Balanced Scorecard Report
2006 – 2008

# Regional Palliative Care Program

*Regional Palliative Care Program*

*'Improving the Quality of Living and Dying'*

Alberta Health Services

**Community Care Services**
**Community Care, Rehabilitation & Mental Health Division**

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## 1. 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 |
|---|---|
| **2005/2006** | +7.3% |
| **2006/2007** | +7.3% |
| **2007/2008** | +10.8% |

**Benchmark:** 0

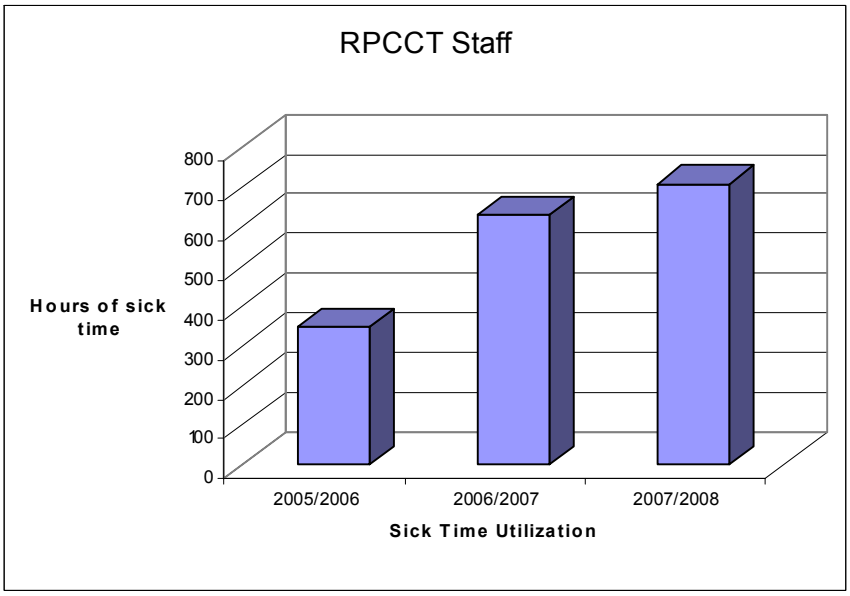
**RPCP Goals**: Develop accountability and program excellence through a collaborative regional leadership model.

**CCRG*:** 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.

**CCRG**: Efficiency

**Definition:** Total sick hours as reported at end of fiscal year RPCP office. Capital Health 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 2007/2008 is 3.45% which is slightly below the regional target.

* CCRG (Community Care Rehabilitation and Geriatric) division goals relate to Capital Health Quality Framework

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## 1.3 CONTRACTED PROVIDER (HOSPICE) REPORTED HOURS PER RESIDENT PERDAY

| Reported hours per resident per day per site | | | | |
|---|---|---|---|---|
| **Year** | **St. Joseph's** | **Mel Miller Hospice** | **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 |

**Benchmark:** 5.88 hours per resident day (PRD)

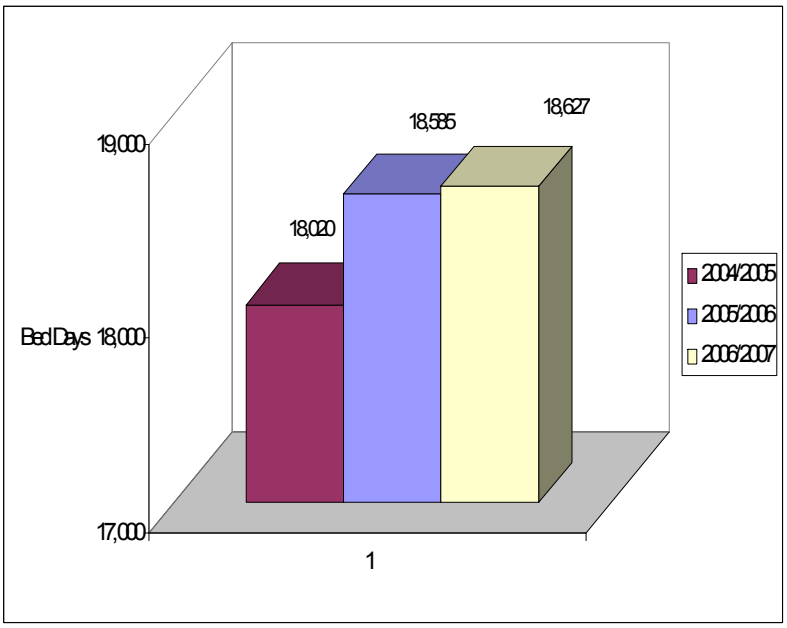
**RPCP Goals:** Review and follow relevant norms of practice based on CHPCA guidelines of each site of care.

