

The National Palliative Care Registry™ and Impact on the Field of Palliative Care

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AGENDA

Overview



Findings

Participation



Case Studies

Reports



Conclusion

Overview: National Palliative Care Registry™

- Annual survey on palliative care program's operations, service delivery, and processes
- Collecting annual aggregate data
 - Programs enter data once per year
 - No patient-level data
 - No patient reported outcomes (PROs)
 - Questions aligned with the *National Consensus Project for Quality Palliative Care*

Structure & Process, examples

- Total# of patient encounters including initial consults and subsequent visits, as % of annual hospitalizations served (i.e. penetration)
- Program features
 - 24/7 coverage for patients
 - Team wellness, bereavement and QI plans in place
- Staffing disciplines and palliative care board certification
- Funding Source(s)
- Program Integration
 - Referral sources (physicians and locations)
 - Integration into the ICU and Emergency Department

Across the Continuum:

→ Separate surveys for each care setting:



→ Participation is **free** to all palliative care programs

Participation since 2008:

1,182

Palliative care programs have participated since the Registry's inception

1,410

Care settings these programs cover (hospital, long-term care, office/clinic, and patient's home)

2.33
million

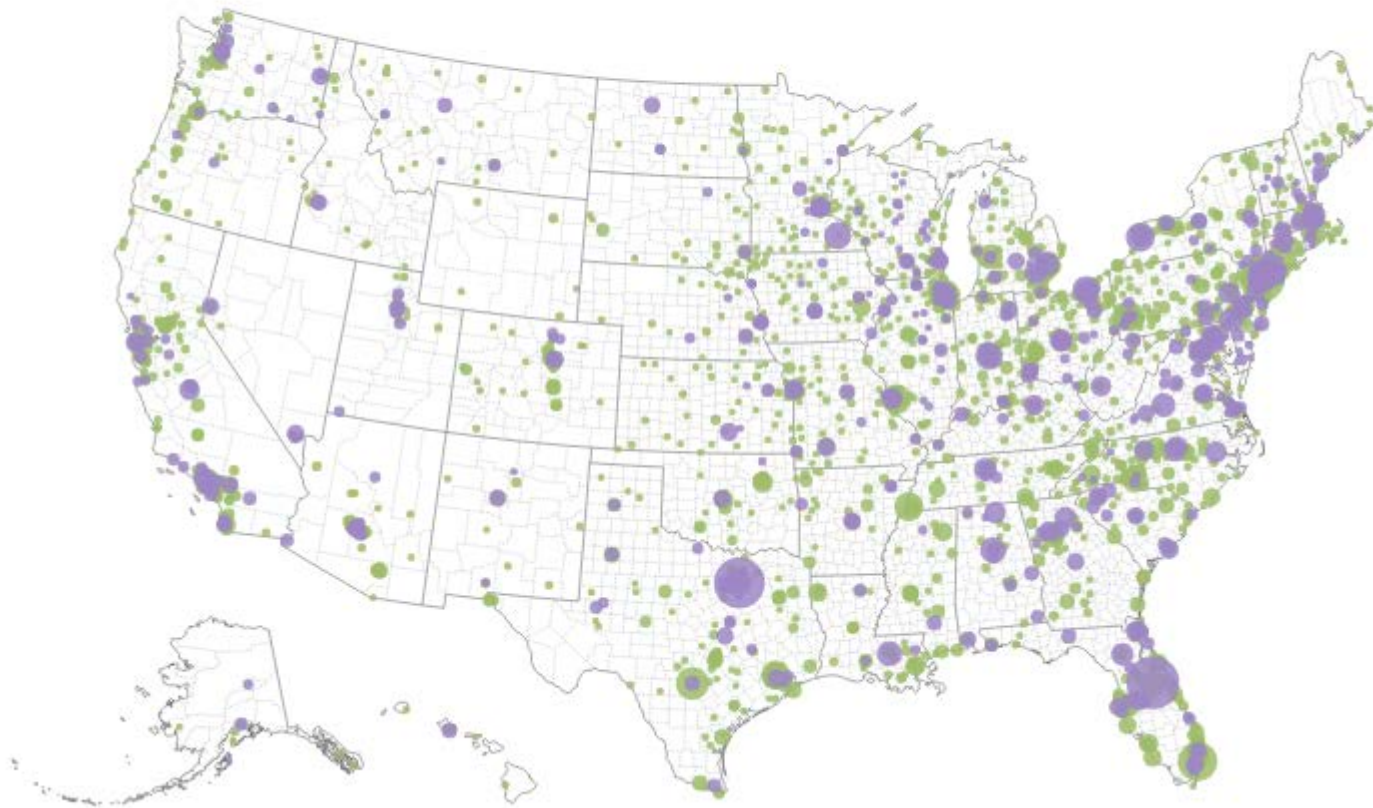
Initial palliative care consults in our database over the past decade

