

# 2014 Healthcare Benchmarks

# Palliative Care



Note: This is an authorized excerpt from *2014 Healthcare Benchmarks: Palliative Care*.  
To download the entire report, go to <http://store.hin.com/product.asp?itemid=4808> or call 888-446-3530.

# 2014 Healthcare Benchmarks: Palliative Care

223 healthcare organizations describe their efforts in palliative care, including how candidates are identified for palliative care, where palliative care is administered, the composition of the palliative care team, and more.

*“Having a nurse practitioner on inpatient floors is [the most effective workflow in our palliative care program].”*

> **Hospital/Health System**

*“[The key component of our palliative care program] is the transitioning of patients into hospice.”*

> **Home health**

*“Reviewing the hospital census is [the most effective process in our palliative care program].”*

> **Health plan**

*“[The key characteristic of our palliative care patients/members] is symptom management.”*

> **Case management**



# 2014 Healthcare Benchmarks: Palliative Care

*This special report is based on results from the Healthcare Intelligence Network's inaugural industry survey on palliative care conducted in January 2014.*

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# Table of Contents

<b>About the Healthcare Intelligence Network</b> .....	6
<b>Executive Summary</b> .....	6
Survey Highlights .....	7
<b>Key Findings</b> .....	7
Program Components .....	7
Results, Reimbursements and ROI.....	7
Most Successful Tools, Process or Workflow in Palliative Care .....	8
<b>Methodology</b> .....	8
<b>Respondent Demographics</b> .....	8
<b>Using This Report</b> .....	9
<b>Responses by Sector</b> .....	10
The Hospital/Health System Perspective.....	12
The Home Health Perspective .....	13
The Health Plan Perspective .....	14
The Case Management Perspective.....	14
<b>Respondents in Their Own Words</b> .....	15
Palliative Care Team .....	15
Patient Characteristics .....	16
Palliative Care Challenges .....	16
Most Effective Tool, Protocol or Work Flows.....	17
<b>Conclusion</b> .....	19
<b>Responses to Questions</b> .....	20
Figure 1: All - Existing Palliative Care Program .....	21
Figure 2: All - Future Palliative Care Programs .....	21
Figure 3: All - Tools Identifying Candidates for Palliative Care .....	22
Figure 4: All - Key Characteristics of Palliative Care Patients.....	22
Figure 5: All - Key Program Components.....	23
Figure 6: All - Palliative Care Team Members.....	23
Figure 7: All - Palliative Care Consultation Occurrences.....	24
Figure 8: All - Palliative Care Administration Sites.....	24
Figure 9: All - Program ROI .....	25
Figure 10: All - Palliative Care Implementation Challenges .....	25
Figure 11: All - Program Impacts .....	26
Figure 12: All - Organization Type.....	26
Figure 13: Hospital - Existing Palliative Care Program .....	27
Figure 14: Hospital - Future Palliative Care Programs .....	27
Figure 15: Hospital - Tools Identifying Candidates for Palliative Care .....	28
Figure 16: Hospital - Key Characteristics of Palliative Care Patients.....	28
Figure 17: Hospital - Key Program Components.....	29
Figure 18: Hospital - Palliative Care Team Members .....	29
Figure 19: Hospital - Palliative Care Consultation Occurrences.....	30
Figure 20: Hospital - Palliative Care Administration Sites.....	30
Figure 21: Hospital - Program ROI .....	31




Figure 22: Hospital - Palliative Care Implementation Challenges.....	31
Figure 23: Hospital - Program Impacts .....	32
Figure 24: Home Health - Existing Palliative Care Program .....	32
Figure 25: Home Health - Future Palliative Care Programs .....	33
Figure 26: Home Health - Tools Identifying Candidates for Palliative Care .....	33
Figure 27: Home Health - Key Characteristics of Palliative Care Patients .....	34
Figure 28: Home Health - Key Program Components.....	34
Figure 29: Home Health - Palliative Care Team Members.....	35
Figure 30: Home Health - Palliative Care Consultation Occurrences .....	35
Figure 31: Home Health - Palliative Care Administration Sites .....	36
Figure 32: Home Health - Program ROI .....	36
Figure 33: Home Health - Palliative Care Implementation Challenges.....	37
Figure 34: Home Health - Program Impacts .....	37
Figure 35: Health Plan - Existing Palliative Care Program.....	38
Figure 36: Health Plan - Key Characteristics of Palliative Care Patients .....	38
Figure 37: Health Plan - Key Program Components .....	39
Figure 38: Case Management - Existing Palliative Care Program .....	39
Figure 39: Case Management - Key Characteristics of Palliative Care Patients.....	40
Figure 40: Case Management - Key Program Components.....	40
<b>Appendix A: 10 Questions on Palliative Care Survey Tool .....</b>	<b>41</b>

# About the Healthcare Intelligence Network

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The Healthcare Intelligence Network (HIN) is an electronic publishing company providing high-quality information on the business of healthcare. In one place, healthcare executives can receive exclusive, customized up-to-the-minute information in five key areas: the healthcare and managed care industry, hospital and health system management, health law and regulation, behavioral healthcare and long-term care.

