The UK Consensus Project on Quality in Palliative Care Day Services

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Background
- Development and implementation of quality indicators for Palliative Day Services in the UK is a key priority
- This would help to define, measure and compare quality of care, allowing changes to be made to improve care across different settings and locations
- To develop a set of quality indicators for assessment of all aspects (structure, process and outcome) of quality of care in Palliative Day Services using the RAND/UCLA[1] appropriateness method
- To develop and test a toolkit for assessment of the quality indicators in Palliative Day Services

Aims
- Initial development of protocol and expert panel recruitment
- Planning and conduct of systematic review to map existing evidence and collate potential quality indicators
- Development of evidence summary tables and drafting of potential quality indicator descriptions using a priori criteria to standardise indicator definitions
- RAND/UCLA appropriateness method [1]: Phase one
  - Independent ratings of appropriateness by expert panel using postal survey, summary of qualitative comments and analysis of ratings based on median scores and level of agreement
- RAND/UCLA appropriateness method [1]: Phase two
  - Face-to-face panel discussion followed by independent rating of appropriateness, feasibility and necessity of remaining indicators by expert panel to identify core indicators
- RAND/UCLA appropriateness method: Phase three
  - Final core indicator set developed based on panel discussions and sent for comment to panel and other stakeholders. User documentation completed including methods of assessment and risk adjustment factors
- Implementation testing phase
  - Implementation testing of feasibility and reliability in representative sample of day service settings
  - Qualitative analysis of testing to assess acceptability and implementation issues
- Construction of final quality indicator set based on implementation testing, updated evidence review and feedback from stakeholders and expert panel

Conceptual Model of care [2]

- Living with limiting illness
  - Continuing staff education
  - Quality of life assessment
  - Satisfaction with care
  - Routine data collection and benchmarking
  - Use of guidelines and recommendations
- Improving, maintaining Quality of life
  - Appropriate, timely care aimed at addressing symptoms and concerns
  - Social support, spiritual and existential care
  - Promotion of advance care planning and completion of advance directives
  - Communication within day service and between service and source of referral
  - Agreed care plan available across services
- Comprehensive, needs assessment & interdisciplinary care planning, including preferences and goals of care
- Regular review of care plan, appropriate dissemination of care plan, initiation of care to address main symptoms
- Access to information around services to assist with shared decision making and care planning
- Appropriate, care aimed at addressing patient important symptoms and concerns in line with agreed care plan
- Social support, spiritual and existential care, availability of spiritual support and counselling

Summary
- A modified version of the RAND/UCLA [1] appropriateness method was used to develop a set of indicators for evaluating quality of care in Palliative Day Services
- A conceptual model was developed using the OECD Health Care Quality Indicators Project framework [2] to map indicators by stage of care
- The final set of indicators included information on rationale and supporting evidence, as well as methods of assessment, key risk adjustment factors and recommended performance levels
- Further work will be conducted to test the suitability of this ‘toolkit’ which will be used to measure the indicators in a sample of palliative day service settings


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