Approximately 20% of hospitals with palliative care programs participate each year

Hospitals with palliative care programs*

Hospitals participating in the Registry

Circle size represents the size of the hospital (total beds)



Key Benefits of Participation

- Contributing to the national profile of palliative care programs
- Tracking program progress over time
- Evaluating your program against similar programs
- Including your program in reporting on national trends
- A premium listing in the Provider Directory on www.getpalliativecare.org for patient, families, referring clinicians, and payers!

The Registry helps programs answer questions, such as:

How has my hospital penetration changed over time?

How does my staffing compare to programs of a similar size?

Has my program grown at the same rate as peer programs?

Answers questions for the field, such as:

Do programs meet nat'l standards on structure and process?

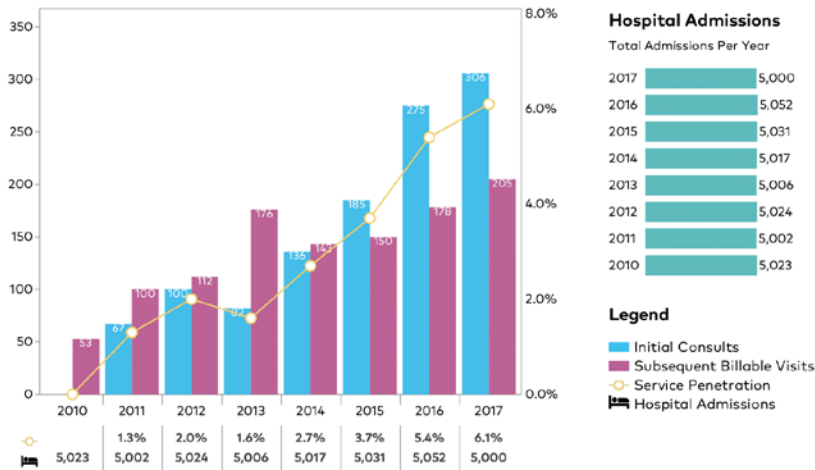
What are the program gaps for palliative care teams?

Are palliative care programs reaching all patients in need?

ACME Adult Palliative Care at ACME

Report Date 03-29-2018

Total Palliative Care Consults and Hospital Service Penetration



| Data Year | Total Admissions | Initial Consults | Subsequent Billable Visits | Total Encounters | Penetration |
|-----------|------------------|------------------|----------------------------|------------------|-------------|
| 2017 | 5,000 | 306 | 205 | 511 | 6.1 |
| 2016 | 5,052 | 275 | 178 | 453 | 5.4 |
| 2015 | 5,031 | 185 | 150 | 335 | 3.7 |
| 2014 | 5,017 | 136 | 143 | 279 | 2.7 |
| 2013 | 5,006 | 82 | 176 | 258 | 1.6 |
| 2012 | 5,024 | 100 | 112 | 212 | 2.0 |
| 2011 | 5,002 | 67 | 100 | 167 | 1.3 |
| 2010 | 5,023 | -- | 53 | 53 | -- |

Quick Facts

Palliative care service penetration refers to the percent of annual hospital admissions treated by a palliative care team. Palliative care service penetration is an estimate of how well programs are reaching patients in need.

Longitudinal Reports

- Help palliative care programs measure their progress and track their operational capacity and reach over time
- Used to set internal program goals and targets based on historical performance
- Key metrics such as penetration (initial consults/annual admissions), staffing, hospital discharges

