

Increasing palliative and hospice services usage with a systemic, data-driven process

Collaboration between clinical leaders and Vizient consultants improves national quality score rankings and enhances end-of-life care protocols



Leaders at one regional health system know there had to be a discrepancy between their score in national measures of quality and the true level of patient care delivered at their flagship hospital. They did not feel that their scores and rankings in the 2022 Vizient® Quality and Accountability scorecard reflected the clinical truths of their high standards in care and safety. After reviewing the data, they realized that their patient mortality index was adversely affecting their score.

To better align their rank with the high-quality patient care they provide, executive leaders examined data on hospice and palliative care service utilization, specifically aiming to assess the effectiveness of these services in enhancing palliative and end-of-life care both within individual service lines. As a part of this review, leadership sought to understand how well clinician teams were educating eligible patients about the benefits of these programs.

To do so, leaders at the medical center engaged Vizient to evaluate their mortality review process, transfer center, and hospice and palliative care programs. Jenny Duke, BSN, RN, CHPN, a senior consultant at Vizient, met with their director of palliative care to discuss clinical metrics that can inform service line leaders about the effectiveness and utilization of these programs.

“ At the time, the medical center only tracked the total number of consultations, lacking a database to record the types of consultations, patient transitions to inpatient hospice care, or service lines utilizing palliative care. Now, we're tracking all these details and sharing them using clinician dashboards. ”

Jennifer Duke, BSN, RN, CHPN
Senior Consultant, Vizient

Using these metrics, Duke assisted in developing clinical dashboards to aid medical teams in making more informed patient care decisions. For instance, analysis of data from the Vizient Clinical Data Base (CDB) identified an opportunity to enhance quality scores by improving patient status documentation and implementing targeted training for physicians and clinical staff.

In addition to the dashboards, Duke provided a standard clinical process for their teams to use across various service lines to help promote effective use of their palliative and hospice care program.



“What we brought is a framework to highlight the ROI of palliative care and hospice in hospitals. For example, where are the key quality outcomes and compliance needs? What financial impacts arise from early patient recognition in the ED? Those are the types of insights we provided them by creating the consult database and program dashboards.”

Jennifer Duke, BSN, RN, CHPN
Senior Consultant, Vizient

Uniting hospice and palliative services

The assessment also identified an opportunity for hospice and palliative care services to improve patient care quality by aligning efforts between these two areas. To drive this initiative, the medical center appointed a service line chief. This leader collaborated with Duke to implement the dashboards and share best clinical practices

Furthermore, an executive steering committee was established to review the clinical dashboards, insights provided by Vizient consultants, and recommendations from the service line chief. Consequently, the committee can now monitor consultations across service lines and gain a clearer understanding of how their efforts affect quality scores.

Palliative care: specialized medical care focused on providing relief from symptoms, pain, and stress associated with serious illness, regardless of the patient's prognosis. It is available at any stage of illness and can be provided alongside curative treatments to improve quality of life for both patients and families.

Hospice care: comprehensive care for individuals in the final stages of a terminal illness, focusing entirely on comfort rather than curative treatments. Hospice services support patients with a prognosis of six months or less to live, emphasizing symptom management, emotional support, and dignity at the end of life.

Palliative versus Hospice: the primary difference is that palliative care can be provided at any illness stage and may accompany curative treatments, while hospice is reserved for end-of-life care when curative treatment is no longer pursued.

Achieving speed to value and improvement

Since the collaboration began, the medical center has used the CDB to pinpoint additional areas for improvement. The platform enables clinicians to measure and monitor their progress, with the Vizient Quality and Accountability scorecard serving as their guiding star.

From the start of the engagement in May 2023 to the January 2024 Vizient Quality and Accountability scorecard, the medical center's mortality index improved significantly, dropping from 1.13 to 0.91.

To further enhance its performance, the medical center has enlisted Vizient's help to improve sepsis management, clinical documentation, and reduce readmissions. With this support, the medical center can now make well-informed, data-driven decisions to advance clinical quality improvement and refine its processes.

Additionally, because the partnership was founded on a shared incentives structure tied to achieving better outcomes and reaching agreed-upon milestones, the medical center realized cost savings associated with its improved quality score.



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