



Regional Palliative Care Program

Balanced Scorecard Report 2008– 2009

Seniors Health – Edmonton Zone

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INTRODUCTION

The Balanced Scorecard is a quality tool that provides an overview of key indicators for the financial, service, client/stakeholder satisfaction and employee satisfaction quality dimensions. The Balanced Scorecard provides a framework to advance quality in the Regional Palliative Care Program by:

- facilitating linkages and aligning quality improvement initiatives between service areas and stakeholders
- policy and program development
- describing, evaluating, measuring and assessing program performance
- assessing knowledge needs and identifying gaps
- establishing processes to support quality improvement initiatives
- educating stakeholders regarding health care quality

MAJOR INFLUENCES

As a component of a large health care organization and with various stakeholders as partners the Regional Palliative Care Program has been affected by several key global, provincial and organizational influences this past year. These include:

- Global economic shift that moved province from affluence to first provincial deficit in 15 years
- Chronic health care staffing shortages
- The impact of the national listeria contamination and global H1N1 pandemic on infection control practices and vigilance
- Reorganization of provincial health services under one Board titled Alberta Health Services
- Amalgamation of provincial Catholic Health organizations into one organization titled Covenant Health Organization
- Implementation of Alberta Health and Wellness Continuing Care Standards through Vision 2020
- Bed pressures to move patients from acute care to most appropriate care setting
- Implementation of mandatory reportable incident reporting to provincial Alberta Health and Wellness Compliance Unit
- Reclassification of palliative consult nurses and administrative assistance staff from out of scope to in scope

OVERVIEW OF PROGRAM

The Regional Palliative Care Program (RPCP) is a community-based model of care designed to increase access to exemplary palliative care services in the most appropriate setting provided by the most appropriate care giver. A focus of the program has been to shift the main area of care from acute care to the home and hospice (in continuing or long term care facilities). The community-based model recognizes that the family, home care and the family physician provide the majority of palliative care. Acute and tertiary level services are available when needed, allowing persons to choose settings such as home and palliative hospice when stable. Persons and their families have access to palliative care consultants regardless of the care setting.

Palliative care services are provided in multiple settings through an interdisciplinary service delivery approach. Palliative service is provided by: home care and family physicians, community nurse and physician consultants, acute care consultants, tertiary palliative care unit, cancer centre, and palliative hospices. Hospice admissions centrally coordinated by the regional office. Specialized palliative services are also provided at Cross Cancer Institute (CCI) Pain and Symptom Outpatient Clinic, Pilgrims Hospice day program and home visiting, and through the Stollery Centre Paediatric Palliative Care Program. The program is outcomes-based with goals set for each area of the program.

KEY INITIATIVES FOR 2008-2009

In addition to the provision of palliative services the Regional Palliative Care Program has been involved in the following collaborations and initiatives for 2008-2009:

- **AHS Edmonton Thoracic Services** – development of an integrated approach to management of malignant pleural effusion including the use of pleurX catheter
- **Tissue & Organ Transplant Program** – development of a patient/family and clinician education brochure for tissue and organ transplant for individuals who die from a terminal illness
- **Patient Relations** – development of a Bereavement Resource package for use throughout the Edmonton Zone for individuals and families
- **RPCP, Covenant Health Services, Capital Care Norwood, Pilgrim's Hospice** – Development and celebration of Palliative Care Week Public Information Sessions & Hike for Hospice
- **Facility Living** – Development and implementation of trial clinical pathways triggered by the use of InterRAI
- **Home Care, NWD, Covenant, Pilgrim's Hospice** – beginning discussions to enhance support for palliative volunteer
- **Alberta Health and Wellness, University of Victoria & the RPCP** – the cutting edge Clinical Vocabulary research project has developed a standards-based enhanced palliative care information system (EPCIS). The standard being evaluated is the reference terminology system SNOMED CT (Systematized Nomenclature of Medicine Clinical Terms), with an emphasis on the Clinical Information Groups (CIGs) identified by Canada Health Infoway, using the SNOMED clinical computer terminology.
- Enhancement of electronic data base for triage, hospice, staff activity and education coordination
- Development of vision for palliative care nursing to become a palliative care nursing magnet group within the next three to five years
- Development of Palliative Care and End of Life Institute Business Plan to further enhance palliative and end of life services in service delivery, education and research
- Participation in Help Operationalize Palliative Expertise (HOPE):
 - ◆ Development of Learning Essential Approaches to Palliative and End of Life Care (LEAP) seven palliative expert facilitators to provide interdisciplinary palliative education
 - ◆ Participation in monthly telementoring videoconference series
- Acquisition and implementation of telehealth at:
 - ◆ Cross Cancer Institute Pain and Symptom Management Program for clinical consultation services
 - ◆ Grey Nuns Community Hospital Tertiary Palliative Care Unit for provincial collaborations and education
 - ◆ Regional Palliative Care Program for education and delivery of Friday Palliative Care Rounds throughout the Edmonton area and provincially

PROGRAM STRUCTURE

The RPCP reports to the Executive Director, Seniors Health – Edmonton Zone (see Figure 1). A central office coordinates the components of the program and includes a Manager, Clinical Director, Information Coordinator and secretarial staff. The Regional Palliative Community Consult Team consists of palliative nurses, physicians, hospice coordinator, and supervisor who also work out of the main office. The regional office maintains a liaison role in the areas of standards, guidelines, education, research and program outcomes with all areas of the program.

The RPCP is a program that is integrated at the organizational, clinical and service delivery levels. This integration facilitates organization of the continuum of care; increases access to and delivery of coordinated, high-quality & clinically effective service; decreases clinical variance; and increases the effective use of medical, healthcare & other related resources. Critical to clinical integration and facilitating care across the continuum of health services is the use of common assessment tools – Edmonton Symptom Assessment Score (ESAS), Palliative Performance Scale (PPS), Folstein's MMSE, CAGE, and the use of common palliative guidelines.

