Census of Hospital-Based Palliative Care Programs

Michigan 2006 Findings

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MHPCO PC Advisory Work Group 12.08.06

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Project Sponsors

- Michigan Dept of Community Health
- Michigan Public Health Institute
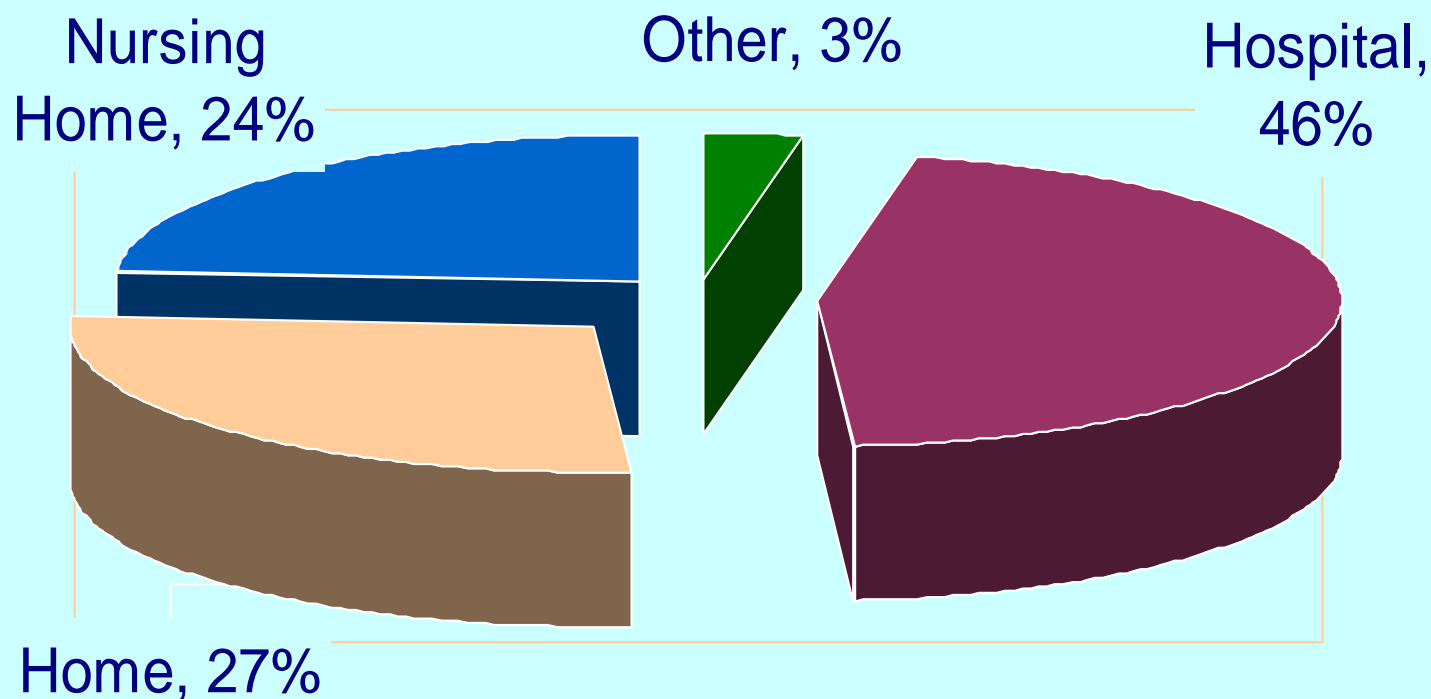- Michigan Hospice & Palliative Care Org
- Michigan Cancer Consortium

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Project spurred by…

- Data from 2004 BRFS & EOL assessment

- Revision of strategic plan for Michigan Cancer Consortium's end-of-life care priority:

By 2010, prevent & reduce avoidable suffering during the last phase of life for persons with cancer…

- Objective 2: Promote system change to increase access to palliative services throughout Michigan

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Percentage of Deaths by Place of Death, Michigan Residents, 2002

Nursing Home, 24%

Other, 3%

Hospital, 46%

Home, 27%

2002 Michigan Resident Death File, MDCH

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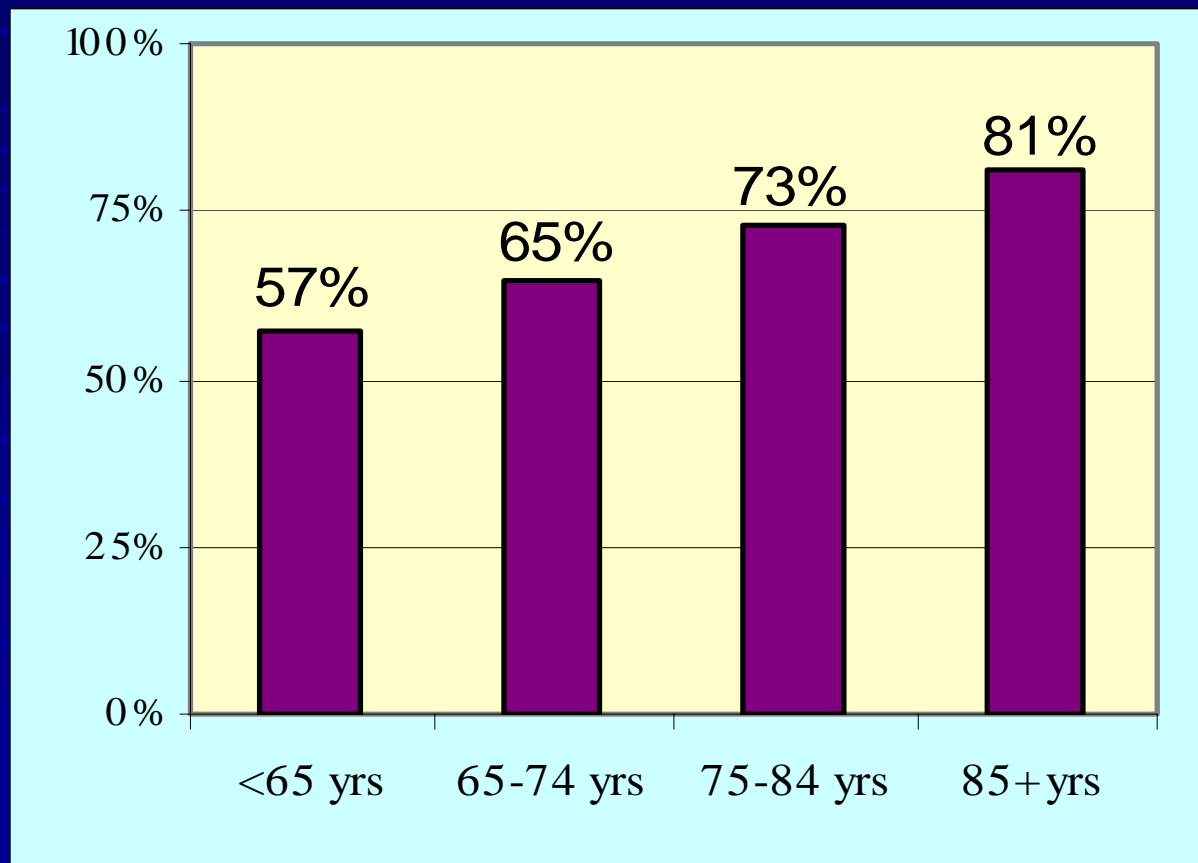Michigan Cancer Consortium

