

Edmonton Zone Palliative Care Program

Balanced Scorecard Report 2010 – 2011

Continuing Care – 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 Edmonton Zone Palliative Care Program (EZPCP) 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, EZPCP has been affected by several key global, provincial and organizational influences this past year. The following are examples of such influences.

- A recent announcement by the Federal Government was made in late April 2010, with the establishment of a new Parliamentary Committee on Palliative and Compassionate Care. The purpose of this committee is to address deficiencies in Canada's palliative and compassionate care framework. One of the key issues this committee will focus on is addressing the critical nationwide shortage of expertise and material resources in the field of palliative, hospice and home care.
- 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/end of life care for patients to receive quality care in whatever setting the live in to support dying in place (Quality End-of-Life Care Coalition of Canada, 2010).
- Senator Carstairs (2010) says “that to realize a society where all Canadians have access to quality palliative care services we need five things: a culture of care, sufficient capacity, and support for caregivers, integrated services, and leadership”.
- In November 2010, the Canadian Hospice Palliative Care Association organized a task group of individuals from across Canada to develop a document “Advanced Care Planning in Canada: National Framework” that will assist palliative programs develop advanced care planning guidelines for their organizations.
- Alberta Health Services is participating in Accreditation Canada's Qmentum accreditation program. In 2012, Accreditation Canada surveyors will complete a review of quality standards in hospice, palliative and end of life care in community health. In preparation for this evaluation standards are being reviewed for AHS, Capital Care and Care West and information is being collected from various sites.
- On Monday, Dec. 20, 2010 Alberta Health Services officially launched Over Capacity Protocols (OCP) across the province. Hospital, community and system-wide strategies will improve access and flow throughout the health system, including reducing Emergency Department (ED) pressures and wait times for the sickest patients. These protocols include the possibility of the patient who is waiting for discharge to a bed in long-term care; being moved to a first available bed in the community.
- Alberta Health Services is on track to complete its plan to open 360 new beds in Calgary and Edmonton before March 31, 2011 to help relieve pressures on emergency departments and improve access to care. The new beds include: transition unit beds, hospice beds, medical assessment units, detoxification and mental health beds.

OVERVIEW OF PROGRAM

The Edmonton Zone Palliative Care Program (EZPCP) 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. Clients/patients and their families have access to palliative care consultants regardless of the care setting.

Palliative care services are provided in multiple settings through an interprofessional 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 EZPCP office. Specialized palliative services are also provided by Pilgrims Hospice day program and home visiting, (not a component of the EZPCP), and the Stollery Centre Paediatric Palliative Care Program. The EZPCP is outcomes-based with goals set for each area of the program.

KEY INITIATIVES FOR 2010-2011

In addition to the provision of palliative services, the Edmonton Zone Palliative Care Program staff have been involved in the following collaborations and initiatives for 2010-2011:

- **Quick Response Kit (QRK)** guidelines are being revised. Meetings with community pharmacies have resulted in QRK being available through Shoppers Drug Mart on a 24/7 basis and will no longer be available on site.
- **Advanced care planning** resources from Calgary Zone are being reviewed. Using the goals of care as a communication tool when patients are admitted to hospice is being evaluated.
- In **RAI Meditech** a palliative care assessment package (e.g. ESAR-r, CAGE, and PPS) for Home Care is being created for use when patients are admitted to the Home Care program.
- Provincial Volunteer Leaders and AHS met to develop a new AHS **Palliative Care Volunteer Training Program** based on Canadian standards for volunteers. An integrated approach to training is being planned.
- The **Palliative and End-of-Life Care Strategy** received grant funding to implement a number of provincial initiatives. A review of hospice services and identifying a standard approach to palliative care assessment in community care were two of the initiatives that involved the EZPCP.
- The name Regional Palliative Care Program has been changed to **Edmonton Zone Palliative Care Program** to reflect the restructuring of health services from regions to zones.
- Seniors Health's name has changed to **Continuing Care**: Palliative services are under this portfolio.

PROGRAM STRUCTURE

The EZPCP 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, and research and program outcomes with all areas of the program.