Peer Comparisons

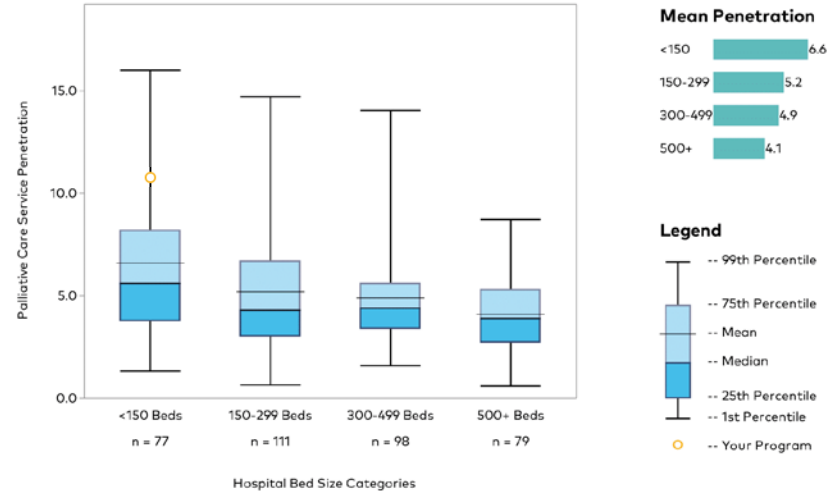
→ Help palliative care programs evaluate against peer programs

→ Reports include averages, medians, and percentiles for comparison groups

ACME Adult Palliative Care at ACME

Report Date 03-29-2018

Palliative Care Service Penetration by Hospital Bed Size (2017)



| Penetration by Bed Count | <150 Beds | 150-299 Beds | 300-499 Beds | 500+ Beds |
|--------------------------|-----------|--------------|--------------|-----------|
| Mean | 6.6 | 5.2 | 4.9 | 4.1 |
| Median | 5.6 | 4.3 | 4.4 | 3.9 |
| 99th Percentile | 16.1 | 15.0 | 15.3 | 8.8 |
| 75th Percentile | 8.2 | 6.7 | 5.6 | 5.3 |
| 25th Percentile | 3.8 | 3.0 | 3.4 | 2.8 |
| 1st Percentile | 0.2 | 0.6 | 1.5 | 0.6 |
| Your Program | -- | -- | -- | -- |

Quick Facts

Palliative care service penetration is an estimate of how well programs are reaching patients in need. It is defined as the percentage of annual hospital admissions seen by the palliative care team. For comparison, programs are divided by relative size, defined by total hospital beds.

Peer Comparisons

- 12 comparative reports for hospital programs
- Comparisons by penetration, staffing, workload by...

Total Hospital Beds

Compare to hospitals of a similar size

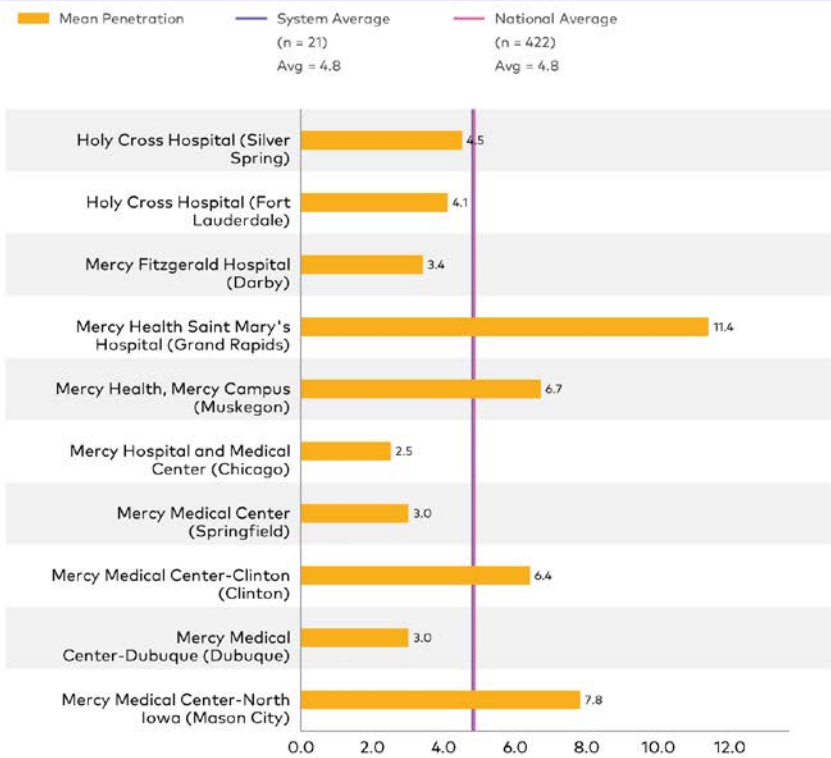
Hospital Penetration

Compare to programs that see a similar percentage of annual hospital admissions

Staffing Full-time Equivalent

Compare to programs with a similar staffing size

Palliative Care Service Penetration (2016)



Quick Facts

Palliative care service penetration refers to the percent of annual hospital admissions that receive an initial palliative care consultation. Palliative care service penetration is an estimate of how well programs are reaching patients in need.

