

National
Palliative Care
Registry[™]

A project of CAPC and NPCRC

2009-2015

HOW WE WORK:

Trends and Insights in
Hospital Palliative Care



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Suggested Citation: Rogers M, Dumanovsky, T. How We Work: Trends and Insights
in Hospital Palliative Care. The Center to Advance Palliative Care and the National
Palliative Care Research Center. February 2017.

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About This Report

How We Work: Trends and Insights in Hospital Palliative Care is a comprehensive profile of hospital palliative care programs participating in the National Palliative Care Registry™. The goal is to provide actionable information to promote standardization and improve the quality of hospital palliative care.

Key findings of the report include steady growth in service capacity as measured by improved staffing levels and palliative care service penetration, with programs reaching a larger proportion of hospitalized patients in need. Programs are also improving in terms of interdisciplinary team composition and number of team members with formal board certification in palliative care. *How We Work* also summarizes performance on key metrics, such as hospital length of stay, timing of palliative care, patient encounters, and referral sources.

The report highlights opportunities for improvement in hospital palliative care. While palliative care service penetration has increased, many people in need remain underserved. Despite increases in staffing levels, many programs are still not adequately staffed to meet patient need.¹ *How We Work* documents our progress toward the goals of wider access to palliative care, including improvement in hospital delivery of that care, and supports the community's commitment to palliative care program implementation concordant with national quality standards.

DATA AND EXCLUSIONS

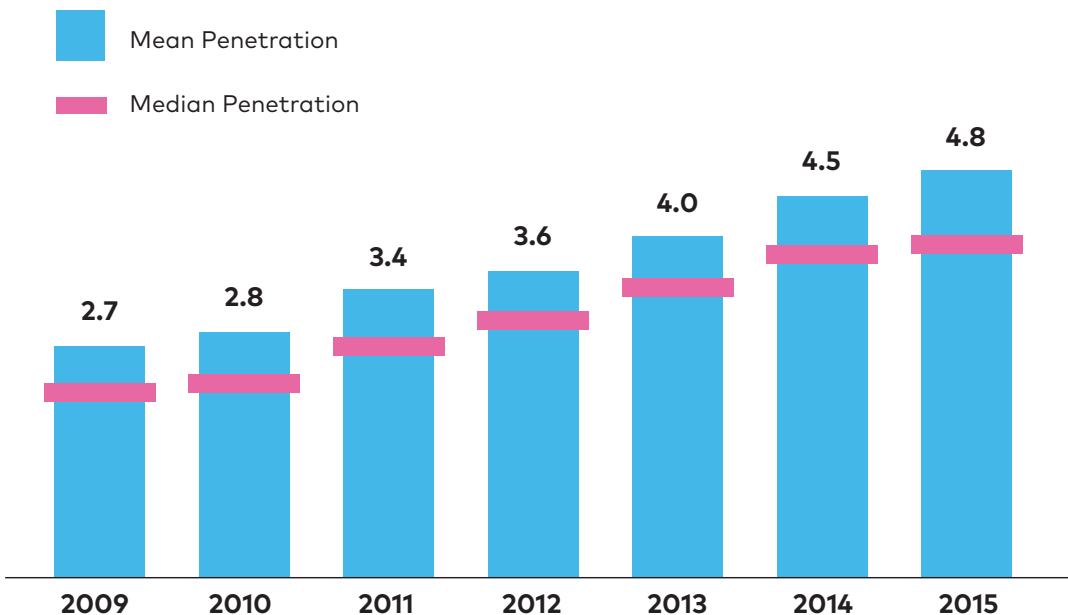
Hospital palliative care programs participating in the National Palliative Care Registry™ from 2009 through 2015 were included in trends analyses. Approximately 400 hospital palliative care programs have participated in the Registry annually since 2009. Hospital pediatric-only palliative care programs and hospital inpatient palliative care units were excluded due to differences in their program structure and operations.

¹ Spetz J, Dudley N, Trupin L, Rogers M, Meier DE, Dumanovsky T. Few hospital palliative care programs meet national staffing recommendations. *Health Affairs*. 2016;35(9):1690-1697.

TRACKING THE GROWTH OF HOSPITAL PALLIATIVE CARE

Palliative Care Service Penetration

Palliative care service penetration is the percentage of annual hospital admissions seen by the palliative care team. Over the past 7 years, palliative care penetration has increased by 78%. In 2015, on average, 4.8% of all hospital admissions received palliative care.

