



PCQC Pros & Cons: Measuring Quality Together

How can participating in a national palliative care quality registry improve quality of care delivery for your palliative program?

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Disclosure

→ Jon Nicolla, faculty for this educational event, has no relevant financial relationship(s) with ineligible companies to disclose.

Learning Outcomes

Upon completing this session, participants will be able to:

1. Understand the importance for palliative care programs to collect quality data.
2. Provide an overview of quality data collection and quality improvement opportunities for palliative care programs by participating in nationally quality registry collaboratives such as PCQC.
3. Discuss the value proposition of participating in a national quality collaborative for all palliative program stakeholders.

Session Objectives

- Describe the benefits of quality registry participation for palliative care programs
- Review the advantages and opportunities when palliative care organizations measure and compare quality across peers and have the opportunity to network with colleagues
- Discuss the services provided by the PCQC in assisting palliative care practices today in quality measurement, benchmarking, reporting, and education

Quality Medical Care

“The degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with professional knowledge.”

Institute of Medicine

Quality

- Value = Quality/Cost
- Three-part aim of health care reform
 - Better health outcomes
 - Better experience of care
 - Lower per capita cost
- With engaged, resilient clinicians

IOM 6 Dimensions of Quality

- Safe
- Effective
- Patient-centered
- Timely
- Efficient
- Equitable

Crossing the Quality Chasm: A New Health System for the 21st Century (2001)

Assessing Quality in Palliative Care

- Palliative Care is Good for Patients & Families
- 4 Considerations in Assessing Areas of Quality Improvement
 - Could it be better?
 - Could it be more effective?
 - Could it be more efficient?
 - Could it be more equitable?

El-Jawahri et al. *JAMA*
2016;316:2094-2103

Collecting PC Quality Data

Basic Program Information

What is your program and where do you provide care?

Benefit: Get listed on the Program Directory on getpalliativecare.org

Be counted in national studies on palliative care availability

Program-level Data

What does your program look like, how is it staffed, and how do you operate?

Benefit: comparative reports on program operations, staffing, and workload

Patient-level Data

Patient characteristics, symptoms, patient outcomes

Benefit: detailed reports for quality improvement, measurement, and benchmarking + QI collaborative

But Why In a Collaborative Registry?

Internal
Analysis



- Monitor, optimize service operations
- Support standardized assessment*
- Demonstrate value locally, secure resources

External
Feedback



- Interpret data, find quality gaps
- Conduct collaborative QI
- Identify best practices
- Benchmark against peers
- Ensure payment/accountability

*Basch et al. *JAMA*
2017;318:197-8

What are we collecting?

- Measures
 - Program Characteristics
 - Team disciplines, certification, sites of care, operational processes
 - Patient Characteristics
 - Demographics, reason for consult, process of care, care planning, symptom scores, disposition
- Standards
 - TJC, MWM, NQF
- Reports
 - Program
 - Measure Scorecard and Clinical Summary (Hospital and Community)
 - Patient
 - Operational, Symptom, Spiritual/Emotional/Psychosocial, Measuring What Matters & Joint Commission (Hospital and Community)

Getting the Most from Unified Registries Through Data

- Benchmarking structural data
 - Supports requests for resources to ensure access and quality
 - Can drive policy at state level (report cards)
 - Reporting: Measure Scorecard and Clinical Summary (Hospital and Community)
- Benchmarking clinical data
 - Can identify gaps and best practices to empower QI that works
 - Demonstrates value to payers, referral sources and patients
 - Reporting: Operational, Symptom, Spiritual/Emotional/Psychosocial, Measuring What Matters & Joint Commission (Hospital and Community)
- Powerful research tool for uncovering trends and correlating structures and processes with outcomes

Getting the Most from Registries Through Networking

- Breaking Down Silos
 - Best practice sharing
 - Peer-to-peer networking
 - Strategy exchanges
 - Measure implementation
 - National thought leadership
 - Expert lectures
 - Research
 - QI Implementation
- If you want to go fast, go alone;
- If you want to go far, go together

Ways to Use a National Collaborative to Demonstrate Value

- Flexibility in collecting data
- Internal analysis of data
- External benchmarking against peers
- Full picture story telling
 - Program
 - Patient
 - Benchmarking context
- Access to resourcing
 - Improves efficiency of existing resources PCQC
 - Quality of care delivery
 - Timeliness of care delivery
 - Demonstrate the need for more
- Structured process to analyze using curated resources

Barriers to Participation

Common Concerns	Resources
Getting Started – Making the Case	Collaborative sessions to help make the case; on demand resources
Legal/Security	Work 1:1 with staff directly
Cost – Money, Time, Messaging	All-inclusive program cost
Data Collection Burden	Multiple data collection avenues; analysis to fit reporting needs; customization of resources to meet need.
Clinical Implementation	Learn best practices from staff and community
Staff Training	High-touch implementation; continuous team. On demand resources
Collaboration Time Commitment	Flexible, make it work for you. On demand content library.