**CCRG**: 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.

**CCRG:** 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 in the latter part of 2007/2008 related to increased regional bed pressures and was facilitated through coordination and case management by hospice coordinator in the RPCP office.

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## 1.5 RESEARCH / GRANTS PRODUCED BY RPCP STAFF

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

**CCRG:** Education Research & Outcomes

**Definition:** Number of Research projects and publications produced by staff and/or affiliates of the RPCP in collaboration with the Alberta Cancer Board Palliative Care Research Group members within the Capital Health 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 | 2 | | | |
| Proposal | | | | | | | |
| **Total** | **3** | | **2** | **2** | | | |

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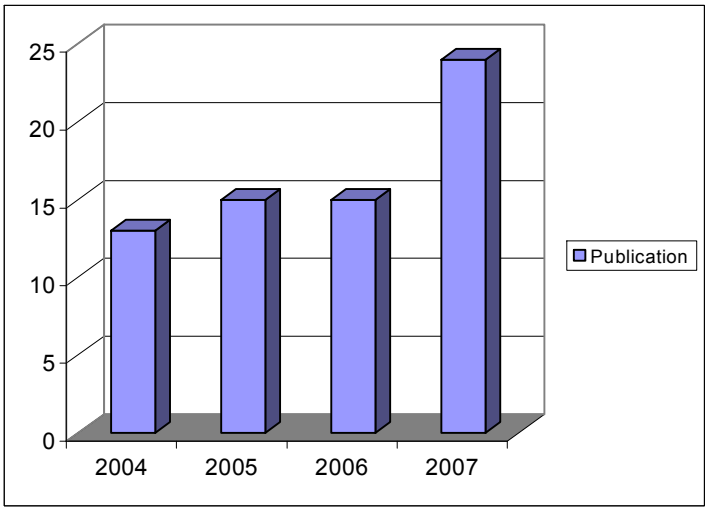
### 1.6 NUMBER OF PUBLICATIONS PRODUCED BY RPCP STAFF




**Benchmark:** N/A

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

**CCRG:** Education Research & Outcomes

**Definition:** Total number of publications by RPCP staff and collaborators from CHA and ACBPCRI. 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. 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** |
| 2005/2006 | 94% |
| 2006/2007 | 94% |
| 2007/2008 | 94% |

**Target** = 100%

**RPCP Goal:** Provide timely access to palliative care services 24 hours a day, 7 days a week throughout the Capital Health Region.

**CCRG**: 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.

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## 2.2 24 / 7 RPCP CONSULTANT COVERAGE

| 24/7 Consultation Coverage | |
|---|---|
| **Year** | **Consultant on call** |
| 2005/2006 | 94% home care, 97.5% acute care |
| 2006/2007 | 94% home care, 97.5% acute care |
| 2007/2008 | 94% home care, 97.5% acute care |

**Target:** 100%

**RPCP Goal:** Provide timely access to palliative care services 24 hours a day, 7 days a week throughout the Capital Health Region.

**CCRG**: 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 |
|---|---|
| 2005/2006 | 94% home care, 97.5% acute care |
| 2006/2007 | 94% home care, 97.5% acute care |
| 2007/2008 | 94% home care, 97.5% acute care |

**Target:** 100%

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

**CCRG:** Effectiveness

**Definition:** Are common consultant assessment forms and tools used throughout the Capital Health Regional Palliative Care Program?