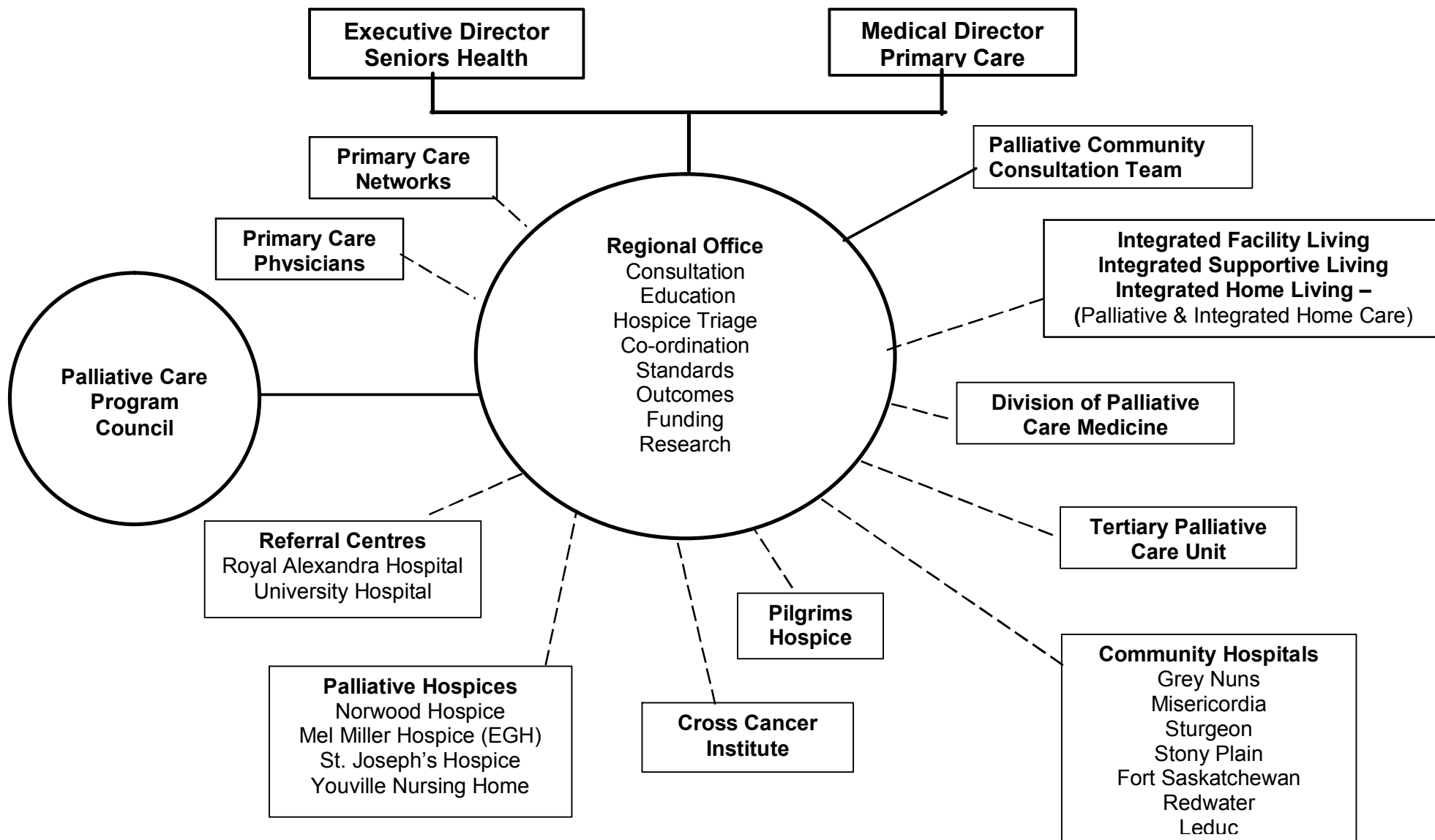
Policy, administration, operations and funding for each of the service areas are organization based on the following:

- Alberta Health Services Seniors Health – Edmonton Zone;
 - ◆ Regional Palliative Care Program (Palliative/End of Life Care)
 - ◆ Integrated Home Living
 - ◆ Integrated Supportive Living
 - ◆ Integrated Facility Living
 - ◆ Transition Services
 - ◆ Seniors Health Initiatives
 - ◆ System Improvement & Support
- Alberta Health Services, Edmonton – Royal Alexandra Hospital Palliative Care Program
- Alberta Health Services, Edmonton – University of Alberta Hospital:
 - ◆ Palliative Care Consultation Services
 - ◆ Stollery Children's Palliative Care Program
- Alberta Health Services, Cross Cancer Institute:
 - ◆ Pain and Symptom Management Clinic
 - ◆ Community Liaison
- The Capital Care Group, Norwood Hospice – 23 beds
- Covenant Health Services:
 - ◆ Grey Nun's Community Hospital Tertiary Palliative Care Unit 20 beds
 - ◆ The Mel Miller Hospice 9Y, Covenant Health Services – 22 beds
 - ◆ St. Joseph's Hospice, Covenant Health Services – 14 beds
 - ◆ Youville Home - 1 bed

Various forums exist to facilitate collaboration and continued development of palliative care services. These forums include: Friday Palliative Care Rounds, Education Committee, Practice Development and Quality Committee, Division of Palliative Medicine, Palliative Nursing Site Leaders, Annual Education and Research Conference, Hospice Managers Meetings, Data Committee, Annual Meeting.

Figure 1

Regional Palliative Care Program (RPCP) Structure



Quality Dimensions						Quality Indicator	Target	2006-2007	2007-2008	2008-2009
Acceptable	Appropriate	Effective	Efficient	Safe	Timely					

Financial Performance

		√				Contracted provider (Hospice) reported hours per resident per day	N/A	STJ 7.08 EGH 4.98 NWD 6.43 You 6.04	7.22 4.96 6.53 6.38	7.41 539 6.76 8.63
			√			Acute Care bed days saved per fiscal year		18,627	19,281	20,869
						Research/Grants produced by RPCP Staff	N/A			
						Number of publications produced by RPCP Staff	N/A	10	7	31

Service Quality

	√					24/7 Palliative Home Care coverage	100%	94%	94%	94%
	√					24/7 RPCP Consultant Coverage	100%	94% HC 97.5% AC	94% HC 97.5% AC	94% HC 97.5% AC
		√				Continuity of Care – Use of Common Assessment Tools	100%	94% HC 97.5% AC	94% HC 97.5% AC	94% HC 97.5% AC
	√					Service Delivery: Total number of discharges per fiscal year	N/A	4014	4627	4597
					√	Average length of stay per site per fiscal year - median	TPCU-15 days AC (UAH/RAH)vc-15 days Hospice – 35 days Palliative HC 3 months	17 15/18 19 62	16 15.5/14 16 60	16 18/14 17 71
					√	Service response time for the RPCP – Community Median	1 day	1	1	1
					√	Wait time for Admission to Hospice and TPCU (GNCH)	1 day	TPCU Hospice 2	TPCU Hospice 0	TPCU Hospice
	√					Occupancy rate for the TPCU (GNCH) and total hospice	TPCU 92% Hospice	90.3%	92.5%	86.%

Quality Dimensions						Quality Indicator	Target	2006-2007	2007-2008	2008-2009
Acceptable	Appropriate	Effective	Efficient	Safe	Timely					
							92%	90.3%	90.3%	96.3%
		√				Pain and symptom management – ESAS completed by site	100%			
							HC	40%	36%	36%
							Hospice	78%	76%	80%
							RPCCT	80%	88%	90%
							TPCU	82%	70%	78%
							UAH	82%	84%	86%
							RAH	94%	98%	98%
		√				Pain and symptom management – MMSE completed by Site	100%			
							HC	22%	20%	26%
							Hospice	70%	72%	76%
							RPCCT	80%	94%	98%
							TPCU	92%	78%	96%
							UAH	88%	82%	90%
							RAH	94%	96%	98%
						Bereavement services and support	NA			
						Grief Care Program: Health Professionals, Community Agencies	NA	NA	79	93
						Number of PC volunteers trained by the RPCP	NA	NA	68	NA
						PC Volunteer hours per location per year	NA	NA	NA	NA
						Research/Education: Training with RPCP	NA			

Client and Stakeholder Satisfaction

						Number of Physicians referring to RPCP	NA	507	499	472
				√		RPCP Investigations/Commendations	0	3	3	3
				√		Reportable Incidents	0	NA	NA	3

Quality Dimensions						Quality Indicator	Target	2006-2007	2007-2008	2008-2009
Acceptable	Appropriate	Effective	Efficient	Safe	Timely					

Employee Satisfaction & Learning

						Friday Palliative Care Rounds	38	100%	100%	100%
						Care case and Journal rounds - - Community consult team rounds	17	88%	88%	88%
						Tertiary palliative Care Journal Rounds	140	96%	96%	96%
						CCI/UAH/RAH Journal Rounds	12	100%	100%	100%
						Annual Conference "Palliative Care Education and Research Days" – Attendance	NA	350	325	258
						Annual RPCP Meeting – Attendance	NA	72	65	40

Professional Practice

						Work Life: Percentage of current position descriptions	100%	NA		
							RPCP		83%	100%
							RPCCT		40%	100%
							TPCU		41.6%	
							UAH		40%	
							RAH		50%	
						Occupational Health: Use of Workers' Compensation Board	0	0	0	0
						OHS&W Education:	100%	71%	64%	70%

1.0 FINANCIAL PERFORMANCE

“To achieve the desired benefit for clients/residents/families/communities, with the most cost effective use of resources.”

