

Together!

Palliative Care 2009

Realisation of Preferred Place of Death: Could it be a Palliative Care Indicator?

Maree Lyons-Micic, Debbie Menzies
Fiona Israel, Margaret Charles, Liz Reymond

Brisbane South Palliative Care Collaborative

Presentation:

- Preferred place of death for palliative care patients
 - Clinical indicators of quality palliative care
 - Can realisation of preferred place of death be used as a clinical indicator?
- Presentation of study findings
 - patients in southern Queensland



You are here

Quality Improvement:

- Activities that decrease the gap between routine practice and best practice



Best Practice:

- Ultimately defined by consensus opinion of experts in the field
- Such opinion is based on evidence from:
 - research
 - audits
 - standards
 - measures of desired outcomes and
 - incorporates legislative, regulatory and legal requirements.

Clinical Quality Indicator:

- A performance measure of the clinical management and outcome of care; a method of monitoring patient care and services, which attempts to flag problem areas, evaluate trends and so direct attention to issues requiring further review
- Often reported in percentages or ratios

Clinical Quality Indicator:

- An evaluation criterion providing an objective measure of either process or outcome in qualitative terms that is comparable across similar services
 - Process eg. proportion of patients who receive a particular type of care
 - Outcome eg. proportion of patients who demonstrate a particular outcome

Place of Death:

“right care, right place, right time”

- Higginson - well over 50% want to die at home
- WHO - most die in hospitals
- UK - proportion of home deaths ↓
27% - 1994 to 22% - 2003
- Australia ?



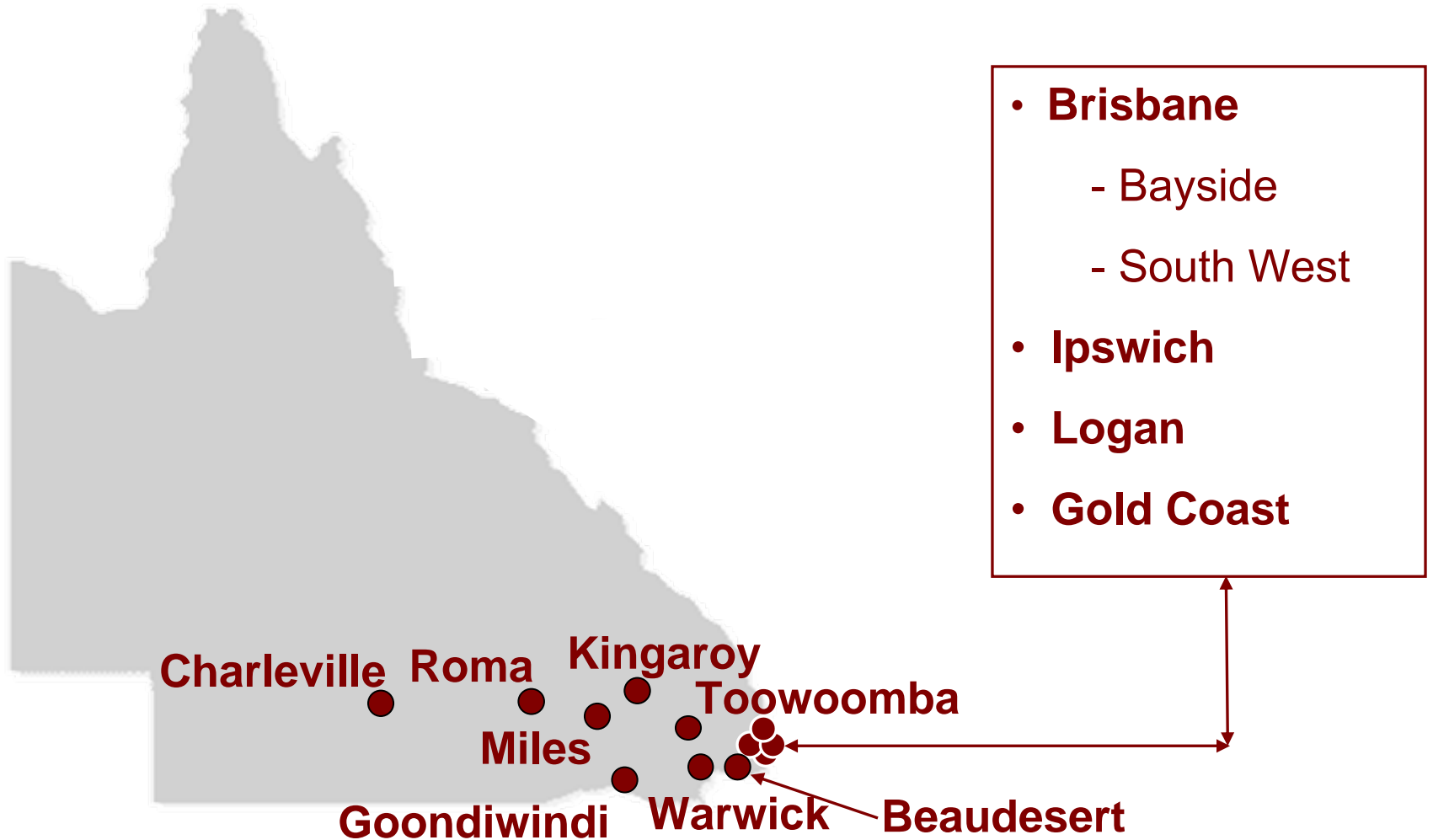
Possible Clinical Quality Indicator for Palliative Care:

