

Article Screen (Exclude)

DistillerSR

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Sydney.Dy

Project End-of-Life Care (Switch) **User** hopkins.admin (My Settings)
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Refid: 12, Skateboards: Are they really perilous? A retros
Rethnam U, Yesupalan RS, Sinha A.

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strict hospital.

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KEY QUESTIONS

1. What is the evidence for the effectiveness of quality improvement interventions for key targets and settings relevant to palliative and end-of-life care?
 - a) Specific targets: What is the effectiveness for processes and outcomes for pain; communication; continuity, coordination, and transitions; and patient and family distress, in palliative and end-of-life populations?
 - b) Specific settings: What is the effectiveness for quality improvement interventions in any domain within hospice programs and in nursing homes?
 2. What is the evidence for different quality improvement models for improving palliative and end-of-life care in the domains of pain and communication?
 - a) What is the evidence for different types of quality improvement interventions?
 - b) What is the evidence for different models in palliative care: structural, integrative, compared with consultative?
1. Does this apply to any of the key questions?

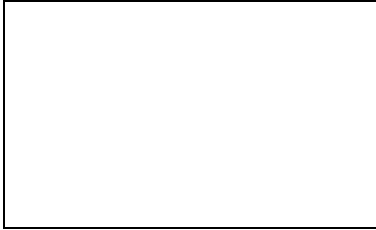
No (identify "exclusion criteria") Yes Non-English language

2. Exclusion Criteria (choose ONE) [Definitions](#)

- Not a study about quality improvement (see definition)
- Does not address a palliative care intervention or population
- Does not include patient- and family-centered outcomes in the results (see definition)
- Not an included study design (see definition)
- Other

[Clear Response](#)

5. Comment



Framework: <https://systematic-review.net/Generic/getAttachment.php?id=1>

EXCLUDE:

- If the study is evaluating an INTERVENTION that is clearly a THERAPY - such as art therapy or cognitive-behavioral therapy, or a support group - as a therapy in one group of patients compared to another, it is **not a QI intervention** but a therapeutic intervention
Some of these studies do get tricky, if it is trying to integrate more psychosocial support into health care, or if there seems to be a patient education/ reminder/ data collection component (such as distress screening), **we may need to look at the full article to sort out if this is a QI or therapy intervention**. If you're not sure, just mark as "unclear" - see below where I have tailored the types of QI interventions somewhat to this field - will need to continue to work on this
- Studies on SCREENING, PREVENTION, or CANCER CONTROL
- QUALITATIVE studies
- CHRONIC NON-CANCER PAIN
- FOCUS GROUPS and usually SURVEY, esp if there is no intervention
- Advanced directive/care planning intervention but **not in a palliative care population**

INCLUDE:

- Studies addressing lung, ovarian, hepatic or pancreatic cancers are generally addressing end-of-life or palliative care
- ADVANCE CARE planning addressing palliative and end-of-life care
- SYSTEMATIC REVIEWS: only include if they 1) address QI, and 2) if they state "systematic review" in the abstract
- SYMPTOM SCREENING, SYSTEMATIC ASSESSMENT are QI
- "NONPHARMACOLOGICAL" and "PSYCHOEDUCATIONAL" **can be QI** - should usually include; could be patient education, which is QI (include if it appears that there's a patient education component)
- QUANTITATIVE results
- Studies MUST have a control group to be an included intervention. A cohort study in a population (same group of patients) is NOT included (e.g., measuring pain in a group of patients before and after a pain education intervention); the only pre-post studies are where the patients are different pre and post (such as an intervention in a hospital).

NOTES:
QI intervention must occur within or affect care within the healthcare system.
Educational interventions must be linked to the aspect of care.

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