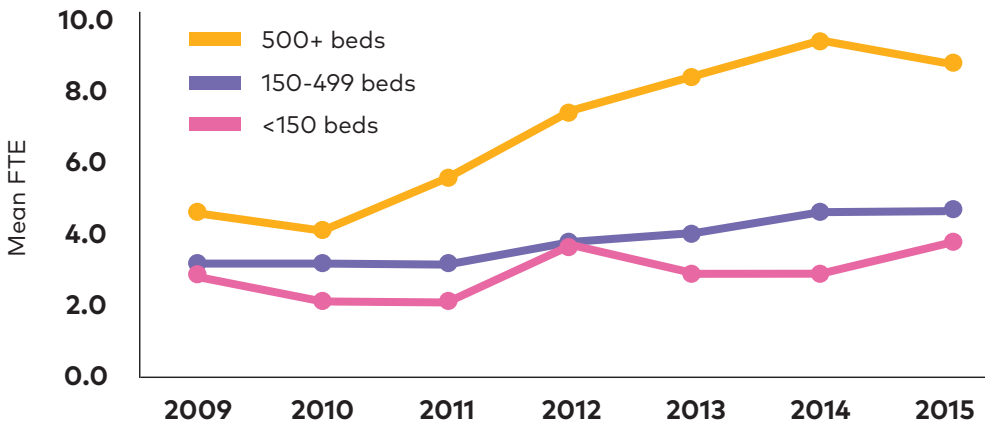




Over the
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palliative care
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Palliative Care Program Staffing

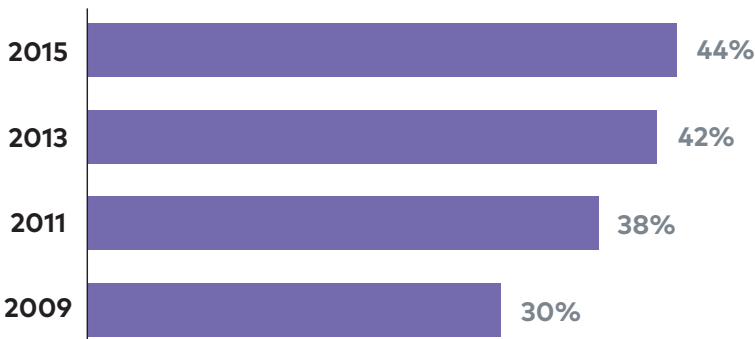
The total number of full-time equivalent (FTE) staff dedicated to palliative care services has increased. This growth is much greater in larger hospitals (500+ beds), where FTE staffing has doubled since 2009. Small hospitals (<150 beds) have seen a 31% growth in FTE staffing, while staffing in mid-size hospitals has grown 42%.



Complete Interdisciplinary Teams

Standards set by the Joint Commission Advanced Certification for Palliative Care state that the core interdisciplinary team should include a physician, an advanced practice registered nurse (APRN) or registered nurse (RN), a social worker, and a chaplain. From 2009 to 2015, the number of programs reporting a complete interdisciplinary team increased by nearly 50%, from 30% to 44%.