- Patient able to die in their preferred place
- A corresponding performance measure could be:
 - Percentage (eg. 80%) of patients cared for by a particular service were able to die in their environment of choice.

Southern Queensland Study:

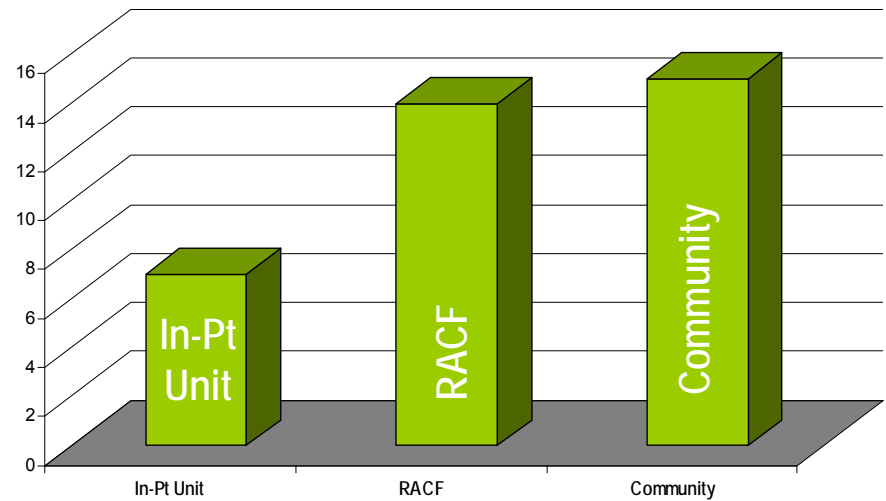
- Investigated 248 deaths across southern Queensland during the period 18/03/07 to 12/11/08

Southern Queensland Sites



Southern Queensland Study:

- Environments of care included in-patient units, community services and RACFs
- Bereaved carers used as proxies



Participating Service Providers by Type of Service

Survey Questions:

- Did loved one express a wish to die in a particular place?
- What was their preferred place?
- Did they die in their preferred place?
- If the person was unable to die in their preferred place, what was the reason(s) for not dying there?
- Were you satisfied with the actual place of death?

