



BACKGROUND

- The *Palliative Care Quality Network (PCQN)* is a consortium of interdisciplinary palliative care teams committed to working together to improve the care of seriously ill patients and their families.
- Standardized data collection and analytic strategies:
 - drive quality improvement initiatives
 - identify best practices
 - foster a professional community with a shared vision
- Using an iterative, membership driven process the PCQN created a core dataset of 23 data elements & 23 optional elements

- The standardized core PCQN dataset is:
 - based on national guidelines
 - feasible to collect in real time
 - targeted at key processes and patient-level outcomes

OVERALL AIM

Describe patients referred to inpatient PC, care provided by PC teams, and clinical outcomes

METHODS

- PC teams collect data on every patient seen and enter data into the PCQN database
- We report data on 48,290 patient encounters from 71 PCQN members between January 3, 2012 and June 30, 2016.

METHODS

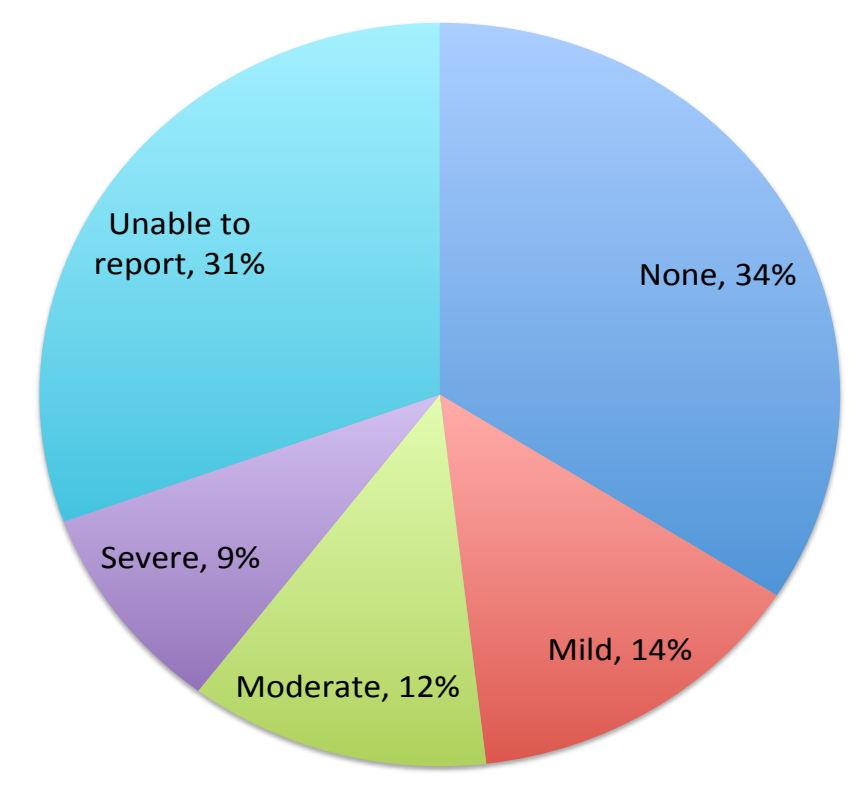
PCQN Dataset

RESULTS

Patient Characteristics	
Age: Mean	72.0 years (Hospital Range: 58 – 87)
Sex (Female): %(n)	51.2 (24,725)
Primary Diagnosis: %(n)	
Cancer	32.8 (15,832)
Cardiovascular	12.6 (5,927)
Pulmonary	11.0 (5,299)
Neurologic	9.8 (4,711)
Referral location: %(n)	
Med/Surgical	41.7 (20,121)
Critical care	23.1 (11,150)
Emergency Department	5.1 (2,451)
Telemetry/Step down	26.1 (12,615)
Length of Stay: Mean, Median (Range)	
Prior to consultation request	4.7 days, 2.0 (Range: 0 – 467)
On Palliative Care Service	5.1 days, 3.0 (Range: 0 – 738)
In Hospital	9.7 days, 6.0 (Range: 0 – 743)

RESULTS

Prevalence of Pain at First Assessment (n=32,623)