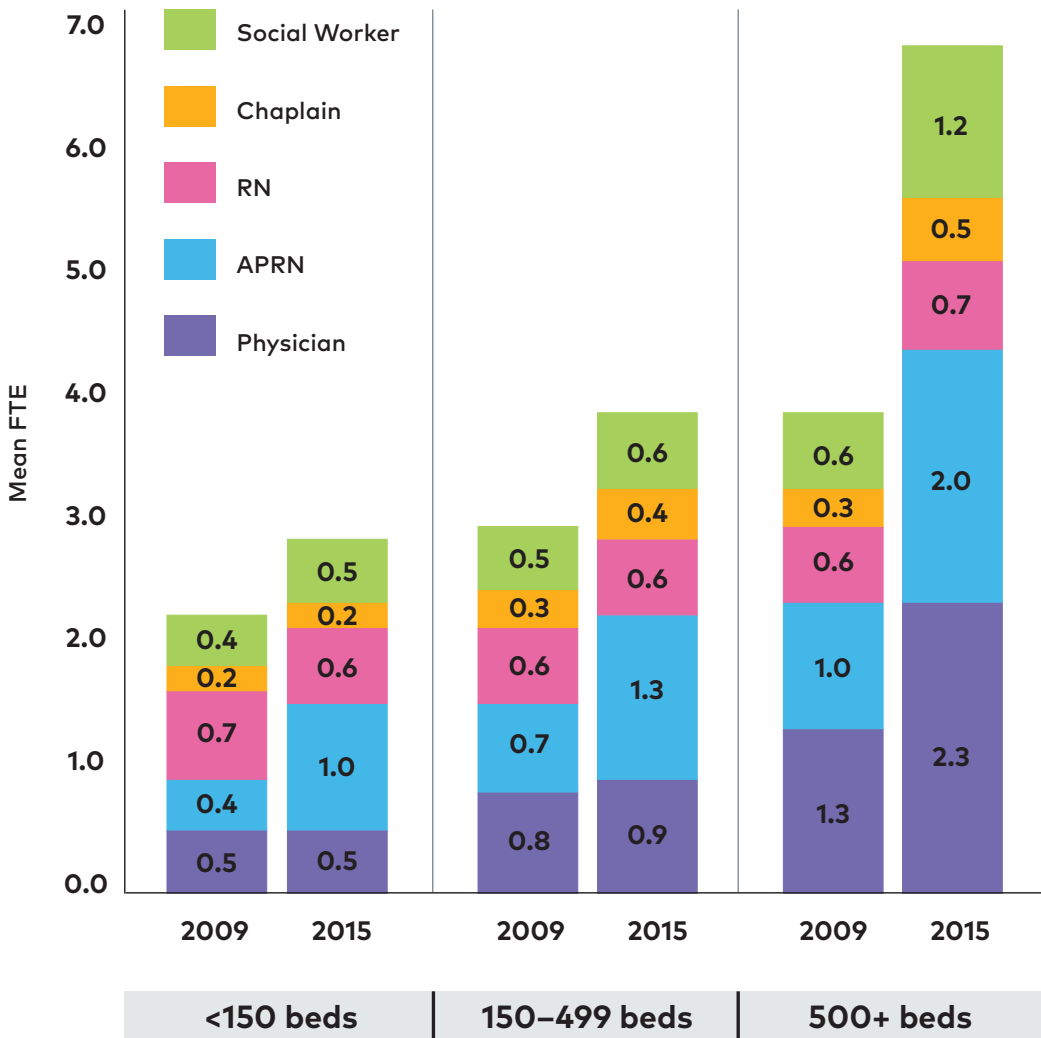
Percent of Programs with Complete Interdisciplinary Teams



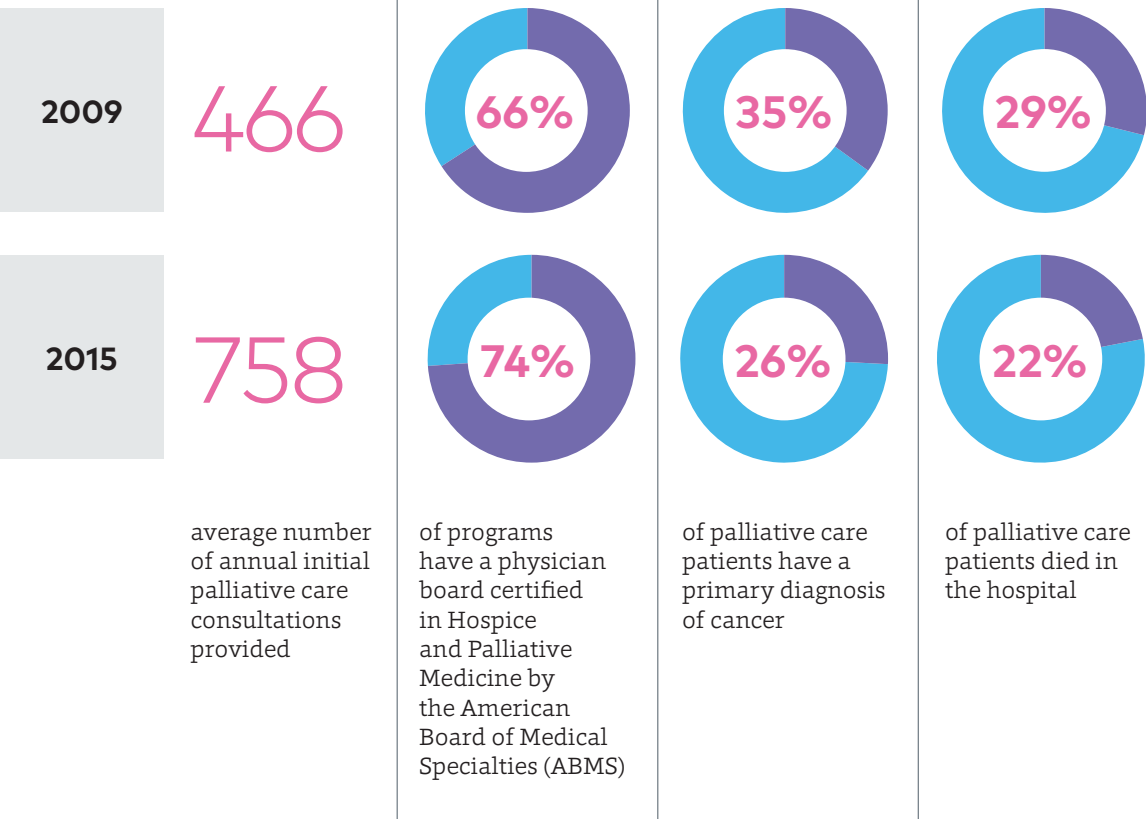
Core Interdisciplinary Palliative Care Team Staffing

Much of the growth in palliative care interdisciplinary teams is attributable to an increase in APRNs, the number of which has almost doubled from 2009 to 2015.