References

- Basch E, Deal AM, Dueck AC, et al. Overall Survival Results of a Trial Assessing Patient-Reported Outcomes for Symptom Monitoring During Routine Cancer Treatment. *JAMA*. 2017;318(2):197–198. doi:10.1001/jama.2017.7156
- El-Jawahri A, LeBlanc T, VanDusen H, Traeger L, Greer JA, Pirl WF, Jackson VA, Telles J, Rhodes A, Spitzer TR, McAfee S, Chen YA, Lee SS, Temel JS. Effect of Inpatient Palliative Care on Quality of Life 2 Weeks After Hematopoietic Stem Cell Transplantation: A Randomized Clinical Trial. *JAMA*. 2016 Nov 22;316(20):2094-2103. doi: 10.1001/jama.2016.16786. PMID: 27893130; PMCID: PMC5421101.
- Kamal AH, Nicolla JM, Power S. Quality Improvement Pearls for the Palliative Care and Hospice Professional. *J Pain Symptom Manage*. 2017 Nov;54(5):758-765. doi: 10.1016/j.jpainsymman.2017.07.040. Epub 2017 Aug 12. PMID: 28807707.
- Kamal AH, Harrison KL, Bakitas M, Dionne-Odom JN, Zubkoff L, Akyar I, Pantilat SZ, O'Riordan DL, Bragg AR, Bischoff KE, Bull J. Improving the Quality of Palliative Care Through National and Regional Collaboration Efforts. *Cancer Control*. 2015 Oct;22(4):396-402. doi: 10.1177/107327481502200405. PMID: 26678966; PMCID: PMC5504698.

Thank You!

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Palliative Care Program Certification

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Certification

What is it?

- A process in which trained external peer reviewers evaluate a health care organization's compliance with pre-established performance standards.
- The process focuses on continuous improvement strategies and achievement of optimal quality standards to promote care excellence and patient safety.
- Certification is a “stamp of approval” by knowledgeable and trustworthy organizations who have assessed and vetted a specific healthcare provider.

Certification/Accreditation



Current national organizations that provide palliative care program validation:

- CHAP community-based palliative care certification
 - National Consensus Project for Quality Palliative Care. Clinical Practice Guidelines for Quality Palliative Care 4th Edition.
- ACHC community-based palliative care accreditation
 - National Consensus Project for Quality Palliative Care. Clinical Practice Guidelines for Quality Palliative Care 4th Edition.
- The Joint Commission certification – inpatient palliative care

Eligibility

CHAP, ACHC

- A service of an existing setting such as a physician practice, Assisted Living Facility, or SNF, etc.
- A service of a currently accredited hospice or home health agency, or
- An independent provider of palliative care.

TJC

- An organized palliative inpatient program

Standards of Practice



Practice standards are reliable statements established for judging the quality of practice, service and education.

Professional practice constantly changes due to:

- statutory and regulatory mandates
- advances in technological
- economic and market influences

Standards of Practice

Development and availability of standards for care and patient safety can serve several purposes....

- They establish minimum levels of performance
 - standards go above and beyond the minimum regulatory requirements
- They establish consistency or uniformity across multiple individuals and organizations
- They set expectations

Governance & Leadership



Health care services accreditation includes standards and assessment methodologies in the area of governance and leadership.

Accreditation methodology evaluates the primary 'systems' in an organization and how they work together to provide safe, quality services. Leadership is one of the most important elements in health care organizations.

It is recognized that strong governance and leadership are essential for a high performing sustainable organization and that the absence of such can lead to serious breaches in patient safety.

Global Benefits and Advantages

Studies have shown accreditation to be positively associated with:

- The establishment of organizational structures and processes
- The promotion of quality and safety cultures
- Improvements in quality of patient care
- Professional development
- Better business performance
- Establishes an organization's commitment to higher principles and gives them a competitive edge
- Provides formal recognition by peers, and across the country

Certification/Accreditation Challenges

Investment limitations

- Financial
- Staff

Quality

The proposition

- Provider organizations that voluntarily seek certification have made a commitment to providing quality palliative care.
- They have opted to dedicate resources to ensure patients and families have an optimal care experience.
- Certification will drive the provider to maintain high standards of practice to maintain certification.

Thanks

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References

- Nicklin, W., Fortune, T., van Ostenberg, P., O'Connor, E., & McCauley, N. (2017). Leveraging the full value and impact of accreditation. *International Journal for Quality in Health Care*, 29(2), 310-312.
- Community Health Accreditation Partners (CHAP). The Benefits of Palliative Care Certification. <https://chapinc.org/palliative-certification/>
- Accreditation Commission for Health Care, Inc.(ACHC). Palliative Care Accreditation. <https://www.achc.org/palliative-care/>
- The Joint Commission. Palliative Care Certification. <https://www.jointcommission.org/accreditation-and-certification/certification/certifications-by-setting/hospital-certifications/palliative-care-certification/>