1.1 Regional Palliative Care Budget Variance

Fiscal Year	Budget Variance
2006/2007	7.3%+
2007/2008	10.8+
2008/2009	6.4%+

Benchmark: 0

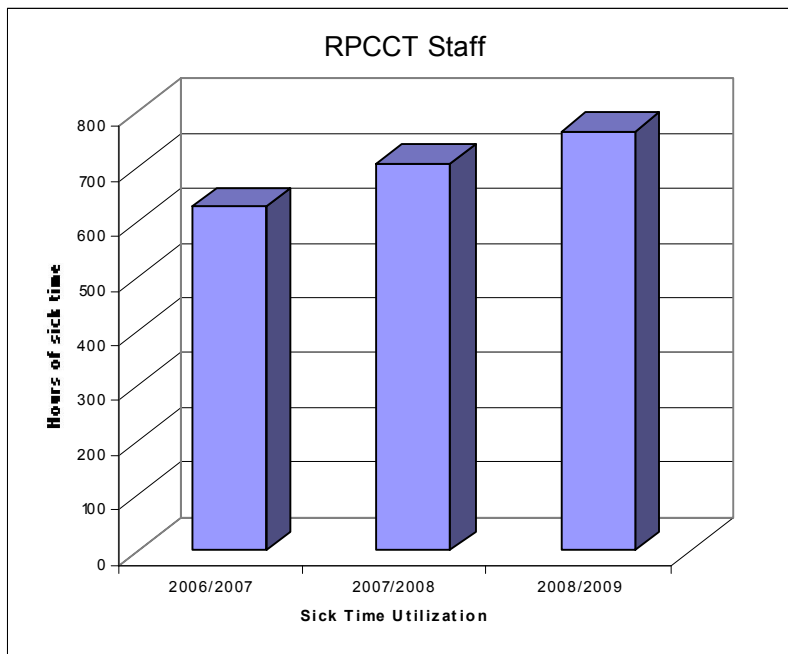
RPCP Goals: Develop accountability and program excellence through a collaborative regional leadership model.

Seniors Health*: Efficiency.

Definition: Program variance for fiscal year in percentage.

Interpretation: Positive variance due to staff vacancies.

1.2 RPCP Community Staff – Sick Time Utilization



Benchmark:

RPCP Goals: Increase support for formal and informal caregivers.

Seniors Health*: Efficiency

Definition: Total sick hours as reported at end of fiscal year RPCP office. Alberta Health Services Edmonton Zone provides absence statistics quarterly. The target set for the last year was 3.5% paid hours.

Interpretation: RPCP participates in ability management program. Increased number of staff had week long illnesses have contributed to increasing sick time utilization. RPCP paid sick hours for 2008/2009 is 3.0% which is slightly below the regional target.

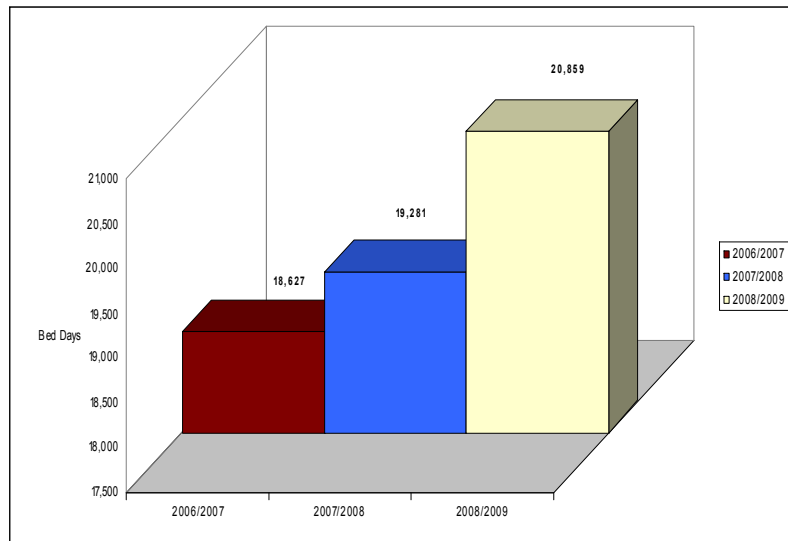
*Seniors Health division goals relate to Alberta Health Services Edmonton Zone Quality Framework

1.3 Contracted Provider (Hospice) Reported Hours per Resident per Day

Reported Hours per Resident Per Day Per Site				
Year	St. Joseph's	Mel Miller	Norwood	Youville
2005/2006	7.0	5.19	6.46	-
2006/2007	7.08	4.98	6.43	6.04
2007/2008	7.22	4.96	6.53	6.38
2008/2009	7.41	5.39	6.76	8.63

Benchmark: 5.88 hours per resident day (PRD)
RPCP Goals: Review and follow relevant norms of practice based on CHPCA guidelines of each site of care.
Seniors Health: Safety
Definition: Number of blended nursing hours (RN, LPN, NA, Unit Clerk) provided at each hospice site per funded resident day.
Interpretation: Variances due to hospices identifying staffing to meet unit needs.

1.4 Acute Care Bed Days Saved per Fiscal Year



Benchmark: 92% occupancy = 19,140 bed days
RPCP Goal: Support community based care by providing proactive palliative care in the home and hospice, thereby decreasing the use of emergency and acute care services.
Seniors Health: Efficiency
Definition: Number of acute care bed days saved per year. Note: If hospice beds were not available all bed days would occur in acute care facilities.
Interpretation: Update with data - Occupancy was with a mean of 33 days and a median of 17 days. Hospice guidelines instituted in 2002 to limit acuity to match staffing level has impacted level of occupancy although occupancy was at 90% annually, this rate has increased related to increased regional bed pressures and enhanced facilitation through coordination and case management by hospice coordinator in the RPCP office.

1.5 Research/Grants Produced by RPCP Staff

RPCP Goals: Facilitate a program of ethically based research, which advances palliative care practice.

Seniors Health: Education Research & Outcomes

Definition: Number of Research projects and publications produced by staff and/or affiliates of the RPCP including the Division of Palliative Medicine and the Department of Oncology within the Alberta Health Services, Edmonton Zone Region. Research activities are categorized under 5 different research streams. Others include: study in proposal phase, pending grant funding, and on hold.

