Regional Palliative Care Program

Balanced Scorecard Report 2009– 2010

Seniors Health – Edmonton Zone

Alberta Health Services

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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 (RPCP) 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, RPCP has been affected by several key global, provincial and organizational influences this past year. The following are examples of such influences.

- The Quality End-of-Life Care Coalition of Canada reports that over the next 10 years, professional education will be a vital strategy to provide a systems-wide approach to palliative/EOL care for patients to receive quality care in whatever setting they live in to support dying in place.
- 12 Health Advisory Councils under Alberta Health Services (AHS) replace 59 Community Health Councils which operated under the former health regions. The mandate of the councils is to provide feedback about what is working well in the health care system and areas in need of improvement.
- AHS spends more than the national average on health care. The President and Chief Executive Officer of AHS must identify the major reasons for Alberta's higher per capita health care costs as compared to the per capita health care costs for the rest of Canada and strategies to reduce the difference.
- Cancer treatment capacity in Calgary and Edmonton was expanded significantly as a result of a new $208 million cancer infrastructure plan. This new investment will support integrated and comprehensive cancer care, and help meet the demands of a growing and aging population.
- AHS launched a three year, three step coordinated plan to add almost 800 community living options, improve access to mental health care, address pressure on Emergency Departments and make better use of hospital beds for acutely ill patients.
- New province wide overcapacity protocols aimed at reducing peak pressures in emergency departments (EDs) and other parts of the health system during periods of high patient volume were launched.
- AHS identified continuing care (reducing the number of people waiting in hospitals, and in the community, for continuing care placement) as a priority measure to improve the performance of Alberta's health care system.
- AHS released performance measures that include the number of people waiting in hospital and in the community for continuing care; patient satisfaction surveys; volume and wait lists for surgeries, birth and mortality rates, C-section rates, immunization rates, hospitalization due to injury; demographic information, and primary care information, including the percentage of the population with family doctors and patients who are part of Primary Care Networks.
- A shift in the way ground ambulances are governed and administered across Alberta and the consolidation of EMS dispatch services.

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 caregiver. A focus of the program has been to shift the main area of care from acute care to the home and hospice palliative care units (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 hospice palliative care units 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. Settings and professionals who provide hospice palliative care include home care nurses, family physicians, palliative care nurses and physician consultants in acute care and community settings, the Tertiary Palliative Care Unit (TPCU), Cross Cancer Institute (CCI), and hospice palliative care units. Hospice palliative care unit admissions are centrally coordinated by the RPCP office. Specialized palliative services not a component of the RPCP are also provided by Pilgrims Hospice day program and home visiting, and the Stollery Centre Paediatric Palliative Care Program. The RPCP is outcomes-based with goals set for each area of the program.

KEY INITIATIVES FOR 2009-2010

In addition to the provision of palliative services, the Regional Palliative Care Program staff have been involved in the following collaborations and initiatives for 2009-2010:

- **New Staff Orientation** developed for MCH, GNH, SCH, Home Care, TPCU, Covenant Health that includes an overview of RPCP, pain assessment and management, adverse event reporting and documentation.
- **Canadian Hospice Palliative Care Association** (CHPCA) nursing standards revised.
- **University of Alberta Faculty of Nursing** undergraduate nursing curriculum revised so that course content is aligned with national CHPCA nursing standards of practice.
- **Organ and Tissue Donation** literature developed in collaboration with the Comprehensive Tissue Centre for clinicians and patients/families to raise awareness about organ and tissue donation. See website for the brochures
- New partnership formed between **Division of Palliative Care Medicine and ALS Program** at the University of Alberta Hospital. Palliative Care physicians provide clinical consultation and support to ALS program, including the ALS clinic at the Misericordia Hospital.

PROGRAM STRUCTURE

The RPCP reports to the Executive Director, Seniors Health – Edmonton Zone (see Figure 1). The Administration Office coordinates the components of the program and includes the following personnel: Manager, Medical Director, Information Coordinator, Clinical Nurse Specialist, and administrative support staff. Sharing the same office space is the Community Consult Team, which consists of palliative care nurse consultants, physician consultants, the Team's supervisor, and the Hospice Coordinator. The Administration Office maintains a liaison role in the areas of standards, guidelines, education, research and program outcomes with all areas of the program.

