



Latest Trends and Insights in Hospital Palliative Care

2019



About This Report

Latest Trends and Insights in Hospital Palliative Care 2019 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.

Registry findings must be interpreted cautiously. Registry participation is voluntary, data are self-reported, and the hospitals that submitted data represent a portion of hospitals reporting palliative care teams in the United States.

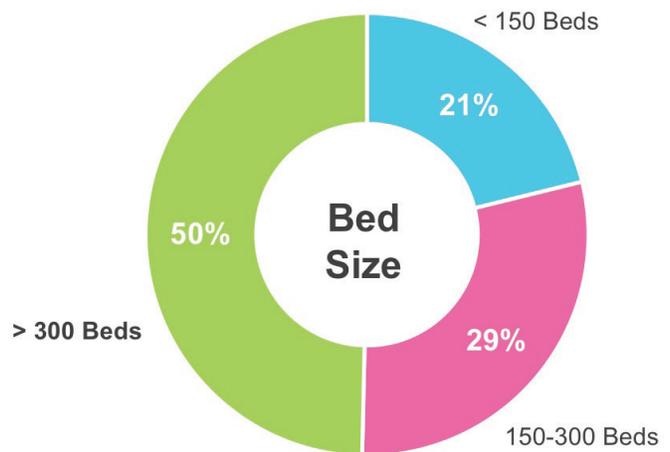
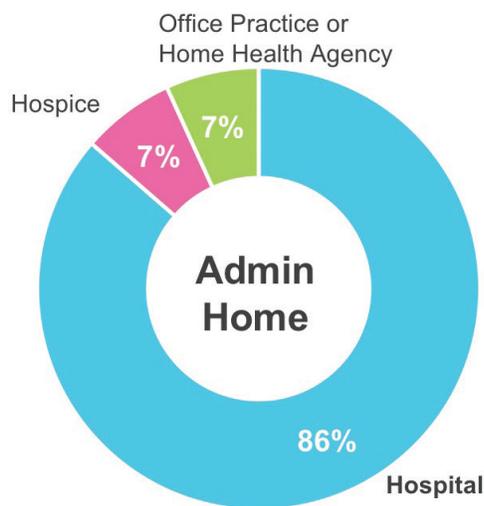
The Registry is a project of the Center to Advance Palliative Care (CAPC) and the National Palliative Care Research Center (NPCRC).

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WHO WERE OUR 2018 INPATIENT PARTICIPANTS?

Adult Palliative Care Programs: 425 Participants



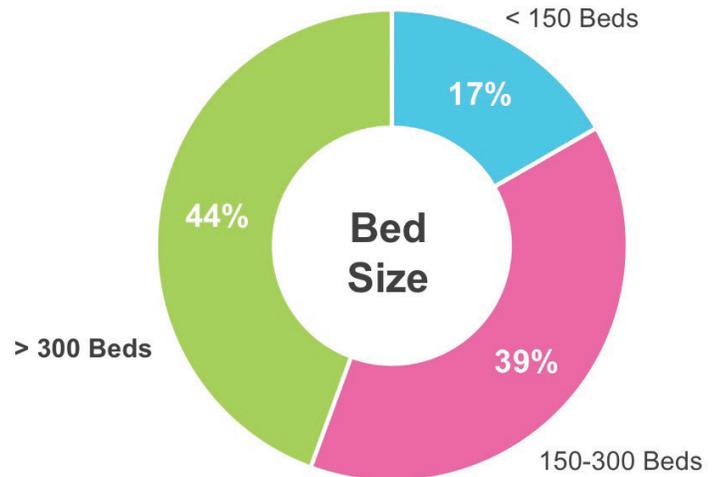
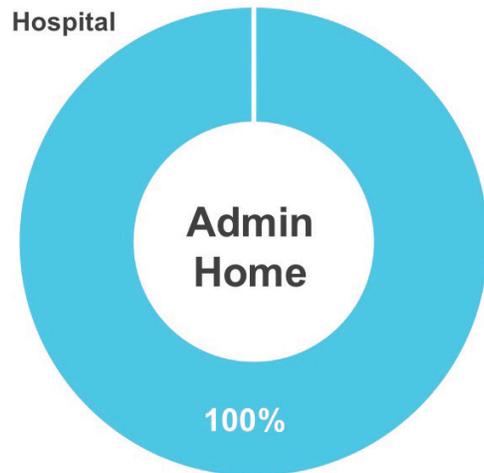
Region



92%
are Not-for-Profit Hospitals

51%
are Teaching Hospitals

Pediatric Palliative Care Programs: 54 Participants



Region



85%
are Not-for-Profit Hospitals

100%
are Teaching Hospitals

Note: Due to small sample sizes, not all results are available for pediatric palliative care programs.