Interpretation: Continue to maintain a productive research program

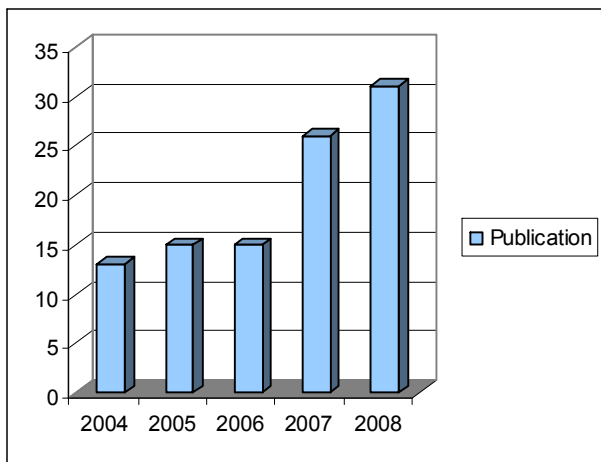
Number of Research projects according to research stream for 2005/2006							
Status	Clinical Trials	Cachexia/ Anorexia	Health Services	Opioids/ Analgesic	Fatigue	Tools Assessment	Others
Complete							
Ongoing	4	1	4			1	3
Proposal							
Total	4	1	4			1	3

Number of Research projects according to research stream for 2006/2007							
Status	Clinical Trials	Cachexia/ Anorexia	Health Services	Opioids/ Analgesic	Fatigue	Tools Assessment	Others
Complete							
Ongoing	2		3			5	
Proposal							
Total	2		3			5	

Number of Research projects according to research stream for 2007/2008							
Status	Clinical Trials	Cachexia/ Anorexia	Health Services	Opioids/ Analgesic	Fatigue	Tools Assessment	Others
Complete							
Ongoing	3		2				
Proposal							
Total	3		2				

Number of Research projects according to research stream for 2008/2009							
Status	Clinical Trials	Cachexia/ Anorexia	Health Services	Opioids/ Analgesic	Fatigue	Tools Assessment	Others
Complete							
Ongoing	3		1	2		6	
Proposal							
Total	3		1	2		6	

1.6 Number of Publications Produced by RPCP Staff



Benchmark: N/A

RPCP Goals: Offer effective palliative care education, based on norms of practice, to patients, caregivers, health professionals and the public.

Seniors Health: Education Research & Outcomes

Definition: total number of publications by RPCP staff including the Division of Palliative Medicine. Number of publications is collected annually per calendar year. Information is extracted from the Department of Oncology, Division of Palliative Care Medicine annual reports and Staff reports.

Interpretation: Members of the Division of Palliative Medicine produce most publications, which is a significant component of their job descriptions.

2.0 SERVICE QUALITY

“To respond to the needs and expectations of clients/residents/families and to changes in the environment in the best possible way given the current and evolving state of knowledge”

2.1 24/7 Palliative Home Care Coverage

24/7 Palliative Home Care Coverage	
Year	Palliative Home Care
2006/2007	94%
2007/2008	94%
2008/2009	94%

Target: 100%

RPCP Goals: Provide timely access to palliative care services 24 hours a day, 7 days a week throughout the Alberta health Services Edmonton zone.

Seniors Health: Appropriateness

Definition: Availability of 24 hour on call palliative home care services to visit person

Interpretation: Stony Plain, Spruce Grove and Devon area have phone access rather than staff to visit (#of palliative care clients are estimated in these areas). All other areas have home care coverage by phone with ability to visit 24/7.

2.2 24/7 RPCP Consultant Coverage

24/7 Consultation Coverage	
Year	Consultant on call
2006/2007	94% home care 97.5% acute care
2007/2008	94% home care 97.5% acute care
2008/2009	94% home care 97.5% acute care

Target: 100%

RPCP Goal: Provide timely access to palliative care consultation services 24 hours a day, 7 days a week throughout the Alberta Health Services Edmonton Zone Region.

Seniors Health: Appropriateness
 Definition: Availability of 24 hour on call consultant coverage to visit person

Interpretation: All areas have a nurse and physician consultant on call by phone 24/7. Leduc does not have consultant nurse/physician teams able to visit. Sherwood Park/Fort Saskatchewan and Redwater and Devon/Westview areas have half time nurse consultant coverage.

2.3 Continuity of Care – Use of Common Assessment Tools

Year	Use of common assessment tools
2006/2007	94% home care 97.5% acute care
2007/2008	94% home care 97.5% acute care
2008/2009	94% home care 97.5% acute care

Target: 100%

RPCP Goal: Exemplary palliative care provided in the most appropriate setting.

Seniors Health: Effectiveness

Definition: Palliative care assessment forms and tools have been introduced throughout the Alberta Health Services Edmonton zone

Interpretation: The palliative consultants use common symptom assessment tools to ensure the most appropriate care setting is selected. Common assessment tools include: Edmonton Symptom Assessment System (ESAS), Mini Mental State Exam (MMSE), CAGE, Edmonton Classification for Cancer pain (ECS-CP), and Palliative Performance Scale (PPS). All diagnostic categories throughout all areas of the RPCP are consistent with 17 Alberta Cancer Board groupings. Morniville and Redwater Home Care now use the tools, with implementation of the forms being introduced to the west suburban rural area of the region. The areas that have consultant coverage typically use the common assessment tools.

2.4 Service Delivery: Number of Discharges per site and Number of Clients Seen by Regional Palliative Care Community Team (RPCCT) per Fiscal Year

	2006/2007	2007/2008	2008/2009
Site	Discharges (Total Cases)	Discharges (Total cases)	Discharges (Total cases)
Hospice (all sites)	483	625	579
Palliative Home Care	1121	1187	1113
RAH	487	578	565
RPCCT Referral	1336	1600	1625
TPCU	177	210	237
UAH	410	430	478
Total	4014	4627	4597

Note: Cross Cancer Institute (CCI) will contribute next year.

Benchmark: NA

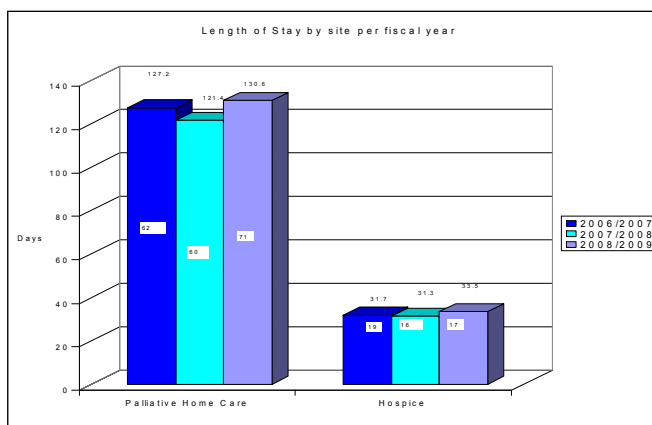
RPCP Goal: Review and articulate the palliative care needs of patients with malignant and non-malignant diseases with needs that arise as treatment options advance. In order to meet the needs of the population, we need to monitor discharges in order to plan for areas of increased service delivery.

Seniors Health: Appropriateness Definition: Number of discharges per site per year. Discharges=client transfer to another site or death. For RPCCT, the definition is number of referrals to RPCCT.

Interpretation: There continues to be steady growth in all aspects of the RPCP. Growth of TPCU is due to increase of beds from 14 to 20. In 2007 hospice beds increased from 57 to 60. The growth can be attributed to increased coordination and case management by hospice coordinator in the RPCP office. The 20% increase at RAH, if sustained, will require a growth in the consultant team.

2.5 Average Length of Stay (ALOS) per site per Fiscal Year

2.5.1 Average Length of stay for Home Care and Hospice



Note: for both graphs

***top of column figures are mean LOS or average**

***Middle of column figures are median LOS or 50% of population**

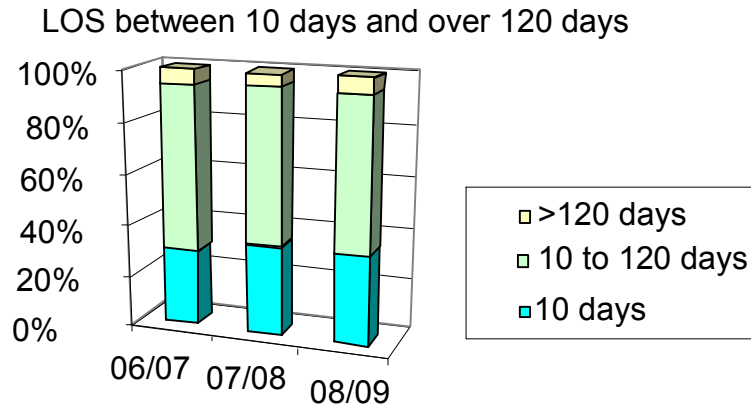
Benchmark: Median Length of Stay:
 TPCU = 15 days; acute care= 15 days;
 Palliative Hospice = 35 days; palliative Home Care = 3 months

RPCP Goal: Access to exemplary palliative care provided in the most appropriate and effective setting.