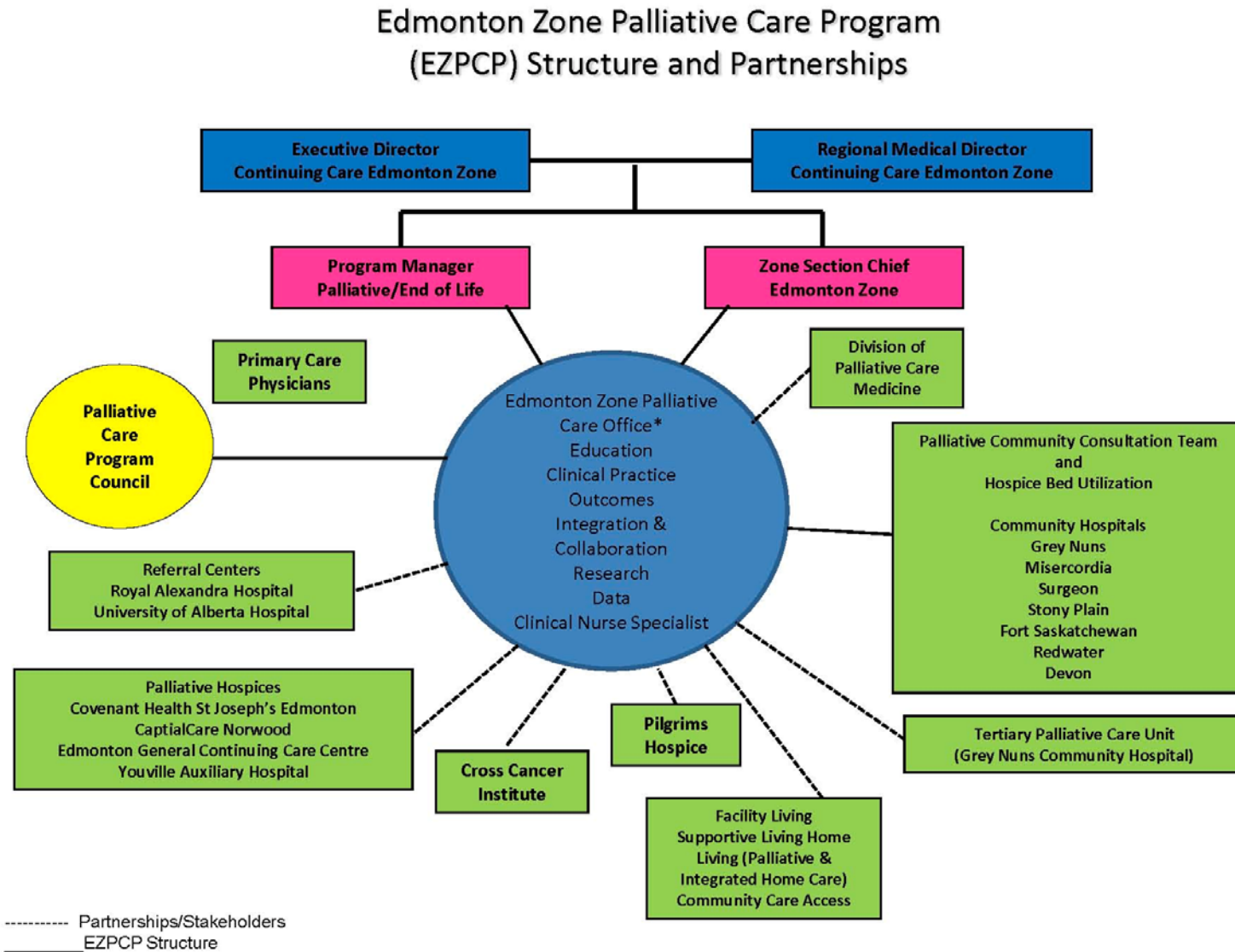
The EZPCP is a program that is integrated at the organizational, clinical and service delivery levels. This integration facilitates organization of the continuum of care; increases access to and delivery of coordinated, high-quality & clinically effective service; decreases clinical variance; and increases 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 Revised (ESASr), 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;
 - ◆ Edmonton Zone 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 – 26 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.

Edmonton Zone Palliative Care Program (EZPCP) Structure and Partnerships



Quality Dimensions						Quality Indicator	Benchmark	2007-2008	2009-2010	2010-2011
Acceptable	Appropriate	Effective	Efficient	Safe	Timely					

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 5.39 6.76 8.63	
			√			Acute Care bed days saved per fiscal year		20,859	19,861	19,113
						Research/Grants produced by EZPCP Staff	N/A		12	27
						Number of publications produced by EZPCP Staff	N/A	7	31	26

Service Quality

	√					24/7 Palliative Home Care coverage	100%	94%	100%	100%
	√					24/7 EZPCP Consultant Coverage	100%	100%HC 100%AC	100% HC 100% AC	100% HC & AC
		√				Continuity of Care – Use of Common Assessment Tools	100%	94% HC 97.5% AC	94% HC 97.5% AC	
	√					Service Delivery: Total number of discharges per fiscal year	N/A	4597	5531	5746
					√	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 18/14 17 71	18 15/16 17 66	16.5 14/13 14.5 68
					√	Service response time for the EZ palliative Community Consult Team Median	1 day	1	1	1
					√	Wait time for Admission to Hospice and TPCU (GNCH)	1 day	TPCU Hospice 3	TPCU Hospice 3	TPCU Hospice 2
	√					Occupancy rate for the TPCU (GNCH) and total hospice	TPCU 92% Hospice 92%	86% 96.3%	83.8% 90.7%	80.3 87.3

Quality Dimensions						Quality Indicator	Benchmark	2007-2008	2009-2010	2010-2011
Acceptable	Appropriate	Effective	Efficient	Safe	Timely					
		√				Pain and symptom management – ESASr completed by site	100% HC Hospice RPCCT TPCU UAH RAH CCI	37.9% 72.9% 93.8% 89.5% 89.5% 99.3%	43.9% 88.8% 80.6% 89% 89% 98%	49.3% 93.8% 94.74% 94.1% 88% 99.5% 100%
		√				Pain and symptom management – MMSE completed by Site	100% HC Hospice RPCCT TPCU UAH RAH CCI	29.6% 7268% 94.1% 89% 92.7% 99.3%	33.3% 71.3% 80% 96.6% 90.4% 99.7%	31.6% 70.3% 81.1% 95.6% 89.8% 99.5% 100%
						Bereavement services and support	NA	567	654	416
						Grief Care Program: Health Professionals, Community Agencies Program funding no longer available.	NA	79	93	N/A
						Number of PC volunteers trained by the EZPCP	NA	68	NA	26
						PC Volunteer hours per location per year	NA	13,799	12,345.89	10775.04
						Research/Education: Training with EZPCP	NA	47	24	44