**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. Morinville and Redwater Home Care now use the tools with implementation of the forms to the west suburban rural area of the region. The areas that have consultant coverage typically use the common assessment tools.

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## 2.4 SERVICE DELIVERY: NUMBER OF DISCHARGES PER SITE and NUMBER OF CLIENTS SEEN BY REGIONAL PALLIATIVE CARE COMMUNITY TEAM (RPCCT) PER FISCAL YEAR

| | 2005/2006 | 2006/2007 | 2007/2008 |
|---|---|---|---|
| **Site** | **Discharges (Total cases)** | **Discharges (Total cases)** | **Discharges (Total cases)** |
| Hospice (all sites) | 479 | 483 | 625 |
| Palliative Home Care | 942 | 1121 | 1187 |
| RAH | 500 | 487 | 578 |
| RPCCT Referrals | 1095 | 1336 | 1600 |
| TPCU | 177 | 177 | 210 |
| UAH | 387 | 410 | 430 |
| **TOTAL** | **3580** | **4014** | **4627** |

**Benchmark:** N/A

**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.

**CCRG**: 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.

* The number was adjusted from 1197 to 1004 due to added criteria which excludes patient age under 18 and non-admissions (year 2004).

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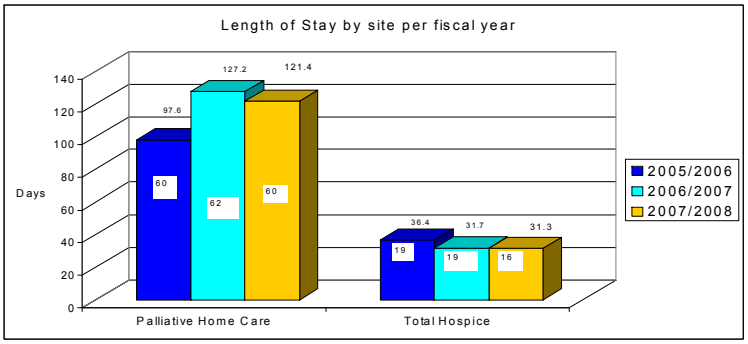
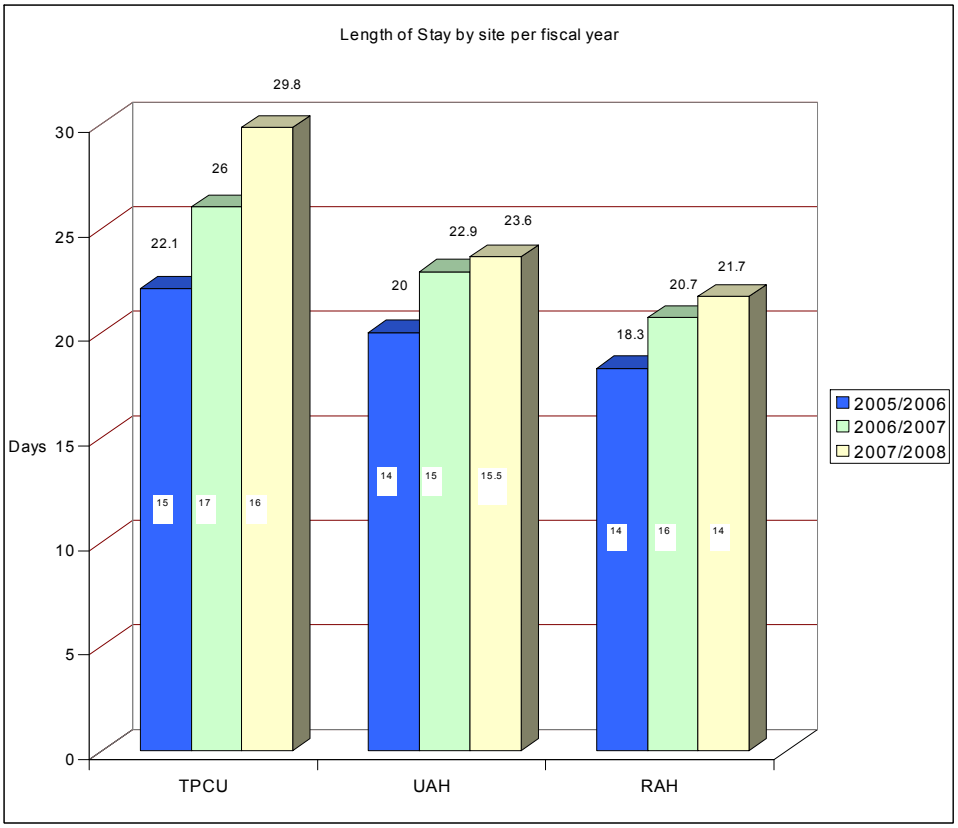
## 2.5 AVERAGE LENGTH OF STAY (ALOS) PER SITE PER FISCAL YEAR

