Developing a Quality Indicator Set Using an Expert Panel Process

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UK Consensus Project on Quality in Palliative Day Services

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A BIG THANK YOU!

• **Expert Panel:** Dr Gill Horne, Professor Christina Faull, Dr Adrian Tookman, Dr Adrian Tookman, Neale Connor, Rebecca Day, Caroline Belchamber, Lesley James, Lindsay Day, Amy Outingdyke, Loretta Gribben, Dr Gail Eva, Susan Campbell, David Vonberg, Steve Barnes, Sarah Holmes, Julie Lamb, Emily Stowe, Michelle Aslett, Lisa Smith, Ruth Keeble, Elaine Stevens
• Members of the Marie Curie Expert Voices Group
• INVOLVE

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Why is the project needed?

- Increasing demand for Palliative Day Services
- Diverse range of services provided and care models used
- Measuring quality and value of services is a key priority
- No agreement on aspects of care which should be used to do this

The ideal solution...

- To develop a resource providing robust indicators which can be selected and used to support quality improvement approaches, and can be used for benchmarking
Project aims

1. To use an expert consensus process to develop a set of quality indicators for assessment of all aspects [structure, process and outcomes] of quality of care in Palliative Day Services.

2. To develop and test the suitability of a toolkit which can be used to measure the quality indicators.
The method used

- Modified version of RAND/UCLA [1] appropriateness method
  - Approach allows for systematic integration of existing evidence with expert opinion
  - Face-to-face discussion reduces ambiguity around definitions and can assist to detect areas where evidence is lacking
  - Existing recommendations for development in palliative care [2]

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1. Initial development of protocol and expert panel recruitment
2. Planning and conduct of systematic review to map existing evidence and collate potential quality indicators
3. Development of evidence summary tables and drafting of potential quality indicator descriptions using a priori criteria to standardise indicator definitions

RAND/UCLA appropriateness method: 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: 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

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### Assessment and Treatment

<table>
<thead>
<tr>
<th>Description</th>
<th>Median Appropriateness Score</th>
<th>Agreement between panel†</th>
<th>Median Feasibility Score‡</th>
<th>Rated as necessary by panel¶</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pain using a validated measure</td>
<td>8 (5)</td>
<td>Y</td>
<td>8.5 (3)</td>
<td>8 Y (100)</td>
</tr>
<tr>
<td>&gt;x/10 on a NRS/VAS (average pain on a typical day over the last week)</td>
<td>3 (8)</td>
<td>N</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>≥ severe pain</td>
<td>7 (8)</td>
<td>Y</td>
<td>7.5 (2)</td>
<td>8 Y (55)</td>
</tr>
<tr>
<td>≥ for pain, the number with any treatment within [x] week[s]</td>
<td>8 (3)</td>
<td>Y</td>
<td>7.5 (2)</td>
<td>8 Y (55)</td>
</tr>
<tr>
<td>≥ for pain, the number with significant improvement after [x] week[s]</td>
<td>5.5 (7)</td>
<td>N</td>
<td>4.5 (4)</td>
<td>2 N (45)</td>
</tr>
<tr>
<td>≥ to identify likely cause of pain based on site and radiation (e.g. using a body)</td>
<td>7 (3)</td>
<td>Y</td>
<td>8 (3)</td>
<td>8 N (27)</td>
</tr>
<tr>
<td>≥ Identify likely cause of pain based on character (e.g. using a list of descriptors)</td>
<td>9 (3)</td>
<td>Y</td>
<td>7.5 (3)</td>
<td>7.5 N (27)</td>
</tr>
<tr>
<td>≥ identify likely cause of pain based on exacerbating/relieving factors including pain</td>
<td>4 (5)</td>
<td>Y</td>
<td>8 (3)</td>
<td>4.5 Y (55)</td>
</tr>
<tr>
<td>≥ identify likely cause of pain based on timing and duration</td>
<td>8.5 (3)</td>
<td>Y</td>
<td>8 (3)</td>
<td>8 N (27)</td>
</tr>
<tr>
<td>≥ Identify likely cause of pain based on function, sleep and mood</td>
<td>7.5 (3)</td>
<td>Y</td>
<td>7.5 (2)</td>
<td>8 Y (55)</td>
</tr>
<tr>
<td>≥ Identify likely cause of pain based on emotional, psychological or spiritual with possible effect on pain perception</td>
<td>9 (2)</td>
<td>Y</td>
<td>8 (3)</td>
<td>4.5 Y (55)</td>
</tr>
<tr>
<td>≥ SOB using a validated measure</td>
<td>8 (4)</td>
<td>Y</td>
<td>8 (4)</td>
<td>5.5 N (27)</td>
</tr>
<tr>
<td>≥ for SOB, the number with any treatment within [x] week[s]</td>
<td>5 (4)</td>
<td>Y</td>
<td>5.5 (4)</td>
<td>7 N (35)</td>
</tr>
<tr>
<td>≥ for SOB, the number with significant improvement after [x] week[s]</td>
<td>3.5 (4)</td>
<td>Y</td>
<td>3.5 (3)</td>
<td>3 N (36)</td>
</tr>
<tr>
<td>≥ upper GI (stomach) problems (nausea/vomiting) using a validated measure</td>
<td>6 (5)</td>
<td>Y</td>
<td>4 (2)</td>
<td>5.5 N (18)</td>
</tr>
<tr>
<td>≥ for upper GI problems, the number with any treatment within [x] week[s]</td>
<td>8 (3)</td>
<td>Y</td>
<td>8 (3)</td>
<td>8 N (45)</td>
</tr>
<tr>
<td>≥ for upper GI problems, the number with significant improvement after [x] week[s]</td>
<td>7 (5)</td>
<td>N</td>
<td>4.5 (3)</td>
<td>3 N (9)</td>
</tr>
<tr>
<td>≥ lower GI (abdominal) problems (constipation) using a validated measure</td>
<td>7 (4)</td>
<td>Y</td>
<td>7.5 (3)</td>
<td>2 Y (55)</td>
</tr>
<tr>
<td>≥ for lower GI problems, the number with any treatment within [x] week[s]</td>
<td>7 (3)</td>
<td>Y</td>
<td>5.5 (2)</td>
<td>3 Y (55)</td>
</tr>
</tbody>
</table>