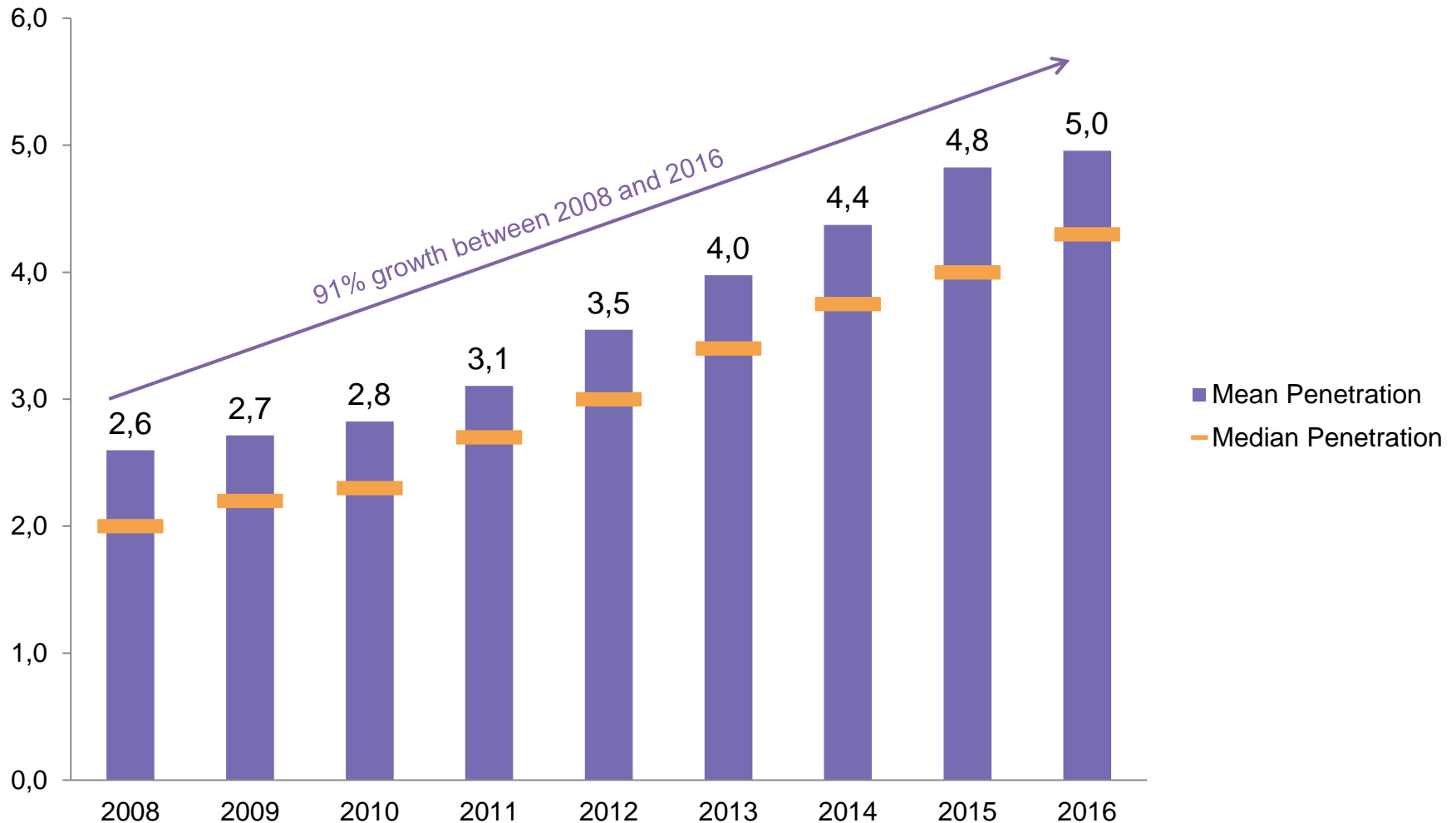


The National Palliative Care Registry™ is a project of the Center to Advance Palliative Care and the National Palliative Care Research Center

