

Journal Watch

The Optimal Delivery of Palliative Care.

A National Comparison of the Outcomes of Consultation Teams vs. Inpatient Units

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Abstract

BACKGROUND:

Growing attention to end-of life care has led to intensive efforts to provide better palliative care. However, it is not known whether palliative care is best provided by consultative teams or in dedicated units.

METHODS:

This nationwide telephone survey was conducted in 77 Veterans Affairs medical centers that offer palliative care consultation services and dedicated palliative care units. One family member per patient who died at a participating Veterans Affairs medical center between July 1, 2008, and December 31, 2009, was invited to participate. The telephone survey included 1 global rating item and 9 core items describing the patient's care in the last month of life.

RESULTS:

Interviews were completed with family members for 5901 of 9546 patients. Of these, 1873 received usual care, 1549 received a palliative care consultation, and 2479 received care in a palliative care unit. After nonresponsive weighting and propensity score adjustment, families of patients who received a palliative care consultation were more likely than those who received usual care to report that the patient's care in the last month of life had been "excellent" (adjusted proportions: 51% vs 46%; odds ratio [OR], 1.25; 95% confidence interval [CI], 1.02-1.55; $P=.04$). However, families of patients who received care in a palliative care unit were even more likely to report excellent care (adjusted proportions: 63% vs 53%; OR, 1.52; 95% CI, 1.25-1.85; $P<.001$).

CONCLUSION:

Care received in palliative care units may offer more improvements in care than those achieved with palliative care consultations.

STRENGTH:

Although the benefits of palliative care include increased patient and caregiver satisfaction, lower costs, and improved quality of life and clinical outcomes, few studies have compared different palliative care delivery models to assess their effect on outcomes. This study provided information for differences of impression of family member's related outcome of the care that

their loved one received during the last month of life in relatively large sample in different types of major VA hospitals.

WEAKNESS:

- No control group was provided to compare the different types of symptom management (severity of markers of palliative care needs) in three settings as patients were likely referred to palliative care units or consultation teams when more complex symptom management were required.
- Family members may not always be able to assess the quality of care accurately.

REVELENCE TO PALLIATIVE CARE:

The evaluation of impact of palliative care in their own health care settings is a very important project as it helps us to a)better understand the way we deliver our services b)better plan for the system of care delivery. No established evaluation is available in this regard at present and there is a need to further explore the methodology for this issue.