Hospitals with 500 or more beds saw the largest growth in the core interdisciplinary team, from 3.8 FTE in 2009 to 6.7 FTE in 2015, a 77% increase. While there has been growth across disciplines, increases in physician and social worker staffing are primarily limited to larger hospitals.



Changes in the Average Palliative Care Program



KEY TRENDS

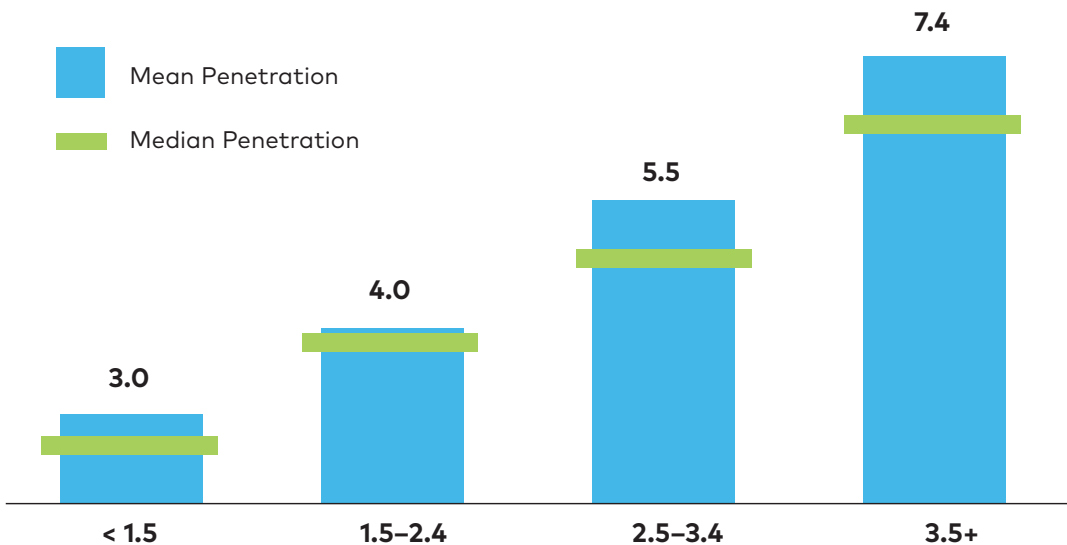
Some of the key changes in hospital palliative care between 2009 and 2015 include:

- Increase in the number of palliative care consultations, with programs reaching more patients in need
- Growth in interdisciplinary team size; more programs meet national standards for staffing
- Increase in the diversity of the patient population served in terms of primary diagnosis
- More palliative care patients are discharged from the hospital

2015 STAFFING INSIGHTS

Staffing and Hospital Penetration

Regardless of hospital size, palliative care programs with more staff were able to see a higher percentage of patients. Palliative care programs with 3.5 or more interdisciplinary team FTE per 10,000 admissions have a penetration rate 150% greater than programs with fewer than 1.5 interdisciplinary team FTE per 10,000.



Interdisciplinary Palliative Care Team FTE per 10,000 Hospital Admissions

EXAMPLE: FTE per 10,000 admissions allows for staffing level comparisons across hospitals of different sizes by standardizing admissions across hospitals. For example, a hospital with 20,000 admissions and 5.0 FTE in its palliative care program has 2.5 FTE per 10,000 admissions $((5.0 \text{ FTE} \times 10,000)/20,000)$, while a hospital with 40,000 admissions and 70 FTE has 1.75 FTE per 10,000 admissions $((70 \times 10,000)/40,000)$.

Gaps In Staffing

The 44% of programs **with** complete interdisciplinary teams have on average...

- 1.2 FTE Physician
- 1.9 FTE APRN or RN
- 0.9 FTE Social Worker
- 0.5 FTE Chaplain

Among the 56% of programs **without** complete interdisciplinary teams...

- 30% have **no** Physician
- 10% have **no** APRN or RN
- 54% have **no** Social Worker
- 70% have **no** Chaplain



Almost half (46%) of palliative care programs provide 24/7 coverage, with Monday-Friday inpatient consultation availability and 24/7 telephone support.

