

# 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.

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## What Are We Trying To Accomplish?

1. What are the current conditions?  
2. What are the goals?  
3. What are the constraints?  
4. What are the resources?

## How Will We Know Whether a Change Is an Improvement?

1. What are the current conditions?  
2. What are the goals?  
3. What are the constraints?  
4. What are the resources?  
5. What are the risks?  
6. What are the benefits?

## What Changes Can We Make?

1. What are the current conditions?  
2. What are the goals?  
3. What are the constraints?  
4. What are the resources?  
5. What are the risks?  
6. What are the benefits?  
7. What are the costs?  
8. What are the benefits?

## THE PLAN-DO-STUDY-ACT CYCLE

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### LESSONS TO LEARN

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### CONCLUSION

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

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