



‘Implementation of clinical guidelines
in clinical practice.
Data from the national quality improvement
project in specialized palliative care’

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Background

In 2015 a new Improvement Model was introduced in the Danish Healthcare System and its first project started in specialized palliative care (SPC) as *'læring og kvalitetsteam-palliation (LKT-palliation)'*:

- Aimed at improving the quality of life of patients and their families
- To implement the content of the DMCG-PAL clinical guidelines into routine care by delivering **'symptompakker = packages'**
- Packages consisted of five type of interventions, including pharmacological and non-pharmacological treatments
- Packages delivered to patients with severe levels of pain, dyspnea, constipation and depression (i.e., scored 3-4 in the EORTC QLQ-C15-PAL)
- A patient received a package when the clinician offered relevant treatment included in the guidelines





Aim

To investigate to what extent clinicians implemented systematic use of clinical guidelines in SPC by evaluating:

1. The proportions of patients admitted to SPC who qualified for (i.e., reported severe levels of symptoms) and received each package in all palliative care services
2. The proportions of palliative care services starting to implement each package over time
3. The proportions of patients who qualified for and received each package in palliative care services that started the implementation of packages
4. How often different interventions were given to patients receiving packages



Methods

Study design:

Register-based study with data from the Danish Palliative Care Database (DPD)

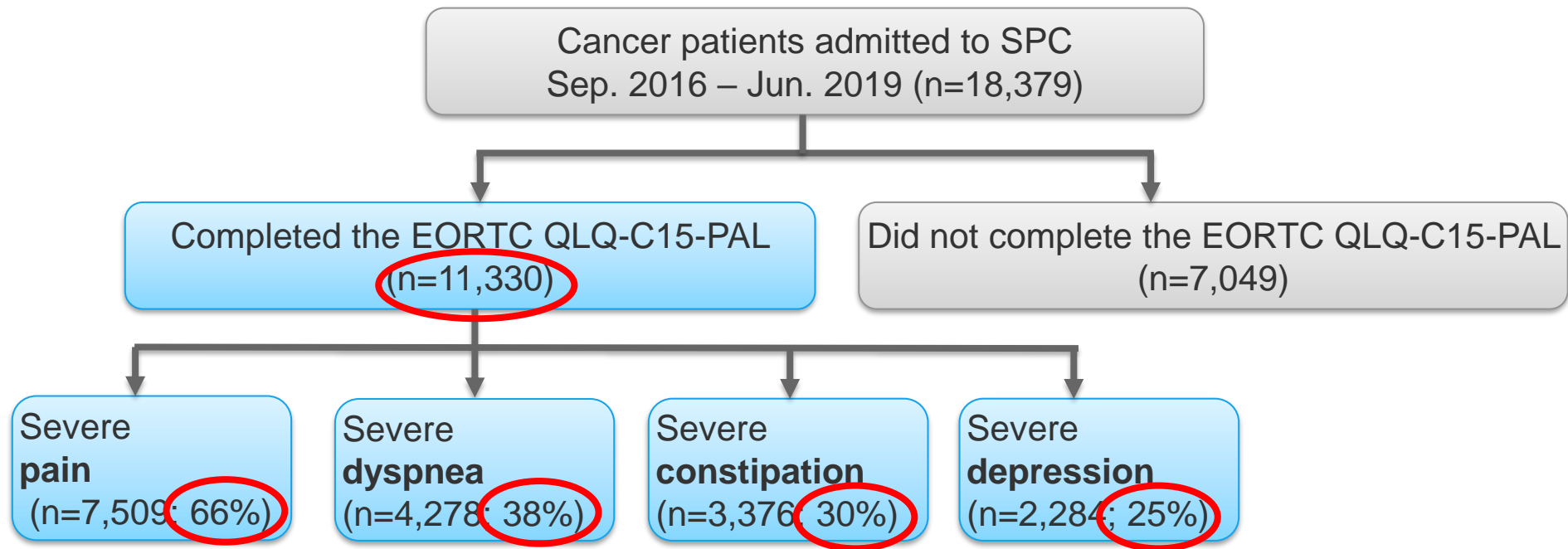
Participants:

Adult cancer patients starting SPC between 7 September 2017 and 30 June 2019, who completed the EORTC QLQ-C15-PAL