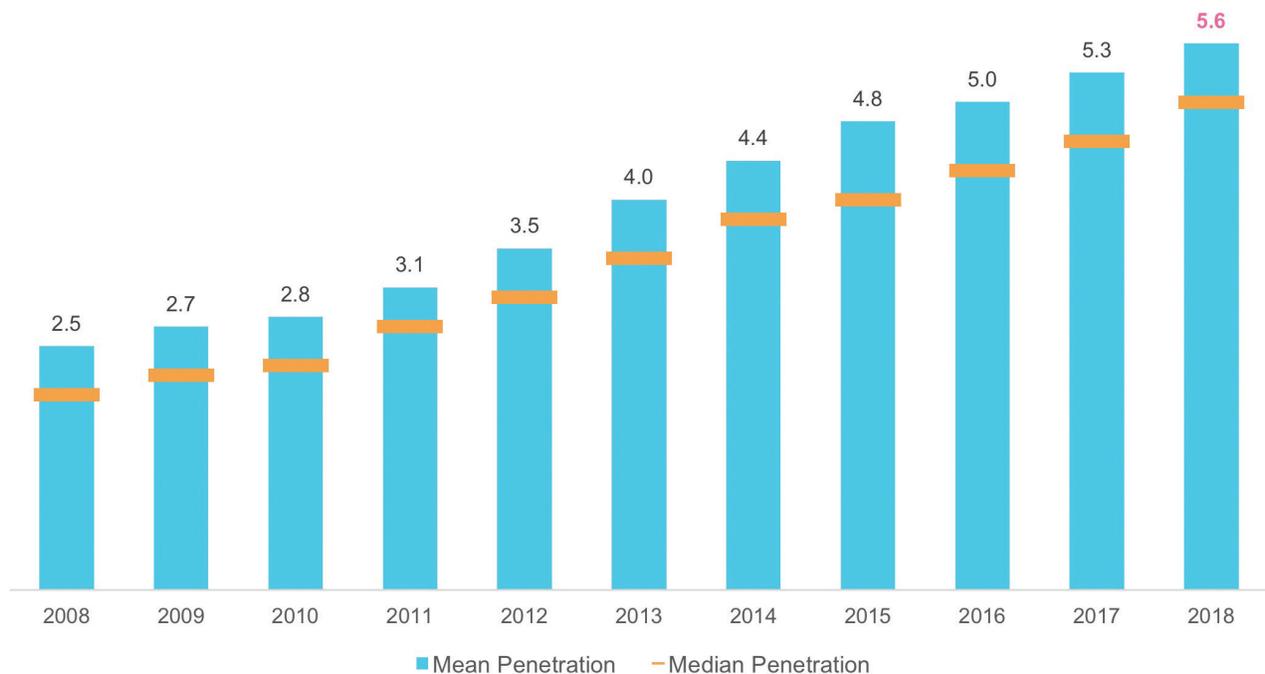
PATIENT ENCOUNTERS

Palliative Care Service Penetration

Palliative care service penetration is the percentage of annual hospital admissions seen by the palliative care team. Penetration is used to determine how well palliative care programs are reaching patients in need.

Example: 100 initial consults / 3,500 hospital admissions = 2.9% penetration.

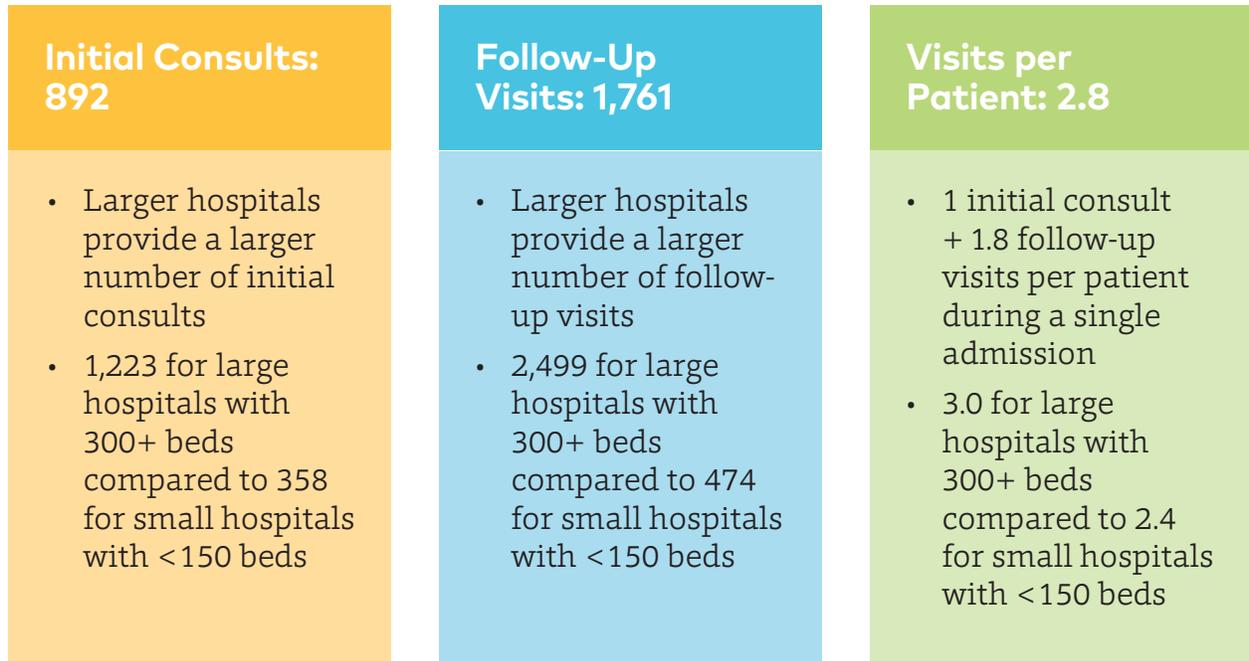
Penetration has increased 124% since 2008, Adult Programs