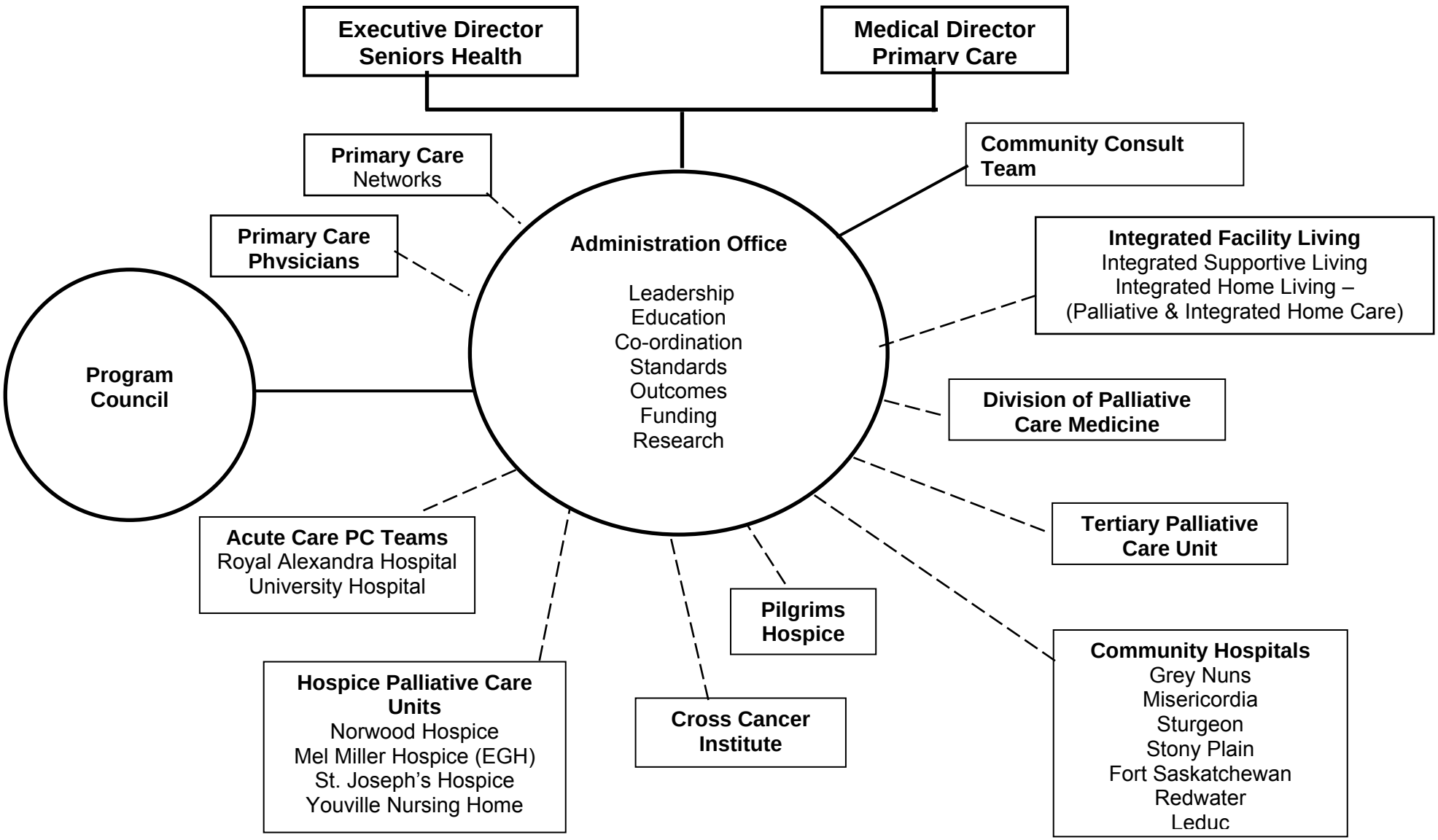
The RPCP is a program that is integrated at the organizational, clinical and service delivery levels. This integration facilitates organization of the continuum of care; increases access to and delivery of coordinated, high-quality & clinically effective service; decreases clinical variance; and increases 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), Edmonton Classification System for Cancer Pain (ECS-CP), Palliative Performance Scale (PPS), Mini-mental State Examination (MMSE), CAGE, and the use of common palliative practice 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:
  - Palliative and Supportive Care Services
  - Community Liaison
- The Capital Care Group, Norwood Hospice – 23 beds
- Covenant Health Services:
  - Grey Nun's Hospital Tertiary Palliative Care Unit 20 beds
  - The Mel Miller Hospice 9Y – 22 beds
  - St. Joseph's Hospice – 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 Care Medicine, Nursing Site Leaders, Annual Education and Research Conference, Conference Planning Committee, Hospice Managers Meetings, Data Committee, Web Committee, Annual Meeting.

