

Growth of Palliative Care in U.S. Hospitals 2013 Snapshot

What is Palliative Care?

Palliative care is specialized medical care for people with serious illnesses. It focuses on providing patients with relief from the symptoms, pain, and stress of a serious illness—whatever the diagnosis. The goal is to improve quality of life for both the patient and the family.

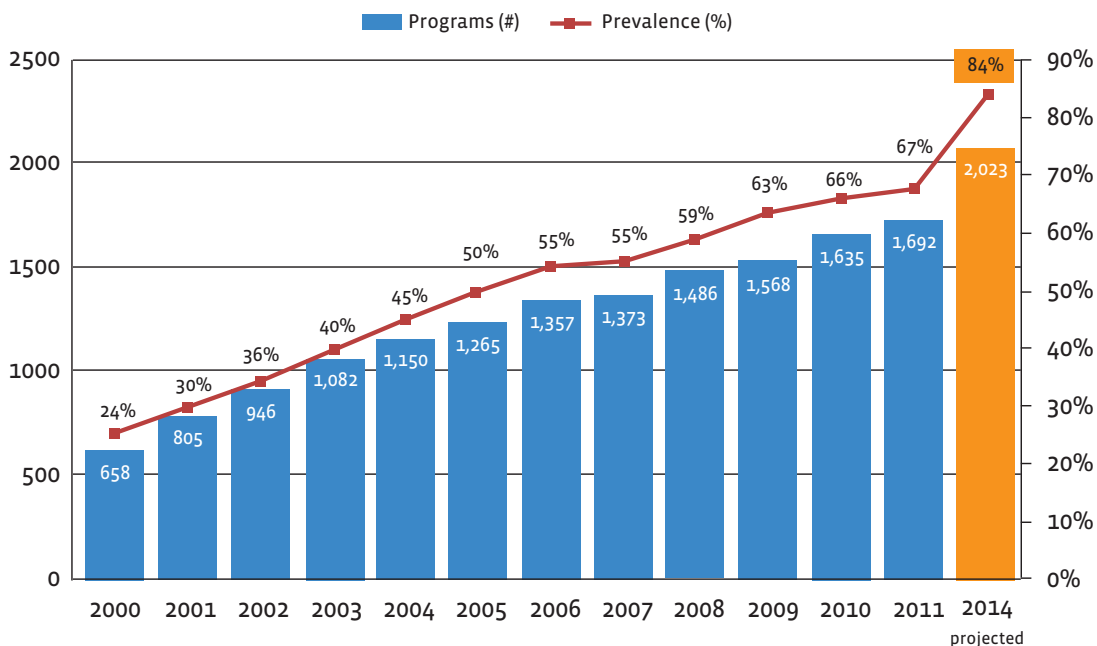
Palliative care is provided by a team of doctors, nurses, and other specialists, who work together with a patient's other doctors to provide an extra layer of support. It is appropriate at any age and at any stage in a serious illness, and can be provided along with curative treatment.

Palliative care improves health care quality in three significant ways:

- Effectively relieves physical and emotional suffering
- Strengthens patient-family-physician communication and decision making
- Ensures well-coordinated care across health care settings

PALLIATIVE CARE IN THE U.S.

Prevalence of Palliative Care (2000–2011) in U.S. Hospitals with 50 or More Beds



The prevalence of palliative care in U.S. hospitals with 50 or more beds has increased 157.1% over the past 11 years. In 2000, less than one-quarter of these hospitals (658) had a palliative care program, compared with more than two-thirds (1,692) in 2011. If current trends continue, by 2014, eight in ten U.S. hospitals with 50 or more beds will have a palliative care program.