## Executive Summary

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With an aging population that is living longer—an estimated 10,000 baby boomers become eligible for Medicare each day—and a shortage of specialists trained for the field, palliative care is no longer taking a back seat to more traditional healthcare. Nearly three-fourths (70 percent) of 223 respondents to the Healthcare Intelligence Network’s first annual Palliative Care survey in February 2014 said they have a palliative care program in place, and of those that don’t, more than half (55 percent) said they planned to launch a program within 12 months.

The definition of palliative care, too, has evolved: it is no longer intended just for the terminally ill (80 percent), but is also beginning to encompass those with serious illness (74 percent) and multiple chronic illnesses (64 percent) who can still benefit from quality of care and life. Pulling such a program together requires a mixed bag approach—everyone from oncologists to pharmacists to theologians are considered part of the palliative care team that provides everything from chemotherapy to pain symptom management to spiritual support for both patients and their families and caregivers.

The most successful resources for a palliative care program are well-trained palliative care nurses and case managers. Clinical tools like the Edmonton Symptom Assessment System (ESAS) scale also help with assessments; and constant input of families and caregivers is essential.

Timely referrals of patients to palliative care is one of the first and most sensitive steps, and the biggest challenge, according to 89 percent of respondents. This can be determined during a hospital stay (62 percent) or a home case visit (41 percent), where the home care worker and case manager play integral roles. But generally, it’s anywhere and everywhere a patient or family considers it right.

*70% of survey respondents have a palliative care program.*

*“Having well trained case managers and social workers is the most effective workflow in our palliative care program.”*

## Using This Report

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This benchmarking report is intended as a resource for healthcare organizations searching for comparable data and means to measure implementation and progress. It is also a helpful planning tool for organizations readying initiatives in this area.

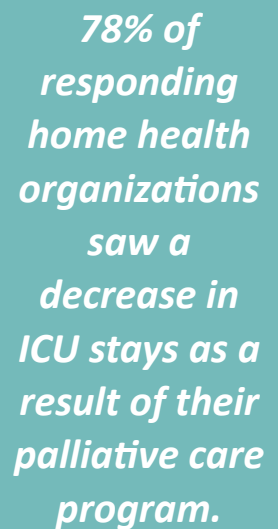
The initial charts and graphs presented represent results from all respondents; images in subsequent sections depict data from high-responding sectors. (Figure titles begin with the segment they represent; for example, All, Health Plans, Hospitals, etc.)

Often, one of the largest responding sectors is composed of respondents identifying their organization type as “Other.” In general, we do not depict results from this segment because it represents a wide range of organization types, including consultants and product vendors. However, you will always find a graph indicating the demographics of respondents.

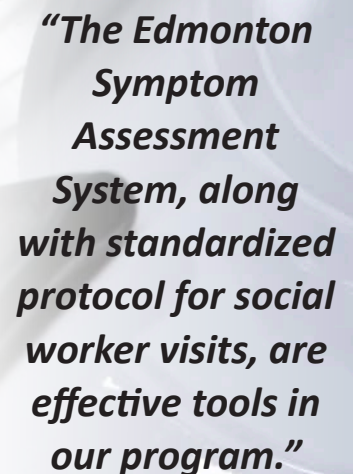
Here are some additional tips for using this report:

- ✓ See how you measure up: Scan this report for your sector, and see how your program compares to others. Note where you are leading and where you are behind.
- ✓ Evaluate your efforts: Think about where you have been focusing your efforts in this area. Look for trends in the data in this report. Look for benchmarks set by your sector and others.
- ✓ Set new goals: Use the data in this report to set new goals for your organization, or to raise the bar on existing efforts.
- ✓ Use it as a reference book: Keep this report accessible so you can refer to it in your work. Use these data to support your efforts in this area.

If you have questions about the data in this report, or have feedback for our team, don't hesitate to contact us at [info@hin.com](mailto:info@hin.com) or 732-449-4468.