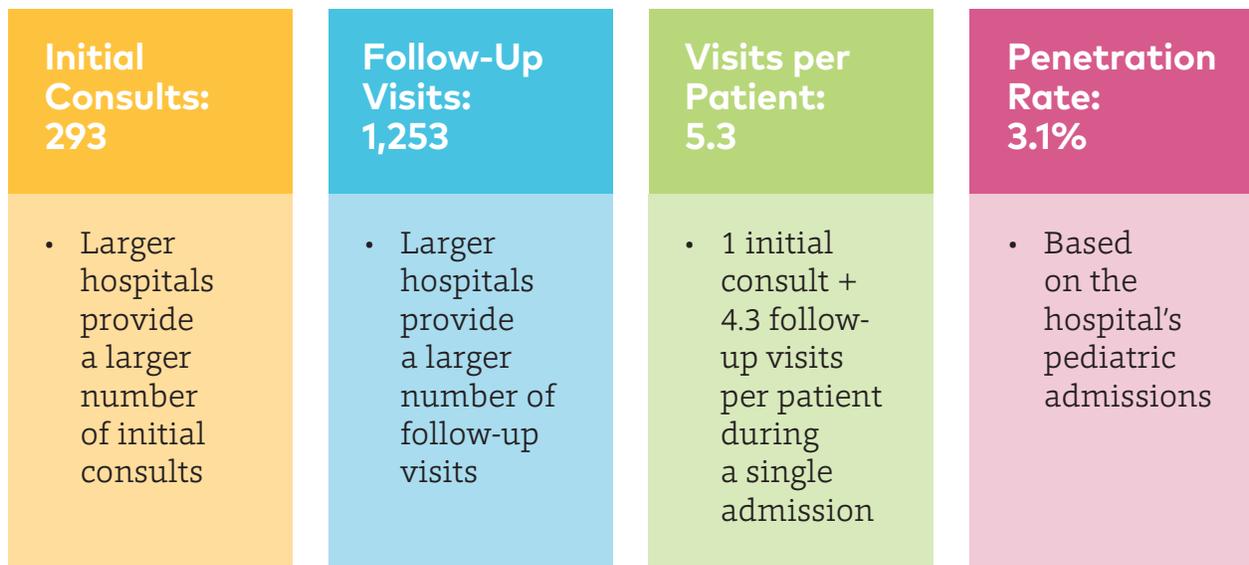
Differences in Penetration Rates, Adult Programs (2018)

- **Bed Size:** Hospitals with more than 300 beds see an average of **4.7%** compared to **6.4%** in hospitals with fewer than 300 beds
- **Teaching Status:** Teaching hospitals see an average of **5.2%** compared to **6.0%** of programs in non-teaching hospitals
- **Consult Triggers:** Hospitals with automatic screening criteria see an average of **6.2%** compared to **5.1%** for hospitals without it in place
- **Program Maturity:** Programs who are three years old or less see an average of **4.4%** compared to **5.7%** for programs who are four years old or older
- **Staffing:** Programs that have 3.0 full-time equivalent (FTE) or more per 10,000 annual hospital admissions see an average of **7.6%** compared to **3.9%** for programs that have less than 1.5 FTE per 10,000 admissions

Patient Encounters, Adult Programs (2018)



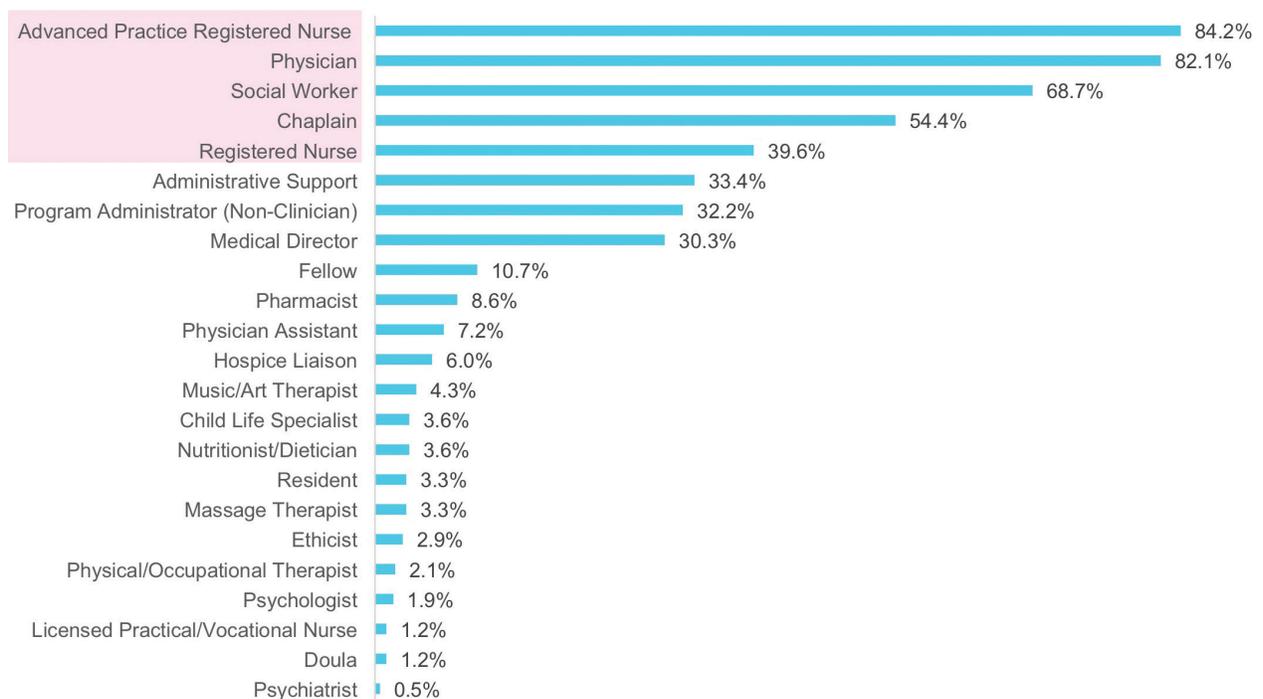
Patient Encounters, Pediatric Programs (2018)