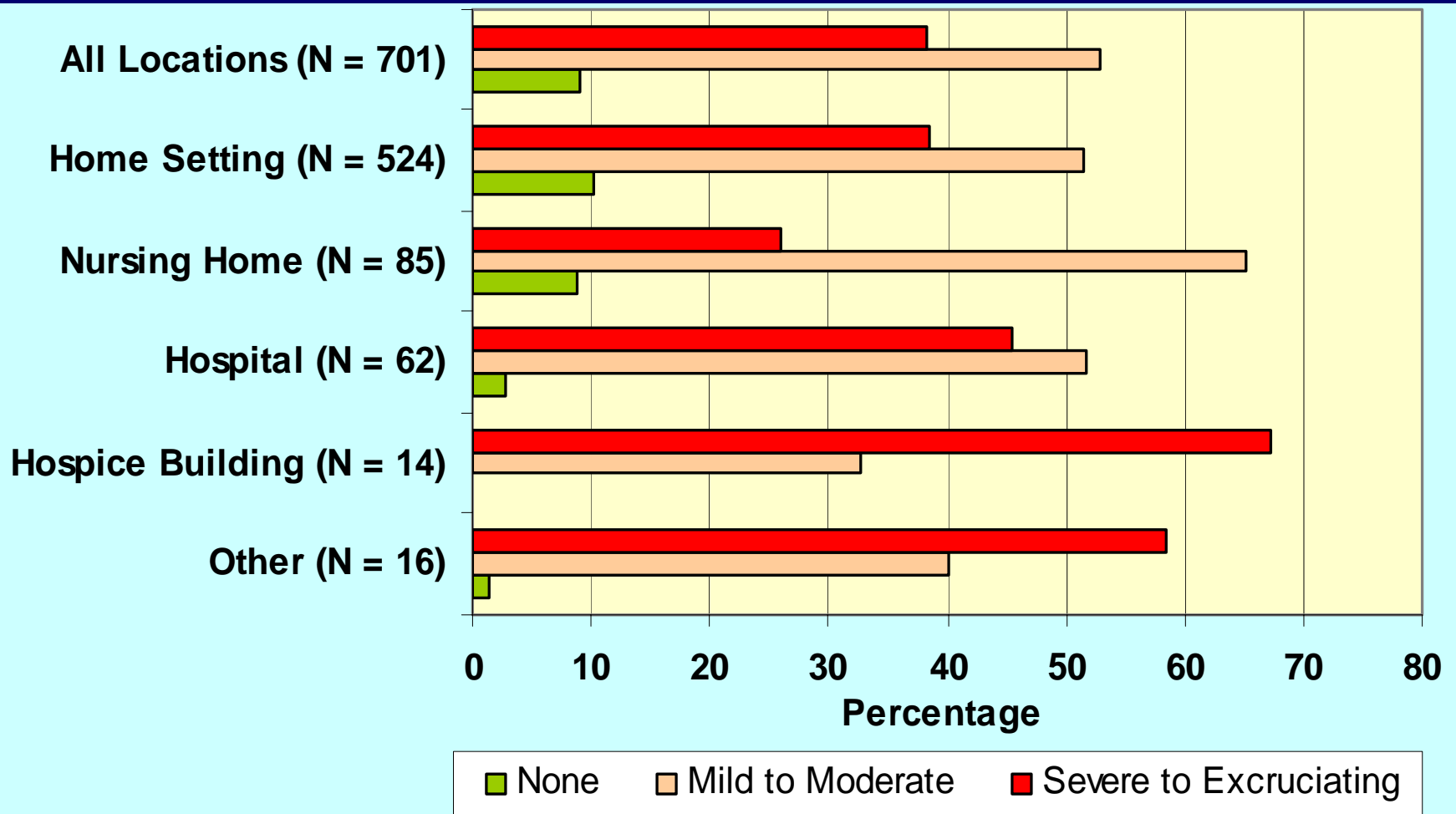# Place of Death by Age, Michigan 2002
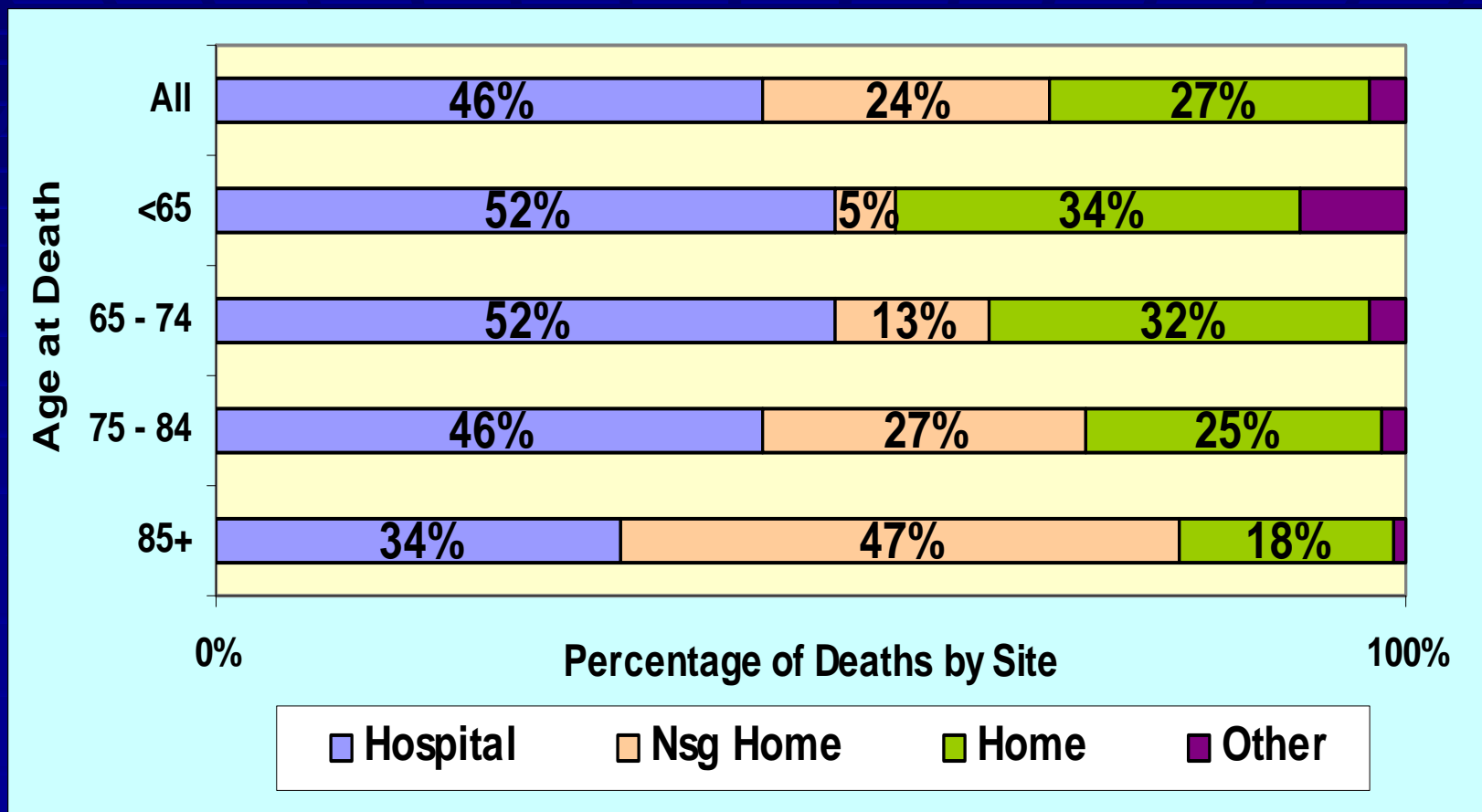
Michigan Resident Death File, 2002