Team Effectiveness

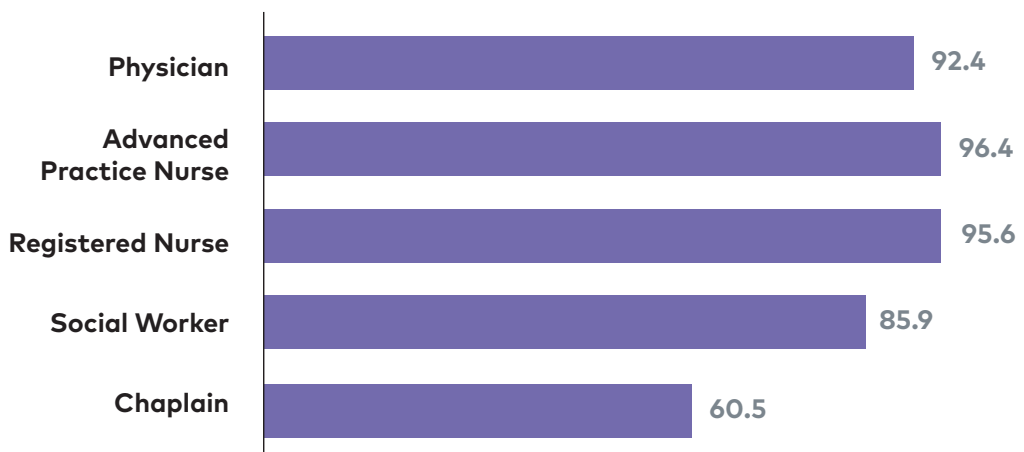
- 64%** of palliative care programs hold full team meetings at least once per week.
- 56%** of palliative care programs have team wellness policies in place.
- 75%** of palliative care programs report having a staff education plan in place.

Funded Staff

Over 85% of palliative care physicians, advanced practice nurses, registered nurses, and social workers are funded through the hospital's palliative care budget. In contrast, 40% of chaplaincy positions are supported in-kind (paid out of other budgets) or are volunteer.

Over the past four years, the percentage of palliative care programs reporting in-kind staff decreased by 20%, from 39% of programs in 2012 to 31% in 2015.

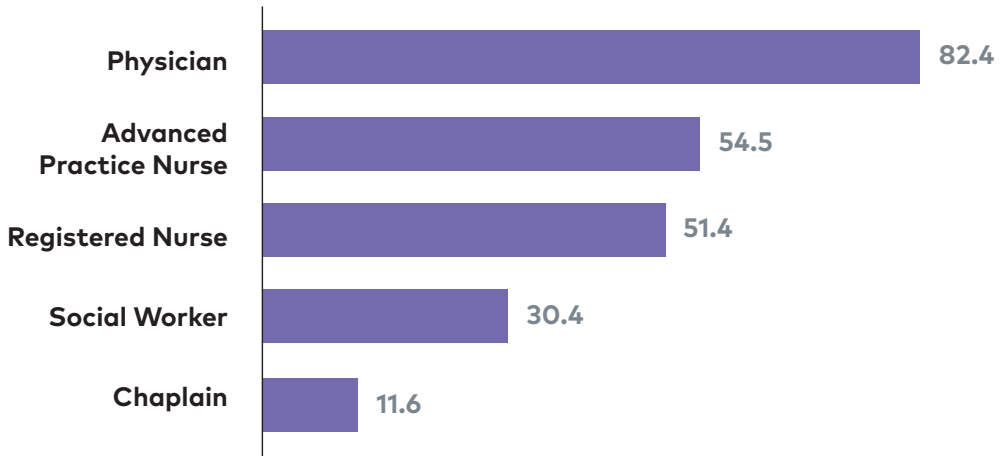
Percent Funded Through Palliative Care Budget



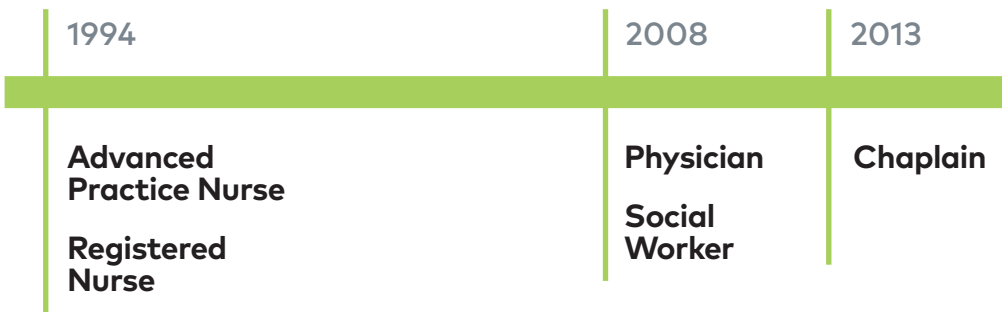
Palliative Care Certification

While only about half of nurses, 30% of social workers, and 12% of chaplains are certified in palliative care, the majority (82%) of physicians are certified by the American Board of Medical Specialties (ABMS) in hospice and palliative medicine. Palliative care certification for chaplains is relatively new for the field.