PROGRAM STAFFING

Core interdisciplinary team disciplines are the most prevalent.

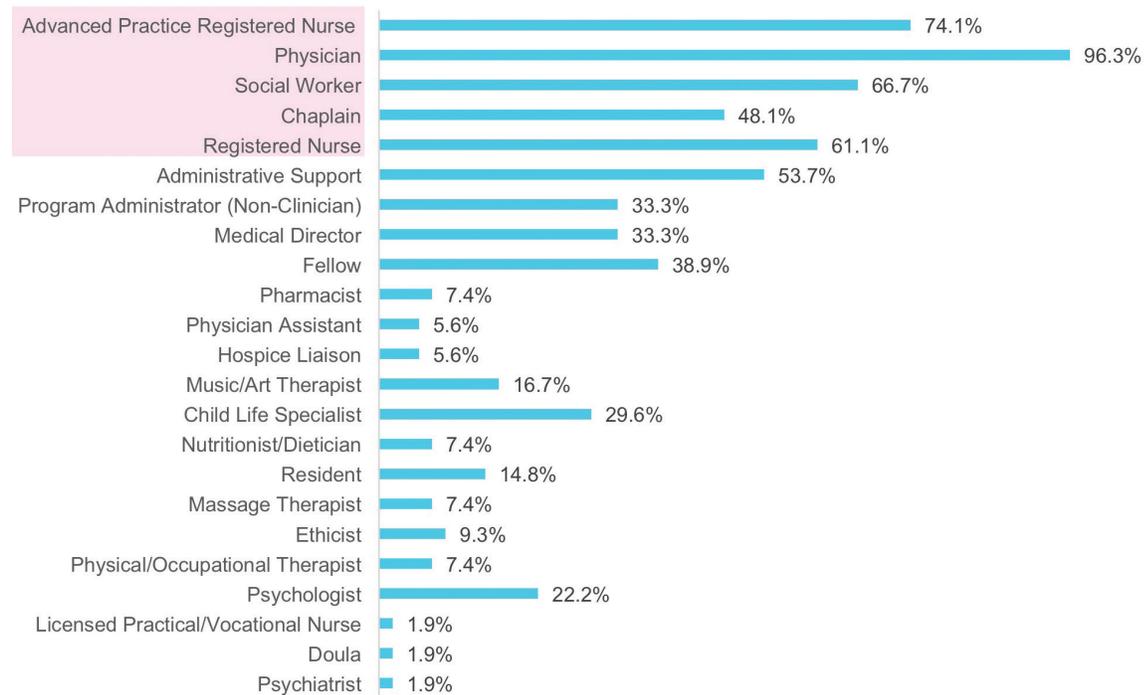
**Percent of Programs Reporting Specific Staff Disciplines,
Adult Programs (2018)**



41% of participating programs report a full, core interdisciplinary team (Physician, APRN or RN, Social Worker, and Chaplain)

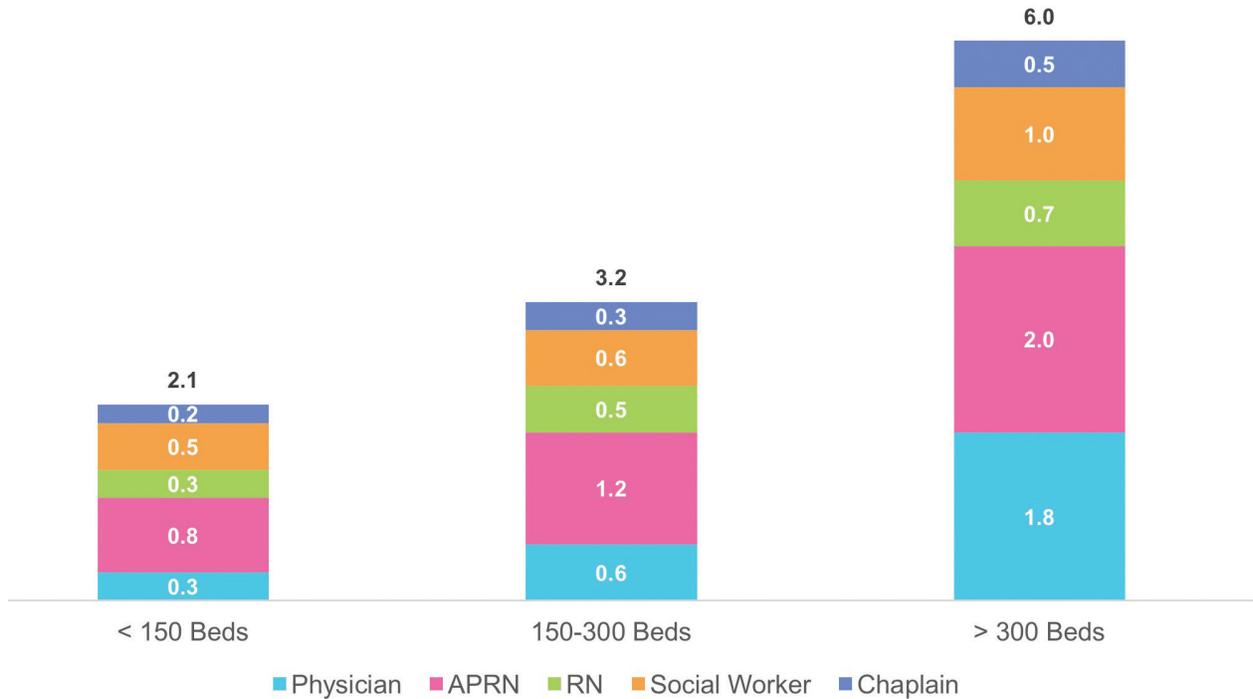
Pediatric programs have different staffing models than adult programs.

