Formation of an international quality improvement collaborative for palliative care: The Global Palliative Care Quality Alliance (GPCQA).

Subcategory:
End-of-Life Care

Meeting:
2014 Palliative Care in Oncology Symposium

Session Type and Session Title:
General Poster Session A: End-of-Life Care, Patient-Reported Outcomes, and Survivorship

Abstract Number:
91

Citation:
J Clin Oncol 32, 2014 (suppl 31; abstr 91)

Author(s):
Arif Kamal, Jonathan Nicolla, Fred Friedman, Charles S. Stinson, Laura Patel, Keith Mark Swetz, Jacob Strand, Diane G. Portman, Sarah Thirlwell, Hunter Groninger, Howard Tuch, Martha Twaddle, William Kennedy, Andy Kyler, Loretta Matthews, Greg Candell, Karen Baker, Zeba Anwar, Amy Pickar Abernethy, Janet Bull; Duke University Medical Center, Durham, NC; Center for Learning Health Care, Duke Clinical Research Institute, Durham, NC; Duke University, Durham, NC; Novant Health - Forsyth Medical Center, Winston-Salem, NC; Transitions LifeCare, Raleigh, NC; Mayo Clinic, Rochester, MN; H. Lee Moffitt Cancer Center & Research Institute, Tampa, FL; National Institutes of Health, Bethesda, MD; Tampa General Hospital, Tampa, FL; Midwest Palliative & Hospice CareCenter, Glenview, IL; Hospice & Palliative Care Partners, Portland, OR; Four Seasons Compassion for Life, Flat Rock, NC; Four Seasons Hospice, Flat Rock, NC

Abstract Disclosures

Abstract:

**Background:** Formal mechanisms to share data on quality remain immature in specialty palliative care. As the field grows, infrastructure that promotes collaboration among academic and community-based practice will be required to foster comparisons and benchmarking of data to inform areas for quality improvement. Further, such relationships will create a palliative care “quality improvement laboratory”, where proposed guidelines and best practices can be developed, implemented, and tested. **Methods:** We set out to bring together specialty palliative care practices with a shared vision for collaborative quality improvement. We modeled our approach after the Institute for Healthcare Improvement Breakthrough Series alongside our Rapid Learning Quality Improvement paradigm. We use a set of common data collection procedures, across an electronic point-of-care platform called Quality Data Collection Tool (QDACT), alongside a centralized data registry.
Further, we meet and discuss challenges and issues, compare best practices, and brainstorm new projects through biweekly conference calls. **Results:** We have created a multi-institutional collaboration for quality assessment and improvement in specialty palliative care. Termed the Global Palliative Care Quality Alliance, we have brought together 11 academic and community organizations, both general and oncology-specific, across six states to study various areas of quality practice. Short-term, we will conduct rapid-cycling quality improvement projects addressing National Quality Forum domains for quality palliative care, including documentation of spiritual assessment and timely advance care planning. Long-term, we aim to study the link between quality measure adherence and outcomes and further align our initiatives with those of other large consortia, like the Palliative Care Research Cooperative and Palliative Care Quality Network. **Conclusions:** Collaborative quality improvement is needed in specialty palliative care across a national platform. Developing the infrastructure to perform standardized quality improvement is achievable across multiple palliative care settings.

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