Optimizing Specialty Palliative Care

Building Palliative Care Into the Organizational DNA

Kaiser Permanente Northern California

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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 ٠
- 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 (KPI

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Lung Disease	Neumingic.	Failure to Thrive / Dwindles
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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.

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.

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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.

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 Consultations	2 visits for IP & 3 visits different disciplines ac	for OP; provided by cording to patient needs.

		timates (P	e vallent)		Outpatient - Tim			reatier	9
	(Initial Files					(Redgard Free			
	AID .	101	114	OV		A/D	FN/	2W	CN.
Triage time	0.00		6.00	8.00	Triage/Initialia time		90.80		
Initial Consult time	90.00	90.00	90.80	90.80	Indial Carcult time	90.00	90.80	95.00	96.0
% of initial Consults discipling is present at	108%	100%	130%	330%	N of initial Consults discipling is present at	100%	100%	100%	300
# of Federar Lips	2.80	2.80	2.00	2.00	# of Falless Ups	3.00	3.00	3.00	3-0
allow-up time per patient	30.00	30.80	80.80	80.80	fallow-Up time par patient	10.00	30.80	38.00	36.0
i of follow-ups dissipline is present at	53N	58%	58%	50%	% of follow-up: discipling is present at	16.7%	33.9%	33.2%	35.7
Average Federarily Time	30.00	30.80	30.80	30.80	Average failesr-Up Time	15.00	30.80	30.00	15.0
Total Min per Pt	125.00	133.00	130.80	130.80	Total Min per Pt	185.80	133.80	128.08	125.1
Hears per Pt	2.90	2.17	1.90	2.00	Kaun per Pt		2.13	2.00	
New Clocked Add	0.23	0.20	6.20	5.20	New Christel Ard	8.29	5.20	0.20	8.2
New Prederitive Add	0.15		0.00	8.15	New Predative Ad	8.15		0.40	
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PART S. FTE N					(hased on patient demand)				
Inpatient	AID.	114	DW .	OV	Outpatient	A40	IN	24	0
04	1.17	1.43	1.60	3.81	D4.	113	1.87	1.51	
		Current F	TE Differen	ce between Mo	del Needs and Current Supply				
Inputient	AID .	iN	314	OV	Outpatient	AID .	iN	24/	0

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.

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.

understanding what palliative care is	ndation of knowledge for all staff. Essen , equipping team members with essential . Additional modules cover spiritual and en	tools for communication and working
Patietive Care Noning Essentials The Patietic Care Naring Essentials was built to provide loweshige and shalls for nurses to integrate patiative care isolet exh stery of the nursing process. Sturting with a review of disease moves no to patietive care-specific nursing howledge in areas including pain and metidation management, and care for providing patietive care.	Patients Care Social Web Exemution The Social Web Exemption scores, builds on the Indiade, patient- centered skills and strengths of social anothers to bring into those the rise that social workers pairs on patients care taxons. It is approximation patients care taxons, a strength on patient care taxons, and safety on the mean schling with charge, loging, and paragels in grief.	Patiente Care Chaptelang Essentité The Chaptelang Essentité course fous en chaptelancy aracticas unique to patieller care such as performing a spiritual assessment and developing a dan d'oace, and inserventition sucht in serious Chaptelang Essentitas concluses by esploring the chapter's role as a membro d'a patietier care team, and as an advocate for patients, familias and patietier care banns.

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

	7 day a week staffing		LCP or PC be	fore death	
	% of Saturdays & Sundays with PC consult documentation	9	6 of adult member prior to		ъс
			7-Day Coverage	Prior to Death	
			YTD August 2017	RTM Ending July 2017	
	Target		85.0%	60.0%	
	Med Center Data	2	88.0%	62.0%	
	ince center bata	0	99.0%	71.0%	
*	Life Care Planning (LCP) is Kaiser Per	manent	e's advance care p	lanning program	า.

Measure		Registry patients w PC (Initial) Consultation in last 12 months				
Registry Dx Gr	p	All Registry Cancer CKD		HF	Lung	
KPNC Region		18%	16%	23%	27%	15%
Use of A	Assessn	nent Too	ols			
		(Initial) PC Consultation (Counts) % of Outpatient PC Consults w/ Complete Assessments				
Measure	(In	itial) PC Consul	tation (Coun	ts)	Consults w/	Complete
Measure	(In Registry	itial) PC Consul Non-Reg		ts) Total	Consults w/	Complete ments