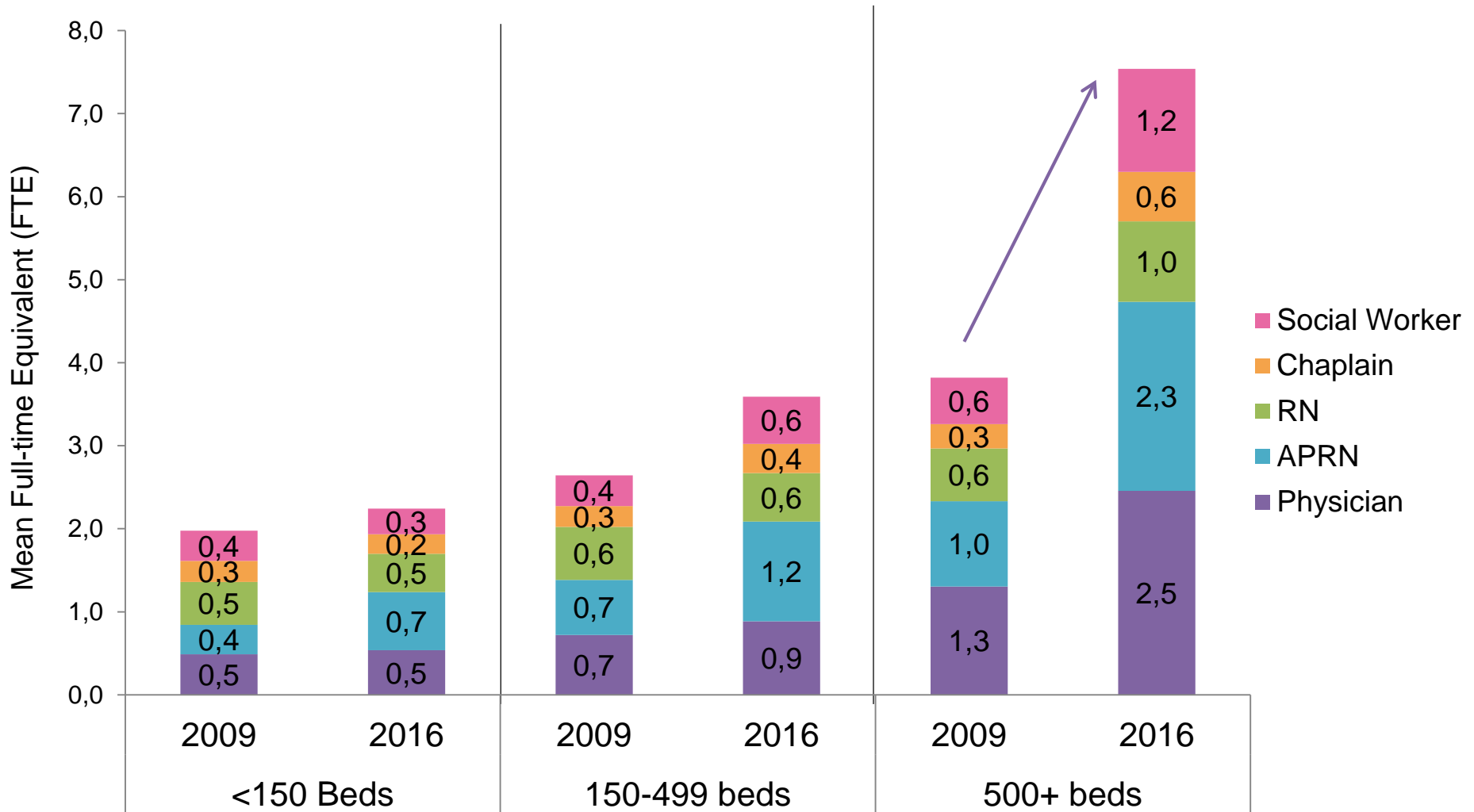
Health System Reports

- Help health systems get a better picture of palliative care across their hospitals
- Help to set system targets and benchmarks compared to the national average

National Finding: Palliative Care Service Penetration has grown 91% since 2008



National Finding: Larger hospitals saw the most growth across staffing disciplines