### Additional Information

- **WEB:** [www.qub.ac.uk/sites/QualPalUK/](http://www.qub.ac.uk/sites/QualPalUK/)
- **TWITTER:** @QualPalUK
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<table>
<thead>
<tr>
<th>Assessment and Treatment</th>
<th>Indicator Type</th>
<th>Potential Indicator(s) combined [C] and/or amended [A] during phase three</th>
<th>Mean AIRE Score (%) based on indicator reference sources</th>
<th>GRADE Quality of Evidence</th>
</tr>
</thead>
</table>
| reported measure able to categorize pain based on an accepted standard of care | P | A [#01] | 92 | ++++
| using assessed with or without a valid, self-reported measure to explore possible causes | P | A [C:#03,#10,#11] | 74 | ++
| performed using a valid, self-reported measure | P | A [#12] | 86 | ++
| performed using a valid self-reported measure | P | A [#24,#26] | 76 | ++
| or other psychological symptoms using a valid, self-reported measure | P | A [C:#38,#39,#40,#41,#43,#45] | 78 | +++
| or emotional aspects of care with or without a structured instrument and with wish to discuss | P | A [C:#68,#69,#70,#71] | 54 | ++
| assessment performed using a valid, generic palliative care or condition specific within a standard timeframe after initial attendance at day service | P | A [C:#18,#19,#31,#109] | 84 | +
| performed using a valid measure | P | - [#51] | 76 | +++
| performed using a valid self-reported measure to identify daily activity limitations | P | A [#30] | 54 | +++
| using a valid measure | P | - [#55] | 43 | +

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Results

Phase 1:
• Good agreement between panel for 98 (54%) of 182 indicators
• 71 classified as inappropriate by the panel and removed

Phase 2: (Following panel discussion)
• Good agreement for 83 (75%) of the remaining 111 indicators
• 29 removed based on appropriateness, feasibility and agreement
• 31 removed based on assessment of necessity
• High level of agreement for 47 (92%) of the remaining 51

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Results
Phase 3 [Current phase]
Themes identified during the discussions, qualitative comments made by the panel, and findings of the evidence review used to translate the 51 indicators into a draft set of ~27 indicators

Key types of indicator identified during process
+ Needs assessment, regular review,
+ spiritual and emotional support
+ Patient preferences, agreed care planning, communication
+ Patient important outcomes (QoL, satisfaction)
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Key findings

- Large number of potential indicators exist
- A range of indicators may be needed to gauge quality improvement in day services
- Indicators relevant to day services have not been well tested
Next steps

- Indicators need to be implemented and feasibility tested to consider their merit individually and collectively as indicators of quality.
- This will involve consideration of how indicators work in practice in order to refine the indicators and inform their future development.
- This may also include developing and testing data collection instruments for indicators where these do not exist.

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**Proposed approach to testing**

A Pragmatic initial approach is needed focused on small number of indicators that:

- Include aspects of care important to service users
- Include indicators related to important outcomes
- Have potential to signal improvements in services
- Can be implemented relatively easily i.e. do not require significant additional data collection
- Can be used to assess nationally agreed benchmarks / standards of care
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Key questions?

• How much is process a quality measure when outcomes are difficult to measures?
• To what extent do benchmarks from other areas of care apply to day services?
• How do we ensure indicators reflect diverse population attending day services?
• How easily can indicators be assessed in a day service setting?