

# Rural Palliative Care Networking Group Meeting

September 18, 2014  
Fergus Falls, Minnesota



# Agenda

- Welcome and Introductions
- Educational Session
  - “Measures for Rural Palliative Care Programs”
- Round-robin discussion
- Wrap-up and next steps

# Measures for Rural Palliative Care Programs

Rural Palliative Care Networking Group  
Tuesday, September 18



# Presenters

- Karla Weng, MPH, CPHQ  
Program Manager, Stratis Health
- Laura Grangaard Johnson, MPH  
Research Analyst, Stratis Health



# Stratis Health

- Independent, nonprofit, community-based Minnesota organization founded in 1971
  - Mission: Lead collaboration and innovation in health care quality and safety, and serve as a trusted expert in facilitating improvement for people and communities
- Funded by federal and state contracts, corporate and foundation grants
- Working at the intersection of research, policy, and practice



# Stratis Health Rural Palliative Care Initiatives

Goal: Assist rural communities in establishing or strengthening palliative care programs

How: Bring together rural communities in a structured approach focusing on community capacity development



# Stratis Health's Palliative Care Program Components

- Community Capacity Development
- Resource Center
- Rural Palliative Care Networking Group
- Measurement Pilot



# Palliative Care Measurement Pilot – Context

- Measurement
- Rural
- Community-based





# Palliative Care Measurement Pilot

**Purpose:** To identify and field test a set of clinical quality, cost/efficiency, and patient/family experience measures for community-based palliative care services relevant to rural practice

**Participants:** 5 rural community-based palliative care programs that tested measures



# Project Timeline

- **Spring/Summer 2012:** literature search & environmental scan of relevant measures. Convene an expert Technical Advisory Panel to provide feedback on selected measures
- **Summer/Fall 2012:** recruit rural palliative care programs to participate, and develop tools and resources for project
- **December 2012:** IRB approval
- **January – October 2013:** Data submissions and reporting
- **Winter 2013/2014:** Summarize findings, Re-convene Technical Advisory Panel for input.

# Measures Tested

- Determined measures to test
  - Environmental scan & literature search
    - National Quality Forum (NQF)
    - Center for Advancing Palliative Care (CAPC)
  - Proposed and discussed measures with Technical Advisory Panel

## Measures Tested (cont.)

- **Categories:**
  - Patient & Family Experience
  - Operational
  - Clinical
  - Utilization
- Tools were developed or adapted to collect data for each type of measure

# Patient & Family Experience

- Measures (next slide)
- Tool
  - Adapted from National Hospice and Palliative Care Organization's Family Evaluation of Palliative Care and one of the pilot communities
  - Was intended to gather anonymous input from the customer's point of view

PATIENT EXPERIENCE SURVEY

<<Insert Logo for your palliative care program or sponsoring facility here.>>

Your Palliative Care Team  
Insert staff names here

Instructions to the patient: Please check the box that best represents each statement for you.

	😊			☹️	🚫
	Always	Usually	Sometimes	Never	Does not apply
1) The Palliative Care Team (their names are listed in the top left-hand corner) treated everyone involved with my care respectfully					
2) The Palliative Care Team kept <u>me</u> informed about the likely outcome of care					
3) The Palliative Care Team kept <u>my family</u> informed about the likely outcome of care					
4) The Palliative Care Team provided emotional support for <u>me</u>					
5) The Palliative Care Team provided emotional support for <u>my family</u>					
6) The amount of attention that the Palliative Care Team focused on my pain control was good					
7) The Palliative Care Team addressed other symptoms (such as constipation, breathing, sleep, nausea, anxiety, depression, etc.)					
8) I was satisfied with the abilities of the Palliative Care Team					
9) I was satisfied with the concern the Palliative Care Team had for me					
10) Overall, I received the best possible care from the Palliative Care Team					
11) After receiving Palliative Care, I would recommend it to others in need of Palliative Care					

Is there anything else that you would like to tell us about the care provided by the Palliative Care team? If so please explain:

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When finished, please return using the pre-paid envelope enclosed. Thank you!  
If you have questions, please contact <INSERT STAFF NAME FOR YOUR PROGRAM> at <CONTACT INFORMATION FOR THAT PERSON>