Regional Palliative Care Program (RPCP) Structure



Quality Dimensions										
Acceptable	Appropriate	Effective	Efficient	Safe	Timely	Quality Indicator	Target	2007-2008	2008-2009	2009-2010
						Financial Performance				
		√				Contracted provider (Hospice) reported hours per resident per day	N/A	STJ 7.22 EGH 4.96 NWD 6.53 You 6.38	7.41 539 6.76 8.63	5.70 6.00 5.30 8.00
			√			Acute Care bed days saved per fiscal year		19,281	20,869	19,861
						Research/Grants produced by RPCP Staff	N/A	5	12	18
						Number of publications produced by RPCP Staff	N/A	30	29	31
						Service Quality				
	√					24/7 Palliative Home Care coverage	100%	94%	94%	100%
	√					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	4627	4597	5531
					√	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	16 15.5/14 16 60	16 18/14 17 71	18 15/16 17 66
					√	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 3.1	TPCU Hospice 6.3	TPCU Hospice 5.1
	√					Occupancy rate for the TPCU (GNCH) and total hospice	TPCU 92% Hospice	92.5% 90.3%	86.% 96.3%	83.8% 90.7%

Quality Dimensions										
Acceptable	Appropriate	Effective	Efficient	Safe	Timely	Quality Indicator	Target	2007-2008	2008-2009	2009-2010
							92%			
		√				Pain and symptom management – ESAS completed by site	100% HC Hospice RPCCT TPCU UAH RAH	 36% 76% 88% 70% 84% 98%	 36% 80% 90% 78% 86% 98%	 41% 88% 79% 92% 86% 97%
		√				Pain and symptom management – MMSE completed by Site	100% HC Hospice RPCCT TPCU UAH RAH	 20% 62% 84% 78% 82% 96%	 26% 66% 92% 88% 91% 98%	 31% 70% 88% 96% 89% 99%
						Bereavement services and support	NA	1037	567	654
						Grief Care Program: Health Professionals, Community Agencies	NA	79	93	NA
						Number of PC volunteers trained by the RPCP	NA	68	37	0
						PC Volunteer hours per location per year	NA	13084	13799	12345.89
						Research/Education: Training with RPCP	NA	106	47	24

Client and Stakeholder Satisfaction

						Number of Physicians referring to RPCP	NA	499	472	470
				√		RPCP Investigations/Commendations	0	3	2	0
				√		Reportable Incidents	0	NA	3	0

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
2007/2008	10.8+
2008/2009	6.4%+
2009/2010	11.4%+

Benchmark: 0

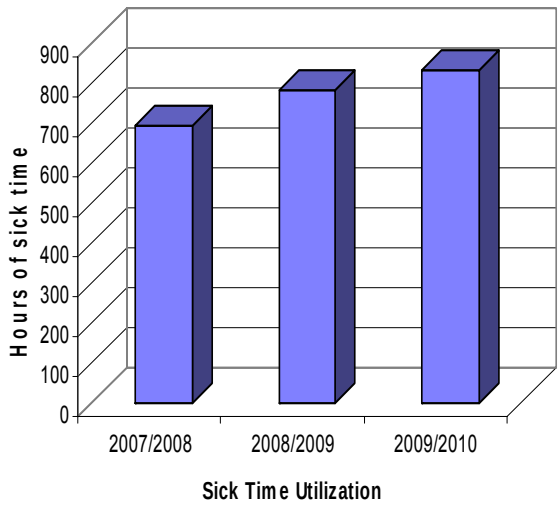
RPCP Goals: Develop accountability and program excellence through a collaborative regional leadership model.

Seniors Health*: Efficiency.

Definition: Program variance for fiscal year in percentage.

Interpretation: Positive variance due to staff vacancies.

1.2 RPCP Community Consult Team – 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.

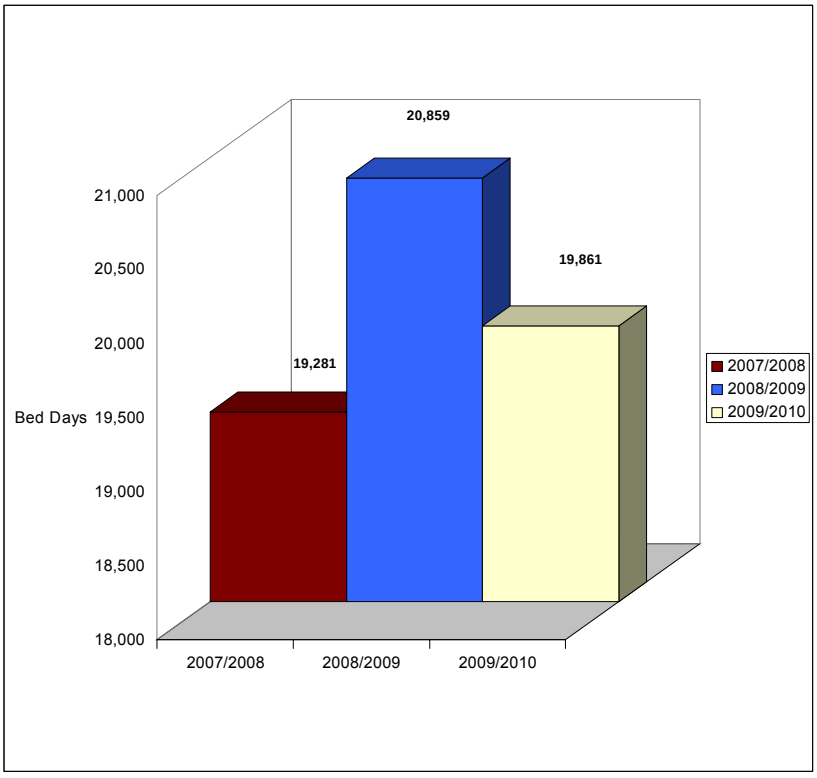
*Seniors Health division goals relate to Alberta Health Services Edmonton Zone Quality Framework

