

Status of Palliative Care in Two Catholic Health Systems

Whole Person Care Leadership Council
A Collaborative Project of the California Catholic Bishops and California Catholic Health Systems

Abstract

In late 2015, responding to the passage of the California End of Life Option Act, the Alliance of Catholic Health Care and the California Catholic Conference determined to **enhance the lives of seriously ill persons and their families by fostering partnerships between health systems and communities.** The resulting **"Whole Person Care Initiative"** has two goals:

1. Strengthen and improve the quality and availability of palliative care (PC) and Whole Person Care (WPC) in Catholic health facilities; and
2. Develop and implement Whole Person Care programs and education in dioceses and parishes.

In California, there are 2 Catholic-affiliated health systems (Providence St. Joseph Health and Dignity Health) and 3 independent facilities, comprising 51 hospitals. Given the significant diversity of the systems, facilities, and the communities they serve, the Initiative has adopted a model of **"asynchronous continuous improvement"**: A leadership group and technical expert team facilitate rapid, "start-where-you-are" implementation as individual facilities move toward internally determined objectives and common aspirational goals. To obtain a starting point assessment for each facility and an overall picture, an **extensive assessment survey** was deployed to all 51 facilities in the spring of 2017.

Research Aims of the Survey

1. Obtain a detailed picture of the status of PC services and WPC across 51 hospitals;
2. Provide each system and facility with an understanding of their "starting point" in the Initiative;
3. Contribute to the national understanding of inpatient PC services.

Methods

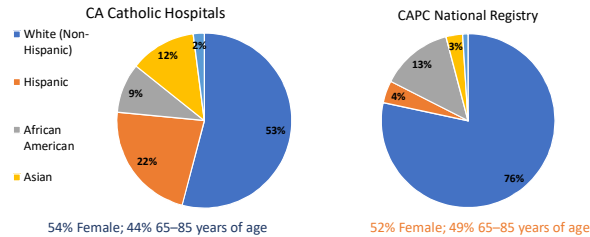
A **comprehensive survey** was drafted and reviewed by the WPC Initiative Leadership. To facilitate comparisons of key metrics, **47 of the 121 questions were drawn directly from the CAPC National Registry™ Hospital Survey**; others (15) from an internal survey of one of the health systems and from a High Value Health Collaborative survey (23). The remainder were new and specific to the needs of the Initiative. The questions addressed 8 major topic areas. **Only a selection of those for which direct comparisons are possible with the CAPC Survey items¹ are reported here.** The survey was distributed electronically to pre-identified facility contacts for completion over an 8-week period (March–May, 2017). Analysis and aggregations was performed by the Initiative consultant, The Iris Project.

Results: Hospital Characteristics

	CA Catholic-Affiliated Hospitals	CAPC National Registry™
# Participants	46	359
% Total Represented by Participants	90%	7% ²
% Participants are Nonprofit Community Hospitals	90%	82%
% Participants are Teaching Hospitals	3%	60%
Urban/suburban	78%	82%
% Participants' Mean # Annual Admissions	12,620	17,795
Participants' Average Daily Census	157	264

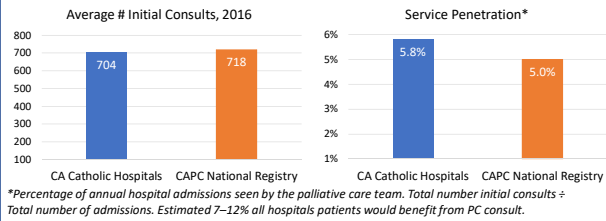
Of special note: The CA Catholic-affiliated hospitals represent a broad range of size from 25 to 684 beds, and span the state from Humboldt County in the north to San Diego in the south.

Results: Palliative Care Patient Population



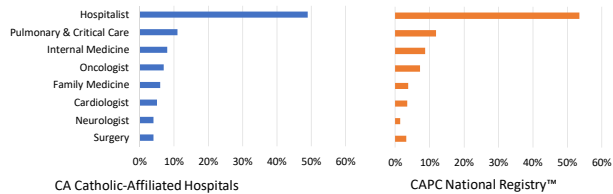
I'm most proud that: We have really strived to meet the unique needs of each patient and family.

Results: Palliative Care Services



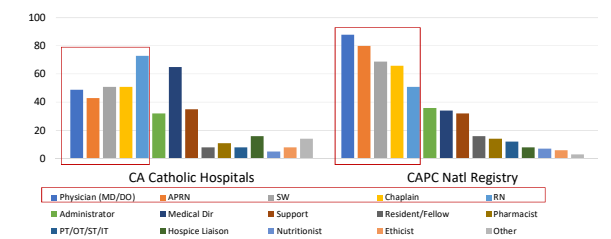
I'm most proud that: We have earned the trust of staff and patients, resulting in greater integration throughout the hospital.

Results: Clinicians Referring to Palliative Care*



I'd most like to: Educate every physician who practices in our community on the principles of general palliative care.

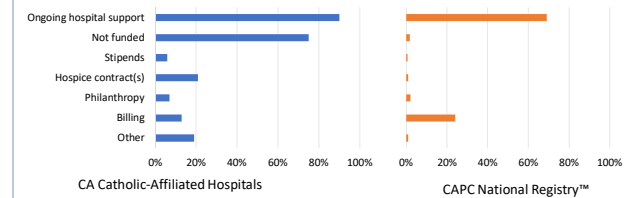
Results: Funded FTE by Discipline*



*Percentage of respondents reporting at least one FTE in the discipline. Only 8% of CA Catholic-affiliated hospitals have all members of team (vs. 48% in CAPC survey), but 85% have a "designated" PC team of at least 2 members.

I'd most like to: [Have] more robust staff, 7 days a week coverage by all disciplines!

Results: Funding Sources for Palliative Care Service*



I'd most like to: Create and increase funding so that a chaplain and another social worker and case manager could join the team.

Comments

Compared to their counterparts reporting to the CAPC National Registry™, the California Catholic-affiliated hospitals are performing on par or better in availability of palliative care services, number of initial consults, service penetration, and relationships with referring clinicians. This is all the more remarkable given that these hospitals are almost all *not* academic medical centers; many more are in rural areas; overall they are smaller (range of number of beds 25 to 684); they are serving a much more ethnically diverse population; and a significant 3 programs of 46 are not funded. **Staffing, funding, and reluctance of physicians to refer to palliative care remain major barriers to growth and effectiveness.**

Of note, the predominance of white patients receiving palliative care consults nationally and in California is worthy of further scrutiny. Non-Hispanic whites constitute 62% of the U.S. population³ and 38% of the California population⁴; yet the percentage of patients receiving inpatient palliative care consults is 76% and 54%, respectively.

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References

1. All results from CAPC survey extracted from National Palliative Care Registry™ – 2016 Data Summary (Non-Pediatric Palliative Care Programs). https://registry.capc.org/wp-content/uploads/2017/09/Public-Distribution_2016-Data-Summary-All-Variables.pdf
2. American Hospital Association Fact Facts, pie-charts, 2016. <http://www.aha.org/research/rc/stat-studies/pie-charts.shtml>. Number of hospitals participating in CAPC survey / total # Community Hospitals, 2016.
3. U.S. Census Bureau: Quick Facts, Population Estimates, July 2016. <https://www.census.gov/quickfacts/fact/table/US/PST045216>.
4. U.S. Census Bureau: Quick Facts, Population Estimates, California, July 2016. <https://www.census.gov/quickfacts/CA>