Percentage of Deaths in Facilities by Age Group, Michigan Residents, 2002
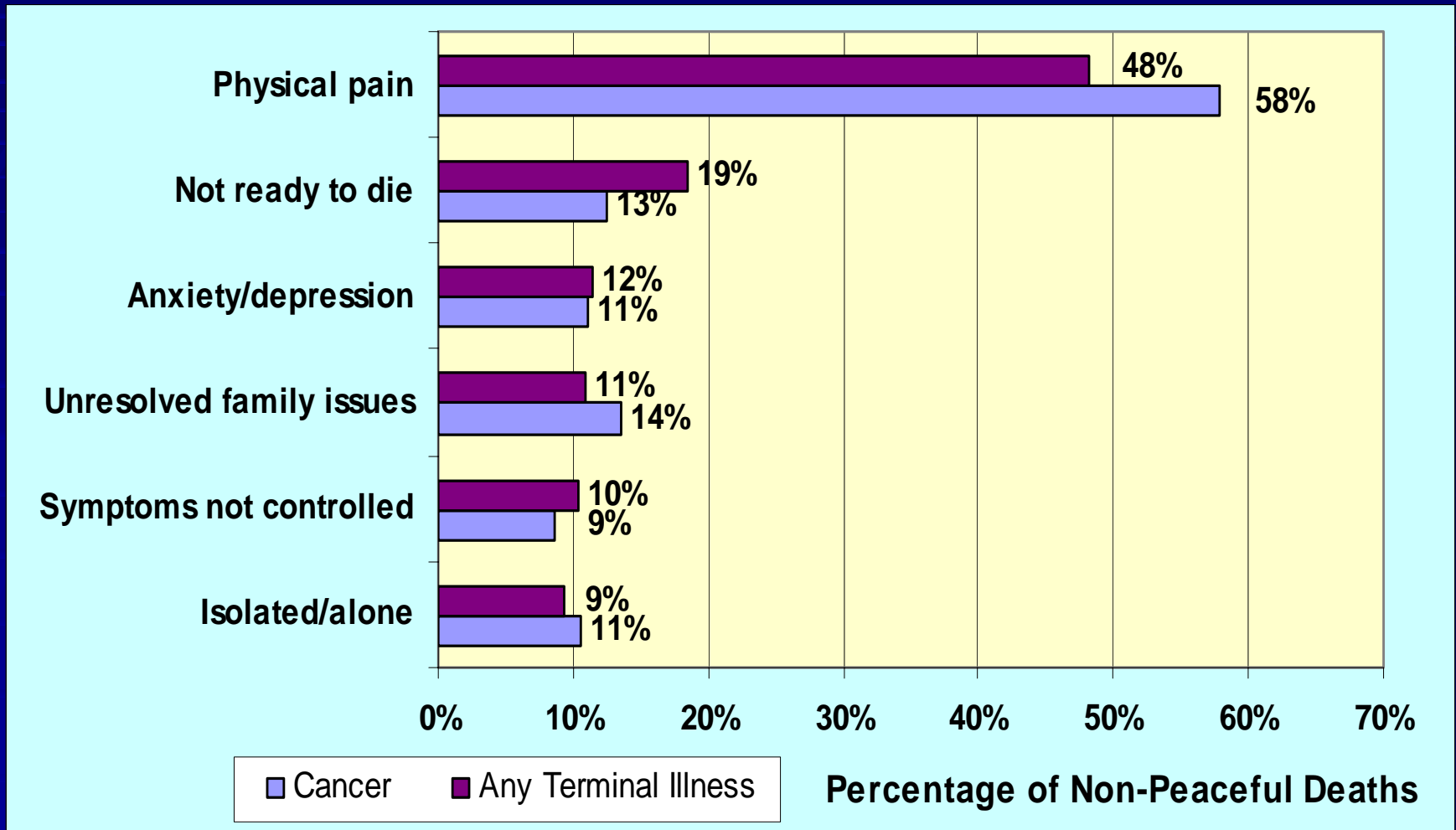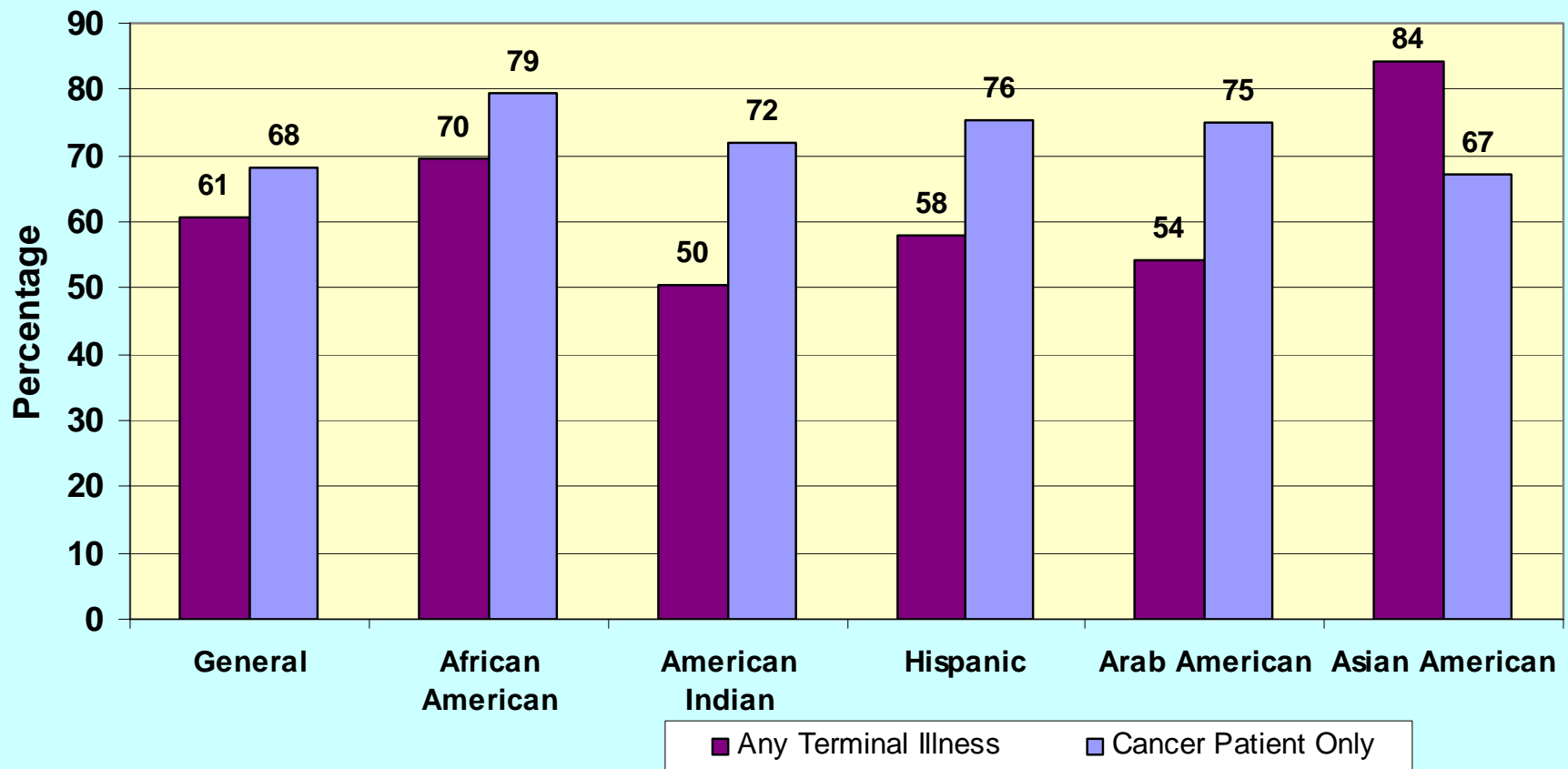

2002 Michigan Resident Death File, MDCH

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Distribution of Decedents, Any Terminal Illness, by Site & Avg Pain Level for Final 3 Months, MI 2004 BRFS

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Caregivers' Top Reasons Why 48% of Deaths Were Not Completely Peaceful, MI 2004 BRFS

Percentage of Non-Peaceful Deaths

Reason	Cancer	Any Terminal Illness
Physical pain	58%	48%
Not ready to die	13%	19%
Anxiety/depression	11%	12%
Unresolved family issues	14%	11%
Symptoms not controlled	9%	10%
Isolated/alone	11%	9%

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Patient Received Hospice Care in Final 3 Months, Any Terminal Illness vs Cancer, MI 2004 BRFS