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**
2007/2008	7.22	4.96	6.53	6.38
2008/2009	7.41	5.39	6.76	8.63
2009/2010	5.70	6.00	5.30	8.00

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, HCA) provided at each hospice site per funded resident day.
Interpretation: Variances due to wait list and available resident to fill beds. Reported hours for Mel Miller based on 26 beds but 4 of these beds long term care, Youville has 1 bed.

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: Increased number of hospice admissions. Occupancy days is a mean of 31.1, Median of 17, Minimum 0 and one outlier of 390.

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

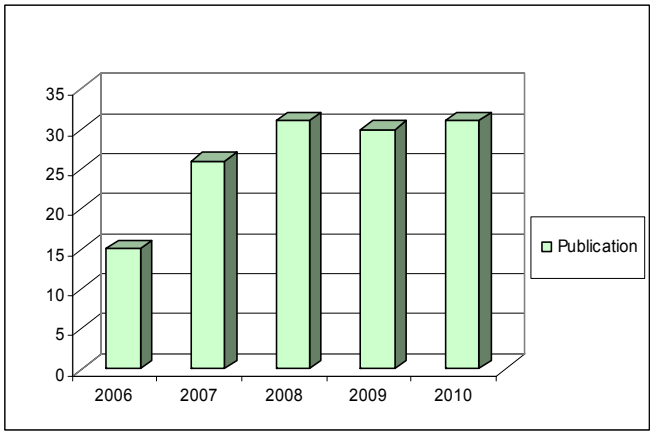
Number of Research projects according to research stream for 2006/2007							
Status	**Clinical Trials**	**Cachexia/ Anorexia**	**Health Services**	**Opioids/ Analgesic**	**Fatigue**	**Tools Assessment**	**Others**
Complete							
Ongoing	2		3			5	
Proposal							
Total	**2**		**3**			**5**	

Number of Research projects according to research stream for2007/2008							
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**	

Number of Research projects according to research stream for2009/2010							
Status	**Clinical Trials**	**Cachexia/ Anorexia**	**Health Services**	**Opioids/ Analgesic**	**Fatigue**	**Tools Assessment**	**Others**
Complete	2		1	1			1
Ongoing		3	6			2	2
Proposal							
Total	**2**	**3**	**7**	**1**		**2**	**3**

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**
2007/2008	94%
2008/2009	94%
2009/2010	100%

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, Westview, Spruce Grove and Devon area have phone access rather than staff to visit. All 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**
2007/2008	94% home care 97.5% acute care
2008/2009	94% home care 97.5% acute care
2009/2010	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.

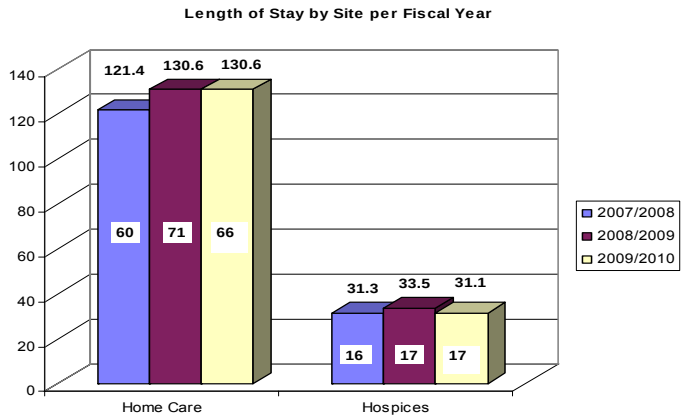
2.3 Service Delivery: Number of Discharges per site and Number of Clients Seen by Community Consult Team (CCT) per Fiscal Year

	2007/2008	2008/2009	2009/2010
Site	**Discharges (Total cases)**	**Discharges (Total cases)**	**Discharges (Total cases)**
CCI	n/a	n/a	687
Hospice (all sites)	625	579	650
Palliative Home Care	1187	1113	1212
RAH	578	565	603
CCT Referral	1600	1625	1665
TPCU	210	237	233
UAH	430	478	481
Total	**4627**	**4597**	**5531**

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 CCT, the definition is number of referrals to CCT.
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.