Percent with Board Certification in Palliative Care



Year Palliative Care Board Certification Became Available, by Discipline



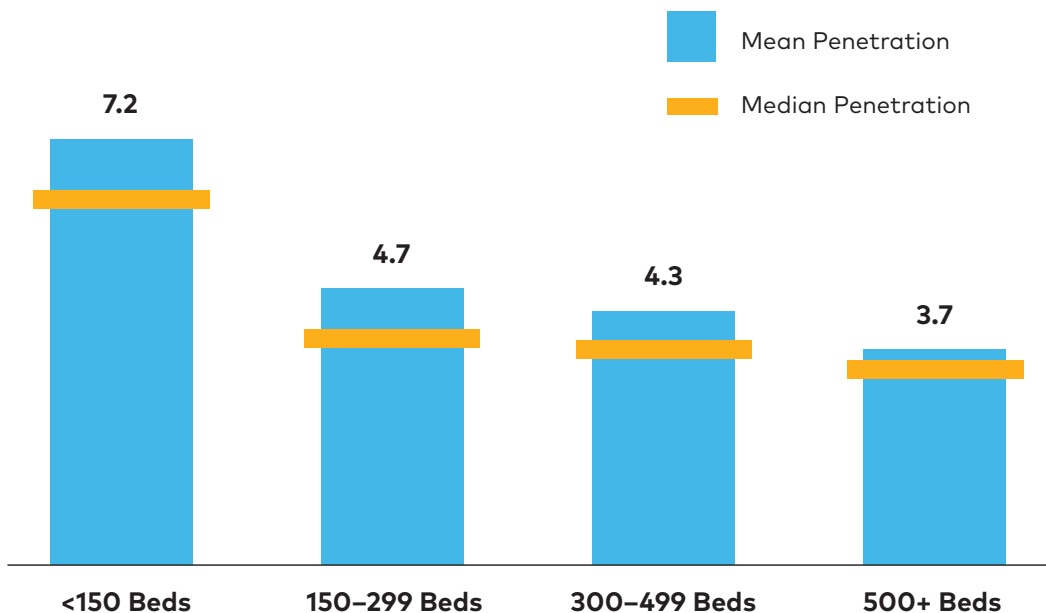
STAFFING STABILITY

Overall, 64% of palliative care programs are seeking additional staff. Programs in smaller hospitals (fewer than 150 beds) are more likely to be stable and not hiring new staff. Only 7% of programs reported that they had to reduce their staff in the past two years.

2015 PROGRAM INSIGHTS

Palliative Care Service Penetration

Penetration is the percentage of annual admissions seen by the palliative care program. In 2015, across all programs, 4.8% of annual hospital admissions received a palliative care consultation. Smaller hospitals, with fewer than 150 beds, saw a higher percentage of annual hospital admissions compared to larger hospitals.



Patient Encounters



LARGE HOSPITALS

Palliative care programs at large hospitals (500+ beds) provided an average of 1,242 initial inpatient consults and 2.2 billable subsequent visits per consult.



SMALL HOSPITALS

Programs at small hospitals (fewer than 150 beds) provided an average of 353 consults and 1.3 billable subsequent visits per consult.

Programs with complete interdisciplinary teams reported 20% more billable visits per consult compared with programs that do not have complete teams. Complete teams with both physicians and advanced practice nurses generate additional revenue as compared to those with only one of the two disciplines.

Observation and Emergency Department Consults

59%

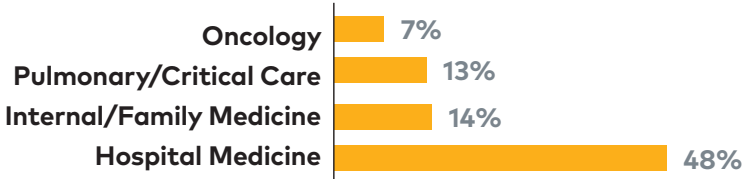
of palliative care programs saw patients in observation beds