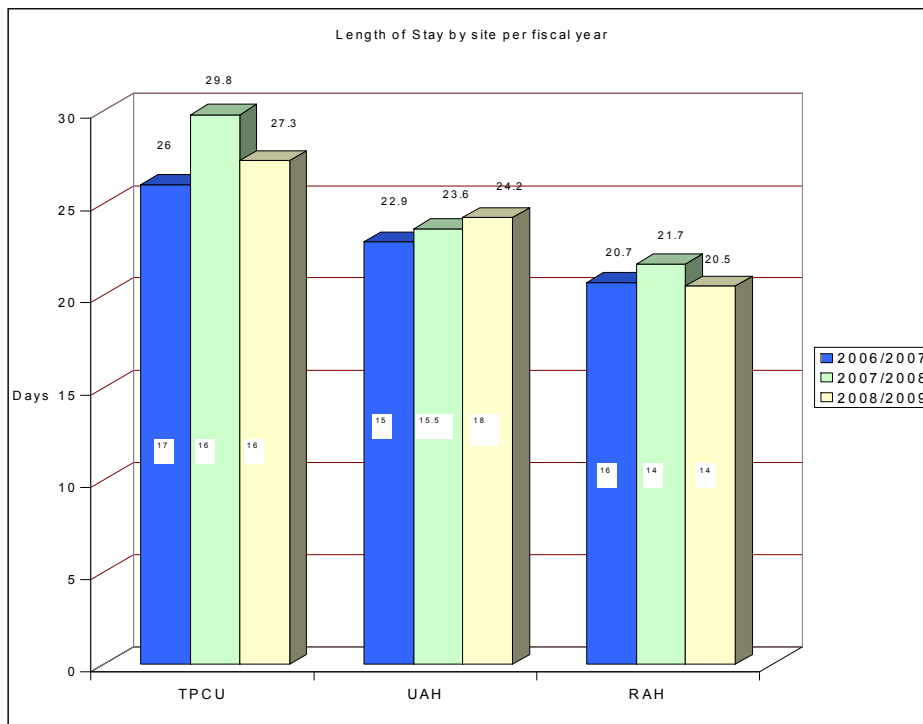
Seniors Health: Access, Effectiveness Definition: Mean, Median of the length of stay at each site per year.

Interpretation: ALOS patterns of care appear to be stable in most palliative care sectors. Increase in LOS in TPCU is attributed to a change in characteristics of admissions to include complex chronic situations.

2.5.2 Length of Stay Groupings for Hospice



2.5.3 Average Length of Stay for Acute Care



Note: for both graphs
***top of column figures are mean LOS**
*** middle of column figures are median LOS**

2.6 Service Response Time for the RPCP – Community

	2006/2007	2007/2008	2008/2009
Mean	1.4 days	1.4 days	1.5 days
Median	1 day	1 day	1 day

Benchmark: Appointment booked with 1 day, seen within 1-2 working days. Urgent referral same day.
RPCP Goal: Access to exemplary palliative care provided in the most appropriate setting.
Seniors Health: Timelines
Definition: time duration between referral and date of first clinical contact visit reported as mean, median in the RPCP Community
Interpretation: Response time continues to meet benchmarks.

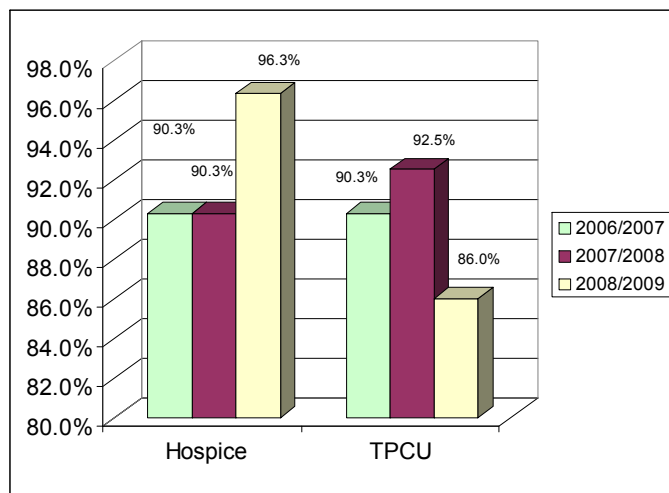
2.7 Wait Time for Admission to Hospice and TPCU (GNCH)

	Wait Time in Days			
	TPCU		Hospice	
	Mean	Median	Mean	Median
2006/2007	*	*	3.9	2
2007/2008	*	*	1.6	0
2008/2009	*	*	4.9	1

- Retrospective data entries in progress

Benchmark: 1 day
RPCP Goal: Ensure a coordinated continuous plan of care that minimizes duplication of efforts and is maintained across all settings from referral of the patient to support of the bereaved family.
Seniors Health: Timeliness
Definition: Time duration between date accepted and date patient is admitted to hospice or TPCU. Time reported as mean and median
Interpretation: Defining wait time criteria and data collection has been a challenge related to different definitions of when the wait time begins

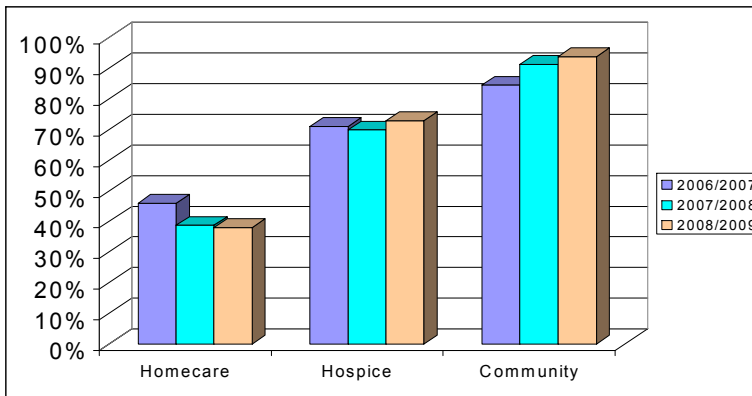
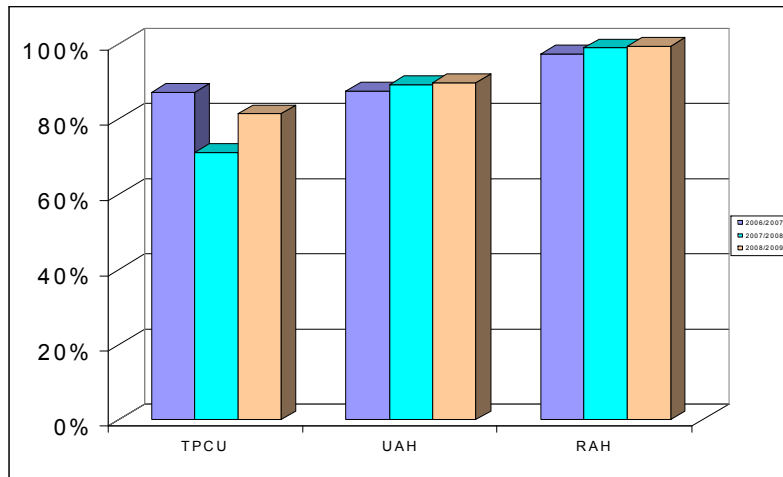
2.8 Occupancy Rate for the TPCU (GNCH) and Total Hospice Sties



Benchmark: 92% across all sites
RPCP Goal: Access to exemplary palliative care provided in the most appropriate setting
Seniors Health: Appropriateness
Definition: Occupancy rate per location
Interpretation: The decline of the TPCU occupancy rate is artificially reflective of changes in data collection as a result of off service patients. This is being looked into. Hospice occupancy has increased, reflective of enhanced responsiveness to bed pressures.