NOTE: for both graphs
*Top of column figures are mean LOS
* Middle of column figures are median LOS




**Benchmark:** TPCU = 15days; 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.

**CCRG:** Timeliness

**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 more complex chronic situations.

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## 2.6 SERVICE RESPONSE TIME FOR THE RPCP – COMMUNITY

**Benchmark**: Appointment booked within 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.

**CCRG**: Timeliness

**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.

| | 2005/2006 | 2006/2007 | 2007/2008 |
|---|---|---|---|
| Mean | 1.5 days | 1.4 days | 1.4 days |
| Median | 1 day | 1 day | 1 day |

## 2.7 WAIT TIME FOR ADMISSION TO HOSPICE AND TPCU (GNCH)

**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.

**CCRG**: Timeliness

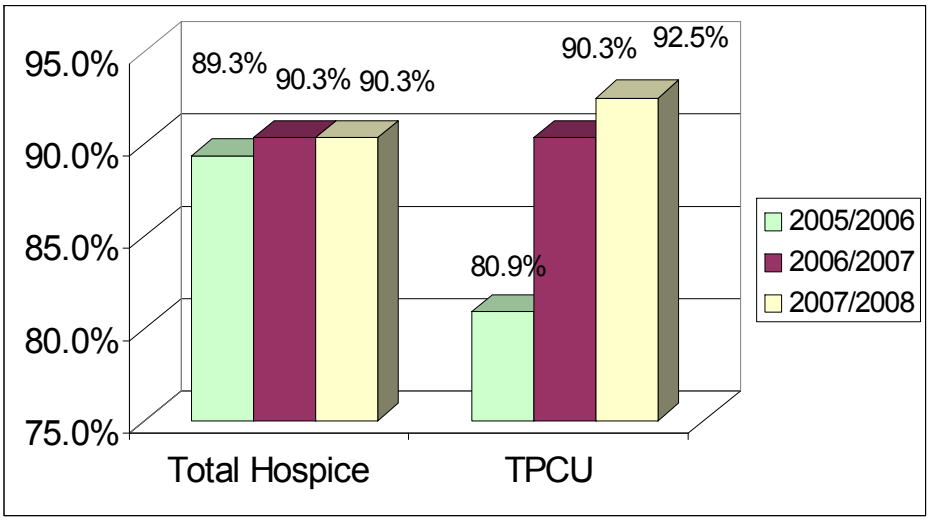
**Definition**: Time duration between date accepted and date patient is admitted to hospice or TPCU. Time reported as mean and median.

