Improve Outcomes for Patients with Incurable Illness?: A Review of the Evidence," *The Journal of Supportive Oncology,* Vol. 9, No. 3 (May–June 2011), pp. 87–94.

3 Jennifer S. Temel et al., "Early Palliative Care for Patients with Metastatic Non–Small-Cell Lung Cancer," *The New England Journal of Medicine,* Vol. 363, No. 8 (August 19, 2010), pp. 733–742.

4 Glenn Gade et al., "Impact of an Inpatient Palliative Care Team: A Randomized Control Trial," *Journal of Palliative Medicine,* Vol. 11, No. 2 (March 2008), pp. 180–190.

collect data on those clinical metrics, and identify opportunities for improvement. Comparing their performance with other palliative care teams is a critical step and allows for realistic goal setting and sharing of improvement strategies.

Palliative Care Quality Network: Data-Driven Quality

The Palliative Care Quality Network (PCQN) is a continuous learning collaborative comprised of palliative care teams that share a vision for improving the quality and value of care delivered to patients. PCQN members collect a core set of data on each patient that includes information about who they are, how many are seen, what happens to them at discharge, and how their symptoms change over time. A great advantage of PCQN data is that it includes patient-level clinical outcomes such as daily pain, anxiety, and shortness of breath scores. These data are entered into the secure, Web-based PCQN database that generates confidential, clear, easy-to-use reports in real time with the click of a mouse. The reports include comparisons to the other PCQN members so that teams can benchmark themselves to the other PCQN members. Currently there are over 4,700 patient records in the PCQN database. PCQN members are actively engaged in a quality improvement project focused on improving pain management. Members review their performance, learn a practical and effective approach to quality improvement, and share ideas about how to improve pain management. (See **Exhibits 1** and **2**.)

Sustaining the Palliative Care Team

Palliative care clinicians are a dedicated group. They are compassionate, empathetic, hardworking, and caring. They care for the sickest patients in the hospital and many of their patients die. While the work is tremendously rewarding, it is also challenging. In addition to the emotional toll, palliative care teams face other challenges including an increasing demand for their services that often outstrips their resources, and often find themselves working in isolation in a system designed to do more and intervene more without really asking patients what they want. To address these challenges, palliative care teams need to practice good self-care to prevent burnout, have excellent team dynamics to ensure a supportive work environment, and learn best practices from colleagues to ensure that they work efficiently and effectively.

Protecting Your Investment in Palliative Care

The typical hospital will invest upwards of $250,000 a year in a palliative care service. Hospital leaders and board members should focus on creating ways to ensure that this kind of investment in the palliative care team enables outstanding care, and that the team is committed to always assessing its own performance in order to improve. Leaders are ultimately accountable for the team's ability to function well, practice self-care, enlist best practices, and optimize resource utilization. To that end, the PCQN has developed CaseMaker PCS, an online financial analysis software program that simplifies and streamlines the analysis of financial outcomes of palliative care.

Due to the resource-intense nature of palliative care patients, there is ripe opportunity to improve care and the patient experience, reduce costs, and create value. Palliative care should now be a key topic on every board's agenda.

The Governance Institute thanks Steve Pantilat, M.D., director, and Ashley Bragg, deputy director, of the PCQN for contributing this article. Currently, the PCQN has 22 members and is growing to bring the benefits of standardized data, benchmarking, quality improvement projects, and sharing of best practices to more teams. For more information, please visit www.pcqn.org or contact the authors at stevep@medicine.ucsf.edu and ashley.bragg@ucsf.edu.