2.9 Pain and Symptom Management – ESAS Completed by Site

ESAS: Edmonton Symptom Assessment System – This tool is designed to assist in the assessment of nine symptoms common in patients with cancer: pain, tiredness, nausea, depression, anxiety, drowsiness, appetite, wellbeing and shortness of breath. The ESAS provides a clinical profile of symptom severity over time when graphed. For good symptom management to be attained, the ESAS must be used as just one part of a holistic clinical assessment.

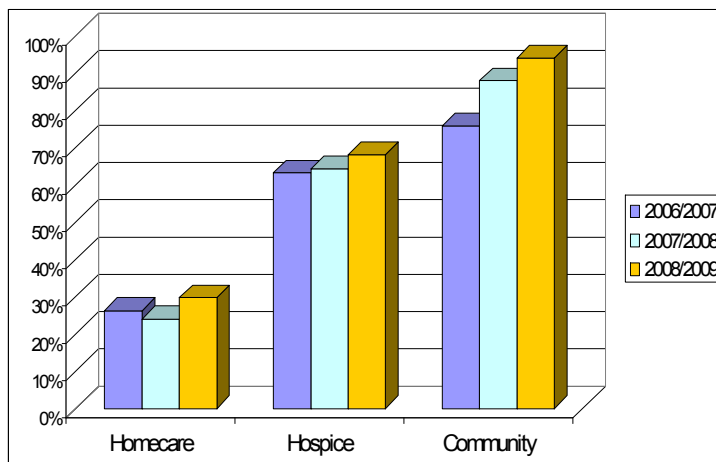
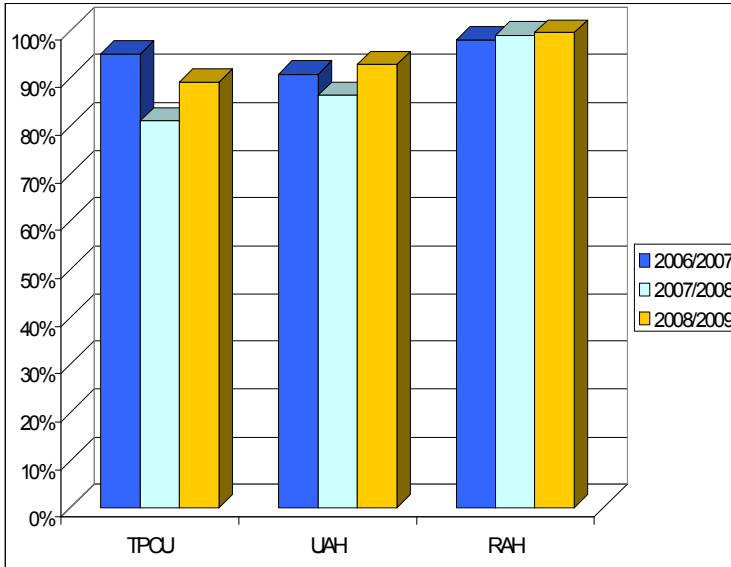


Benchmark: 100%
RPCP Goal: Review and follow relevant norms of practice based on CHPCA guidelines at each site of care.
Seniors Health: Effectiveness Definition: % of patients who have ESAS completed:
 1. Within 24 hours in TPCU, hospice
 2. on first visit in RPCCT (Where consult not requested from UAH, RAH, CCI, TPCU or unknown)
 3. within 48 hr for RAH/UAH
 4. within 7 days for palliative home care.

Interpretation: Ongoing monitoring of these indicators and feedback to all sites has resulted in more consistent reporting. Use of assessment tools for Home Care requires follow up.

2.10 Pain and Symptom Management MMSE ¹Completed by Site

MMSE: Mini Mental State Examination – This is a widely used, well-validated screening tool for cognitive impairment, it briefly measures orientation to time and place, immediate recall, short-term verbal memory, calculation, language and construct ability.



Benchmark: 100%

RPCP Goal: Ensure a coordinated, continuous plan of care that minimizes duplication of efforts and is maintained across all settings from referral of the patient to support of the bereaved family.

Seniors Health: Effectiveness

Definition: % of patients who have MMSE completed (including identified reasons not able to complete):

- 1) within 24 hours in TPCU
- 2) within 1 week in palliative hospice and Palliative HC
- 3) on first visit in RPCP (where consult not requested from UAH, RAH, CCI, TPCU or unknown)
- 4) within 48 hr RAH/UAH

Interpretation: Ongoing monitoring of these indicators and feedback to all sites has resulted in more consistent reporting. Use of assessment tools for Home Care requires follow-up. Rate of tool completion on the TPCU has improved.

¹ Folstein, M.F., Folstein S., & McHugh P.R: (1975) "Mini-mental state". A practical method for grading the Cognitive state of patients for the clinician. Journal of Psychiatric Research, 12,189-198.

2.11 Bereavement Services and Support

Bereavement Packages Distributed			
	2006/2007	2007-2008	2008-2009
TPCU		183	No Data Available
RAH		177	
UAH			
Leduc/Thorsby		15	
North Palliative HC		79	
South Palliative HC		103	
EGH – 9Y		198	
St Joe's Hospice		211	
NWD			
Strathcona		39	
Northwest		32	
Total	934	1037	

Benchmark:

RPCP Goal: Further the development of the bereavement program to ensure that the needs of bereaved family members and caregivers are addressed.

Seniors Health: People-centered

Definition: Number of families receiving packages identified for 2006-2007. For 2007-2008 Bereavement Support further defined in relation to the number of deaths per site and the support in terms of bereavement packages sent, conversations with family members.

Interpretation: The bereavement support program operates as a bridging system for bereaved family between the place where palliative care is provided prior to the patient's death and the community support available after the death. After the patient's death, families of the deceased receive a bereavement package providing information about grief and list of resources. Data for 2008-2009 is incomplete due to the vacated position of Grief Manager

2.12 Grief Care Program: Health Professionals, Community Agencies

	Module 1	Module 2	Module 3
2006-2007	14	24	24
2007-2008	28	27	24
2008-2009	37	33	23

Benchmark:

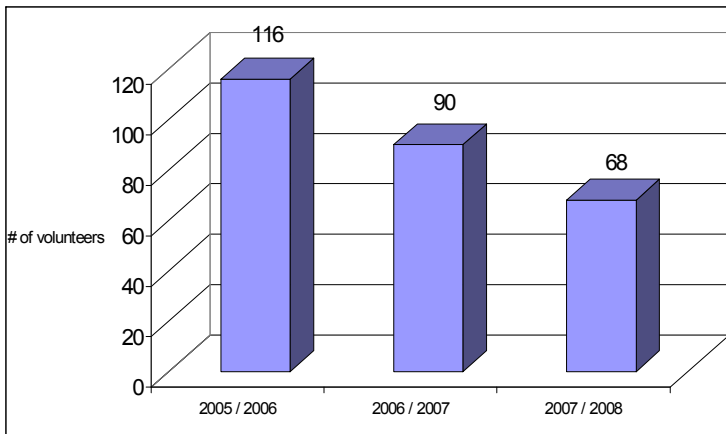
RPCP Goal: Provide effective palliative care education based on norms of practice to patients, caregivers, health professionals and the public. Focus is to provide education, training and consultation in the area of psychosocial concerns. It is a program that supports patients, patient families, as well as health care professionals and the community at large.