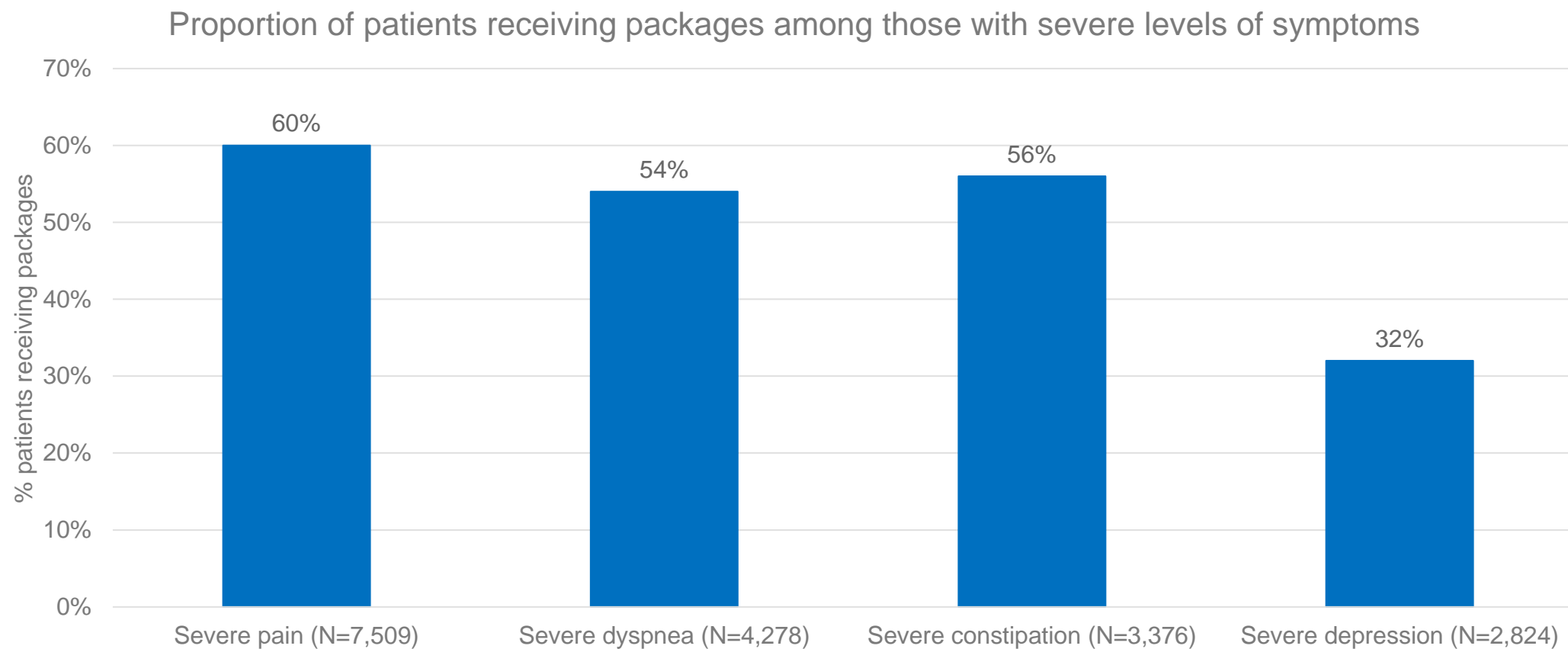
Analysis:

- Descriptive statistics
- It was defined that a palliative care service started the implementation when the 5th patient received a package