Caregivers' Top Reasons Why 30%-40% Did Not Choose Hospice for End of Life Care, MI 2004 BRFS
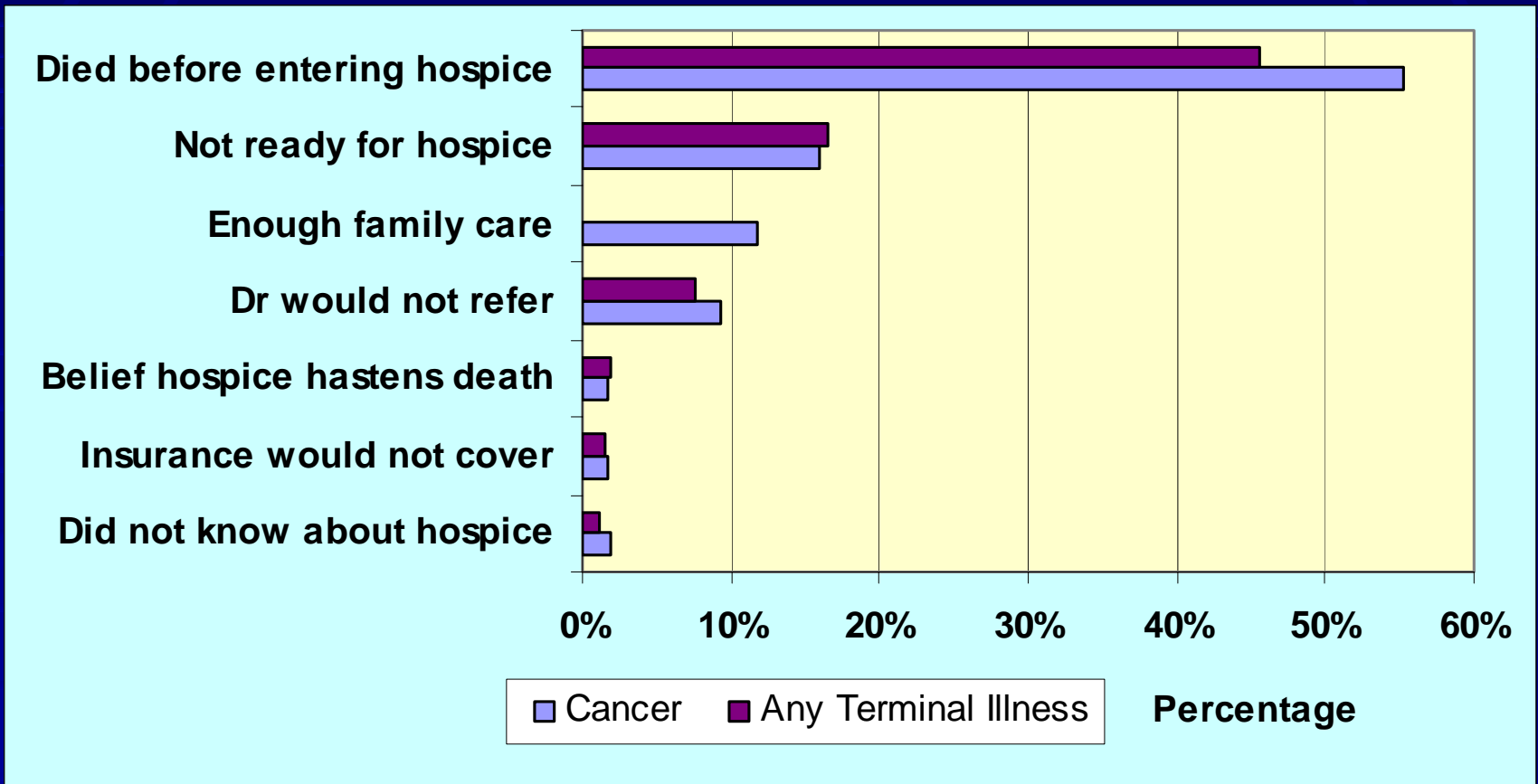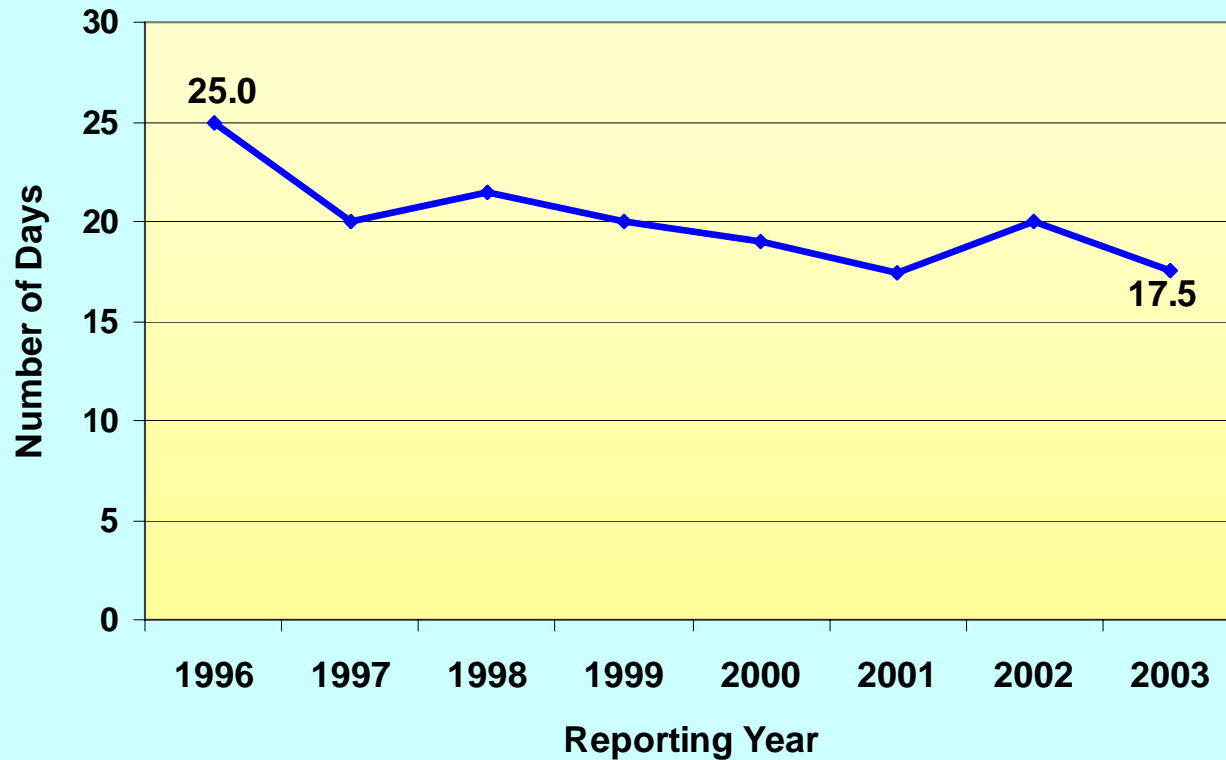
Median and < 7 Day Lengths of Stay
for Hospice Discharges, 1996-2003
Michigan Hospice and Palliative Care Organization

Number of Days (y-axis: 0, 5, 10, 15, 20, 25, 30)

25.0

17.5

Reporting Year (x-axis: 1996, 1997, 1998, 1999, 2000, 2001, 2002, 2003)

Percentage of MI patients that died in < 7 days

2003	**34.9%**
2002	**30.5%**
2001	**29.2%**

2003 NHPCO National Data Set

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Michigan 2006 Palliative Care Census:
Findings

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Location of Hospital-Based PC Services

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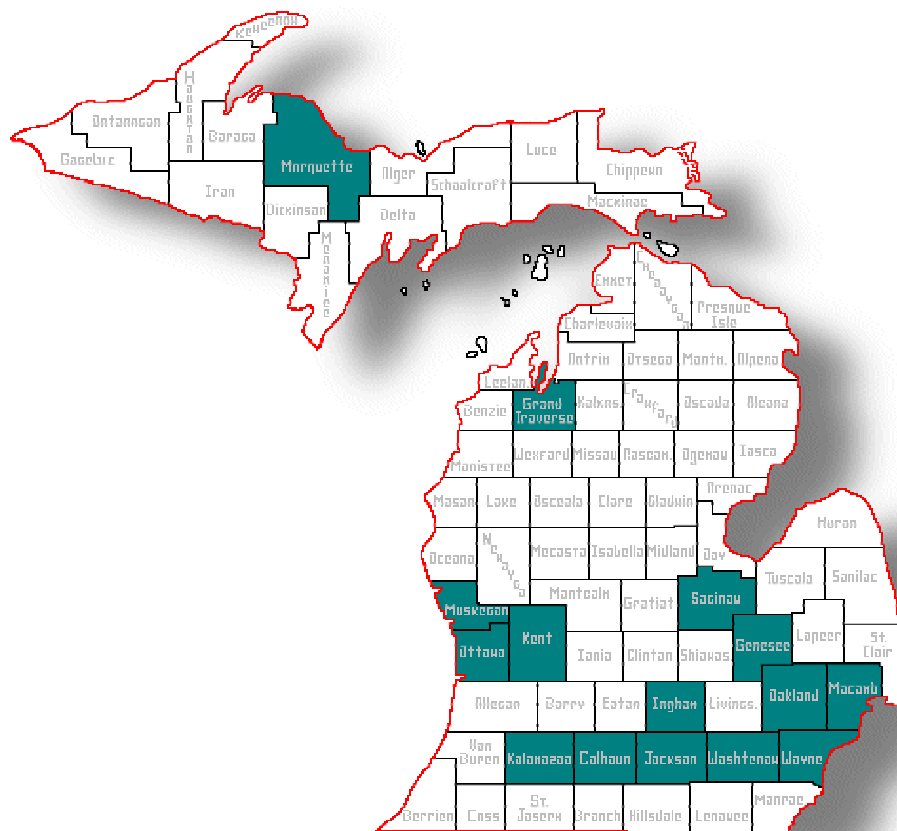
Status of 29 Responding PC Programs

Populations Served

No. Programs (n=22)

Population	No. Programs
Adult critical care & other units	22
Pediatric units	5
Pediatric ICU	2
Neonatal ICU	1
Prenatal & outpatient pediatrics	1
ER/short stay	2
Nursing home & subacute units	1