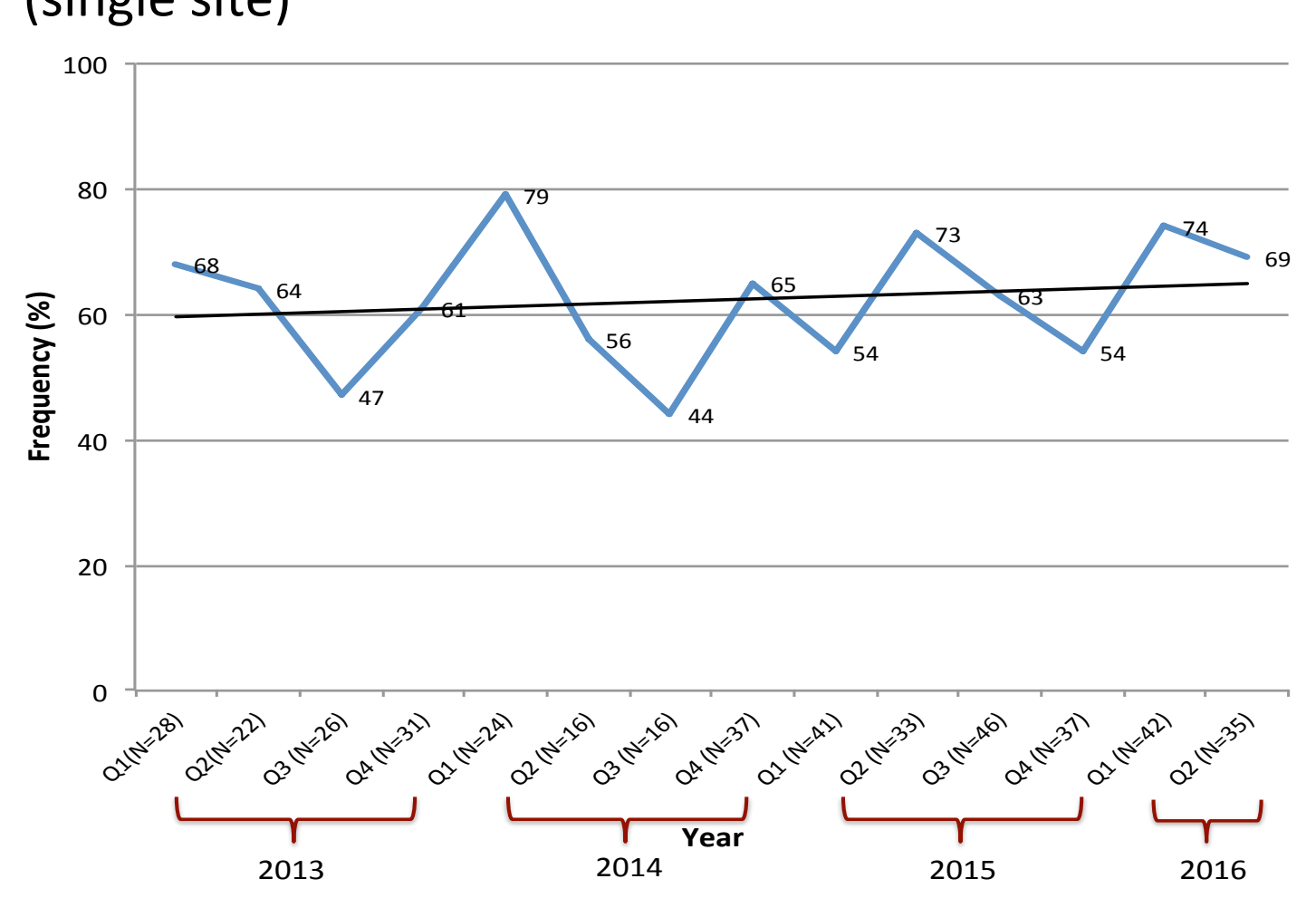


Symptom Improvement

	N	1 st to 2 nd Mean % (Range)*	N	1 st to Last Mean % (Range)
Pain	4,680	68.5 (38 – 100)	5,111	74.9 (47 – 100)
Anxiety	1,841	65.7 (38 – 89)	2,117	71.7 (51 – 84)
Nausea	932	78.4 (67 – 100)	1,015	85.9 (75 – 100)
Dyspnea	1,548	65.9 (47 – 83)	1,814	68.0 (58 – 97)

*: Lowest and highest range among hospitals

Trend of pain improvement from 1st to 2nd assessment (single site)



Pain Improvement and LOS Prior to PC Consultation

	N	Mean	Median	Min.	Max.
Pain Improved*					
Yes	3,150	5.4	3.0	1	393
No	1,453	6.4	3.0	1	353
All	4,604	5.7	3.0	1	393