Impact for Programs

- Make the case for more resources (i.e. staff)
- *“Our hospital is in the bottom quartile for staffing for our bed size.”*
- Bring reports to the hospital’s C-Suite, Board of Directors, and other leadership meetings
- Set program targets or internal benchmarks for the year and years to come
- Lead discussions in palliative care team meetings on process and effectiveness

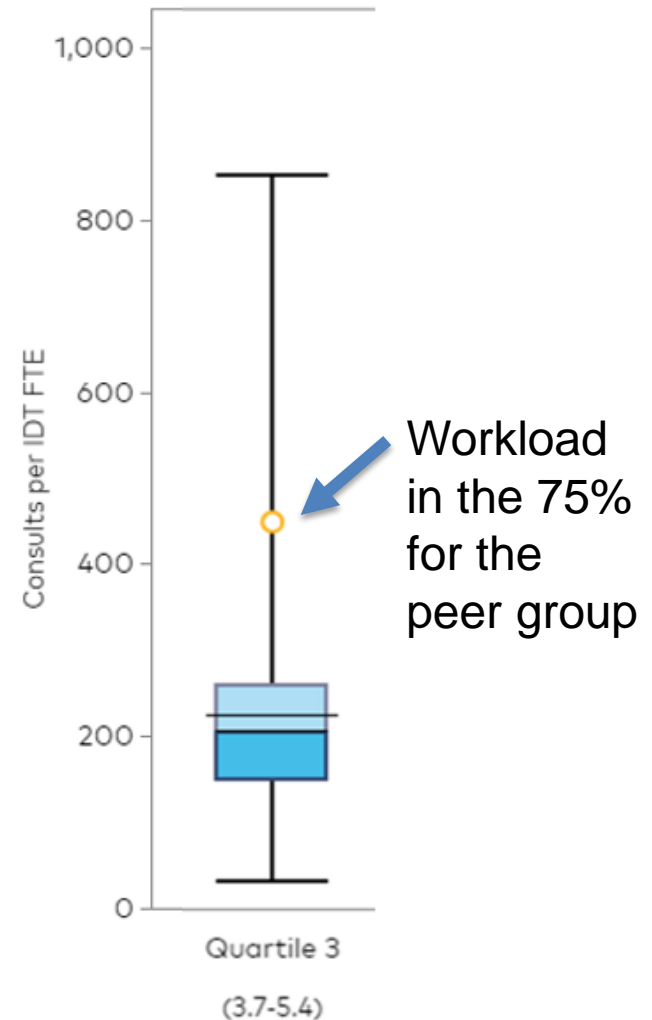


Making the Case for More Resources

Case Study 1

St. Mary Medical Center

- Used Registry reports to show:
 - Palliative care program's penetration was in the top 75% percentile for peer group and reaching patients in need appropriately
 - Team members are overworked compared to peer group average, top 75% for workload
 - Palliative care team is understaffed, staffing FTE fell below the 25% percentile for peer group



St. Mary Medical Center

- Action: Leadership meeting with hospital staffing committee to request additional staffing resources
- Outcome: More staff!
 - +1.0 FTE palliative care nurse practitioner (NP)
 - +1.0 FTE palliative care registered nurse (RN)
 - Palliative care recognized as its own service line in the hospital



Setting Targets for the Health System

Case Study 2

Trinity Health System

- Used Registry reports to:
 - Set internal palliative care targets for each hospital in the system and for the system overall
 - For example, if palliative care penetration is in the 25th percentile, the 2-year target is to move up to the 50th percentile
- Outcome: Trinity Health is close to the average nationally for penetration!



Enhancing Palliative Care Activities within the Hospital

Case Study 3

Baylor Scott and White

- Setting system-level goals to enhance palliative care activities within the hospital
 - Marketing activities within the hospital
 - Education for palliative care staff
 - Meeting national staffing level benchmarks
- Used Registry data to help achieve Joint Commission Advanced Certification for Palliative Care and the Circle of Life Award