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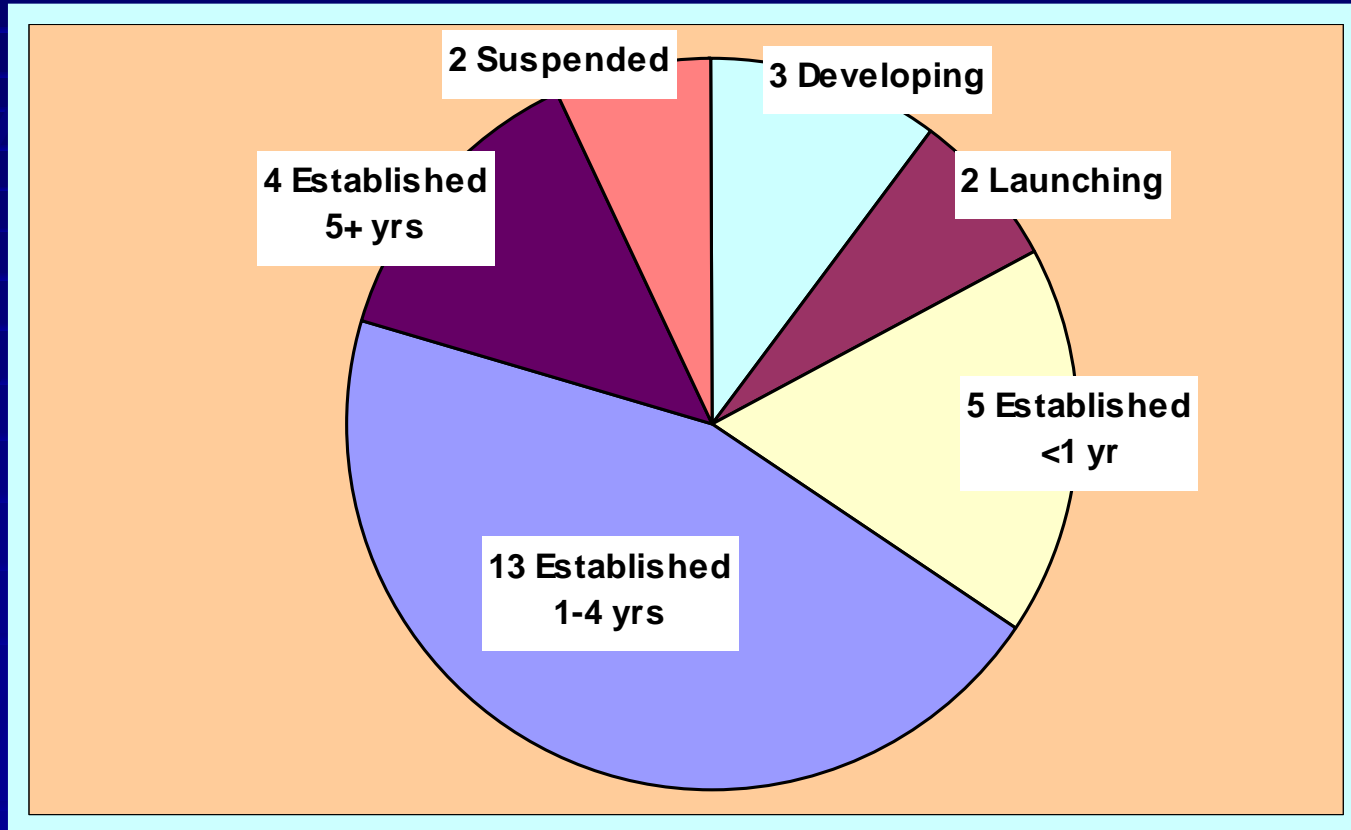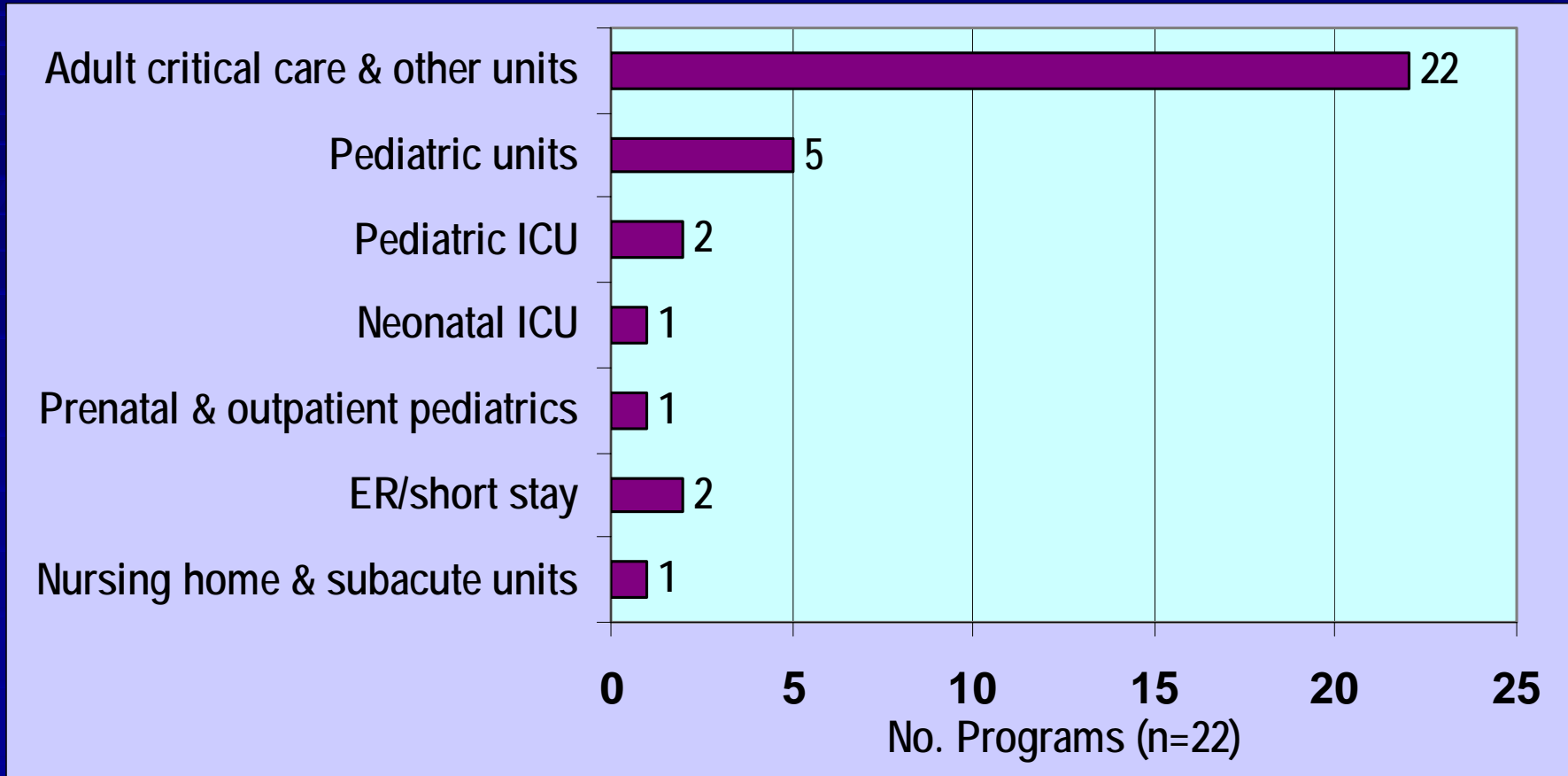
PC Recipient Profile for Jul 05—Jun 06
(rough estimates for 22 palliative care teams)