Client and Stakeholder Satisfaction

						Number of Physicians referring to EZPCP	NA	472	470	538
				√		EZPCP Investigations/Commendations	0	2	0	
				√		Reportable Incidents	0	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
2008/2009	6.4%+
2009/2010	11.4%+
2010-2011	1.5%

Benchmark: 0

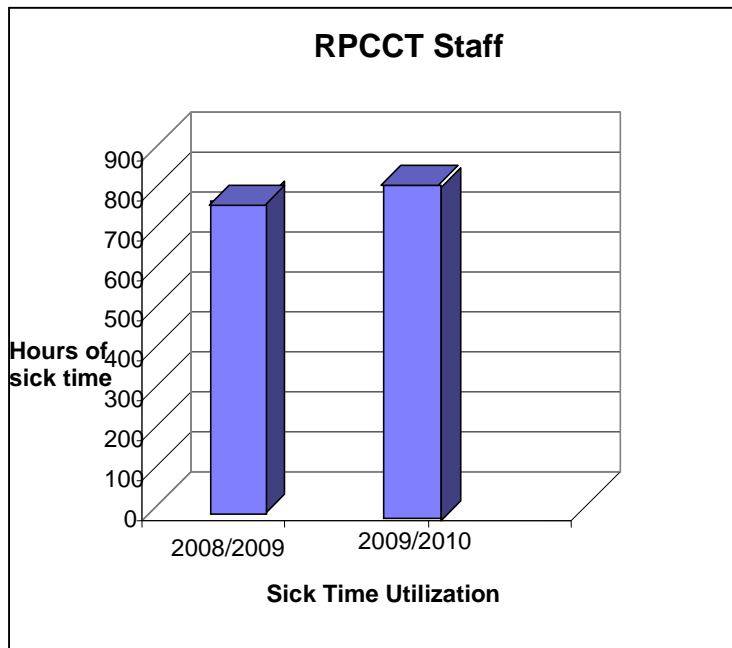
EZPCP Goals: Develop accountability and program excellence through a collaborative regional leadership model.

Seniors Health*: Efficiency.

Definition: Program variance for fiscal year in percentage.

Interpretation: Positive variance due to staff vacancies.

1.2 EZPCP Community Consult Team – Sick Time Utilization



Benchmark:

EZPCP Goals: Increase support for formal and informal caregivers.

Seniors Health*: Efficiency

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

Interpretation: No data available for 2010/11

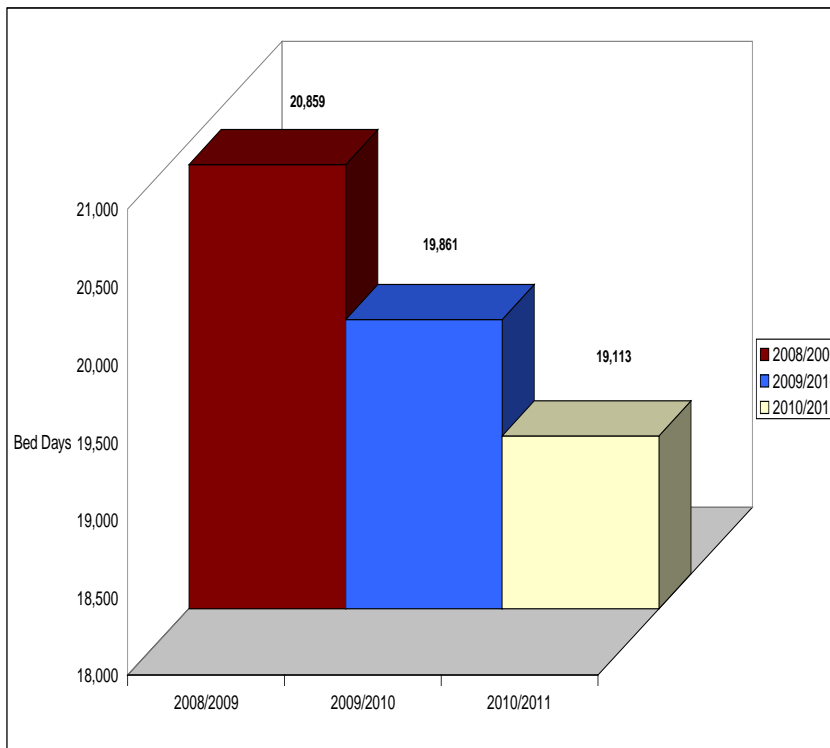
*Seniors Health division goals relate to Alberta Health Services Edmonton Zone Quality Framework

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
2008/2009	7.41	5.39	6.76	8.63
2009/2010	5.70	6.00	5.30	8.00
2010/2011	7.37	5.56	6.79	3.85

Benchmark: 5.88 hours per resident day (PRD)
EZPCP 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. The reporting for 2010/2011 was provided by Finance. Youville has 1 bed.

1.4 Acute Care Bed Days Saved per Fiscal Year



Benchmark: 92% occupancy = 19,140 bed days
EZPCP 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 are a mean of 26.6, Median of 15, Minimum 0 and maximum 344.