Seniors Health Goal: Education, Research, Outcomes: Professional Practice

Definition: Number of participants in each of the core education modules.

Interpretation: The primary objective of the grief care education program is to provide education that facilitates the psychosocial health of the patient, patient families and health care professionals in a way that supports practice and ethical care. The program began in 2005/2006 with two modules. Module three was launched in 2006/2007. The complete program has a total of three modules. Noted is the registration for Modules 2 and 3 reflects retention with the return of the initial Module 1 registrants.

2.13 Number of PC Volunteers Trained by the RPCP



Benchmark:

RPCP Goal: Develop, educate and support the essential role of volunteers on the palliative care team through offering of three training sessions provided annually.

Seniors Health: People centered
Definition: Number of volunteers trained per year in palliative care program.

Interpretation: Palliative volunteer training is a specialized 27 hour psychosocial education program that supports the palliative care volunteer in their work with patients and patient's families and health care professionals. The prerequisite for volunteering in palliative care is to satisfactorily complete Session 1. The remaining two sessions may be taken at any time within a one year period. The trend in numbers reflects:

1) a retained core group of trained volunteers with the participating sites.

2) acknowledgement of voluntary participation in palliative care.

Sties that utilize the palliative volunteer training program are:

Acute, CCI, RAH, UAH, GNH,

Facility: G. Zetter, Good

Samaritans, St. Joseph's, EGH,

Norwood, and Community:

Kipness Centre Rural: Redwater

health centre, Fort Saskatchewan

Health Centre, Westlock, and

Mornville. Homecare: all team

with palliative patients

Data unavailable for 2008-2009

due to inability to recruit to vacated Grief Manager Position.

2.14 PC Volunteer Hours Per Location Per Year

Site	2005/2006	2006/2007	2007/2008
Norwood	1572.5	535	190
EGH	3625	2537.40	3119.72
St. Joseph's	344	260	292
Unit 43 – GNH	1668.27	2013.85	1355.09
RAH	-	485	350
UAH	1.2	27	29
Home Care	2018	320	65
Sturgeon	98		
CCI	9681.47	6906.21	7874.98
Devon	75		0
Stony Plain	80		
Total	17145.44	13084	13799

Benchmark:

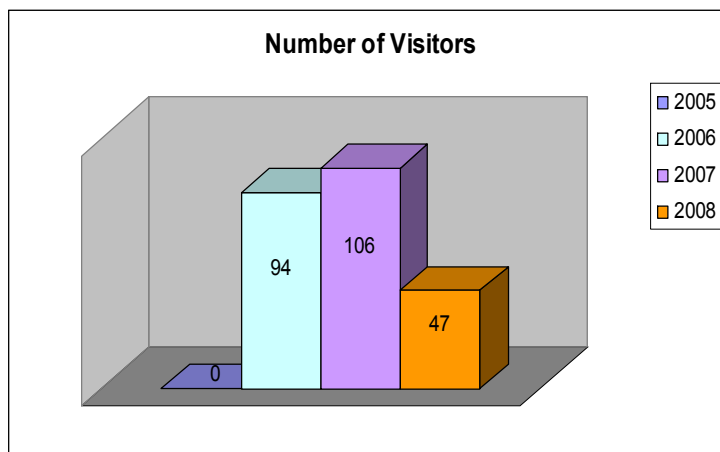
RPCP Goal: Recognize and support the essential role of volunteers on the palliative care team.

Seniors Health: People centred
 Definition: Number of service hours provided by palliative care trained volunteers

Interpretation: Hours provided are collected by each site and reported to Grief Care Manager annually. This does not include training hours. Challenges in determining with accuracy the volunteer hours are attributed to: a) collection of volunteer hours varies between sites; and b) there lacks a standardized approach to tracking palliative volunteers between multiple care settings.

Data unavailable for 2008-2009 due to inability to recruit to vacated Grief Manager Position.

2.15 Research/Education: Training with the RPCP



Benchmark:

RPCP Goal: Offer effective palliative care education, based on norms of practice to patients, caregivers, health professionals and the public.

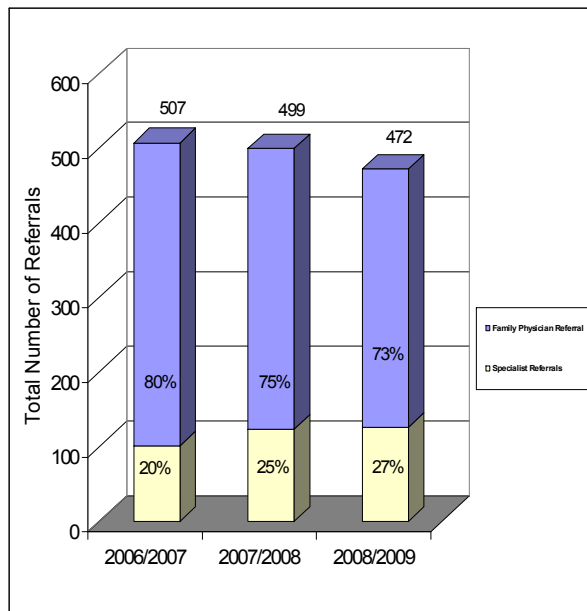
Seniors Health; Education Research & Outcomes
 Definition; Number of residents, fellows and visitors to the Regional Palliative Care Program

Interpretation: Basic and continuing education is provided to a wide range of health professionals in a variety of settings to support them in providing quality palliative care to patients and caregivers. Records for 2005 lost in hand over to new data recorder.

3.0 CLIENT AND STAKEHOLDER SATISFACTION

“Strengthening respectful relationships with clients/residents/families/communities and colleagues”

3.1 Number of Physicians Referring to RPCP



Benchmark:
RPCP Goal: RPCP goal supports the family physicians and specialists providing care in the community and healthcare institutions.
Seniors Health: Acceptable
Definition: Number of physicians referring to the RPCP per year; percentage of family physicians referring to RPCP = No of family physicians referring divided by the total number of physicians referring to RPCP.
Interpretation: Continue to maintain a wide base of individual physicians referring to the program with no change in the distribution between family physicians and specialists.

3.2 RPCP Investigations

Fiscal Year	No of Concerns	Reason for concern
2006/2007	3	Family concern in movement from hospice to LTC 2- physician concern regarding access to community pharmacy support
2007/2008	3	1 – transfer of family member to continuing care 1- quality of care of family member in hospice 1- admitted to 2 nd hospice choice
2008/2009	2	RCA

Benchmark: 0 for concerns
RPCP Goal: Develop accountability and program excellence through a collaborative regional leadership model.
Seniors Health: Safety
Definition: Number of concerns by reason for concern reported to RPCP office
Interpretation: Reasons listed reflect those received by the RPCP Office

Fiscal year	# of Reportable Incidents	Reason for Concern
2008/2009	3	0

Benchmark:
RPCP Goal:
Seniors Health: Safety
Definition: Number of reportable incidents reported to the Alberta Health and Wellness Compliance Unit.