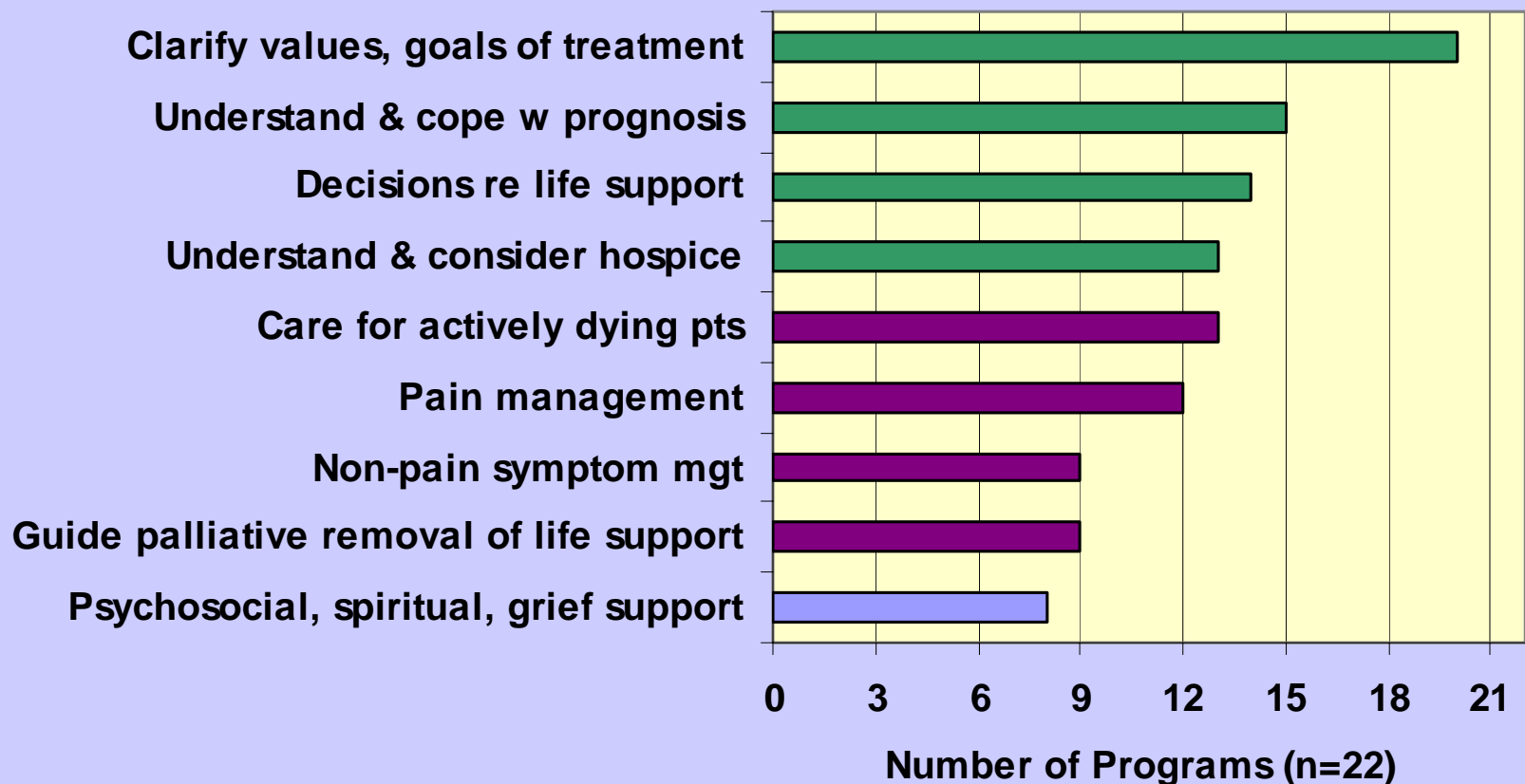|	
~ 7,400	Total patients served
~70%	Met clinical criteria for hospice (inpatient recipients)
~33%	Had cancer as primary diagnosis
~31%	Of inpatient decedents received PC services

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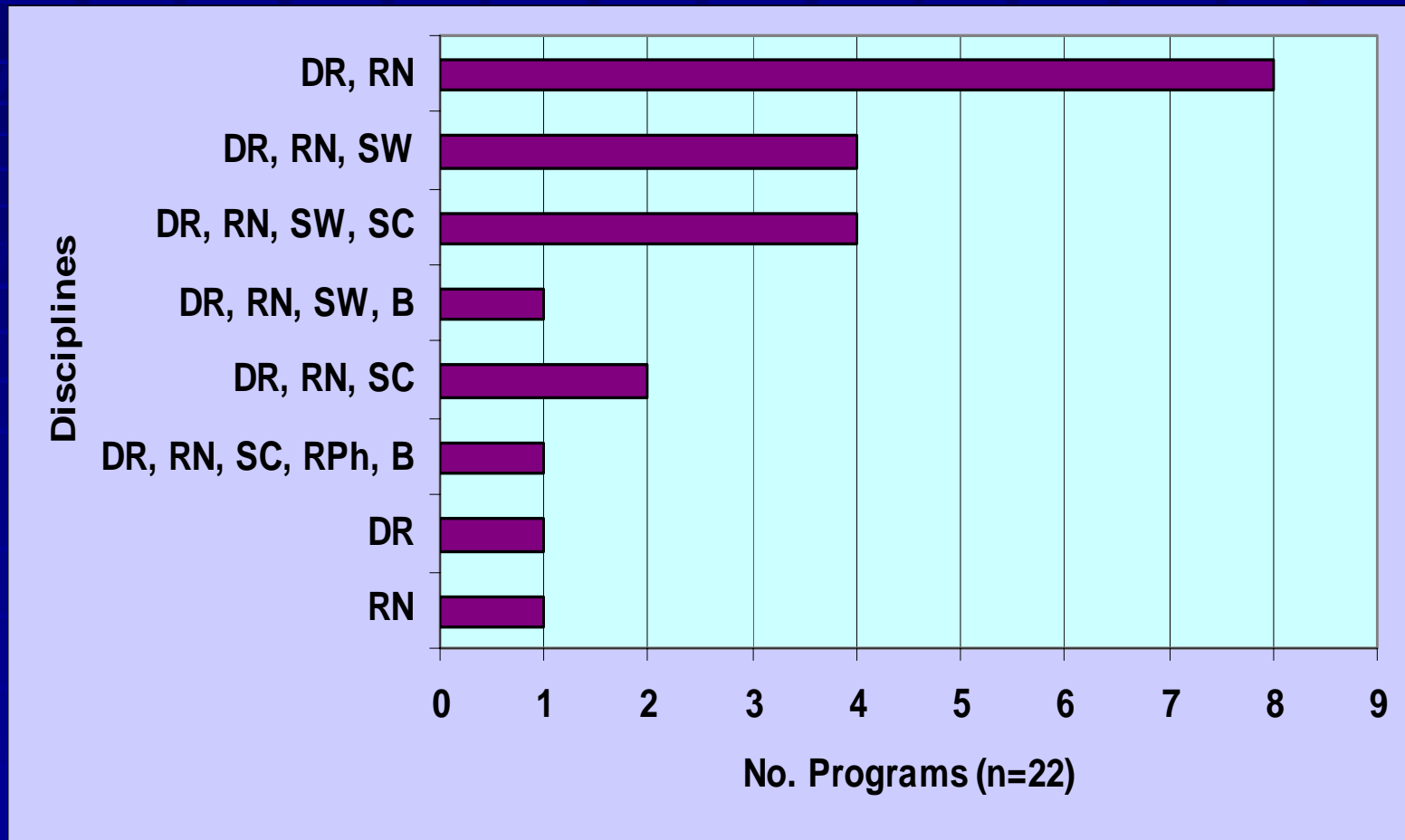# What criteria qualify a person for palliative services at your hospital?