Percent of Programs Reporting Specific Staff Disciplines, Pediatric Programs (2018)



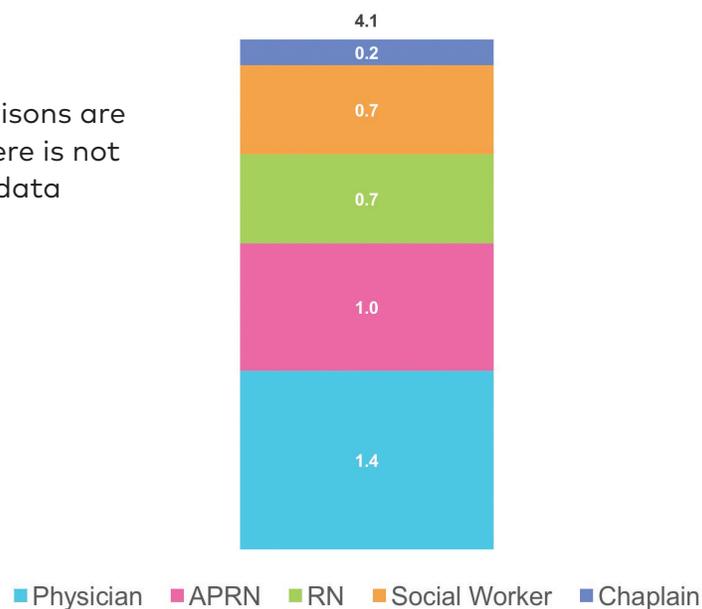
37% of participating programs report a full, core interdisciplinary team (Physician, APRN or RN, Social Worker, and Chaplain)

Program Staff FTEs, Adult Programs (2018)



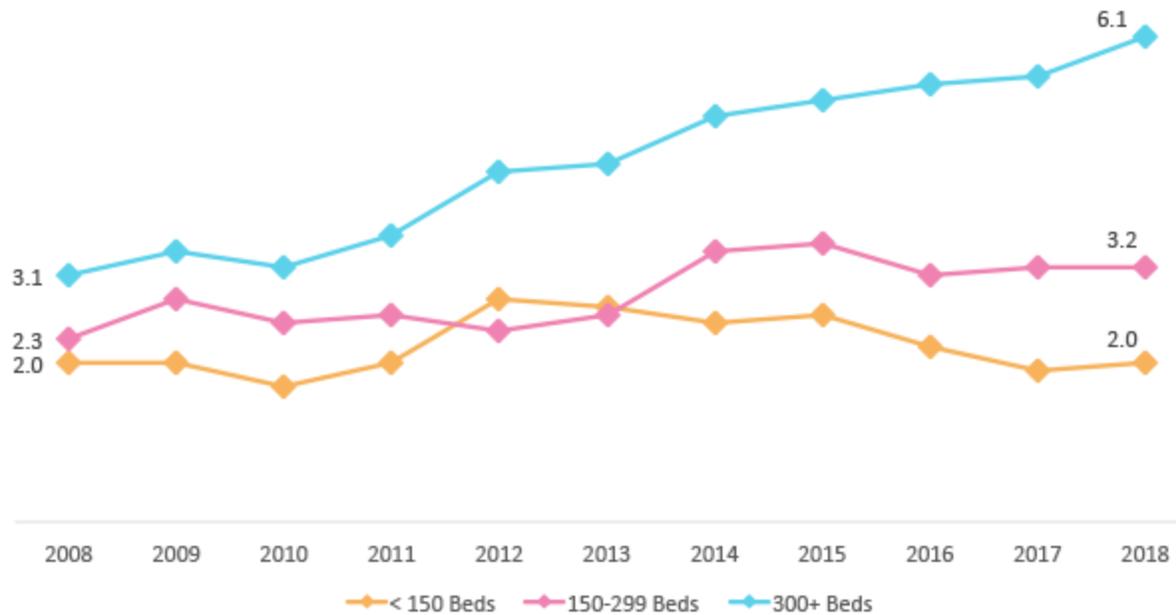
Program Staff FTEs, Pediatric Programs (2018)

Over time comparisons are unavailable, as there is not enough historical data



The largest growth in staff FTEs has been in large hospitals.