*: Moderate/Severe pain at 1st assessment ANOVA: F=4.4, p=0.02

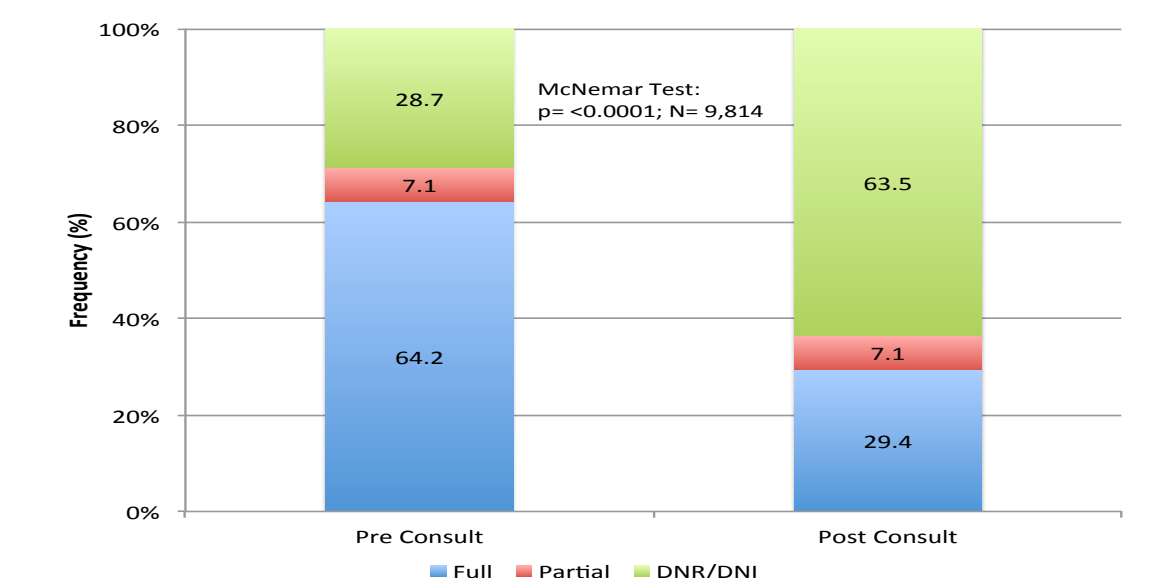
RESULTS

Advanced Care Planning

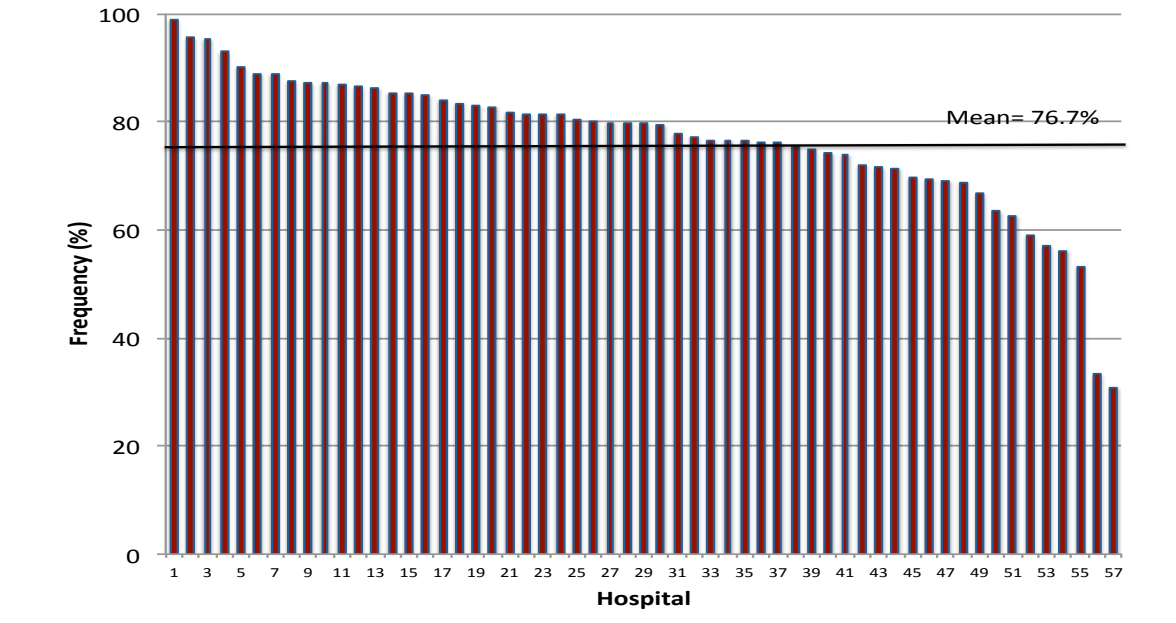
	%(n)
Family meetings :	Mean= 1.2, Median= 1.0
Surrogate decision maker identified:	95.0%
Code status clarified:	44.0%
POLST completed*:	46.4%
Advanced directive completed:	3.1%

*: Live discharge (Not full code)

Code Status at Time of PC Referral and After PC Consultation



Discharged Alive by Hospital



CONCLUSION

- Standardized, prospectively collected PCQN data generates benchmarking of processes and outcomes of care provided PC teams
- PCQN data drive ongoing collaborative quality improvement projects and identify best practices

ACKNOWLEDGEMENTS