1.5 Research/Grants Produced by EZPCP Staff

EZPCP 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 EZPCP 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 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	

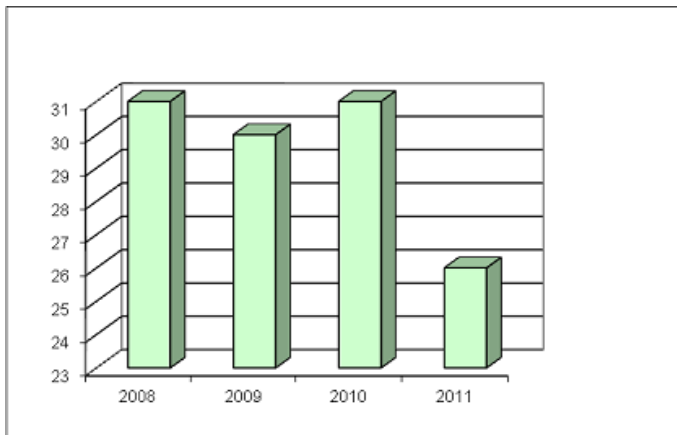
Number of Research projects according to research stream for 2009/2010							
Status	Clinical Trials	Cachexia/ Anorexia	Health Services	Opioids/ Analgesic	Fatigue	Tools Assessment	Others
Complete	2		1	1			1
Ongoing		3	6			2	2
Proposal							
Total	2	3	7	1		2	3

Research Categories by streams 2010/2011

Number of Research projects according to research stream for 2010/2011 *							
Categories	Clinical Trials	Cachexia/ Anorexia	Health Services	Opioids/ Analgesic	Fatigue	Tools Assessment	Others
Publications		12	4	2		7	1
Abstracts		1	6	1		11	2
Grants	7	4	8		1	8	3

* Please note research report format was revised for 2010/2011

1.6 Number of Publications Produced by EZPCP Staff



Benchmark: N/A

EZPCP 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 EZPCP 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
2008/2009	94%
2009/2010	100%
2010/2011	100%

Target: 100%

EZPCP 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 EZPCP Consultant Coverage

24/7 Consultation Coverage	
Year	Consultant on call
2008/2009	100% home care 100% acute care
2009/2010	100% home care 100% acute care
2010/2011	100%

Target: 100%

EZPCP 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.

2.3 Service Delivery: Number of Discharges per site and Number of Clients Seen by all locations per Fiscal Year

Site	2008/2009 Discharges (Total cases)	2009/2010 Discharges (Total cases)	2010/2011 Discharges (Total cases)
CCI	n/a	687	778
Hospice (all sites)	579	650	744
Palliative Home Care	1113	1212	1141
RAH	565	603	597
PCCT Direct Referral *	389	367	393
PCCT Referral	1236	1298	1309
TPCU	237	233	253
UAH	478	481	531
Total	4597	5531	5746

* Workload handled by Hospice Coordinator

Benchmark: NA

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

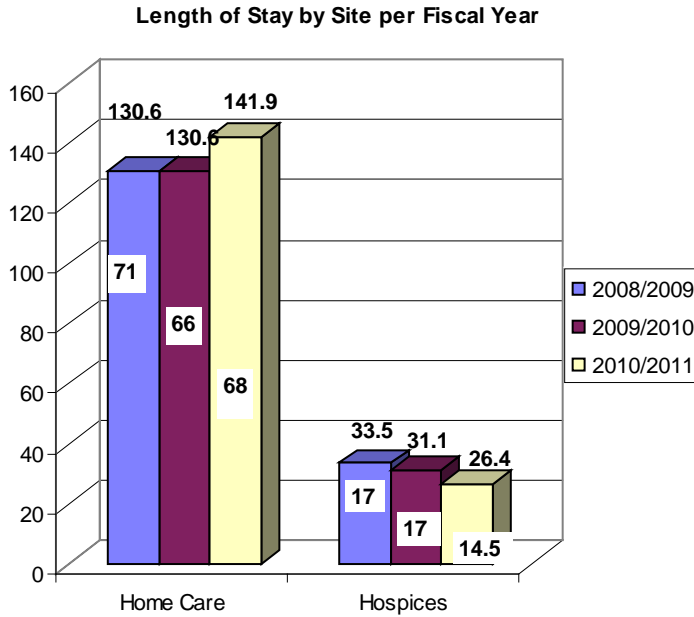
Seniors Health: Appropriateness

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

Interpretation: There continues to be steady growth in all aspects of the EZPCP. Growth of TPCU is due to increase of beds from 14 to 20. In 2010/2011 hospice beds increased from 60 to 64. The growth can be attributed to increased coordination and case management by hospice coordinator who won the EZPCCT office.

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

2.4.1 Average Length of stay for Home Care and Hospice



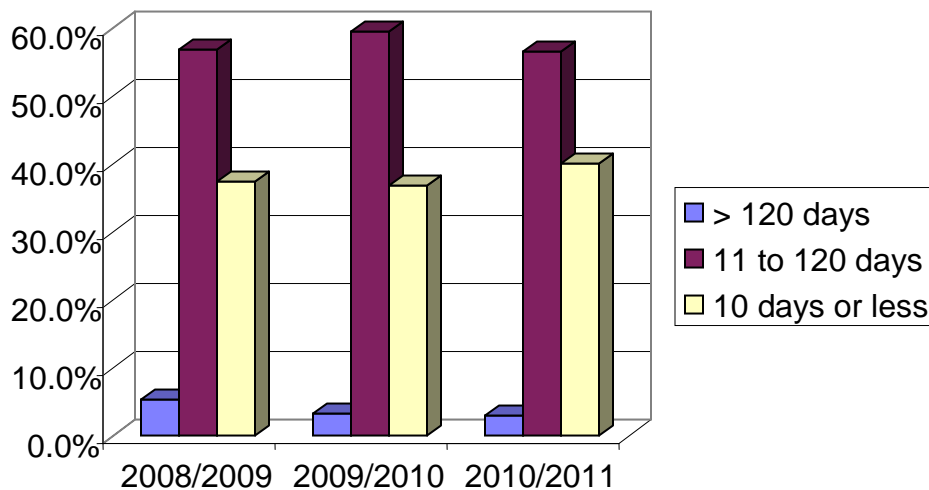
Benchmark: Median Length of Stay: TPCU = 15 days; acute care= 15 days; Palliative Hospice = 35 days; palliative Home Care = 3 months
EZPCP Goal: Access to exemplary palliative care provided in the most appropriate and effective setting.
Seniors Health: Access, Effectiveness
Definition: The ALOS is increasing for Home Care and the median and mean have decreased for Hospice.