- Serious or life-limiting illness (12)
- Consult order (8)
- Unacceptable pain/symptom distress (6)
- Prolonged length of stay (4)
- Need for complex decision-making (3)
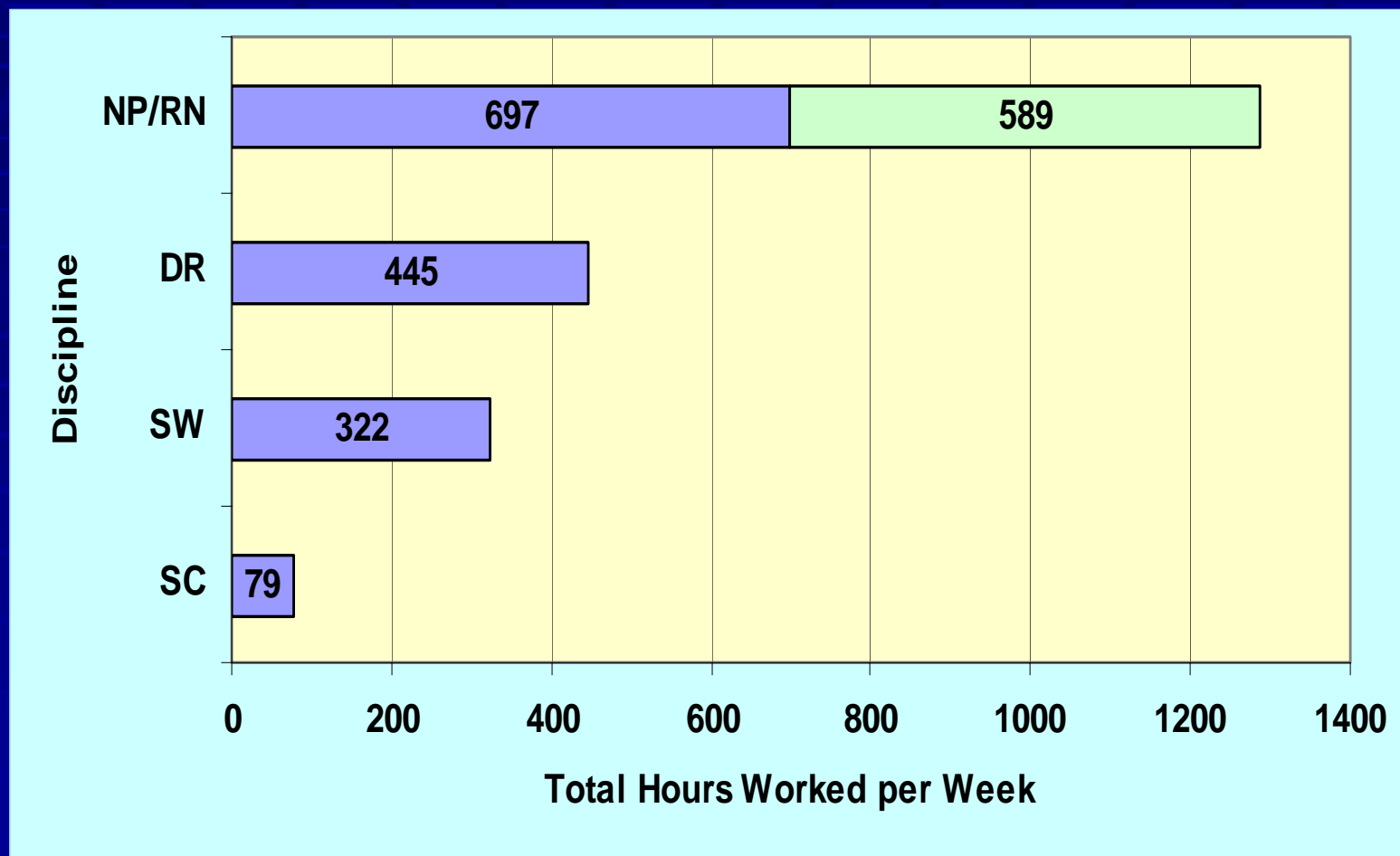
(n=22 programs)

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Most Common Reasons for Referral to Palliative Care Services

Reason	Number of Programs (n=22)
Clarify values, goals of treatment	20
Understand & cope w prognosis	15
Decisions re life support	14
Understand & consider hospice	13
Care for actively dying pts	13
Pain management	12
Non-pain symptom mgt	9
Guide palliative removal of life support	9
Psychosocial, spiritual, grief support	8

Number of Programs (n=22)

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Core Palliative Care Team Disciplines

Bar chart — No. Programs (n=22) by Disciplines:

- DR, RN: 8
- DR, RN, SW: 4
- DR, RN, SW, SC: 4
- DR, RN, SW, B: 1
- DR, RN, SC: 2
- DR, RN, SC, RPh, B: 1
- DR: 1
- RN: 1

X-axis: No. Programs (n=22), 0–9
Y-axis: Disciplines

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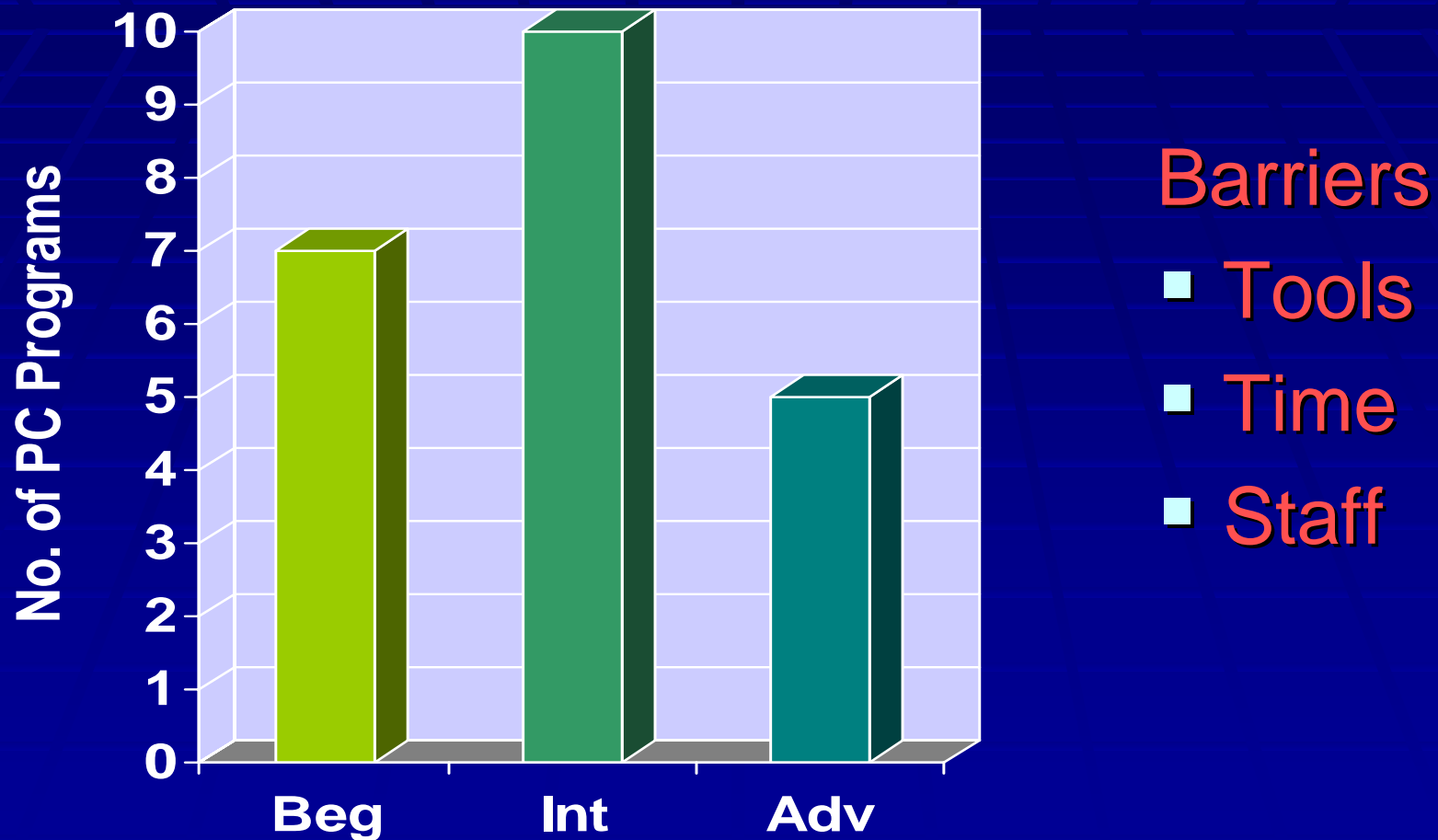# Total Weekly Hours by Discipline (n=21)

Palliative Care Credentials (n=22 teams)

17 teams   Have DR board-certified in HPM (16) or APN BC-PCM (5)

4 teams   Have DR w EPEC training and RN w EPEC or ELNEC training

1 team   Has DR (hospice medical director, not board-certified) and APN

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State of Data Collection Efforts (n=22)

PC Indicators Tracked (n=22 programs)

Referrals (21)
- Number (21)
- Sources (19)
- Reasons (17)

Primary dx (20)
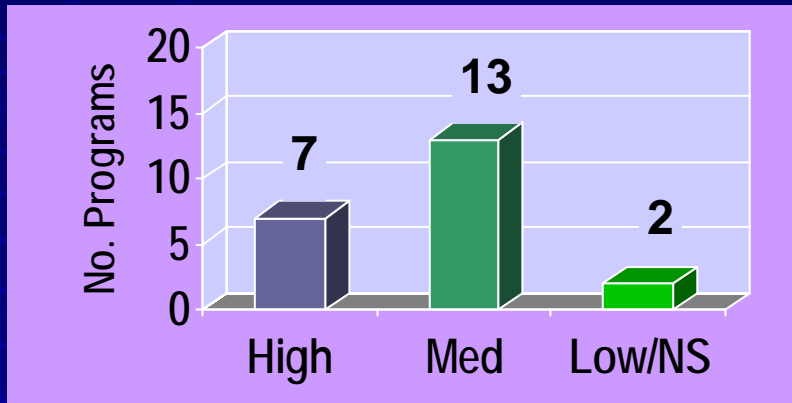
Change in pain score (6)