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

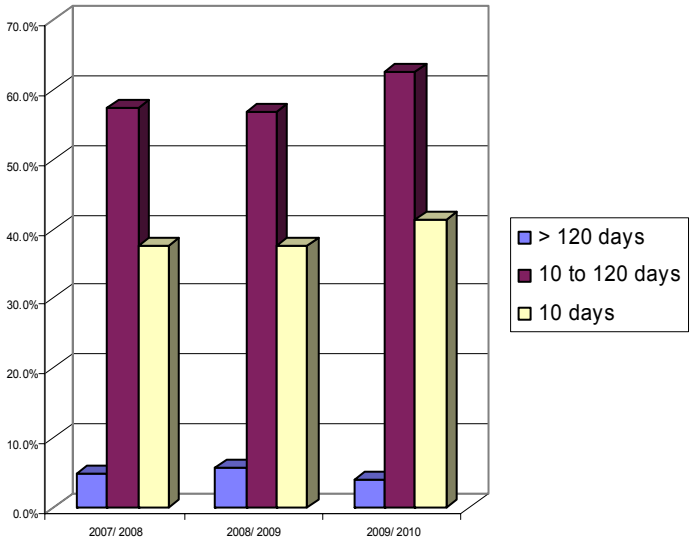
2.4.1 Average Length of stay for Home Care and Hospice



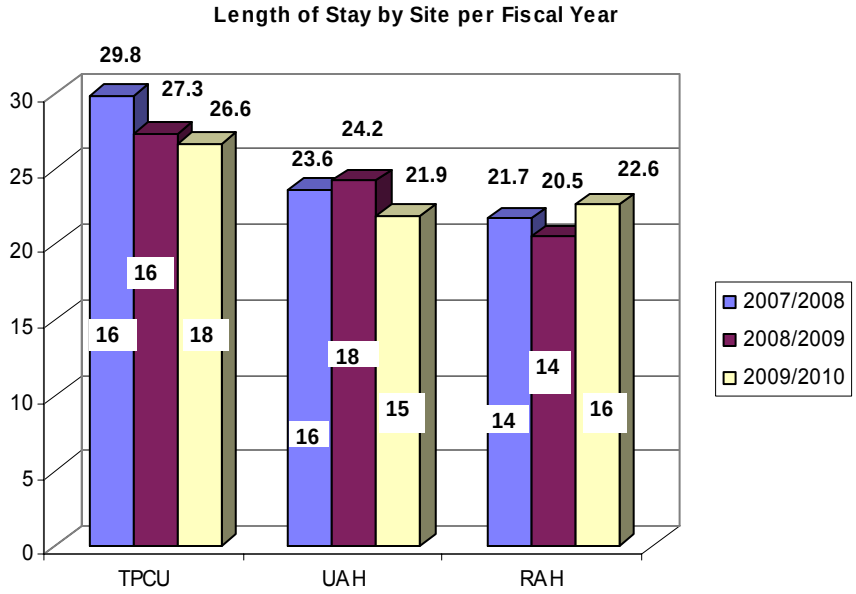
Benchmark: Median Length of Stay: TPCU = 15 days; acute care= 15 days; Palliative Hospice = 35 days; palliative Home Care = 3 months
RPCP Goal: Access to exemplary palliative care provided in the most appropriate and effective setting.
Seniors Health: Access, Effectiveness
Definition: Mean, Median of 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.

Note: for both graphs
***top of column figures are mean LOS or average**
***Middle of column figures are median LOS or 50% of population**

2.4.2 Length of Stay Groupings for Hospice



2.4.3 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**

2.5 Service Response Time for the RPCP – Community Consult Team

	2007/2008	2008/2009	2009/2010
Mean	**1.4 days**	**1.5 days**	**1.6 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 CCT
Interpretation: Response time continues to meet benchmarks.

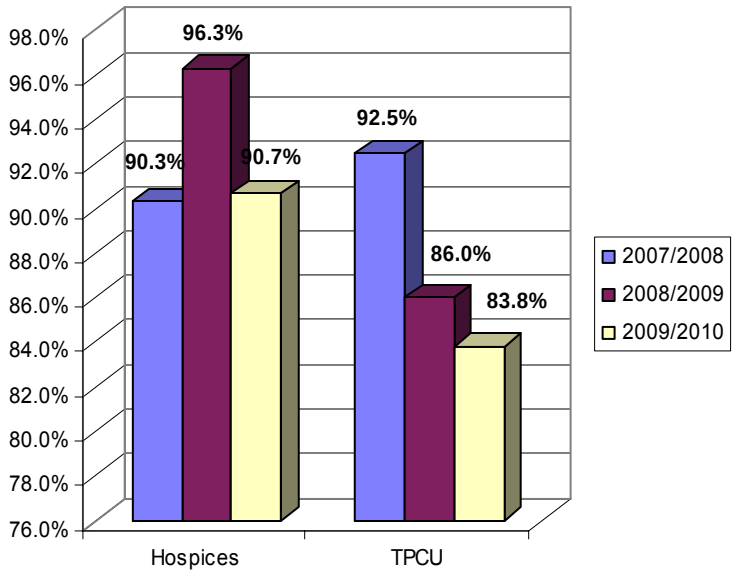
2.6 Wait Time for Admission to Hospice and TPCU (GNCH)