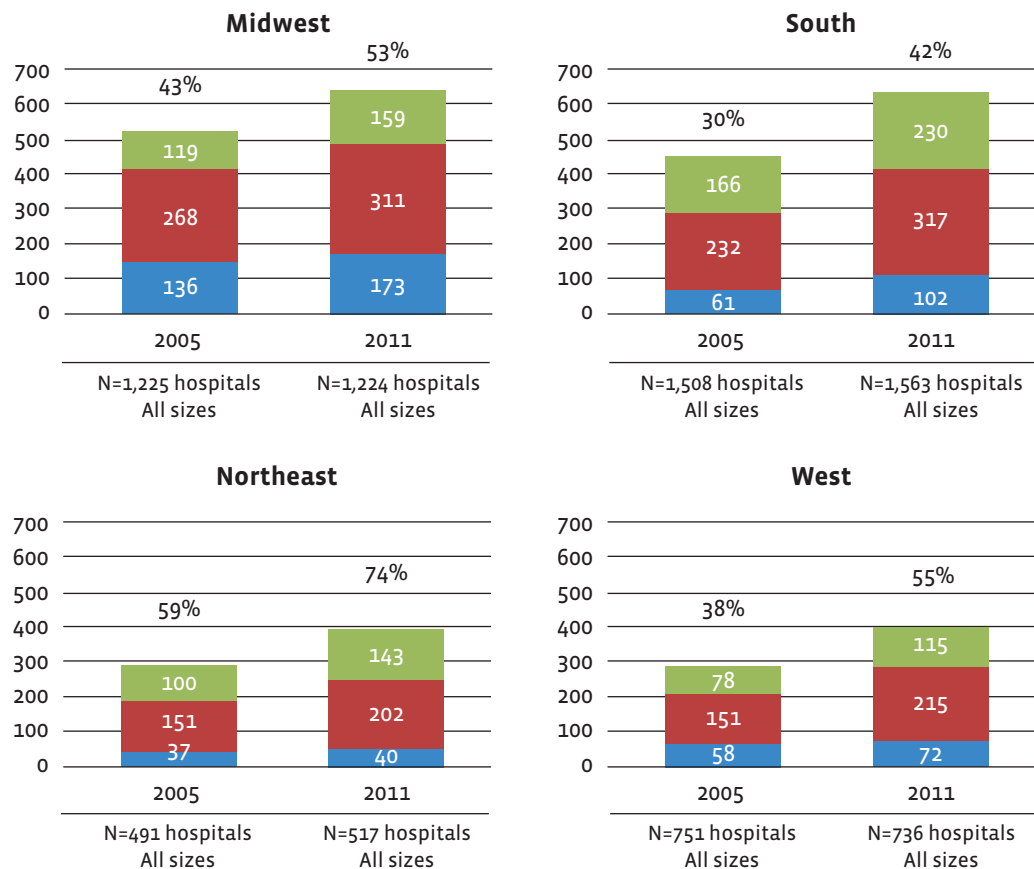
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PALLIATIVE CARE IN THE REGIONS

Distribution of Regional Palliative Care Prevalence, by Hospital Size, 2005 and 2011

■ Less than 50 beds ■ 50-299 beds ■ 300 or greater beds

Although the number of palliative care programs continues to rise in the U.S., regional prevalence varies. Currently, the overall prevalence of hospital palliative care (regardless of hospital bed size) is highest in the densely populated Northeast (74%), a substantial increase from 59% in 2005. In contrast, the South has the lowest prevalence (42% in 2011), but the highest share of palliative care programs (547) in hospitals with 50 or more beds.



Sources: For this analysis, we used data from:

- The FY 2002- 2011 AHA Annual Survey Databases. Chicago, IL: Health Forum, an American Hospital Association affiliate
- The National Palliative Care Registry™: Center to Advance Palliative Care (CAPC), as of January 2013.

Methodology: This analysis was conducted in January 2013. Hospitals self-reporting the presence of a palliative care program within four categories – hospital, health system, network, or joint venture – were included in the analysis. Hospitals creating a profile in *The National Palliative Care Registry™* are included in the FY 2008 – 2011 figures, regardless of their response to the AHA Annual Survey.

The Center to Advance Palliative Care (CAPC) (www.capc.org, www.getpalliativecare.org) and the National Palliative Care Research Center (www.npcrc.org) are affiliated with the Icahn School of Medicine at Mount Sinai, and are dedicated to increasing quality palliative care services for people facing serious illness.

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www.capc.org
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