Discharge disposition (18)
- DC setting, services (15)
- No. DC'd to hospice (18)

Cost savings (10)
- Savings per PC patient (9)
- Annual savings for PC service (9)
- Both (8)

Impact of PC on Hospital Culture (n=22)

No. Programs

High	Med	Low/NS
7	13	2

- Increased staff comfort w EOL care & conversations
- Improved care of seriously ill patients
- Family satisfaction
- Earlier PC referrals
- More hospice referrals

- Fewer ethics consults
- Reduced ICU LOS
- Fewer ICU deaths
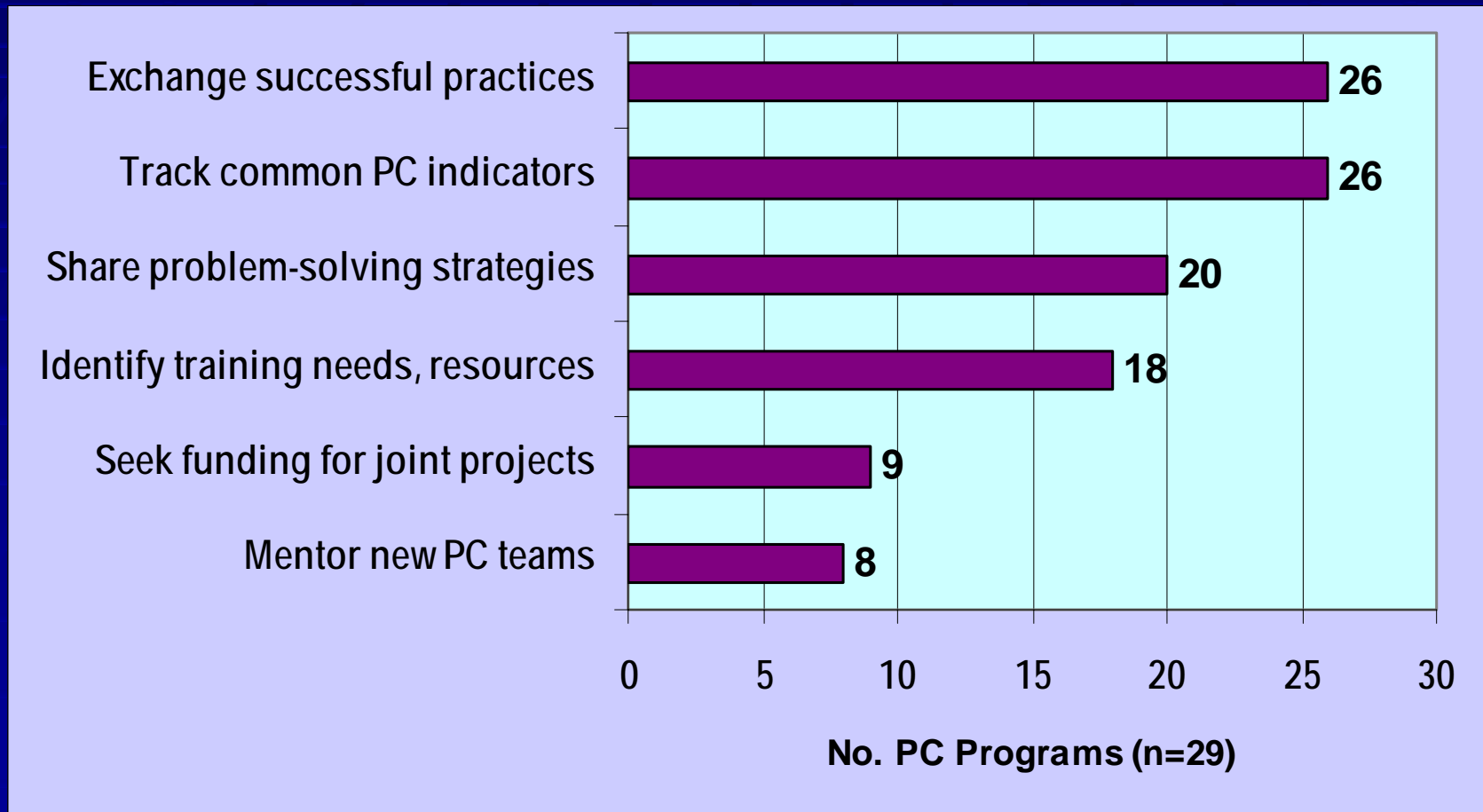
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What are the primary challenges that your palliative care service faces?

Physician buy-in (8)

Cultivating referrals (7)
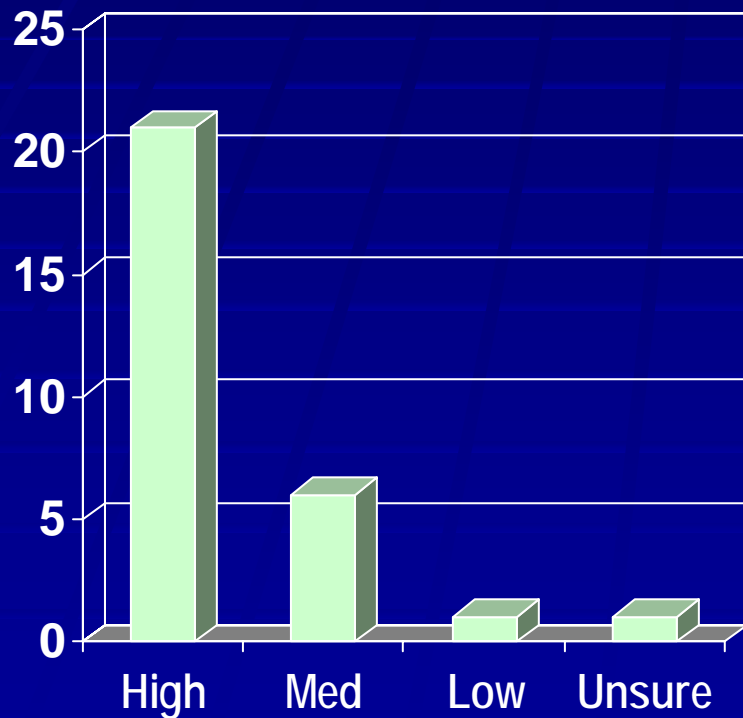
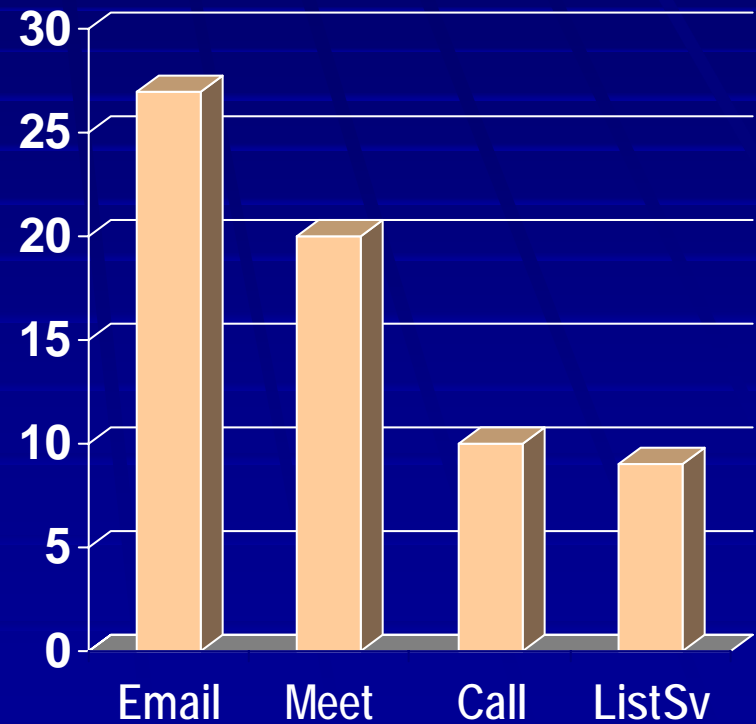Financial support (7)

Qualified drs, staff (7)

(n=26)

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Interest in PC Networking Activities

Exchange successful practices — **26**
Track common PC indicators — **26**
Share problem-solving strategies — **20**
Identify training needs, resources — **18**
Seek funding for joint projects — **9**
Mentor new PC teams — **8**

0 5 10 15 20 25 30

No. PC Programs (n=29)

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Interest in Networking (n=29)

Interest in PC Network

How to Connect

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Disclaimer Language

Data are not to be used for publications, presentations, or other report productions without approval from the Principal Investigator.

Please direct all data inquiries to:

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