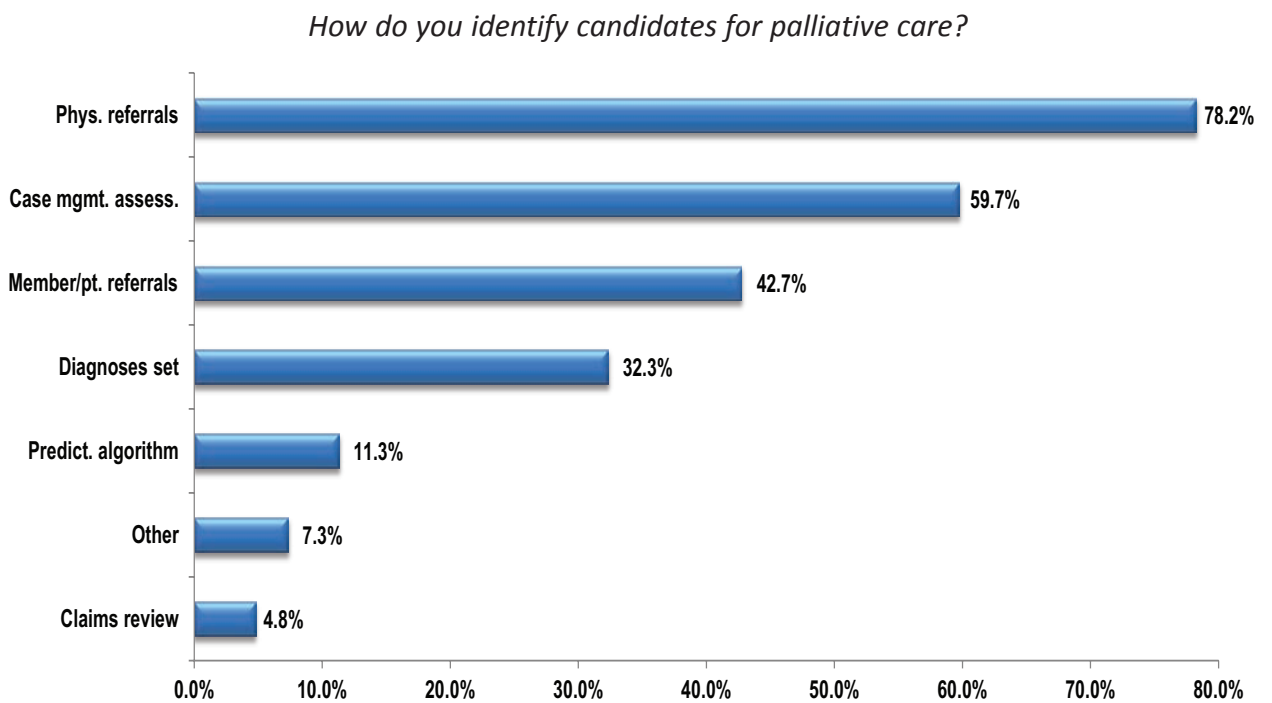


**78% of responding home health organizations saw a decrease in ICU stays as a result of their palliative care program.**



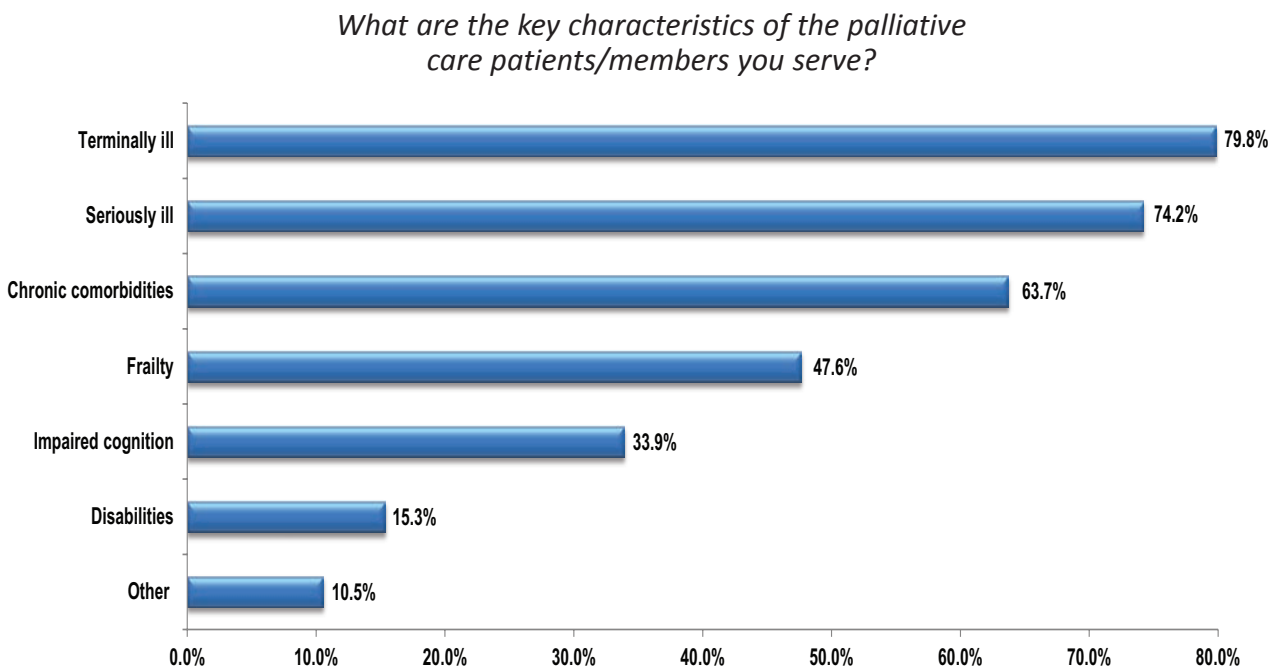
***“The Edmonton Symptom Assessment System, along with standardized protocol for social worker visits, are effective tools in our program.”***

**Figure 3: All - Tools Identifying Candidates for Palliative Care**



*HIN 10 Questions on Palliative Care Survey  
January, 2014*

**Figure 4: All - Key Characteristics of Palliative Care Patients**



*HIN 10 Questions on Palliative Care Survey  
January, 2014*