**Interpretation**: Defining wait time criteria and data collection has been a challenge related to different definitions of when the wait time began.

| | Wait Time in Days | | | |
|---|---|---|---|---|
| | TPCU | | Hospice | |
| | Mean | Median | Mean | Median |
| **2005/ 2006** | 3.0 | 3 | 3.9 | 2 |
| **2006/2007** | * | * | 3.9 | 2 |
| **2007/2008** | * | * | 1.6 | 0 |

* Data interpretation work in progress

## 2.8 OCCUPANCY RATE FOR THE TPCU (GNCH) AND TOTAL HOSPICE SITES




**Benchmark:** 92% across all sites

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

**CCRG**: Appropriateness

**Definition**: Occupancy rate per location.

**Interpretation**: Occupancy rate has continued to increase with a marked change in TPCU for the last reporting year. This can be attributed to increased efforts to admit patients on all shifts throughout the week.

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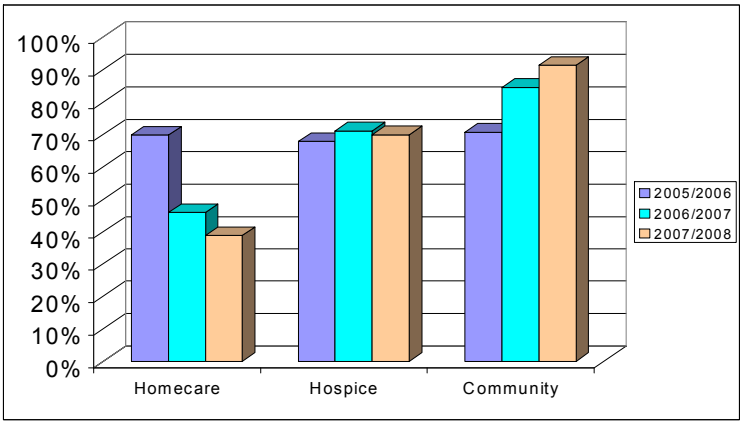
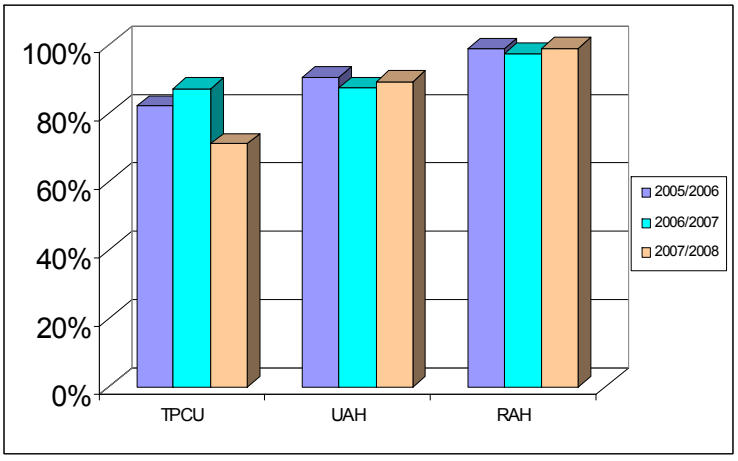
## 2.9 PAIN AND SYMPTOM MANAGEMENT – ESAS COMPLETED BY SITE

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.