Note: for both graphs

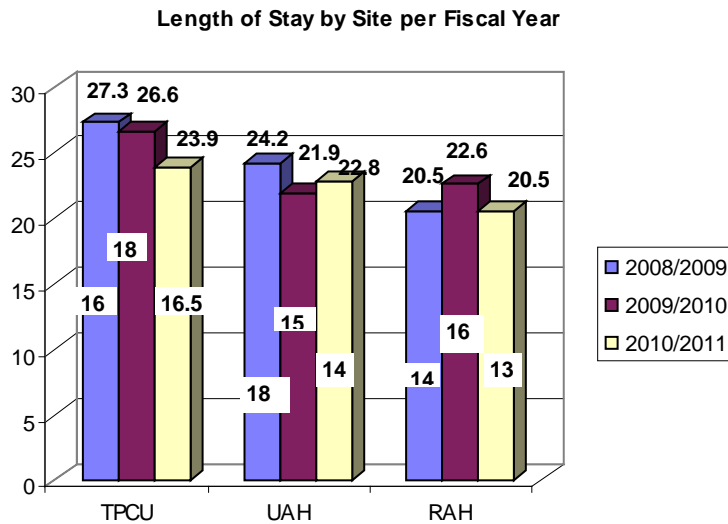
*top of column figures are mean LOS or average

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

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 EZ – Palliative Community Consult Team

	2008/2009	2009/2010	2010/2011
Mean	1.5 days	1.6 days	1.5 days
Median	1 day	1 day	1 day

Benchmark: Appointment booked within 1 day, seen within 1-2 working days. Urgent referral same day.

EZPCP 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, and median in the PCCT

Interpretation: Response time continues to meet benchmarks.

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

Wait Time in Days		
Hospice		
	Mean	Median
2008/2009	6.3	3
2009/2010	5.1	3
2010/2011	2.8	2

- Retrospective data entries in progress

Benchmark: 1 day

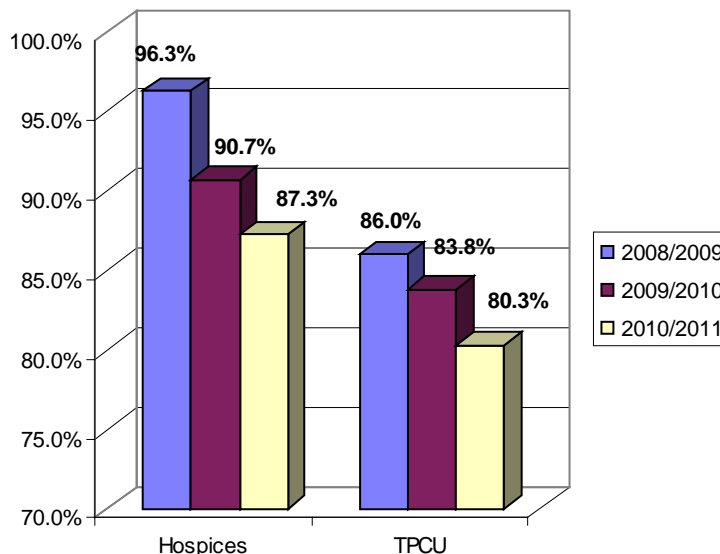
EZPCP Goal: Ensure a coordinated continuous plan of care that minimizes duplication of efforts and is maintained across all settings from referral of the patient to support of the bereaved family.

Seniors Health: Timeliness

Definition: Time duration between date accepted and date patient is admitted to hospice. Time reported as mean and median

Interpretation: Decrease in Hospice mean and median wait times.

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



Benchmark: 92% across all sites

EZPCP Goal: Access to exemplary palliative care provided in the most appropriate setting

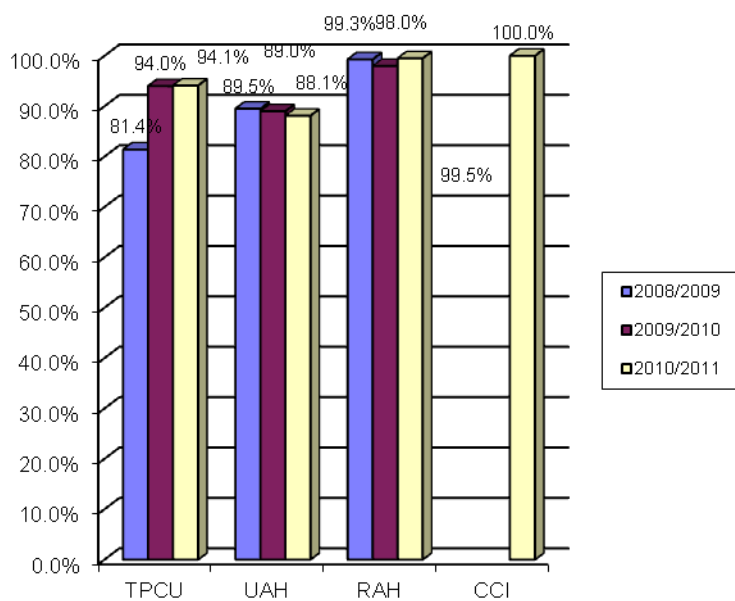
Seniors Health: Appropriateness

Definition: Occupancy rate per location

Interpretation: The occupancy rates have for hospice and TPCU. The short stay in hospice impacts bed turnover.