Results: Patient inclusion

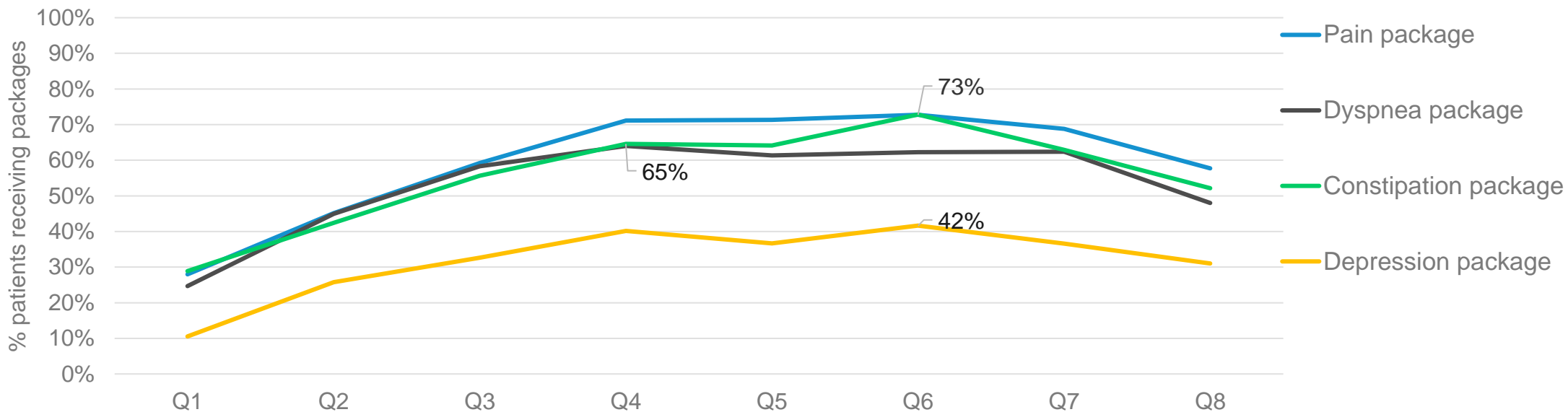


Results: Patients receiving packages - overall

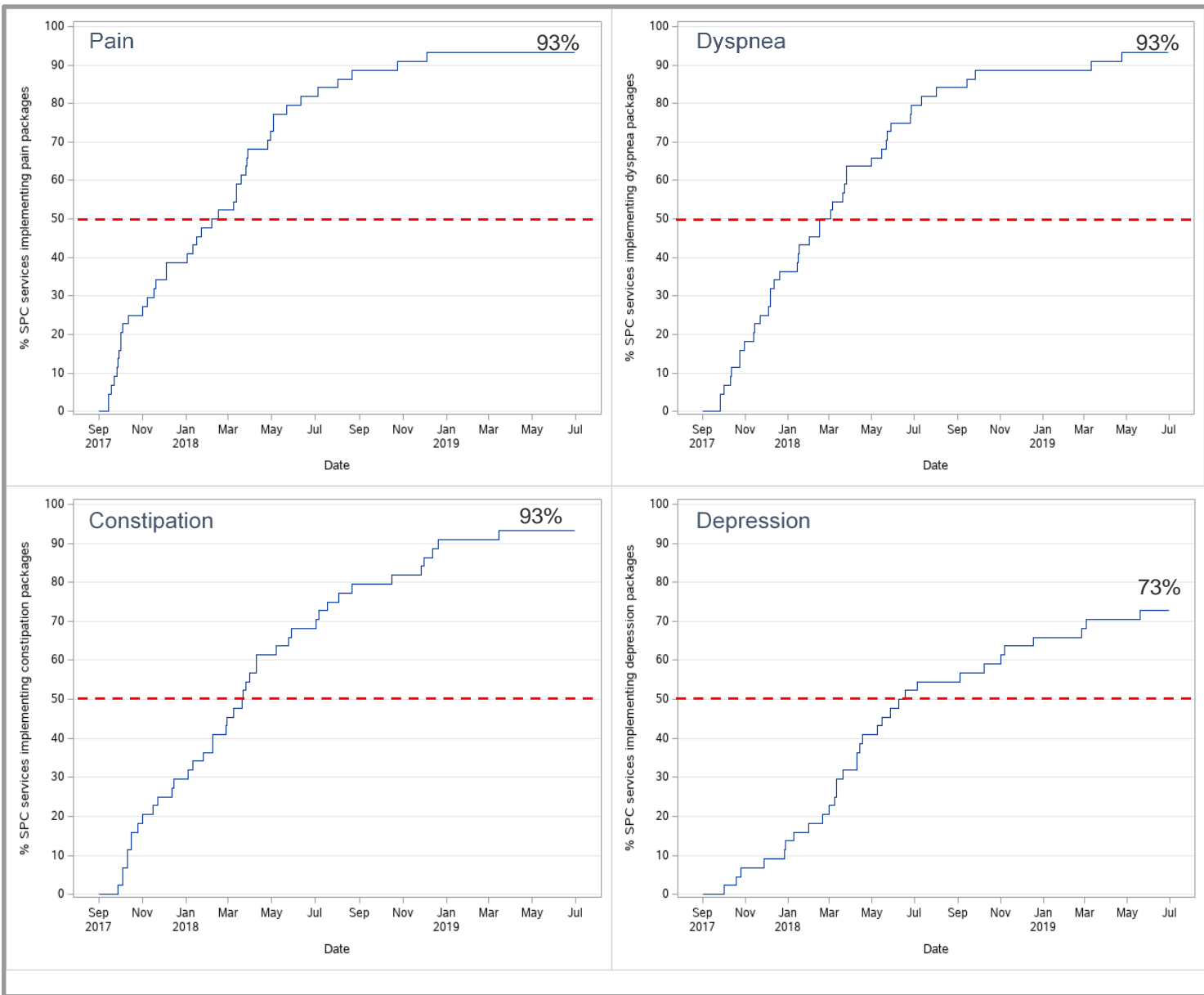


Results: Patients receiving packages in all palliative care services

Proportion of patients receiving each package among those qualifying in all palliative care services by quarter