76%

of palliative care programs saw patients in the emergency department

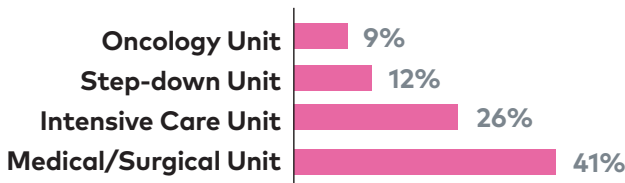
Palliative Care Referrals

Top 4 Referring Physician Specialties



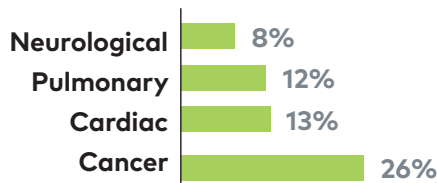
48% of all palliative care referrals in 2015 came from hospitalists.

Top 4 Referring Sites



Most referrals (41%) came from medical/surgical units.

Top 4 Primary Diagnosis Groups



On average, one in four palliative care patients had a primary diagnosis of cancer.

Palliative Care Program Features

73% reported having a **quality improvement plan** in place.

67% of programs reported **program funding** from their hospital; 7% reported hospice funding.

49% of programs reported getting **custom palliative care reports** from their Electronic Health Record (EHR).

38% of programs reported measuring palliative care **patient or family satisfaction**. Of these, 77% use a standard instrument.

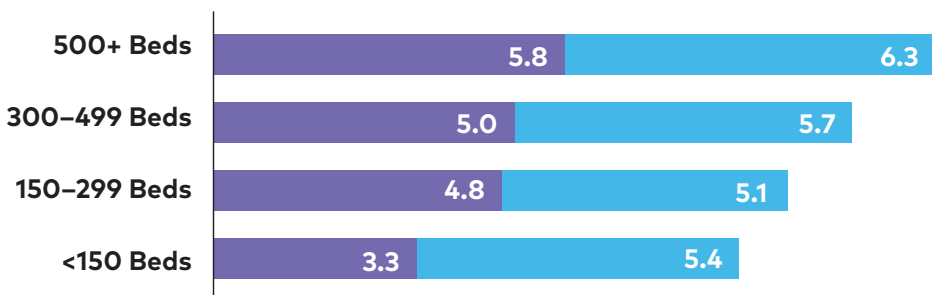
35% of programs reported using a **standardized screening tool** for identifying eligible palliative care patients.

2015 LENGTH-OF-STAY INSIGHTS

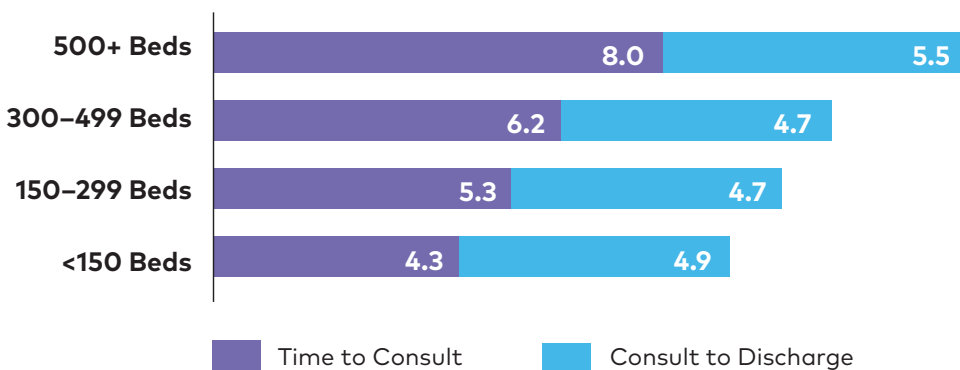
Hospital Length of Stay

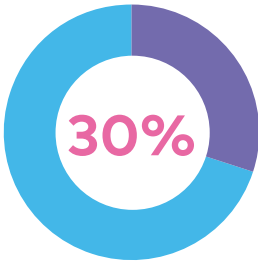
Programs reported an average hospital stay of 10.4 days for palliative care patients. For patients who died in the hospital, programs reported palliative care consultation later in their hospital stay. For both populations, length of stay varied by hospital size.

