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

Your Palliative Care Team
Insert staff names here

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

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

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

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 Vermont 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
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

Karla Weng, Program Manager
kweng@stratishealth.org

Laura Grangaard, Research Analyst
lgrangaard@stratishealth.org

Lyn Ceronsky, Director of Palliative Care
lcerons1@fairview.org
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
📞 952-853-8553 or 877-787-2847
jshearer@stratishealth.org

www.stratishealth.org