2.8 Pain and Symptom Management – ESASr Completed by Site

ESASr: Edmonton Symptom Assessment System Revised – 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 ESASr provides a clinical profile of symptom severity over time when graphed. For good symptom management to be attained, the ESASr must be used as just one part of a holistic clinical assessment.



CCI data was available starting 2010/2011

Benchmark: 100%

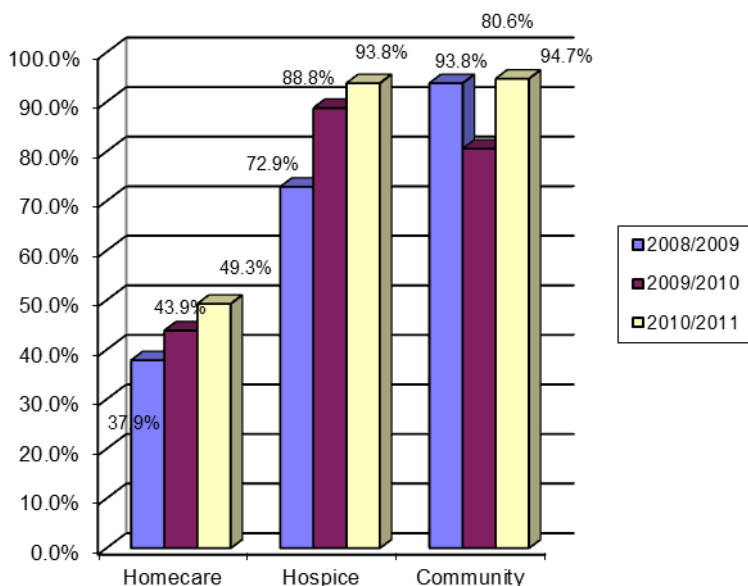
EZPCP Goal: Review and follow relevant norms of practice based on CHPCA guidelines at each site of care.

Seniors Health: Effectiveness

Definition: % of patients who have ESASr completed:

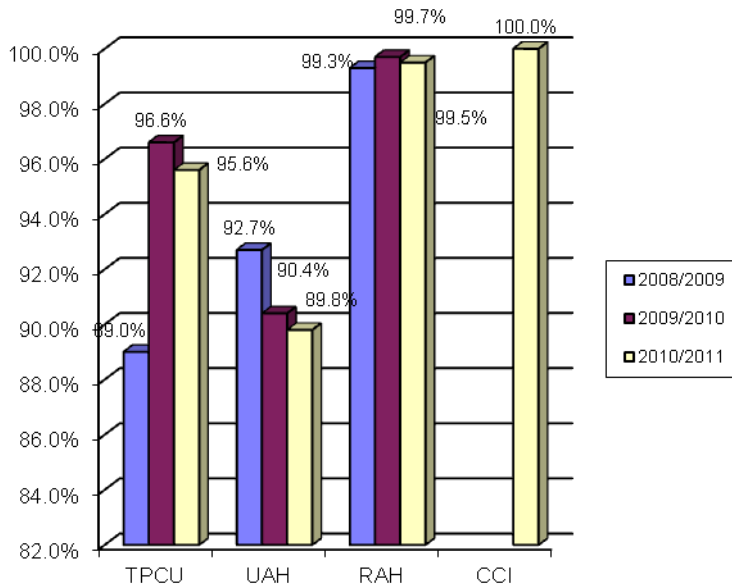
1. Within 24 hours in TPCU, hospice
2. on first visit in RPCCT and CCI (Where consult not requested from UAH, RAH, CCI, TPCU or unknown)
3. within 48 hr for RAH/UAH
4. within 7 days for palliative home care.

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.

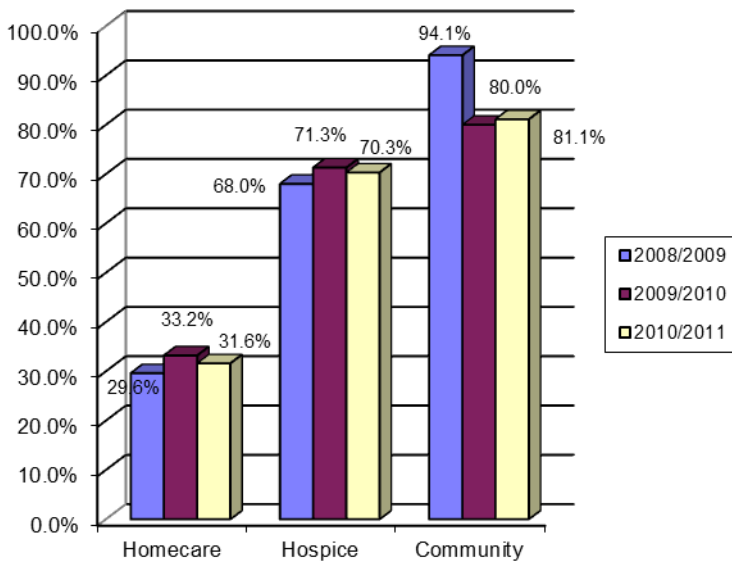


2.9 Pain and Symptom Management MMSE ¹Completed by Site

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.



