FOSTERING INNOVATION IN AUSTRALIAN-BASED PALLIATIVE CARE SERVICES: EVALUATING THE SPHERE-STANFORD QUALITY IMPROVEMENT COLLABORATIVE PROGRAM

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KEYWORDS

Palliative care, quality improvement, implementation science

EXECUTIVE SUMMARY

The Sydney Partnership of Health, Education, Research and Enterprise (SPHERE) has partnered with palliative care and quality improvement (QI) mentors at Stanford University to develop and deliver an evidence-based quality improvement initiative in seven Sydney-based palliative care sites. An evaluation of the SPHERE-Stanford QI Collaborative program demonstrates its success in building capacity for QI in Australian palliative care teams, for sustainable improvements and transfer of knowledge from local levels to the broader palliative care community, both nationally and internationally.

INTRODUCTION

The increase in ageing in the Australian population means higher rates of people living with chronic and life-limiting illnesses that require palliative and end of life supportive care. QI efforts are needed in Australian palliative care to provide safe, effective, patient-centred, and equitable services. We sought to evaluate the implementation experiences of locally initiated palliative care improvement projects and understand the barriers and facilitators to building capacity for quality improvement in Australian palliative care teams, thereby improving palliative care delivery.

HIGHLIGHTS

- SPHERE-Stanford program successfully built capacity for QI in Australian palliative care teams with measurable outcomes.
- Interdisciplinary teams and stakeholder buy-in were key to project success.
- Insufficient organisational resources and staff turnover affected project outcomes.
- Service demands and time constraints impacted QI capacity building.

METHODOLOGY

Palliative care teams learned QI principles and were mentored from June 2021 to December 2022. Using a quota sampling approach, semi-structured interviews were facilitated with participants with varying roles (mentors, team leaders, team members, or service directors) in the seven Australian-based palliative care teams. Informed by the consolidated framework for implementation research (CFIR), interview questions focused on identifying facilitators and barriers to using QI methods, site specific experiences, and shared and divergent experiences within team roles.

RESULTS

Twenty-five interviews were held (13 team members, 6 mentors, 5 team leaders, 1 service director). Findings demonstrate success of the SPHERE-Stanford QI Collaborative in building capacity for QI in Australian palliative care teams, offering a transferrable solution to meet growing palliative care needs. Perceived limitations of implementation included clinician workload, limited time for implementation, and clinician capacity to integrate new skills. Facilitators of sustainability included confidence in the implementation approach, involvement and acceptance of local site clinicians, and key champions.

CONCLUSION

Results from this evaluation on facilitators and barriers of implementation are likely not exclusive to Australia, with lessons learned transferrable to palliative care services across diverse settings.