	Wait Time in Days			
	TPCU		Hospice	
	Mean	Median	Mean	Median
2007/2008	*	*	3.1	2
2008/2009	*	*	6.3	3
2009/2010	*	*	5.1	3

- **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

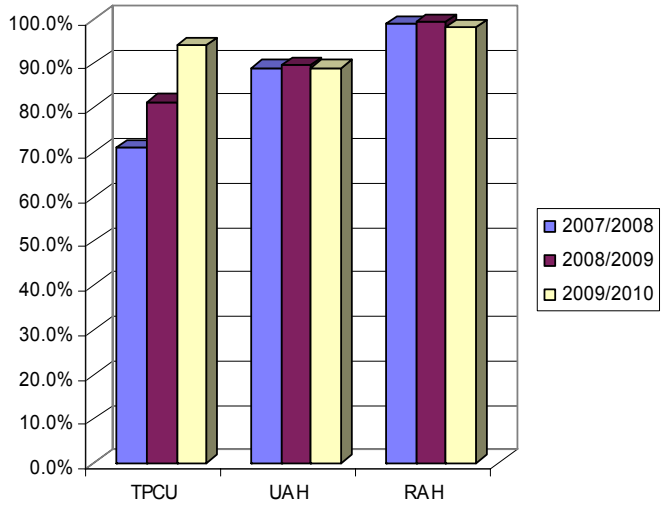
2.7 Occupancy Rate for the TPCU (GNCH) and Total Hospice Sties



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.

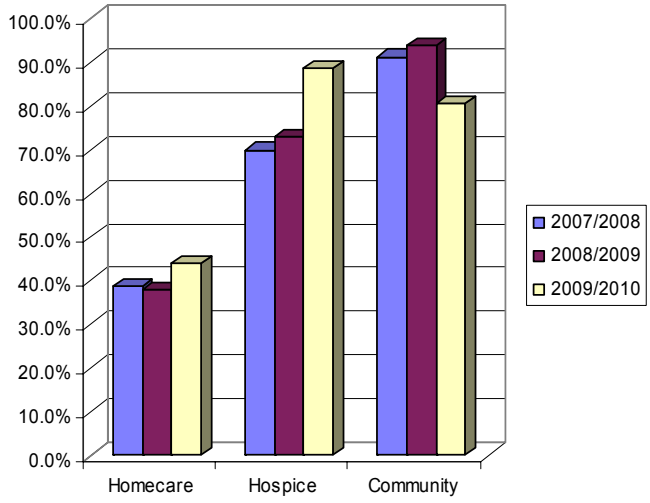
2.8 Pain and Symptom Management – ESAS Completed by Site

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.



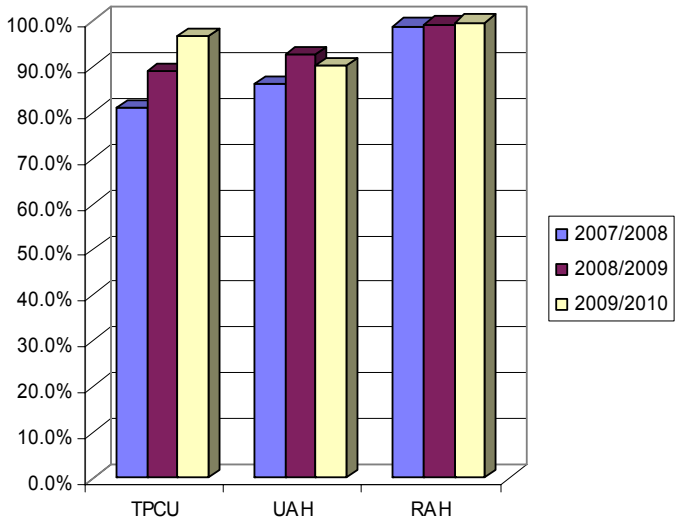
Benchmark: 100%
RPCP Goal: Review and follow relevant norms of practice based on CHPCA guidelines at each site of care.
Seniors Health: Effectiveness
Definition: % of patients who have ESAS completed:
1. Within 24 hours in TPCU, hospice
2. on first visit in RPCCT (Where consult not requested from UAH,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