CCI data was available starting 2010/2011



Benchmark: 100%

EZPCP 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) within 48 hr RAH/UAH
- 4) initial visit in CCI

Interpretation: Monthly 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.

¹Folstein, 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

	2008 - 2009	2009 - 2010	2010 - 2011
EGH	222	265	139
Fort Sask	13	14	11
Leduc/Thorsby	4	3	-
North West	-	-	-
North Pall HC	28	47	76
South Pall HC	-	-	-
RAH	54	93	-
St. Joseph's	91	80	91
Strathcona	10	15	10
TPCU	145	137	67
UAH	-	-	22
Total	567	654	416

Benchmark:

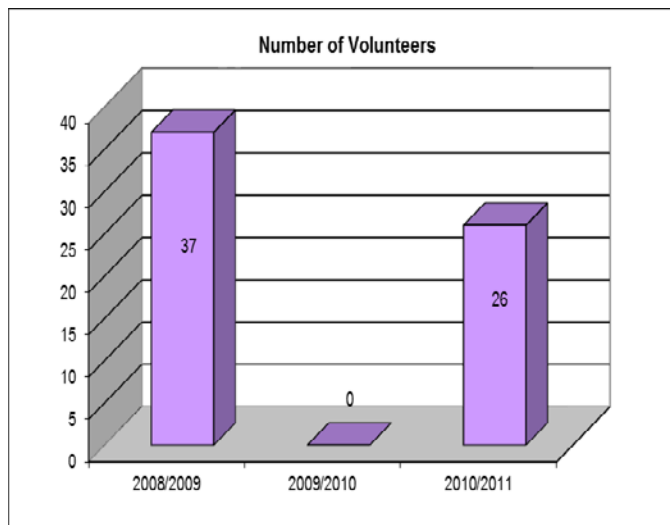
EZPCP Goal: Further the development of the bereavement program to ensure that the needs of bereaved family members and caregivers are addressed.

Seniors Health: People-centered

Definition: 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.

2.11 Number of PC Volunteers Trained by the EZPCP



Benchmark:

EZPCP 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: In February 2011 through a partnership between AHS Volunteer Resources and Covenant volunteer training resumed.

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. Sites 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.

2.12 PC Volunteer Hours Per Location Per Year

Site	2007/2008	2009/2010	2010/2011
Norwood	190		
EGH	3119.72	3336.34	2743.66
St. Joseph's	292	88	178
Unit 43 – GNH	1355.09	961.55	1212.51
RAH	350	287	280.73
UAH	29	25	62.64
Home Care	65	114	36
Sturgeon	-	-	-
CCI	7874.98	7472	6221
Devon	-	-	
Leduc Community Hospital	-	37	12
Westview Health Centre	-	25	28.5
Total	13799	12345.89	10775.04

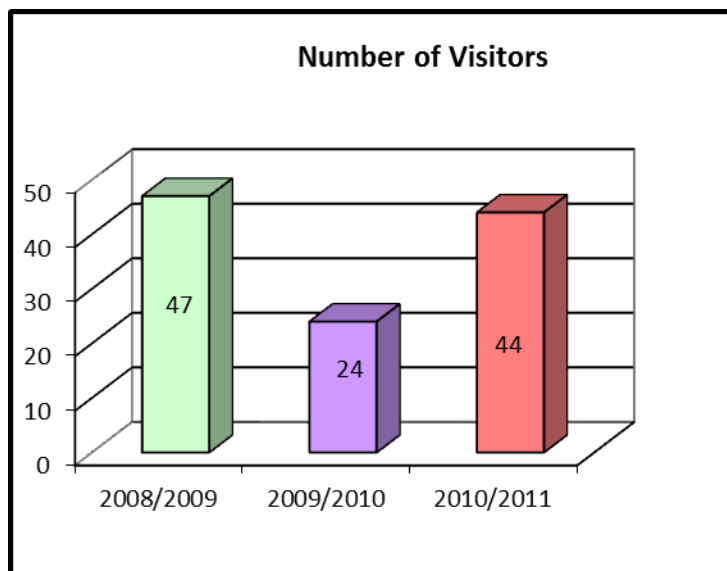
Benchmark:

EZPCP 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. 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.

2.13 Research/Education: Training with the EZPCP



Benchmark:

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

Seniors Health: Education
 Research & Outcomes

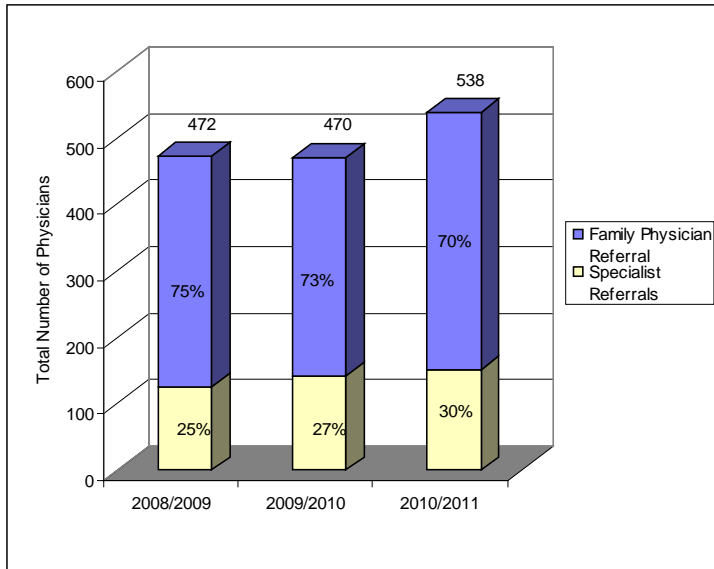
Definition: Number of residents, fellows and visitors to the Edmonton Zone Palliative Care Program

