Academia and Clinic

Reforming Care for Persons Near the End of Life: The Promise of Quality Improvement

Joanne Lynn, MD; Kevin Nolan, MA; Andrea Kabcenell, RN, MPH; David Weissman, MD; Casey Milne, RN, BSN, CCM, CMC; and Donald M. Berwick, MD, for the End-of-Life Care Consensus Panel*

Most people in developed countries will live with a serious, eventually fatal, chronic condition for months or years before dying; yet, the delivery of health care services has only just recently begun adapting to this reality. Quality improvement methods have been effective in helping clinical services to make substantial changes quickly.

Quality improvement requires stating an aim, measuring success, and testing possible improvements. The testing of changes requires a clinical team to Plan, Do, Study, and Act on new insights (the "PDSA cycle"). Repeated PDSA cycles generate deep

understanding of complex systems and make sustainable improvements rapidly.

This paper discusses a composite case study in a nursing home setting, which builds on experience with multisite collaborative efforts and introduces quality improvement methods in the context of end-of-life care.

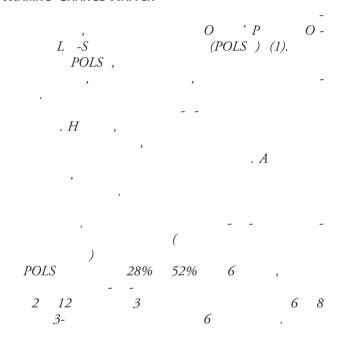
 Ann Intern Med. 2002;137:117-122.
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MAKING CHANGE HAPPEN



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THE TRACK RECORD OF REFORM IN END-OF-LIFE CARE

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What Are We Trying To Accomplish?

How Will We Know Whether a Change Is an Improvement?

What Changes Can We Make?

THE PLAN-DO-STUDY-ACT CYCLE

LESSONS TO LEARN

CONCLUSION

(12, 16)

APPENDIX: MEMBERS OF THE ACP-ASIM END-OF-LIFE CARE CONSENSUS PANEL

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