Packages	Number of patients receiving a package divided by those qualifying by quarter							
	Q1 (Sept 17)	Q2 (Oct-Dec17)	Q3 (Jan-Mar18)	Q4 (Apr-Jun18)	Q5 (Jul-Sep18)	Q6 (Oct-Dec18)	Q7 (Jan-Mar19)	Q8 (Apr-Jun19)
Pain	280/1000	434/961	622/1051	761/1070	806/1130	734/1009	673/978	179/310
Dyspnea	140/568	254/565	350/600	382/597	394/642	343/551	362/580	84/175
Constipation	133/460	187/441	280/503	319/494	320/499	308/423	263/418	72/138
Depression	43/408	94/365	139/426	161/401	150/409	142/341	131/358	36/116



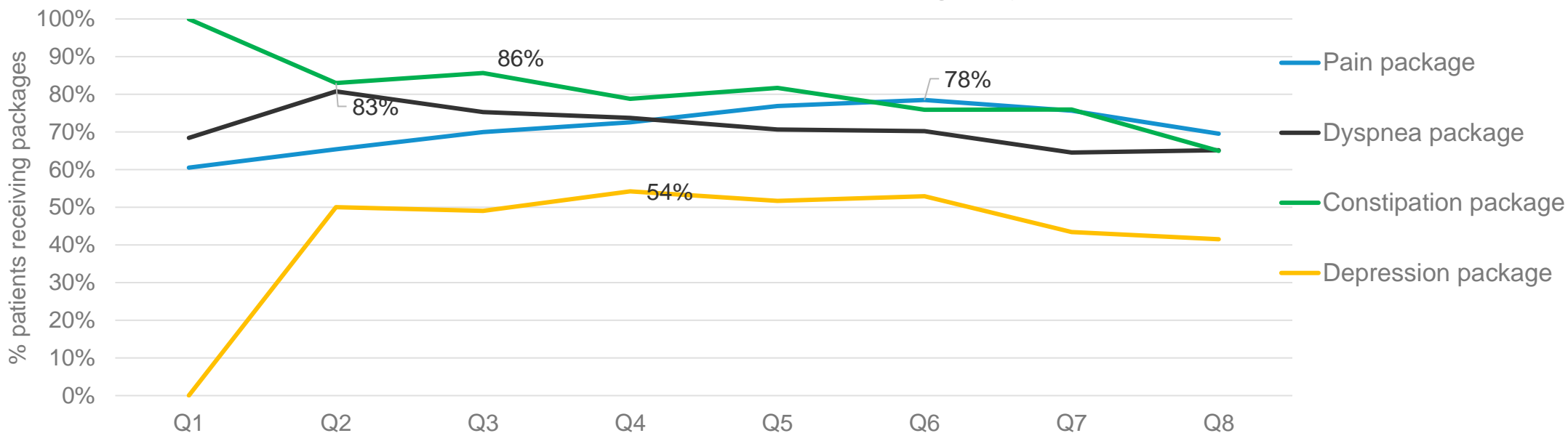
Results: Proportion of the 44 palliative care services starting the implementation of each package by month

- Overall, 50% of services implemented pain and dyspnea packages in February 2018, whereas constipation and depression packages in March and June 2018, respectively