Growth in Staffing FTE in the Interdisciplinary Team, Adult Programs (2018)



APRN FTE have seen the most growth since 2008, with a **150%** increase in hospitals with 300+ beds

HPM-Certified Clinicians (2018)

Of the programs that reported (at least one) Hospice and Palliative Medicine-certified staff members:

Adult Programs

- **83%** had a certified physician
- **61%** had a certified APRN
- **25%** had a certified RN
- **24%** had a certified social worker
- **8%** had a certified chaplain

Pediatric Programs

- **92%** had a certified physician
- **38%** had a certified APRN
- **24%** had a certified RN
- **7%** had a certified social worker
- **9%** had a certified chaplain

PROGRAM FEATURES

What are the top three reasons for the palliative care consult requests you receive? (2018)

Adult Programs

- Establishing Goals of Care **91%**
- Pain Symptoms **55%**
- End-of-Life/Hospice Referral **46%**
- Advance Care Planning **42%**
- Family Support and Counseling **18%**

Pediatric Programs

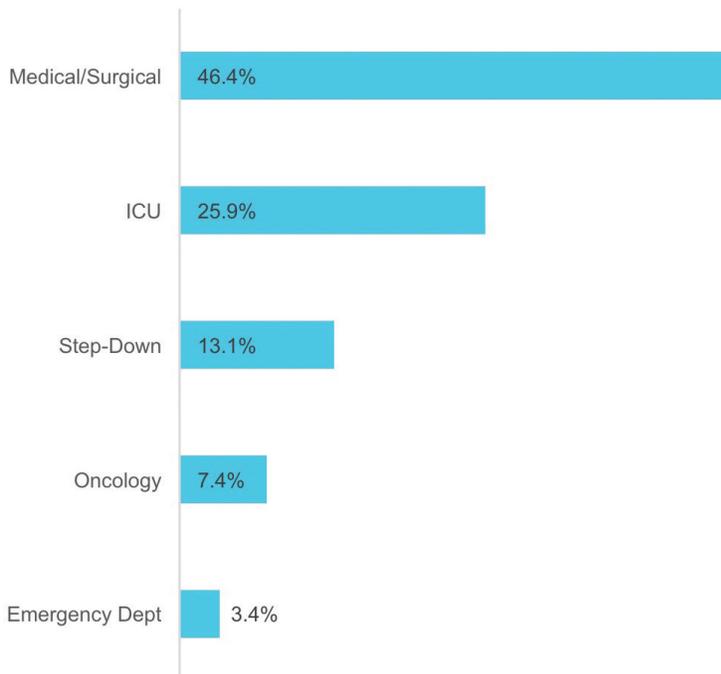
- Establishing Goals of Care **83%**
- Pain Symptoms **43%**
- Family Support and Counseling **43%**
- Advance Care Planning **33%**
- Coordination of Care **32%**

91% of adult programs and **83%** of pediatric programs reported that establishing goals of care is one of the top three reasons for a palliative care consult request.

Top Referral Sources, Adult Programs (2018)

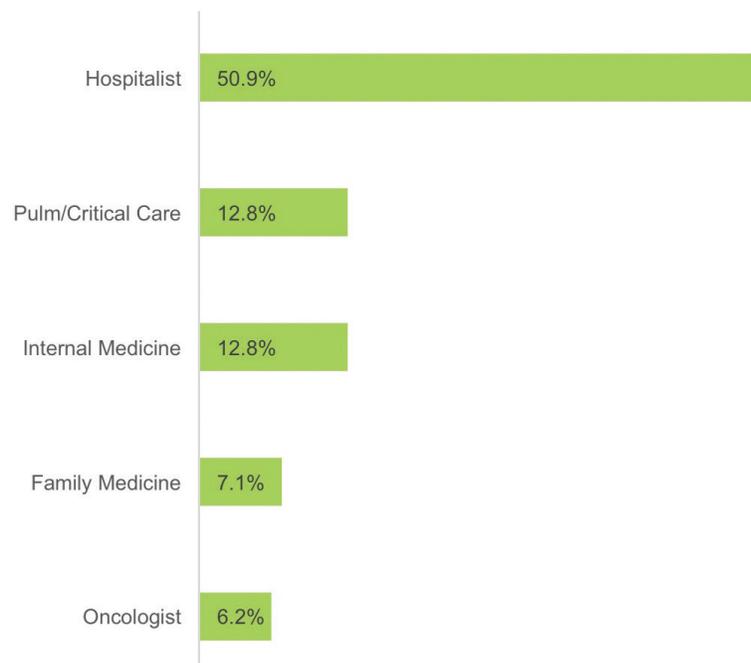
Referring Locations

Nearly half of palliative care referrals came from Medical/Surgical. Fewer than 1% came from Geriatrics, Gastroenterology, Direct Admission, Hospice, Pediatrics, Maternal Medicine, and Neonatology (each).



