

Our **VISION** is that patients with serious illness and their families live as well and as fully as possible. We **PROMISE** our patients and their families that we will:

- Offer palliative care
- Learn about their beliefs, values and goals
- Keep them and their goals at the center of their care
- Share their plans with all who care for them
- Support them and help relieve their burdens
- Honor their wishes

Five initiatives to actualize our vision and promises across an integrated health system serving more than 4M Californians across 21 Medical Centers:

Prospective Patient Registry

The Specialty Palliative Care (SPC) registry is based on disease-specific criteria for patients with cancer, lung disease, kidney disease and heart disease and was clinically developed and validated by Specialty experts within Kaiser Permanente Northern California (KPNC).

Number of Disease Groups	Disease Group	Last Hospitalization date	# of Hospitalizations in last 12 months	# of ED visits in last 12 months	Registry date
1	Cancer	10/20/17	1	1	10/20/17
2	Lung Disease	10/20/17	1	1	10/20/17
3	Heart Disease	10/20/17	1	1	10/20/17
4	Kidney Disease	10/20/17	1	1	10/20/17

The SPC Registry includes current, living members **not** in hospice.

Current	Coming Soon
<ul style="list-style-type: none"> 1. Stage IV Lung, Esophageal, Gastric, and Bladder Cancer 2. Advanced Breast Cancer 3. Patients on Palliative Therapy 4. Metastatic Melanoma w/Brain Metastasis 	<ul style="list-style-type: none"> 5. Chronic Kidney Disease 6. Advanced COPD/Emphysema and Asthma 7. Advanced Heart Failure 8. Advanced Parkinson's Disease 9. Advanced Multiple Sclerosis 10. Advanced Amyotrophic Lateral Sclerosis 11. Advanced ALS 12. Advanced Huntington's Disease 13. Advanced Frontotemporal Dementia 14. Advanced Prion Disease 15. Advanced Huntington's Disease 16. Advanced Huntington's Disease 17. Advanced Huntington's Disease 18. Advanced Huntington's Disease 19. Advanced Huntington's Disease 20. Advanced Huntington's Disease 21. Advanced Huntington's Disease 22. Advanced Huntington's Disease 23. Advanced Huntington's Disease 24. Advanced Huntington's Disease 25. Advanced Huntington's Disease 26. Advanced Huntington's Disease 27. Advanced Huntington's Disease 28. Advanced Huntington's Disease 29. Advanced Huntington's Disease 30. Advanced Huntington's Disease 31. Advanced Huntington's Disease 32. Advanced Huntington's Disease 33. Advanced Huntington's Disease 34. Advanced Huntington's Disease 35. Advanced Huntington's Disease 36. Advanced Huntington's Disease 37. Advanced Huntington's Disease 38. Advanced Huntington's Disease 39. Advanced Huntington's Disease 40. Advanced Huntington's Disease 41. Advanced Huntington's Disease 42. Advanced Huntington's Disease 43. Advanced Huntington's Disease 44. Advanced Huntington's Disease 45. Advanced Huntington's Disease 46. Advanced Huntington's Disease 47. Advanced Huntington's Disease 48. Advanced Huntington's Disease 49. Advanced Huntington's Disease 50. Advanced Huntington's Disease

Monthly medical record number (MRN) level reporting allows local palliative care teams to proactively assess patients' needs for SPC and reach out to patients and families as appropriate.

Transdisciplinary Staffing Model

A priority at KPNC is that patients have access to a full SPC team in which each team member functions as a specialist in their own role and generalist in each other's roles. This assures patients' needs are comprehensively assessed and addressed. In order to achieve this across all medical centers our model of care has both interim and future targets and a tool to identify FTEs required locally.

	Core Team Model (Interim Goal)	Full Team Model (Future Goal)
Initial Consultations	MD or RN AND SW or Chaplain	MD, RN, SW, Ch Pharmacist prn
Follow-up Medication Consultations	2 visits for IP & 3 visits for OP; provided by different disciplines according to patient needs.	

