A Provider-Based Survey on Quality of Care and Identification of Quality Gaps in Inpatient Palliative Care

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Background

Inpatient Palliative Care Teams (IPCTs) are often called upon to provide multidisciplinary care across hospital settings at Jefferson. However, there is currently no mechanism in place wherein providers consulting the IPCT can provide feedback to specialty palliative care clinicians. Such input from providers could be used to elucidate those services provided by the team which are most appreciated and those which require further development in order to be truly effective. Furthermore, such input may also serve to identify completely new areas for inpatient palliative care needs.

Methods

A 34-question survey tool was developed to gather data from multidisciplinary inpatient providers working in a variety of roles to perform an assessment of providers' opinions regarding the quality of inpatient palliative care provided at Jefferson. The survey was designed to collect data focused on the quality of services provided by the IPCT. Additionally, the survey asked respondents for any unmet palliative care needs encountered in daily patient care activities.

The survey opened January 2018 and closed May 2018. 191 total responses were collected. Text responses were analyzed for similarities and coded according to grounded theory analysis by a research team member as described by Bradley et al. (2007). The following themes emerged when providers were asked about unmet needs or ways that palliative care could be improved: additional services (entirely new services, not currently provided by palliative care team), education (for providers), effectiveness (in managing complex palliative care issues), additional access to providers (increased availability such as need for night/weekend coverage), and underutilization (delay in involvement of IPCT, IPCT not consulted frequently enough).

Results

Provider Characteristic	Response	Frequency
Age	25 to 34	50.00%
	35 to 44	19.78%
	45 to 54	14.84%
	55 to 64	11.54%
	65 to 74	3.85%
Gender	Female	63.74%
	Male	36.26%
Race/Ethnicity	African American or black	3.30%
	White	82.97%
	Asian or Pacific Islander	15.38%
	Hispanic or Latino	3.30%
	Other	1.65%
Clinical Role	Physician: Attending	27.47%
	Physician: Fellow	7.69%
	Physician: Resident	30.77%
	APN/NP/PA	34.07%
Duration of Practice	One year	9.34%
	Two years	13.19%
	Three years	15.93%
	Four years	6.59%
	Five years	6.04%
	6-10 years	18.68%
	10-20 years	15.93%
	20-30 years	7.69%
	30-40 years	4.95%
	Over 40 years	1.65%

Table 1: Summary of Participant Characteristics.

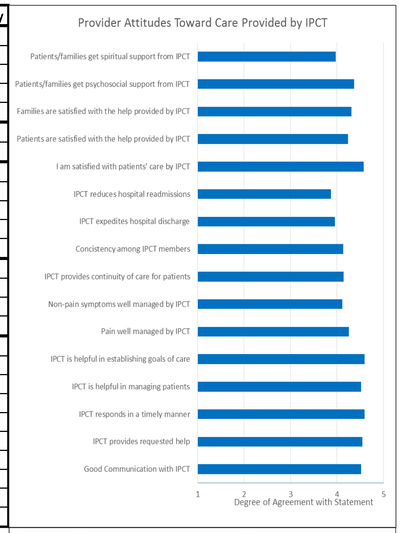

Figure 1: Summary of responses to Likert-type questions regarding care provided by the IPCT. On the scale above, a score of 1 indicated strong disagreement with the statement, and a score of 5 indicated strong agreement with the statement.

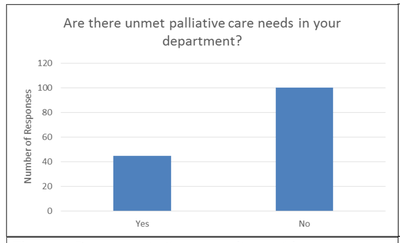

Figure 2: Responses to the survey item asking respondents if they could identify unmet palliative care needs in their respective departments.

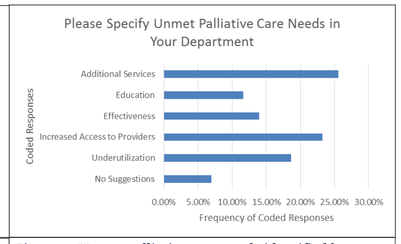

Figure 3: Unmet palliative care needs identified by individual providers. Responses were coded according to theme of suggestion provided. Data based on 43 text responses gathered by the survey.

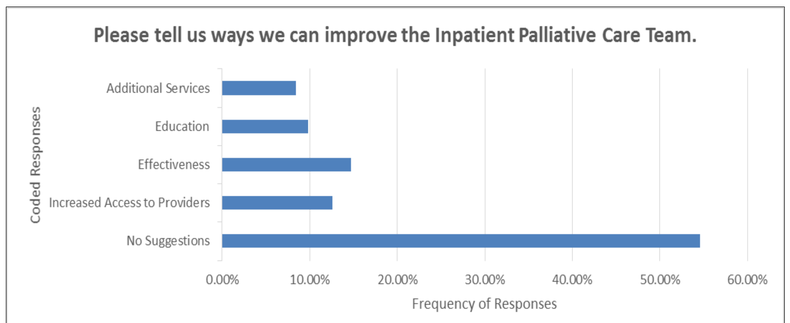

Figure 4: Areas for improvement as identified by individual providers. Responses were coded according to theme of suggestion provided. Data based on 143 text responses gathered by the survey.

Results, Continued

- One provider, when asked about unmet needs in their department wrote:
  - *"I think that it would be helpful for ongoing outpatient follow-up. Sometimes families are not ready for decisions, but need follow-up with their decisions and care planning."*
- When asked how the IPCT could be improved, respondents wrote:
  - *"education to providers explaining the role of palliative care"*
  - *"expanded weekend availability, establishment of a clinical pathway for palliative care, symptom-based care, increased educational engagement for mid-level providers and nursing."*

Conclusions

This data helps to provide insight as to the quality of services provided by the IPCT from providers' perspectives and what quality gaps may exist. The data suggests that providers are largely satisfied with the quality of care as provided by the inpatient palliative care team. Several providers surveyed identified unmet needs in the form of additional palliative care services that exist in their departments, including increased outpatient support or an inpatient hospice unit. The data suggest that these represent quality gaps which could benefit from further evaluation and potential intervention.

Several limitations exist regarding the interpretations of this data. Participants represented largely a young, white cohort with limited clinical experience on average which may not reflect the population of providers at Jefferson. The data are vulnerable to sampling bias and observer bias due to the nature of data collection and analysis respectively.

Overall, the data collected in this project represent a first look into potential quality improvement targets or quality gaps regarding palliative care services at Jefferson. Further research will need to be conducted in order to further investigate these potential areas for improvement.

References: Bradley EH, Curry LA, Devers KJ. Qualitative Data Analysis for Health Services Research: Developing Taxonomy, Themes, and Theory. *Health Services Research*. 2007;42(4):1758-1772. doi:10.1111/j.1475-6773.2006.00684.x.