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Appropriateness of end-of-life care in people dying from COPD. Applying quality indicators on linked administrative databases

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## Introduction

Large-scale evaluations of the quality of end-of-life care in people with COPD are lacking. By means of a validated set of quality indicators, this study aims to:

1. Assess appropriateness of end-of-life care in people dying from COPD,
2. Examine variation between care regions,
3. Establish performance standards.

## Methods

We conducted a retrospective observational study of all deaths from COPD (ICD10 codes J41-J44) in 2012 in Belgium, using data from administrative population-level databases. QI scores were risk-adjusted for comparison between care regions.

## Results

4,231 people died from COPD. During the last 30 days of life, 60% was admitted to hospital, 11.8% received specialized palliative care. Large regional variation was found in specialized palliative care use (4.0% to 32.0%) and diagnostic testing in the last 30 days of life (44.0% to 69.7%). Based on best performing quartile scores, relative standards were set (e.g.  $\leq 54.9\%$  for diagnostic testing)

## Conclusion

Our study found indications of inappropriate end-of-life care in people with COPD, such as high percentages of diagnostic testing and hospital admissions and low proportions receiving specialized palliative care. Risk-adjusted variation between regions was high for several QIs, indicating the usefulness of relative performance standards to improve quality of end-of-life COPD care.

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