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 EZPCP



Benchmark:
EZPCP Goal: EZPCP 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 EZPCP per year; percentage of family physicians referring to EZPCP = No of family physicians referring divided by the total number of physicians referring to EZPCP.
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 EZPCP Investigations

Fiscal Year	No of Concerns	Reason for concern
2008/2009	2	Root Cause Analysis
2009/2010	0	n/a
2010/2011	0	n/a

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

Fiscal year	# of Reportable Incidents	Reason for Concern
2008/2009	3	0
2009/2010	0	n/a
2010/2011	0	n/a

Benchmark:
EZPCP 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
2008/2009	100%
2009/2010	84%
2010/2011	89%

Benchmark: 38 Rounds

EZPCP 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 zone.

4.2 Organization of Palliative Case/Journal Rounds

4.2.1 EZ Palliative Community Consult Team CPD and Article Rounds

Fiscal year	Organization of twice monthly CPD/Article Rounds
2008/2009	88%
2009/2010	100%
2010/2011	100%

Benchmark: 17

EZPCP 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 CPD/Article rounds organized twice per month except during summer, Christmas and other major education events.

Interpretation: PCCT CPD/Article 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 weekly
2008/2009	96%
2009/2010	96%
2010/2011	96%

Benchmark: 140

EZPCP 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, major holidays and the Tuesday following a long weekend at Grey Nuns Hospital Tertiary Palliative Care Unit 43

Interpretation: Journal Rounds occurs 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 Research/Palliative RT Journal Rounds

Fiscal Year	Organization of Case Rounds once per month
2008/2009	100%
2009/2010	100%
2010/2011	100%

Benchmark: 12

EZPCP Goal: Offer 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, RAH palliative care programs, plus researchers and Palliative Radiotherapy program. They occur monthly and are held at CCI and by videoconference. Presentation of Journal Rounds is rotated among the teams. The purpose of these rounds is to educate and provide clinic discussion for the consultants, site staff and learners.

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

Fiscal Year	Total Attending
2008/2009	258
2009	153
2010	227
2011	351

Benchmark: N/A
 EZPCP 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 EZPCP Meeting – Attendance

Fiscal Year	Number Attending EZPCP Annual Meeting
2008/2009	40
2009/2010	72
2010/2011	97

Benchmark: Wide representation from palliative care sites and partners.
 EZPCP Goal: Develop accountability and program excellence through a collaborative regional leadership model.
Seniors Health: Communication
Definition: Attendance at EZPCP 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:

2008/2009 – Palliative Care and End of Life Institute

2009/2010 – Working in a Multi-Generational Workshop

2010/2011 - Clinical Experience and Challenges in Caring for Patients with Non-cancer Diagnoses

4.5 Other Educational Opportunities

4.5.1 CPR Recertification

	2008/2009	2009/2010	2010/2011
CCT Staff	75%	71%	54%

Benchmark; 100% of CCT staff has completed CPR Certification.

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

Seniors Health: Safety

Definition: Percent of staff completed CPR Certification

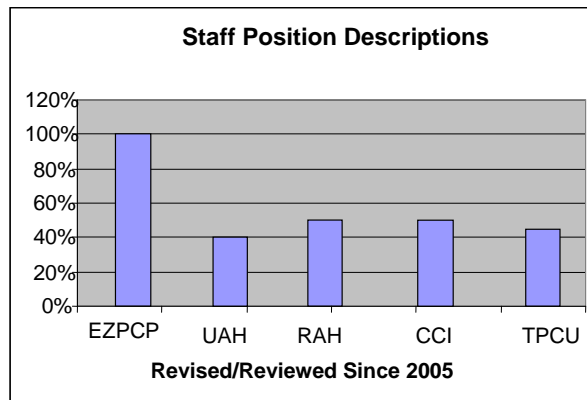
Interpretation: Seven of the eight nurse EZPCCT consultants have completed the CPR Certification.

5.0 PROFESSIONAL PRACTICE

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

5.1 Work life

5.1.1 Percentage of current position descriptions



Benchmark: 100%

EZPCP Goal: All EZPCP Program, Consultant Positions and administrative support will have position descriptions developed/reviewed/revise since 2005

Seniors Health; Proactively support staff in workforce planning, recruitment, retention and wellness.

Definition; Percentage of position descriptions for each FTE for EZPCP Program staff and palliative consultants at the consult sites.

Interpretation: The PCCT Nurse Consultants have a current job description. The Nurse Consultants at RAH, UAH, and CCI teams are currently reviewing and developing a current job description

5.2 Occupational Health

2.1 Use of Worker's Compensation Board

(WCB –Community Consult Team (CCT) and Edmonton Zone Palliative Care Program (EZPCP) Injuries

Fiscal Year	Number of Staff Injuries Reported
2008/2009	0
2009/2010	0
2010/2011	0

5.2.2 OHS & W Education

	2008/2009	2009/2010	2010/2011
Percent of Employees trained	70%	6%	100%

Benchmark: 100% of CCT staff has completed WHMS Training
EZPCP 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 of CCT staff have completed WHMIS training.