Adapted by Stratis Health and Lakewood Health System from the National Hospice and Palliative Care Organization's Family Evaluation of Palliative Care survey - Updated 11/15/2012



# Operational

- Measures
  - Staff attributes & training
    - Physician
    - Nurse
    - Pharmacist
    - Social worker
    - Chaplain & community clergy
  - Program attributes
    - After-hours support
    - Advance directives

# Operational

- Tool
  - Short assessment of Y/N questions and one short answer
  - Administered at the beginning and at the end of the pilot





# Clinical

- Measures
  - Based on the National Quality Forum Endorsed Palliative and End of Life Care Measures
    - Percentage of palliative care patients who were screened for pain during the palliative care initial encounter
    - Percentage of palliative care patients who screened positive for pain and received a clinical pain assessment within 24 hours of screening
    - Percentage of palliative care patients who were screened for dyspnea during the palliative care initial encounter

# Clinical

- Measures (cont.)
  - Based on the National Quality Forum Endorsed Palliative and End of Life Care Measures (cont.)
    - Percentage of palliative care patients who screened positive for dyspnea who received treatment within 24 hours of screening
    - Percentage of palliative care patients with documentation in the clinical record of a discussion of spiritual/religious concerns or documentation that the patient/caregiver did not want to discuss

# Clinical

- Measures (cont.)
  - Reason for initial patient consultation
  - Reason for patient discharge
  - Breakdown of palliative care patient housing/living situation



# Clinical

- Tools
  - An Excel-based tool used to collect patient data via chart abstraction.
    - Adapted from IPRO's hospice Assessment Intervention and Measurement (AIM) toolkit
  - Included built-in methods that calculate a set of indicators

# Utilization

- Measures
  - Average number of inpatient stays and days 6 months prior to beginning palliative care
  - Average number of emergency department visits 6 months prior to beginning palliative care
  - Average number of inpatient stays and days since starting palliative care (only for patients receiving services for at least 60 days)
  - Average number of emergency department visits since starting palliative care (only for patients receiving services for at least 60 days)

# Utilization

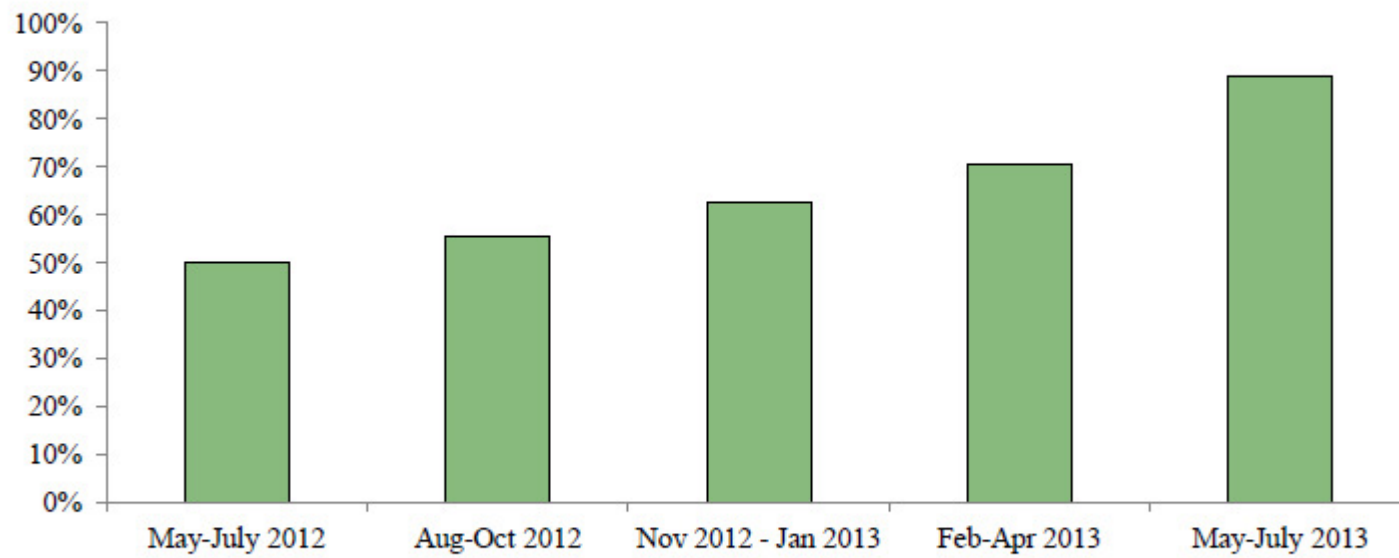
- Tools
  - Used the same Excel-based tool used to collect patient data for Clinical measures