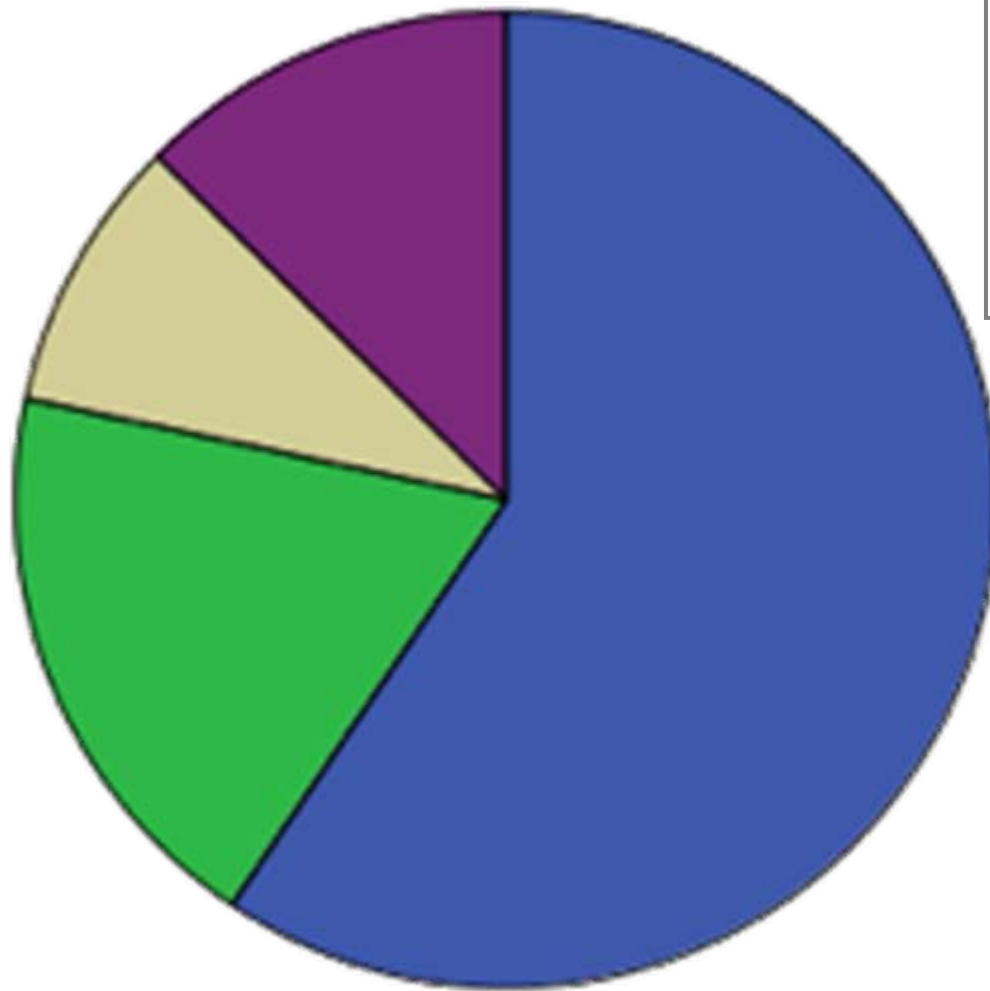
Survey Results:

- 694 surveys sent, 248 returned
 - overall response rate 36%
- 34% community services
- 39% RACFs
- 35% in-patient units
- 76% urban and regional
- 24% rural and remote

Survey Results:

- 143 (58%) of those who responded indicated that their loved one had expressed a preference for their place of death

