



Analysis of U.S. Hospital Palliative Care Programs 2010 Snapshot

PREVALENCE OF PALLIATIVE CARE PROGRAMS IN U.S. (FY 2000-2008)

Between FY 2000 and FY 2008, the number of palliative care programs among hospitals with 50 or more beds increased from 658 to 1486, representing an increase of 125.8%.

Data/Fiscal (FY) Year	Programs (#)	Hospitals (#)	Program Prevalence (%)
2000	658	2686	24.5%
2001	805	2648	30.4%
2002	946	2658	35.6%
2003	1082	2683	40.3%
2004	1150	2569	44.8%
2005	1265	2509	50.4%
2006	1357	2452	55.3%
2007	1373	2505	54.8%
2008	1486	2517	58.5%
Change in Palliative Care Programs 2000 to 2008			125.8%

Source: 2002 to 2010 American Hospital Association Annual Hospital Surveys for FY 2000 to 2008; and Data from the Center to Advance Palliative Care's (CAPC) 2009 National Palliative Care Registry.

PALLIATIVE CARE PROGRAMS IN U.S. BY HOSPITAL OWNERSHIP (FY 2008)

In FY 2008, approximately 70% of not-for-profit hospitals with 50 or more beds had a palliative care program. Less than one-quarter of all for-profit hospitals with 50 or more beds had a palliative care program.

Hospital Ownership ¹	Programs (#)	Hospitals (#)	Programs by Hospital Ownership (%)
Public	190	379	50.1%
For-Profit	98	412	23.8%
Not-for-Profit	1198	1726	69.4%

Source: The 2010 American Hospital Association Annual Hospital Survey for FY 2008.

¹ Hospital Ownership is based on the definition outlined by the American Hospital Association (AHA) survey.



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PALLIATIVE CARE PROGRAMS IN U.S. BY BED SIZE (FY 2008)

Relative to smaller hospitals, larger hospitals are more likely to have a palliative care program. In FY 2008, 81% of hospitals with 300 or more beds had a palliative care program compared to approximately 40% of hospitals with 50 to 74 beds.

Bed Size	Programs (#)	Hospitals (#)	Programs by bed size (%)
50 to 74	127	320	39.7%
75 to 99	111	274	40.5%
100 to 149	207	451	45.9%
150 to 199	177	317	55.8%
200 to 249	174	276	63.0%
250 to 299	130	189	68.8%
300 or greater	560	690	81.2%

Source: The 2010 American Hospital Association Annual Hospital Survey for FY 2008.

Methodology: This analysis was conducted in March 2010. The primary source of hospital data used for this analysis was obtained from the American Hospital Association (AHA) Annual Survey Database for FY 2000 through 2008. For FY 2008, supplemental data was obtained from the 2009 National Palliative Care Registry™. The 2009 Registry provides 2008 operational data on the features and processes of care for hospital palliative care programs. Hospitals registering their program in the 2009 Registry are included in the FY 2008 figures (both numerator and denominator) regardless of their response to the AHA annual survey.²

Hospitals were **EXCLUDED** from this analysis if:

- No admissions were identified as general medical-surgical, obstetrics/gynecology, cancer or cardiac ;
- They are controlled by the Federal government (e.g., U.S. Department of Veterans Affairs);
- They are located outside the 50 states and the District of Columbia;
- They contain less than 50 total beds;³ and
- They did not respond to the AHA annual survey.⁴

In the AHA Annual Survey, hospitals self-report their palliative care programs within four categories: hospital, health system, network or joint venture. We included all four categories in the analysis.

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 Mount Sinai School of Medicine and are dedicated to increasing quality palliative care services for people facing serious illness.

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² The National Palliative Care Registry™ data was not used to supplement data for FY 2000 through 2007.

³ The total number of beds is derived by excluding the count of nursing home unit beds from the total count of facility beds.

⁴ This exclusion criterion corresponds only to FY 2000-2007. Effective FY 2008, hospitals not responding to AHA annual survey, but reporting a palliative care program in the National Palliative Care Registry™ are included in both the numerator and denominator.