4.0 EMPLOYEE SATISFACTION & LEARNING

“Providing a work atmosphere conducive to performance excellence, full participation, personal/professional and organizational growth, health, well being and satisfaction”

4.1 Clinical Education/Skill development: Organization of weekly Palliative Care Rounds

Fiscal Year	Percentage of Weekly Palliative Care Round Presented Once per Week per fiscal year
2006/2007	100%
2007/2008	100%
2008/2009	100%

Benchmark: 38 Rounds

RPCP Goal: Offer effective palliative care education, based on norms of practice, to patients, caregivers, health professionals and the public

Seniors Health: Education Research & Outcomes

Definition: Percent of Palliative Care Rounds organized weekly (September – June). Total of 38 rounds presentations per year.

Interpretation: Rounds occur every Friday morning and include presentations by local, national and international speakers on education, research and clinical aspects of palliative care. The focus of these presentations is on continuing education of palliative care health professionals in the region.

4.2 Organization of Palliative Case/Journal Rounds

4.2.1 Community Consult Team Case Rounds

Fiscal year	Organization of Case Rounds twice per month
2006/2007	88%
2007/2008	88%
2008/2009	88%

Benchmark: 17

RPCP Goal: Offer effective palliative care education, based on norms of practice, to patients, caregivers, health professionals and the public

Seniors Health; Education Research & Outcomes

Definition: Percent of case rounds organized twice per month except summer, Christmas and other education events held at RPCP office.

Interpretation: Community case rounds occurs usually twice per month. The purpose of these rounds is to educate and provide opportunity for clinical discussion for the Community Team consultants, site staff, clinical visitors and students.

4.2.2 TPCU Journal Rounds

Fiscal Year	Organization of Case Rounds twice per month
2006/2007	96%
2007/2008	96%
2008/2009	96%

Benchmark: 140

RPCP Goal: Offer effective palliative care education, based on norms of practice, to patients, caregivers, health professionals and the public.

Seniors Health: Education Research & Outcomes

Definition: Percent of Journal Rounds organized every Tuesday, Wednesday and Thursday each week except for Christmas and other major holidays at Grey Nuns Hospital Tertiary Palliative Care Unit 43

Interpretation: Journal Rounds occurs every 3 days each week. The purpose of these rounds is to educate and provide clinical discussion for the consultants, site staff, clinical visitors and staff.

4.2.3 CCI/UAH/RAH Journal Rounds

Fiscal Year	Organization of Case Rounds once per month
2006/2007	100%
2007/2008	100%
2008/2009	100%

Benchmark: 12

RPCP Goal: Officer Palliative care education, based on norms of practice, to patients, caregivers, health professionals and the public.

Seniors Health: Education Research & Outcomes.

Definition: Percent of Journal Rounds organized per month.

Interpretation: Journal rounds are combined for CCI, UAH and RAH palliative care program. They occur monthly and are held at CCI. Presentation of Journal Rounds is rotated among the 3 clinical teams. The purpose of these rounds is to educate and provide clinic discussion for the consultants, site staff, clinical visitors and staff.

4.3 Annual Conference “Palliative Care Education and Research Days” – Attendance

Fiscal Year	Total Attending	Internal to CH Region	External to CH Region
2006/2007***	350	*	*
2007/2008	325	*	*
2008/2009	258		

- * Not available
- * National conference
- * To be confirmed

Benchmark: N/A

RPCP Goal; Offer effective palliative care education, based on norms of practice, to patients, caregivers, health professionals and the public.

Seniors Health: Education Research & Outcomes

Definition: Attendance at conference broken down by internal and external to Alberta Health Services Edmonton Zone Region

Interpretation: 2005 was the National Hospice Palliative Care Conference in Edmonton. Local staff participated Alberta wide conference steering committee and won Reach award for team work.

4.4 Annual RPCP Meeting – Attendance

Fiscal Year	Number Attending RPCP Annual Meeting
2006/2007	72
2007/2008	65
2008/2009	40

Benchmark: Wide representation from palliative care sites and partners.

RPCP Goal: Develop accountability and program excellence through a collaborative regional leadership model.

Seniors Health: Communication

Definition: Attendance at RPCP Annual Meeting

Interpretation: A regional opportunity for staff within the Alberta Health Services Edmonton zone to assemble and reflect on the goals of the program and plan for future program wide progress. Decreased attendance attributed to overall restructuring of health care system and increase workloads. Focus sessions include:

2006/2007 – use of integrated pathways in palliative care

2007/2008 – focus group for Palliative and End of Life Institute Business Plan

2008/2009 – Working with Multiple Generations in a Changing Environment.

4.5 Other Educational Opportunities

4.5.1 CPR Recertification

	2006/2007	2007/2008	2008/2009
RPCCT Staff		57%	75%

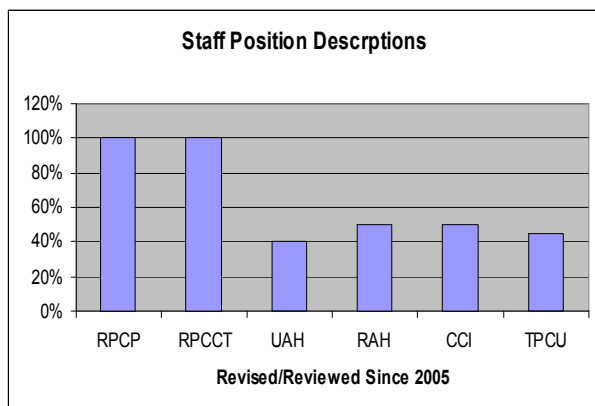
Benchmark; 100% of RPCCT staff has completed CPR Certification.
RPCP Goal: Develop accountability and program excellence through a collaborative regional leadership model.
Seniors Health: Safety
 Definition: Percent of staff completed CPR Certification
Interpretation: All RPCCT consultants have completed the CPR Certification.

5.0 PROFESSIONAL PRACTICE

“Shared responsibility for specific but differentiated accountabilities for patient/client care access various health professional groups”

5.1 Worklife

5.1.1 Percentage of current position descriptions



Benchmark: 100%
RPCP Goal: All RPCP Program, Consultant Positions and administrative support will have position descriptions developed/reviewed/revised since 2005
Seniors Health; Proactively support staff in workforce planning, recruitment, retention and wellness.
Definition; Percentage of position descriptions for each FTE for RPCP Program staff and palliative consultants at the consult sites.
Interpretation: The consult nursing positions are currently under review with intent to standardize in the Regional Community, RAH and UAH consult teams. Generally position descriptions for physicians, nurses and administrative support staff are current. Position descriptions need to be developed for remaining interdisciplinary staff.

5.2 Occupational Health

5.2.1 Use of Worker's Compensation Board (WCB – Regional Palliative Care Community Team (RPCCT) and Regional Palliative Care Program (RPCP) Injuries

Fiscal Year	Number of Staff Injuries Reported
2006/2007	0
2007/2008	0
2008/2009	0

Benchmark: 0

RPCP Goal: Develop accountability and program excellence through a collaborative regional leadership model.

Seniors Health: Risk management
Definition: Number of RPCCT and RPCP office injuries

Interpretation: There is a need to determine reporting rate by RPCP staff and RPCP Community Consult Team.

5.2.2 OHS & W Education

	2006/2007	2007/2008	2008/2009
Percent of Employees trained	71%	64%	90%

Benchmark: 100% of RPCCT staff has completed WHMS Training

RPCP Goal: Develop accountability and program excellence through a collaborative regional leadership model

Seniors Health: Safety
Definition: Percent of staff completed WHMIS training program

Interpretation: All nurse consultants have completed the WHMIS Training