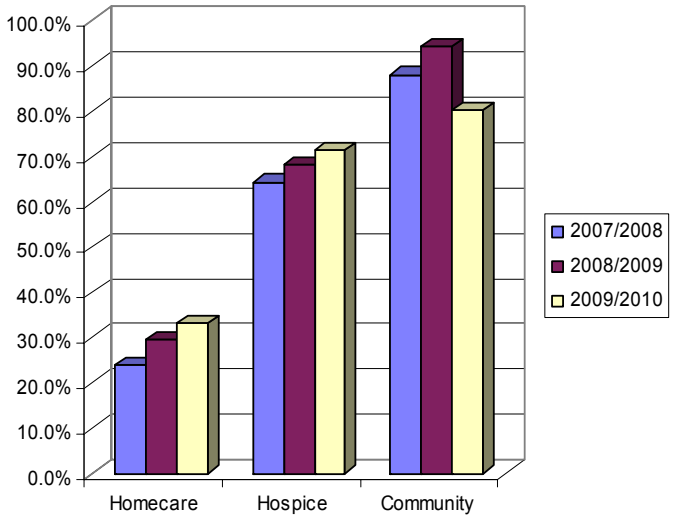
Interpretation: Ongoing monitoring of these indicators and feedback to all sites has resulted in more consistent reporting. Use of assessment tools for Home Care requires follow up.



2.9 Pain and Symptom Management MMSE [1]Completed 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 form 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 form 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.

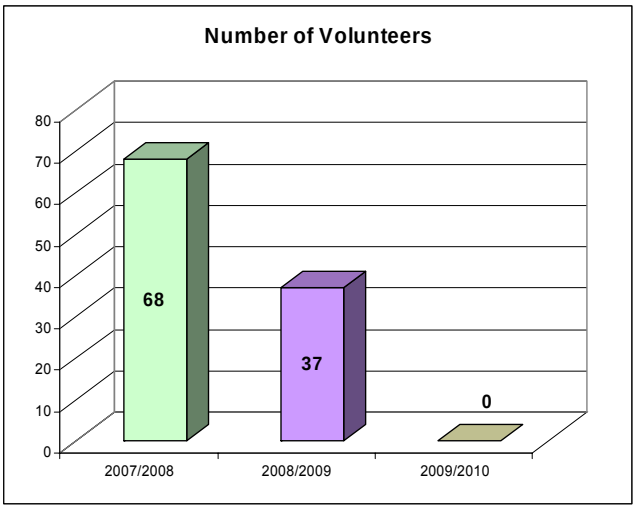
[1] Folstein, M.F., Folstein S., & McHugh P.R: (1975) "Mini-mental state". A practical method for grading the Cognitive state of patients for the clinician. Journal of Psychiatric Research, 12,189-198.

2.10 Bereavement Services and Support

	2007 - 2008	2008 - 2009	2009 - 2010
EGH	198	222	265
Fort Sask	-	13	14
Leduc/Thorsby	15	4	3
North West	32	-	-
North Pall HC	79	28	47
South Pall HC	103	-	-
RAH	177	54	93
St. Joseph's	211	91	80
Strathcona	39	10	15
TPCU	183	145	137
Total	**1037**	**567**	**654**

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 and 2009-2010 is incomplete due to the vacated position of Grief Care Manager.

2.11 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: Due to the vacant position of the Grief Care Manager, volunteer training delivered by the RPCP in 2009-2010 has been put on hiatus.

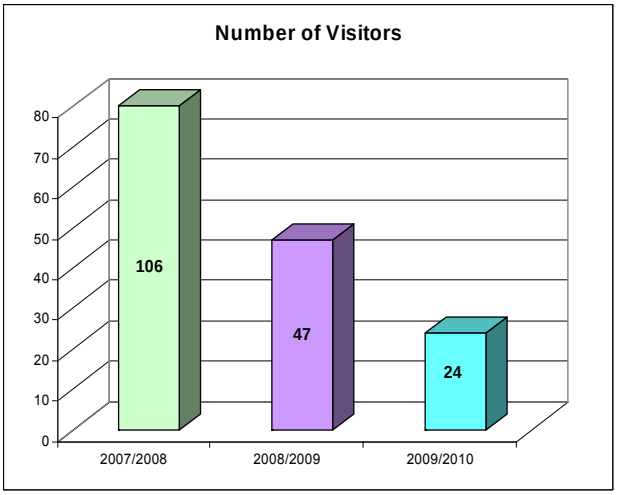
The trend in numbers reflects:
1) a retained core group of trained volunteers with the participating sites.
2) acknowledgement of voluntary participation in palliative care. Sties that utilize the palliative volunteer training program are: Acute, CCI, RAH, UAH, GNH, Facility: G. Zetter, Good Samaritans, 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.

2.12 PC Volunteer Hours Per Location Per Year

Site	2006/2007	2007/2008	2009/2010
Norwood	535	190	
EGH	2537.40	3119.72	3336.34
St. Joseph's	260	292	88
Unit 43 – GNH	2013.85	1355.09	961.55
RAH	485	350	287
UAH	27	29	25
Home Care	320	65	114
Sturgeon	-	-	-
CCI	6906.21	7874.98	7472
Devon	-	0	-
Stony Plain	-	-	-
Leduc Community Hospital	-	-	37
Westview Health Centre	-	-	25
Total	**13084**	**13799**	**12345.89**

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.