# Findings & Recommendations

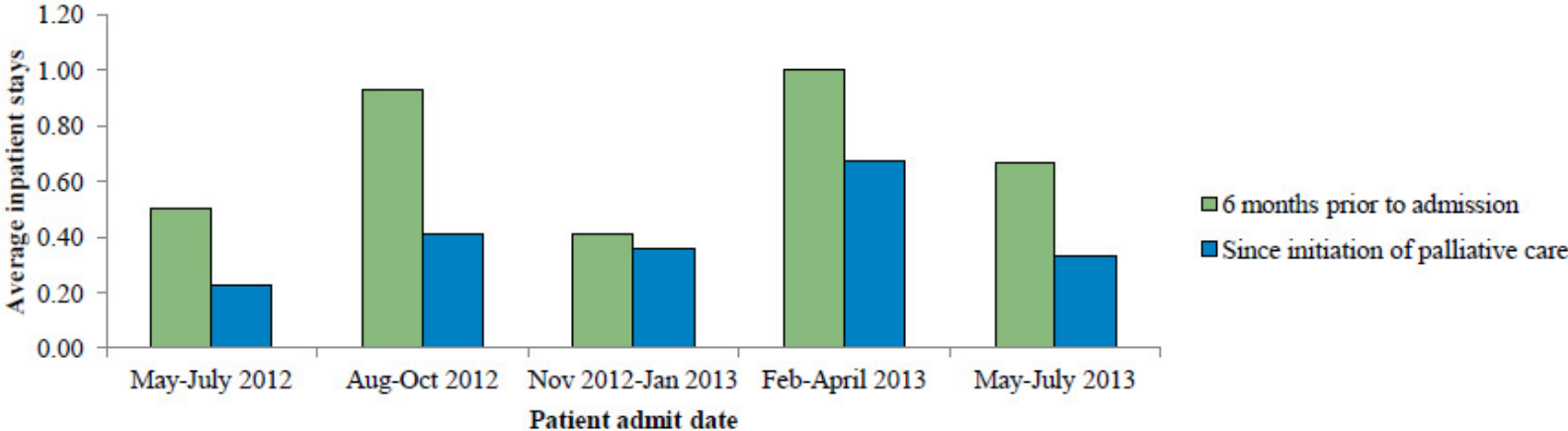
- Operations survey information was useful
  - Unclear use for reportable measures
- Patient/family survey showed high satisfaction
- Clinical measures
  - Helped programs find opportunities for improved processes and documentation
- Utilization measures
  - Many caveats, but lower utilization of hospital services after palliative care
  - Often challenging to obtain data

**Percentage of palliative care patients who screened positive for dyspnea who received treatment within 24 hours of screening**