Patients' Preferred Place of Death



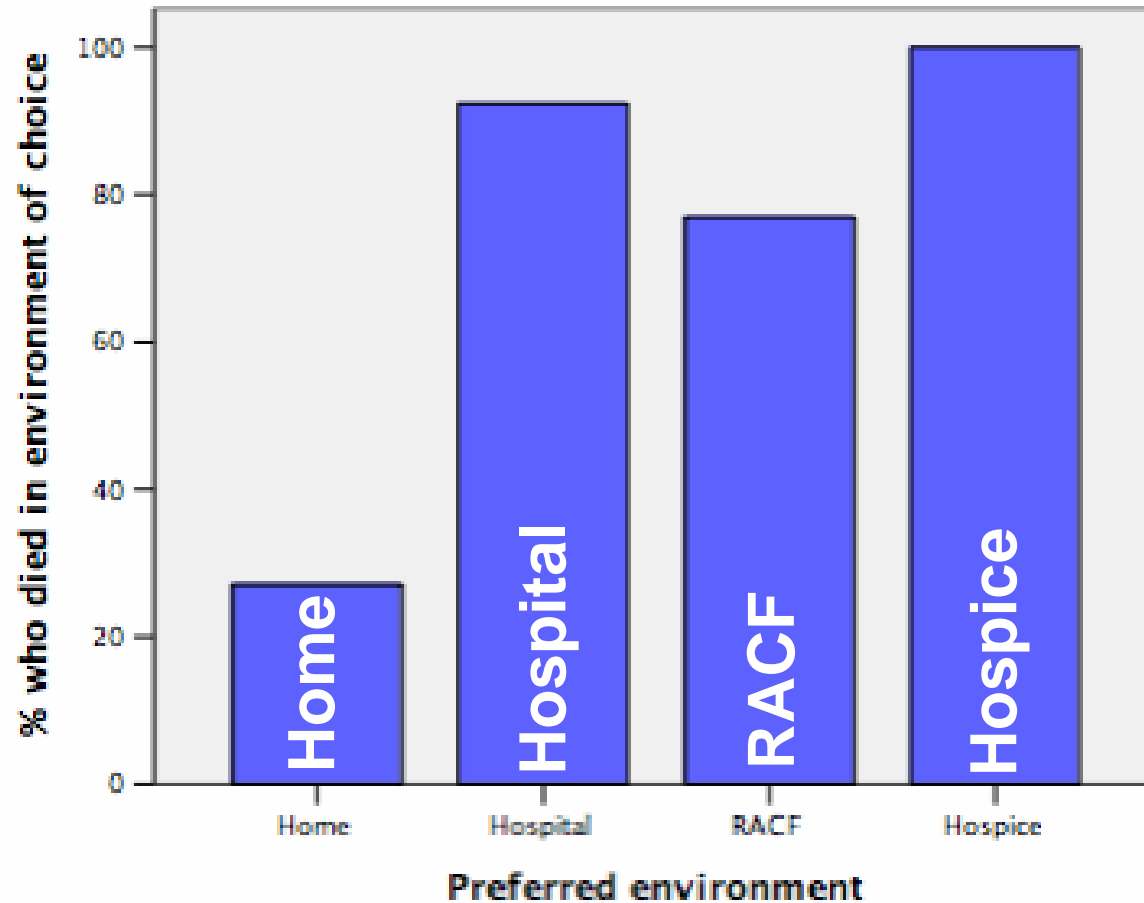
Home + RACF 68.5%

Hospital 18.9 %

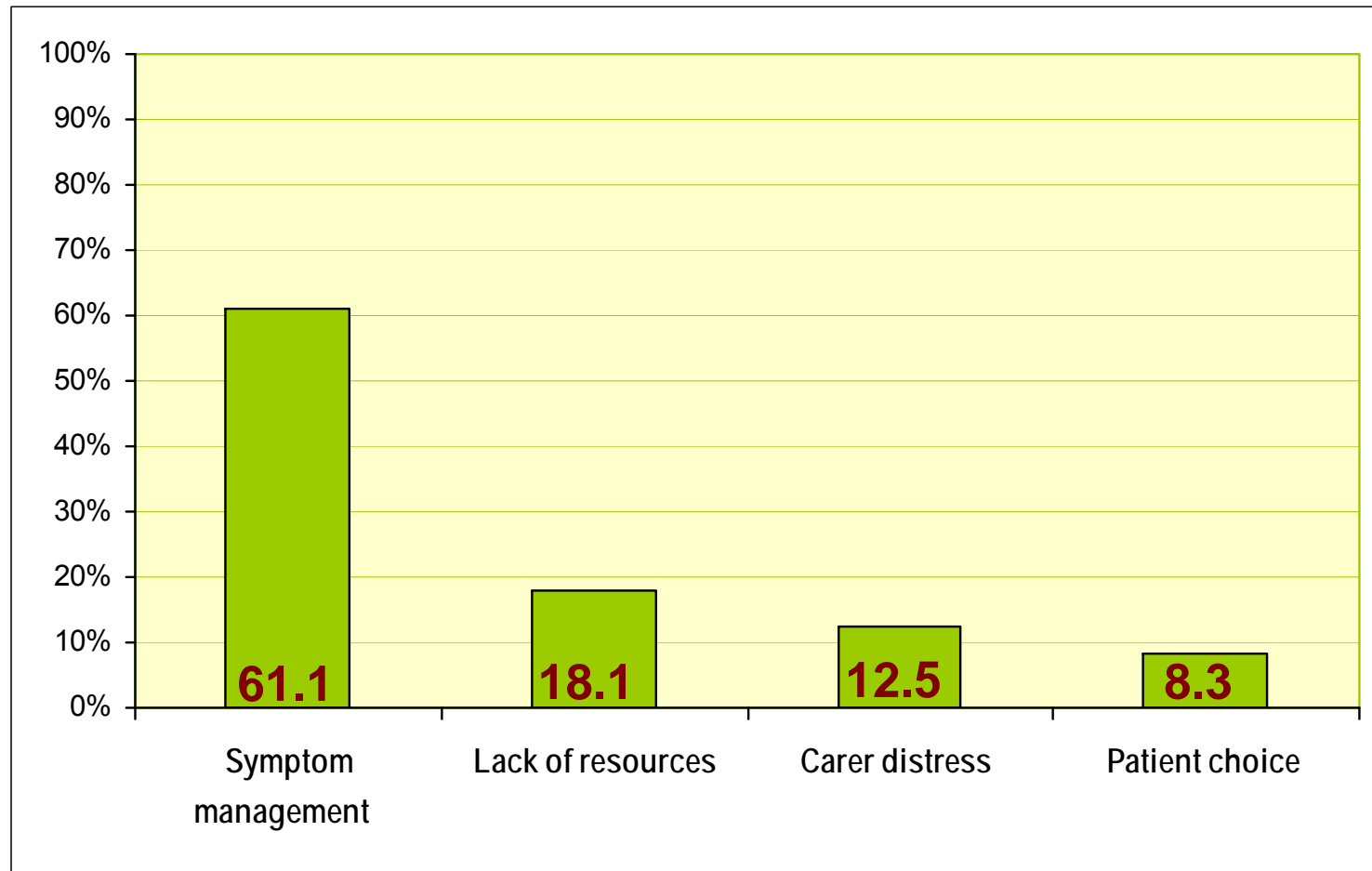
Hospice 12.6%

(n=143)

Percentages of Patients able to Die in Place of Choice



Reported Reasons that Patients' Unable to Die in Environment of Choice:



Summary of Study Findings

- place of death is only important for a slight majority of patients
- choose to die in hospital or hospice then you are more likely to achieve that outcome
- most carers are satisfied with the place of death, regardless of what the patient requests
- is more community palliative care capacity required?

Ideal Attributes of a Performance Measure:

- Relevant
- Valid
- Reliable
- Discriminative
- Credible
- Timely
- Feasible
- Accessible
- Actionable

Scott I & Phelps G. *Measurement for improvement: getting one to follow the other.* Int Med J. 39(6):347-351, June 2009

Ideal Attributes of a Performance Measure:

- Relevant
 - clinically important and
 - something over which clinicians have significant control

- Valid
 - does it measure what it is supposed to measure?

Ideal Attributes of a Performance Measure:

- **Reliable**
 - recorded in a standardised and reproducible fashion

- **Discriminative**
 - able to differentiate between optimal and sub-optimal care

Ideal Attributes of a Performance Measure:

- **Credible**
 - easily understood
 - based on agreed definitions

- **Timely**
 - does it reflect contemporary practice?

Ideal Attributes of a Performance Measure:

- Feasible
 - requires minimal resources in gathering data and
 - is sustainable over time
- Accessible
 - made known or readily available to all interested clinicians

Ideal Attributes of a Performance Measure:

- Actionable
 - can it incite action by clinicians?



Conclusion

- Realisation of preferred place of death:
 - may be of limited use as a clinical indicator for quality palliative care
- But....
 - only preliminary data
 - certainly deserves more research
 - clinical indicators are important
 - need to be clinically focussed
 - very careful consideration

Bell CL et al. *Methodological review: measured and reported congruence between preferred and actual place of death.* Palliat Med 2009; 23;482

Contact Information

Brisbane South Palliative Care Collaborative

PO Box 4069

Eight Mile Plains Qld 4113

Phone 3169 9875

BSPCC@health.qld.gov.au