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Review

Potential palliative care quality indicators in heart disease patients: A review of the literature

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ABSTRACT

In spite of the increasing interest in palliative care for heart disease, data on the detailed methods of palliative care and its efficacy specifically in heart disease are still lacking. A structured PubMed literature review revealed no quality indicators of palliative care in heart disease. Therefore, we performed a narrative overview of the potential quality indicators in heart disease by reviewing previous literature concerning quality indicators in cancer patients. We summarize seven potential categories of quality indicators in heart disease: (1) presence and availability of a palliative care unit, palliative care team, and outpatient palliative care; (2) human resources such as number of skilled staff; (3) infrastructure; (4) presence and frequency of documentation or family survey; (5) patient-reported outcome measure (PROM) data and disease-specific patient quality of life such as The Kansas City Cardiomyopathy Questionnaire (KCCQ); (6) questionnaires and interviews about the quality of palliative care after death, including bereaved family surveys; and (7) admission-related outcomes such as place of death and intensive care unit length of stay. Although detailed measurements of palliative care quality have not been validated in heart disease, many indicators developed in cancer patients might also be applicable to heart disease. This new categorization might be useful to determine quality indicators in heart disease patients.

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Introduction

Palliative care is defined by the World Health Organization as “an approach that improves the quality of life of patients and their families facing the problem associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual” [1]. Compared with the original definition of palliative care, which specifically targeted end-of-life patients, recent concepts in palliative care have expanded its focus to include all patients diagnosed with life-threatening illness, even if these patients’ acute mortality rate is low [1,2]. Furthermore, while the target of palliative care was previously confined mainly to cancer patients, recent research in palliative care has focused on non-cancer patients such as those with heart disease and chronic lung disease [3,4].

In spite of the increasing interest in palliative care for heart disease, limited data are available concerning the detailed methods of palliative care and its efficacy in heart disease. Although some guidelines have referred to the use of palliative care for heart disease such as selected heart failure patients as Class IB recommendations [5], there are no specific recommendations on detailed palliative care practices for heart disease patients [6]. Therefore, we should consider the applicability of specific concepts and methods in palliative care to heart disease. In the field of cancer, quality indicators for palliative care have been reviewed and updated regularly, which is useful to understanding the current standard concepts and methods of palliative care [7,8]. However, there are limited systematic reviews about the quality indicators of palliative care in heart disease [9]. Therefore, this review focuses on the potential indicators of high-quality palliative care in heart disease patients with the aim to measure them appropriately.

Search strategies

Initially, we performed a structured PubMed literature review on quality indicators for palliative care in heart disease. However, we could not find specific quality indicators for heart disease (Supplementary file). Therefore, we shifted our focus to the potential quality indicators for palliative care in heart disease patients by using narrative review methods (narrative overview) for quality indicators in all palliative care patients.

We focused on updates about quality indicators published after 2012, when the last systematic review of quality indicators for

palliative care was performed (Supplementary file) [10]. We initially categorized reviewed indicators into the eight domains of palliative care advocated by the National Quality Forum (NQF), as in previous reports. However, we found recent indicators chiefly categorized into NQF-defined Domain 1 (80.8%, Structure and Processes of Care). Therefore, we developed seven new subcategories in the reviewing process to discuss potential quality indicators for palliative care in heart disease (Table 1).

Categories of quality indicators for palliative care

The most widely used classification of quality indicators in healthcare, proposed by Donabedian, establishes three levels of indicators: structure, process, and outcome of care [11]. Since this classification was developed, many quality indicators have been categorized according to these levels. In 2006, the NQF developed a

Table 1
Potential categories of quality indicators for palliative care in heart disease patients.

Structure
1. Presence and availability of palliative care unit, palliative care team, and outpatient palliative care
2. Human resources: number of skilled staff
3. Infrastructure
3-1. Drug availability
3-2. Specialist equipment such as anti-decubitus mattresses, aspiration material, stoma care
3-3. Dedicated room, private room
3-4. Facilities for family to stay overnight
Process
4. Presence and frequency of documentation or family survey about the following:
4-1. Screening and timing of implementation of palliative care
4-2. Physical symptoms such as pain and dyspnea
4-3. Care delivery such as drug administration, and detailed pain management
4-4. Patient preferences and goals, such as spiritual, religious, existential, and social aspects including advanced care planning/informed consent and shared decision-making
Outcome
5. PROM data and disease-specific patient QOL assessment such as KCCQ
6. Questionnaire and interview about the quality of palliative care after death, including bereaved family survey
7. Admission-related outcomes such as place of death, ICU length of stay
PROM, patient-reported outcome measures; QOL, quality of life; KCCQ, Kansas City Cardiomyopathy Questionnaire; ICU, intensive care unit.

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