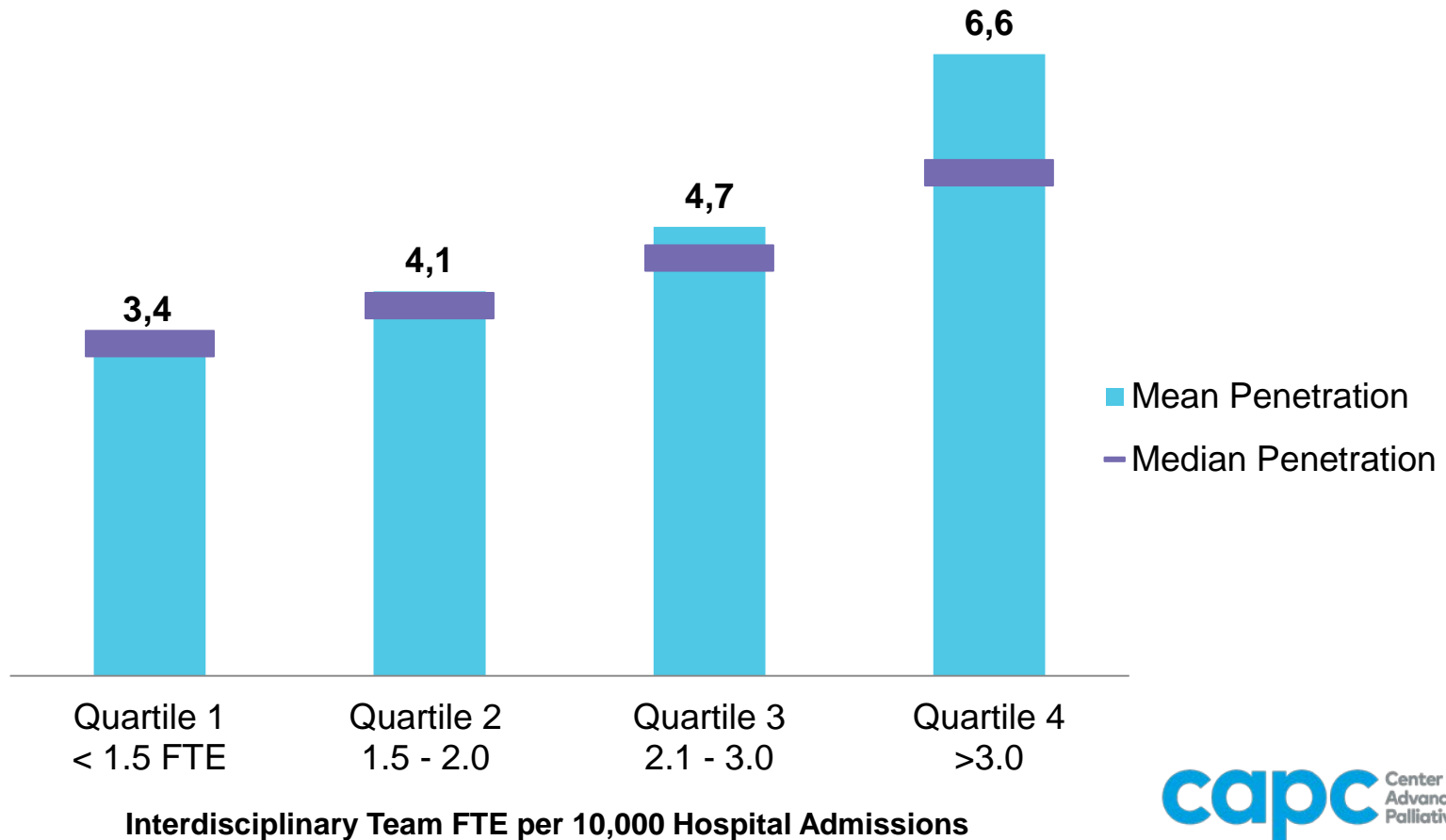


Using National Findings to Advocate for Your Program

Case Study 4

Fairview Southdale Hospital

→ Presented Registry findings on the relationship between staffing and better palliative care penetration



Fairview Southdale Hospital

- Palliative care programs that are adequately staffed reach a larger percentage of annual hospital admissions (penetration)
- Outcome: Increased palliative care nurses on the team from 2.0 FTE to 2.5 FTE



Conclusions

- The Registry provides actionable data that programs can use to secure, retain, and expand resources
- Using Registry reports, palliative care programs can measure their progress and track their operational capacity and reach
- Releasing national findings promotes standardization in the field and encourages increased access for patients and families

The National Palliative Care Registry™

- The Registry is building a profile of palliative care teams, operations, and service delivery focused on structure and process.
- The Registry is a joint project of the Center to Advance Palliative Care (CAPC) and the National Palliative Care Research Center (NPCRC)
- Learn more at <https://registry.capc.org/>