2.13 Research/Education: Training with the RPCP

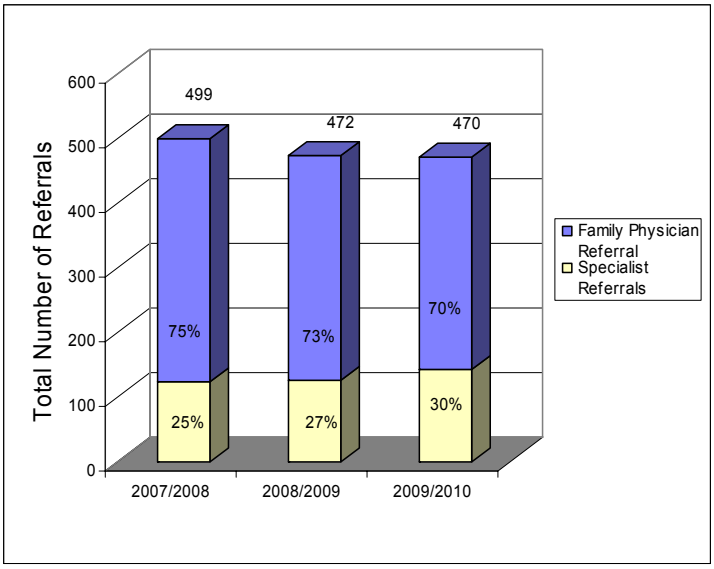


Benchmark:
RPCP Goal: Offer effective palliative care education, based on norms of practice to patients, caregivers, health professionals and the public.
Seniors Health: Education Research & Outcomes
Definition; Number of residents, fellows and visitors to the Regional Palliative Care Program
Interpretation: 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.

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
2007/2008	3	1 – transfer of family member to continuing care 1- quality of care of family member in hospice 1- admitted to 2nd hospice choice
2008/2009	2	RCA
2009/2010	0	n/a

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
2009/2010	0	n/a

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 conductive 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
2007/2008	100%
2008/2009	100%
2009/2010	84%

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 once per month
2007/2008	88%
2008/2009	88%
2009/2010	100%

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
2007/2008	96%
2008/2009	96%
2009/20120	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
2007/2008	100%
2008/2009	100%
2009/2010	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 round 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
2007/2008	325
2008/2009	258
2009	153
2010	227

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 and Covenant Health
Interpretation: The annual Palliative Care Conference has been organized in Edmonton for the past 21 years offering health care professionals, students, and volunteers educational opportunities to share and expand their hospice palliative care knowledge.

4.4 Annual RPCP Meeting – Attendance

Fiscal Year	Number Attending RPCP Annual Meeting
2007/2008	65
2008/2009	40
2009/2010	72

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:

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

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

2009/2010 - Working in a Multi-Generational Workshop

4.5 Other Educational Opportunities

4.5.1 CPR Recertification

	2007/2008	2008/2009	2009/2010
CCT Staff	57%	75%	71%

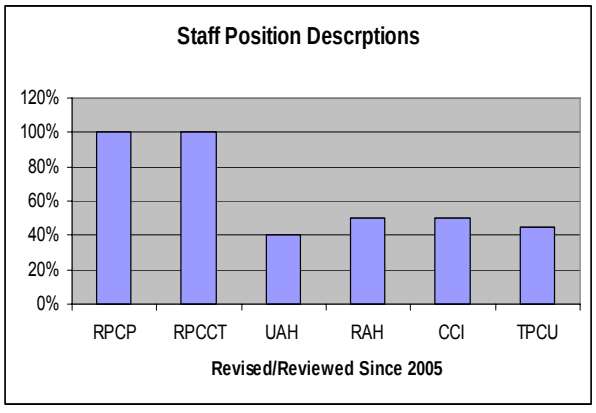
Benchmark; 100% of CCT staff has completed CPR Certification.
RPCP Goal: Develop accountability and program excellence through a collaborative regional leadership model.
Seniors Health: Safety
Definition: Percent of staff completed CPR Certification
Interpretation: All nurse RPCCT consultants have completed the CPR Certification. The 5 physician CCT consultants have not 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 –Community Consult Team (CCT) and Regional Palliative Care Program (RPCP) Injuries

Fiscal Year	Number of Staff Injuries Reported
2007/2008	0
2008/2009	0
2009/2010	0

Benchmark: 0
RPCP Goal: Develop accountability and program excellence through a collaborative regional leadership model.
Seniors Health: Risk management
Definition: Number of CCT and RPCP office injuries
Interpretation: There is a need to determine reporting rate by RPCP staff and Community Consult Team.

5.2.2 OHS & W Education

	2007/2008	2008/2009	2009/2010
Percent of Employees trained	64%	70%	6%

Benchmark: 100% of CCT 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: Nurse consultants have not completed the WHMIS Training