

# Development of nine quality indicators for the national Danish Palliative Care Database (DPD)

## Literature review and consensus process

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### Aim

The aim of this project was to develop quality indicators for the Danish Palliative Care Database (DPD), a national quality of care and research database for specialist palliative care (SPC).

### Methods

1. A steering committee consisting of 14 persons was created in 2007, representing all five regions in Denmark, the Danish Association for Palliative Medicine, a group of leaders in palliative care, and a competence centre for clinical databases.
2. The literature was reviewed to identify existing national databases and quality indicators described in English.
3. The committee met nine times during 1½ years to discuss aims of SPC and choice of quality indicators.
4. When agreement was reached, the suggested indicators were circulated for comments among all SPC units in Denmark and relevant health authorities, and an open meeting was held.
5. Based on all comments the indicators were revised by the steering committee.

### Results

Five countries for which relatively detailed information was available were identified: Australia, Germany, Sweden, UK, USA. Together they register hundreds of variables. These were reviewed. The group decided to keep the first version of DPD minimal with regard to the number of variables. Ten quality indicators were developed. The comments received from Danish SPC units and others were almost all positive although one indicator ('not referred too shortly before death') was criticized. Many wanted collection of more data than suggested and some wanted greater focus on outcome than access. After minor adjustments nine of the ten proposed indicators were chosen (Table). DPD opened in 2010, and it is mandatory for all about 35 SPC units to register all patients referred to SPC via a web-based system. During the first four months 1,142 patients were registered in the DPD, and about 5,000 patients per year are expected.

### Conclusions

It proved possible to obtain national consensus concerning content. DPD will elucidate whether there are variations in the quality indicators (initially focusing on access to SPC) across the country and over time. The preliminary results indicate that it is feasible to collect the necessary data.

| Indicator | Description of indicator (abbreviated text)  |
|-----------|--|
| 1         | Proportion of referred, relevant patients who were actually received in SPC                        |
| 2         | Proportion of patients who waited less than 10 days before admission to SPC                        |
| 3         | Proportion of patients dead from cancer who were admitted to in-patient SPC                        |
| 4         | Proportion of patients dead from cancer who were seen by a SPC team at home                        |
| 5         | Proportion of patients dead from cancer who were seen by a SPC team in non-SPC hospital department |
| 6         | Proportion of patients dead from cancer who were admitted to out-patient SPC                       |
| 7         | Proportion of patients dead from cancer who had any of the types of SPC contact in indicators 3-6  |
| 8         | Proportion of patients screened with the EORTC QLQ-C15-PAL questionnaire at admission to SPC       |
| 9         | Proportion of patients discussed at a multidisciplinary conference                                 |