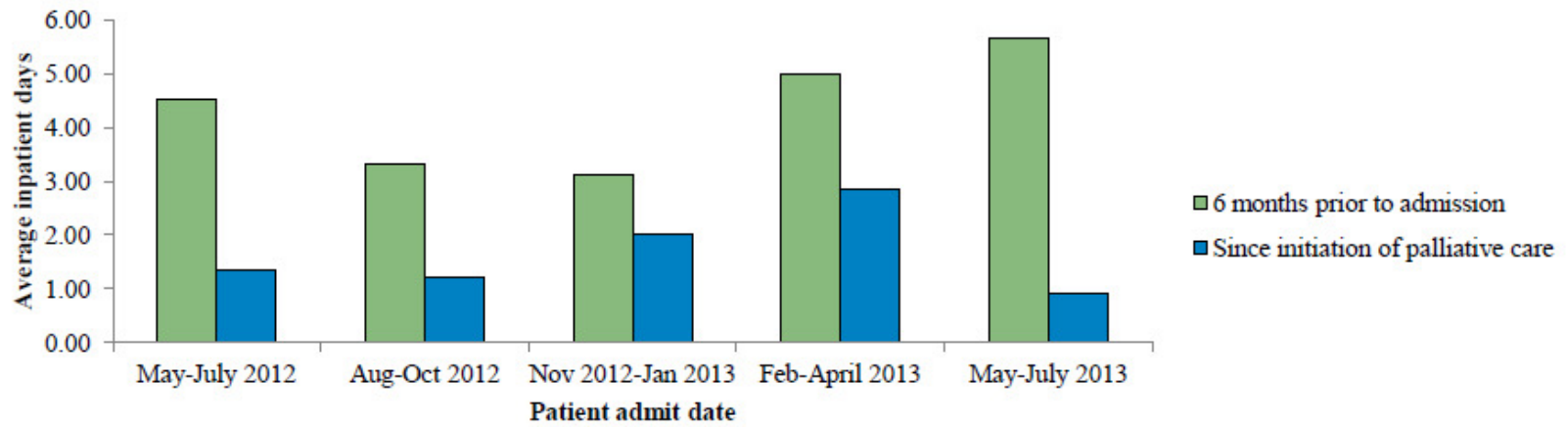




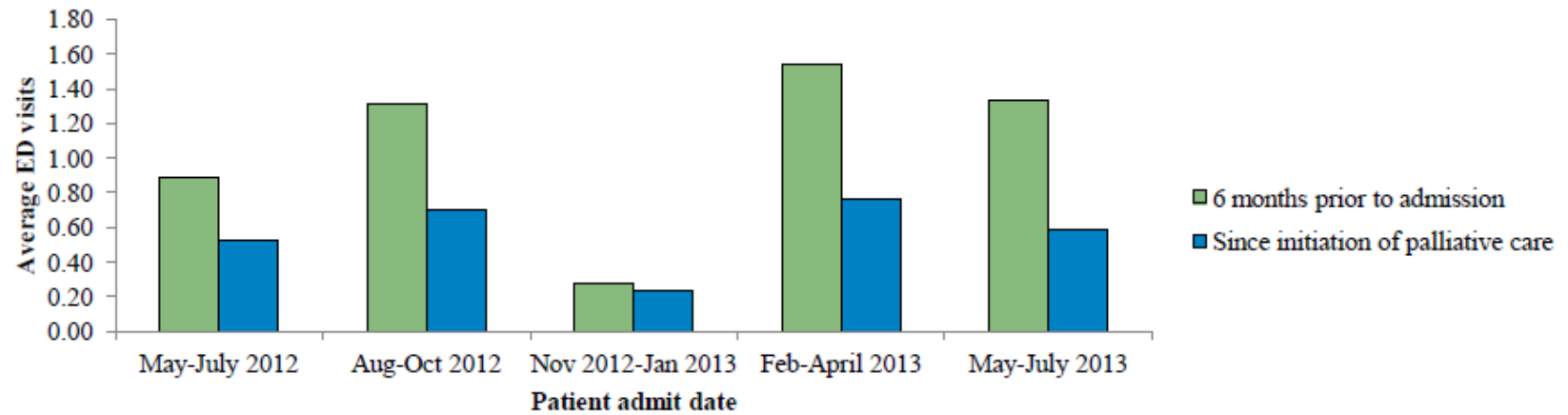
Overall - average inpatient stays per patient



Overall - average inpatient days per patient



Overall - average ED visits per patient



# Findings & Recommendations

- Suggestions for further exploration
  - Measure for assessing and addressing psychosocial needs
  - Measure for capturing referrals to community services
  - Measuring outcomes over time
  - Other ways to measure or track utilization



# Tools and Resources

- Excel-based data collection tool
- Data collection guide
- Patient & Family Experience Survey

# Contact information

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# Thank you!

This material was prepared by Stratis Health with funding from UCare.



# Round-Robin Discussion





# Wrap-Up and Next Steps

- Next meeting

Thursday, January 15, 2015, 10 am – noon

Glacial Ridge Homecare & Hospice

10 Fourth Avenue SE

Glenwood, MN 56334

## Educational Session: Targeting Resource Use Effectively (TRUE)

- Presented by Terri Anderson, Glacial Ridge Homecare & Hospice; Patric Collins, Knute Nelson Hospice; Sue Quist, Hospice of Douglas County; Janelle Shearer, Stratis Health



# Questions?

Janelle Shearer, MA, RN, BSN

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