*A service started the implementation when the 5th patient received a package

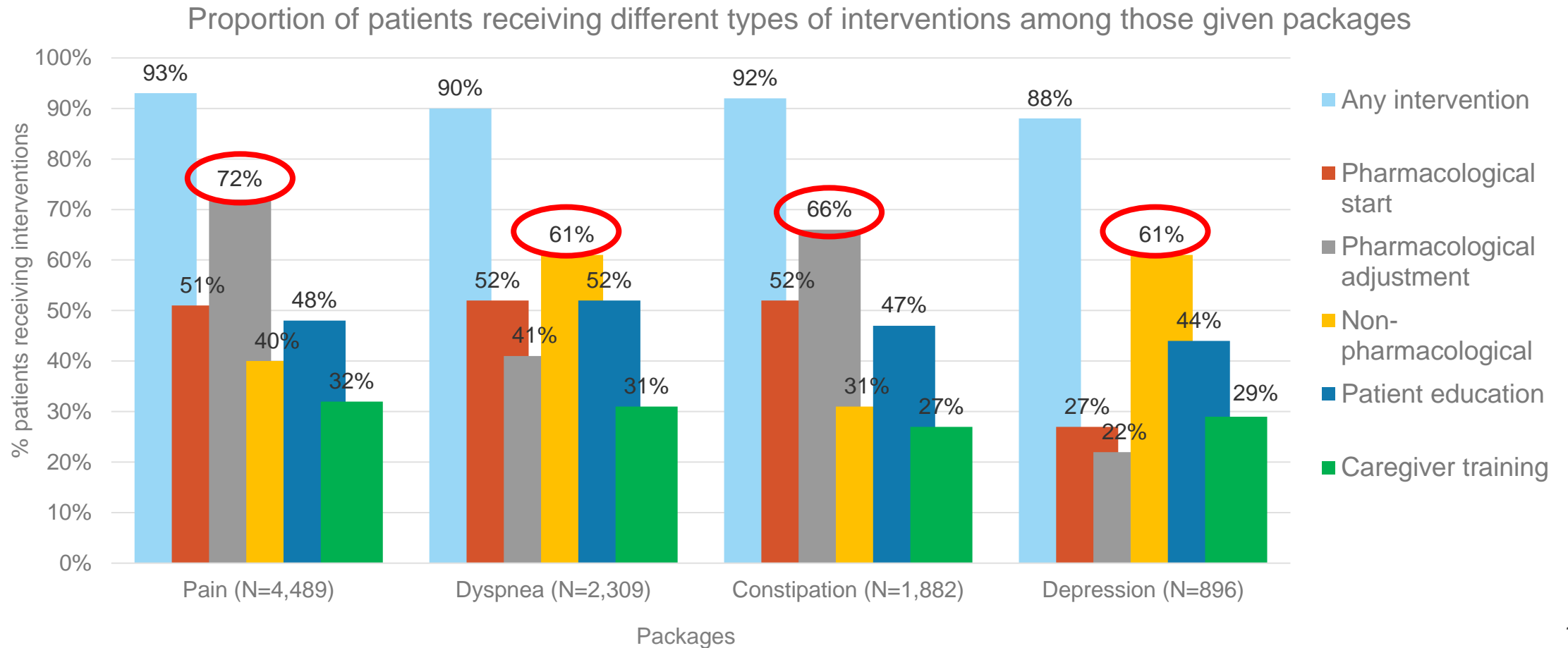
Results: Patients receiving packages in palliative services that started implementation of packages

Proportion of patients receiving each package among those qualifying in palliative services that started implementation of packages by quarter



Packages	Number of patients receiving a package divided by those qualifying by quarter							
	Q1 (Sept 17)	Q2 (Oct-Dec17)	Q3 (Jan-Mar18)	Q4 (Apr-Jun18)	Q5 (Jul-Sep18)	Q6 (Oct-Dec18)	Q7 (Jan-Mar19)	Q8 (Apr-Jun19)
Pain	46/76	280/428	496/709	652/899	744/968	798/1017	755/998	613/882
Dyspnea	13/19	147/182	271/360	317/430	387/548	396/564	338/524	331/508
Constipation	5/5	117/141	197/230	264/335	312/382	312/411	306/403	243/374
Depression	0/7	38/76	75/153	122/225	139/269	155/293	115/265	127/306

Results: Type of interventions





Discussion and conclusions

Main findings:

- Across the project, services were more successful implementing guidelines for the treatment of physical symptoms (54-60%) than for depression (32%)
- During the first 6-9 months, there was a steady increase in the proportions of patients receiving the packages in services that started the implementation reaching around 78-86%, except for depression
- Pain and constipation were most often treated pharmacologically, whereas dyspnea and depression were most often treated non-pharmacologically





Discussion and conclusions

Because...

- Services had the opportunity to decide when to start the implementation of packages, leading to differences in the timing between services
- Reasons why a service started with one package instead the other or never implemented a package is not available
- Qualitative data was not collected from clinicians to understand why the implementation was not successful as expected

Which were the main difficulties in implementing the clinical guidelines into routine care during the project?