Discharged from Hospital (Mean Days)



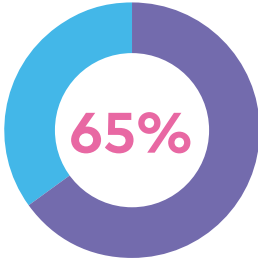
Died in Hospital (Mean Days)





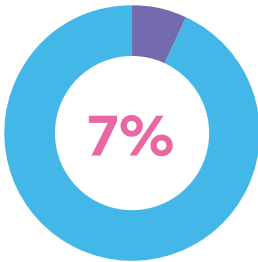
Early Engagement

of patients received a palliative care consult within 1 day of hospital admission



Response Time

of patients received a palliative care consult within 1 day of referral



Missed Referrals

of referred patients were not seen by the palliative care program prior to hospital death or discharge



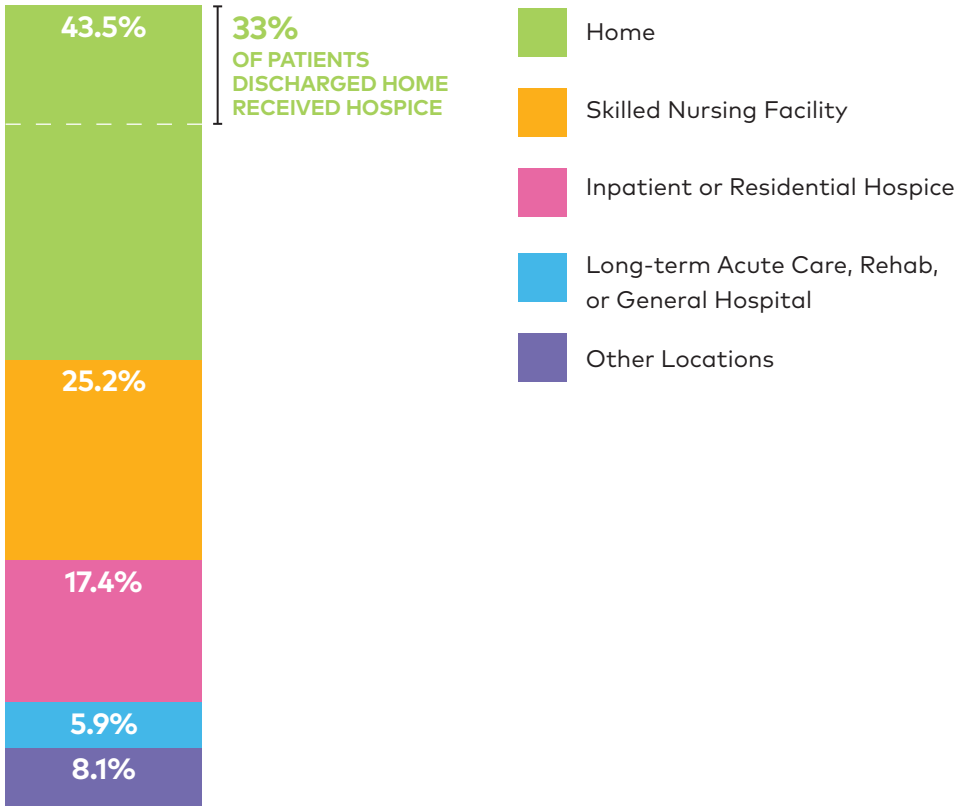
Hospital Readmission Rate

14% of palliative care patients are readmitted to the hospital within 30 days of discharge.

For 2015, the Centers for Medicare and Medicaid Services (CMS) reported the Medicare 30-day, all condition, hospital readmission rate at 18%.

Palliative Care Discharges

Over 40% of palliative care patients are discharged to their home, either a private residence or assisted living facility. One-third of these patients are referred to home hospice on discharge.



Participate in the National Palliative Care Registry™

Participation in the Registry is free and open to all palliative care programs across the continuum of care—including hospital, home, long-term care, and office practices. By participating in the Registry, you will add your program data to the national profile of palliative care, receive access to custom reports that measure your program's progress year-to-year, and assess your program through comparisons with peer programs. Your participation also helps promote standardization and improve the quality of palliative care.

Learn more and submit data at registry.ccapc.org.



Center to Advance Palliative Care

capc.org

The Center to Advance Palliative Care (CAPC), established in 1999, is a national organization dedicated to increasing access to quality palliative care for people facing serious illness and their families. CAPC provides health care organizations, providers, and payers with the tools, training, technical assistance, and metrics needed to support the successful implementation and integration of palliative care.



National Palliative Care Research Center

npcrc.org

The mission of the National Palliative Care Research Center (NPCRC) is to improve care for patients with serious illness and address the needs of their families by promotion of palliative care research. The NPCRC, founded in 2005, establishes priorities for palliative care research, develops a new generation of researchers in palliative care, and coordinates and supports studies focused on improving care for patients living with serious illness and their families.

National Palliative Care Registry™

The National Palliative Care Registry™ is building a profile of palliative care teams, operations, and service delivery. The Registry, established in 2008, is a joint project of the Center to Advance Palliative Care (CAPC) and the National Palliative Care Research Center (NPCRC). The Registry serves palliative care programs across the continuum of care and is free and open to all.

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