Supply & Demand Tool: Utilizing our prospective registry and accounting for non-registry volume based on retrospective data, this tool can be used by each service area to identify FTEs needed for both the core team model and full team model.

Standardized Assessment Tools & Documentation

This initiative sets the standard for what every patient in every medical center receives as part of initial and follow-up SPC consultation. Three tools are used as part of a comprehensive assessment for every consultation: the **Edmonton Symptom Assessment Scale**, **National Comprehensive Cancer Network Distress tool** and the **Palliative Performance Scale**. Documentation in the electronic medical record (EMR) allows clinicians to show assessments and interventions as well as track distress and symptoms over time.

Customized Training for SPC Clinicians

KPNC SPC Essentials: A two part online, self paced training, developed in collaboration with CSU Institute for Palliative Care.

This training equips nurses, social workers and chaplains with both transdisciplinary and discipline specific knowledge to enhance their ability to provide the best palliative care possible for patients with serious illness and their families.

This as a mandatory training for all SPC team members. The curriculum is supplemented by faculty support with interactive sessions to both promote clinical application and develop a peer community across medical centers.

Course Descriptions:		
<p>Transdisciplinary Palliative Care Essentials</p> <p>Transdisciplinary Essentials is a foundation of knowledge for all staff. Essentials creates a common framework of understanding what palliative care is, equipping team members with essential tools for communication and working effectively among diverse populations. Additional modules cover spiritual and existential realms, attending to suffering, loss, grief and death, bereavement, and self-care.</p> <p>Palliative Care Nursing Essentials</p> <p>The Palliative Care Nursing Essentials was built to provide knowledge and skills for nurses to integrate palliative care into each step of the nursing process. Starting with a review of disease trajectories, the modules then move on to palliative care-specific nursing knowledge in areas including pain and medication management, and care for common distress encountered in providing palliative care.</p> <p>17 CE Hours</p>	<p>Palliative Care Social Work Essentials</p> <p>The Social Work Essentials course builds on the holistic, patient-centered skills and strengths of social workers to bring into focus the role that social workers play on palliative care teams. It expands on this foundation to address values, ethics, mindfulness, critical thinking and relationships. The course concludes with careful attention to self-awareness and self-care when working with change, loss, resilience, meaning-making, dying, and people in grief.</p> <p>10 CE Hours</p>	<p>Palliative Care Chaplainry Essentials</p> <p>The Chaplainry Essentials course focuses on chaplainry practices unique to palliative care such as performing a spiritual assessment and interventions useful in serious illness and their outcomes. Chaplainry Essentials concludes by exploring the chaplain's role as a member of a palliative care team, and as an advocate for patients, families and palliative care teams.</p> <p>10 CE Hours</p>

Over 300 nurses, social workers and chaplains have been trained.

Registry Engagement

Measure	Registry patients w PC (Initial) Consultation in last 12 months				
	All Registry	Cancer	CKD	HF	Lung
KPNC Region	18%	16%	23%	27%	15%

Use of Assessment Tools

Measure	(Initial) PC Consultation (Counts)			% of Outpatient PC Consults w/ Complete Assessments
	Registry	Non-Registry	Total	
KPNC Region	170	403	573	61%

Comprehensive Measurement Strategy

Measuring the impact of these initiatives will allow KPNC to assess both the effectiveness of clinical care and efficiency of systems/processes. Doing so will guide us in *achieving our vision & promises*. As part of this strategy, monthly dashboards and leadership reports are produced for all palliative care teams across the region. Management reports and outcome monitoring are planned for the future.

7 day a week staffing

% of Saturdays & Sundays with PC consult documentation

LCP or PC before death

% of adult members with a LCP or PC prior to death

	7-Day Coverage	Prior to Death
	YTD August 2017	RTM Ending July 2017
Target	85.0%	60.0%
Med Center Data	88.0%	62.0%
	99.0%	71.0%

*Life Care Planning (LCP) is Kaiser Permanente's advance care planning program.