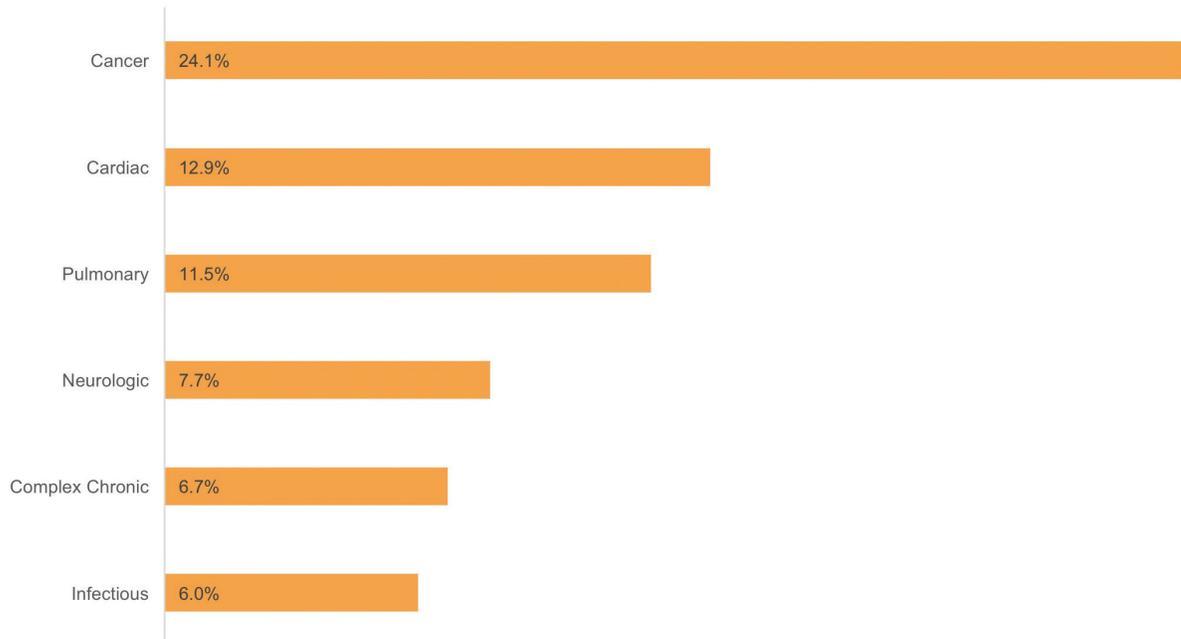
Referring Specialties

Half of referrals came from Hospitalists. 3% or fewer came from Surgeons, Cardiologists, Neurologists, Nephrologists, Gastroenterologists, Maternal Medicine, or Neonatologists.



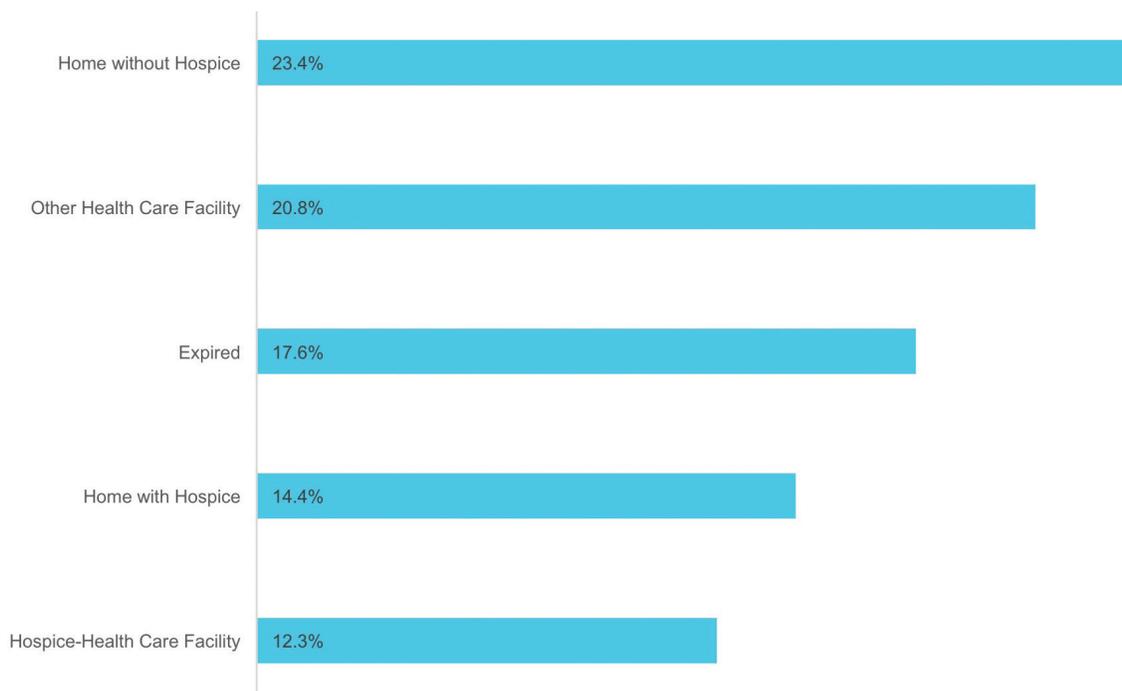
Primary Diagnoses, Adult Programs (2018)

One quarter of palliative care patients had a primary diagnosis of cancer. Dementia, renal, gastro, hepatic, trauma, vascular, endocrine, hematology, congenital, inutero complications, and prematurity each account for fewer than 5% of patient diagnoses.



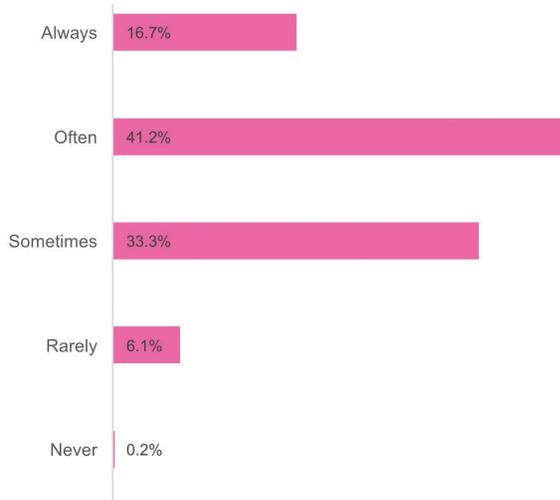
Patient Disposition, Adult Programs (2018)

Nearly one quarter of palliative care patients are discharged home without hospice. An additional 7% were either discharged to an acute care facility, left against medical advice, or were not discharged from the hospital during the reporting period.

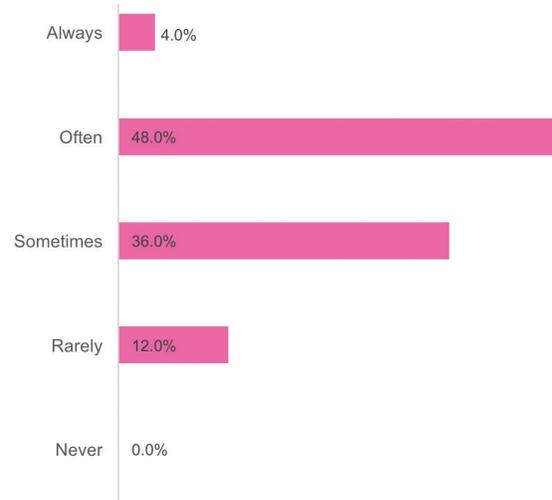


Consult Timing: How often are consults completed within 48 hours of admission? (2018)

Adult Programs

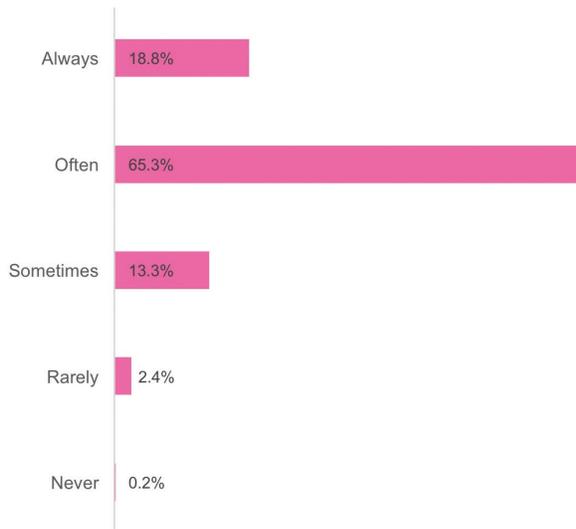


Pediatric Programs

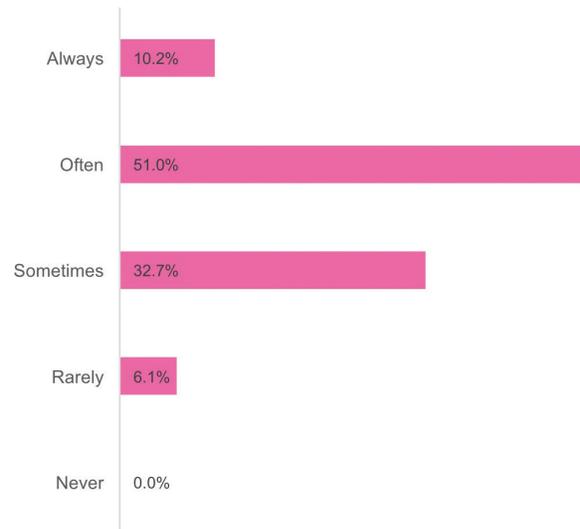


Consult Timing: How often are consults completed within 24 hours of referral? (2018)

Adult Programs



Pediatric Programs



NATIONAL GUIDELINES & RECOMMENDATIONS

Does your program follow any national recommendations or guidelines? (2018)

	Adult Programs	Pediatric Programs
National Consensus Project (NCP) Clinical Practice Guidelines for Quality Palliative Care	76.2%	51.9%
The Joint Commission Advanced Certification for Palliative Care	35.8%	20.4%
DNV-GL Healthcare Palliative Care Program Certification	4.5%	3.7%

Adherence to NCP Guidelines (2018)

	Adult Programs	Pediatric Programs
24/7 Availability to Patients	46.1%	59.3%
Team Wellness Plan	57.1%	69.2%
Quality Improvement Plan	61.2%	44.4%
Physician on Team	82.1%	96.3%
Social Worker on Team	68.7%	66.7%
Chaplain on Team	54.4%	48.1%
(At Least One) HPM-Certified Clinician	83.8%	84.9%

PROGRAM FUNDING

What are your top three program funding sources? (2018)

Adult Programs

- Hospital/Parent Organization Financial Support **86%**
- Fee-for-Service Clinician Billing **75%**
- Philanthropy **19%**

Pediatric Programs

- Hospital/Parent Organization Financial Support **85%**
- Fee-for-Service Clinician Billing **65%**
- Philanthropy **63%**

86% of adult programs and **85%** of pediatric programs reported that financial support from their hospital/parent organization was a top funding source.



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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