**CCRG**: Effectiveness

**Definition**: % of patients who have ESAS completed:

I. within 24 hours in TPCU, hospice

II. on first visit in RPCCT (where consult not requested from UAH, RAH, CCI, TPCU or unknown)

III. within 48hr for RAH / UAH.

IV. 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.

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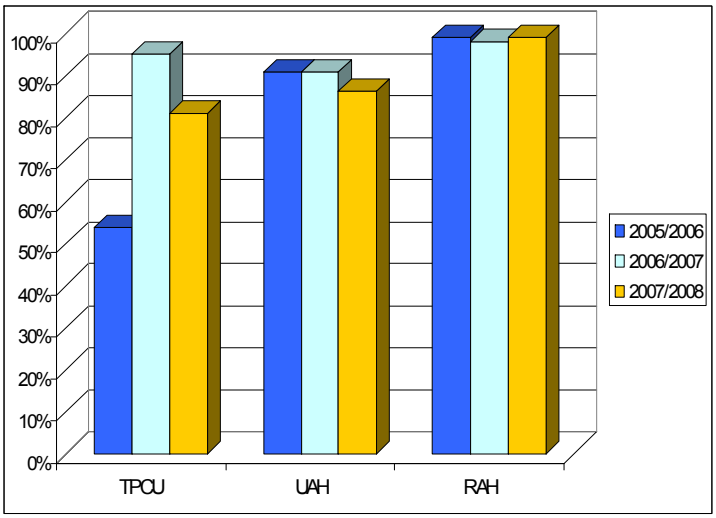
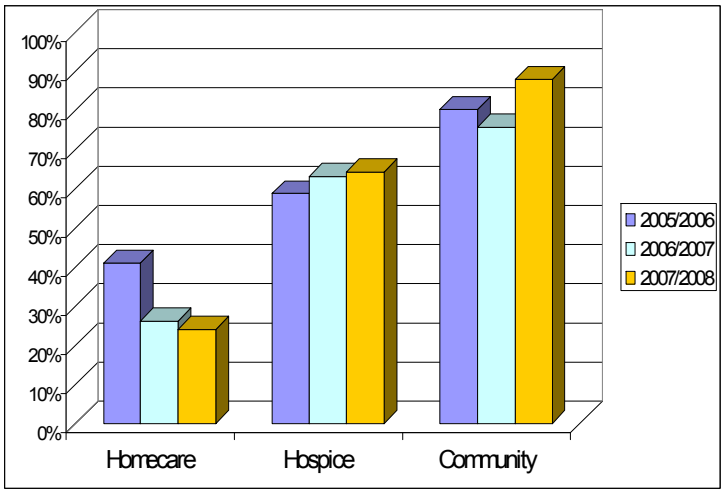
## 2.10 PAIN & SYMPTOM MANAGEMENT MMSE [1]COMPLETED BY SITE

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 from referral of the patient to support of the bereaved family.

**CCRG**: Effectiveness

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

I. within 24 hours in TPCU

II. within 1 week in palliative hospice and Palliative HC

III. on first visit in RPCP (where consult not requested from UAH, RAH, CCI, TPCU or unknown)

IV. within 48hr 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 due to managerial oversight.

[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.

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## 2.11 BEREAVEMENT SERVICES AND SUPPORT

**Benchmark**:

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

**CCRG:** 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.

**Bereavement Packages Distributed**

| | **2006-2007** | **2007-2008** |
|---|---|---|
| TPCU | - | 183 |
| RAH | - | 177 |
| UofA | - | - |
| Leduc/Thorsby | - | 15 |
| North Palliative HC | - | 79 |
| South Palliative HC | - | 103 |
| EGCC 9Y Hospice | - | 198 |
| St.Joseph's Hospice | - | 211 |
| Norwood Hospice | - | - |
| Strathcona | - | 39 |
| Northwest | - | 32 |
| **Total** | **934** | **1037** |

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## 2.12 GRIEF CARE PROGRAM: HEALTH PROFESSIONALS, COMMUNITY AGENCIES

**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.

**CCRG 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 the registration for Modules 2 and 3 reflects retention with the return of the initial Module 1registrants. In addition there is an informed health care group that requested advanced levels of education at their work site which is evidenced by the increased number of topic specific workshops that were provided in 2007/2008.

| Site | 2005-2006 | | 2005-2006 | | | 2006-2007 | | |
|---|---|---|---|---|---|---|---|---|
| | Module 1 | Module 2 | Module 1 | Module 2 | Module 3 | Module 1 | Module 2 | Module 3 |
| EGH | 27 | | 6 | 3 | | | 1 | 1 |
| Home Care | 68 | 13 | 12 | 23 | 18 | 2 | 9 | 10 |
| Other | 2 | | 1 | | | 3 | 2 | 2 |
| CCA | 4 | | | | | | | |
| CCI | 3 | | | | | | | |
| RAH | 4 | | 3 | | | 2 | 5 | 5 |
| RPCP | 7 | | 1 | | | 1 | 2 | 1 |
| TPCU | 29 | | | 6 | | | | |
| UAH | 4 | | 3 | 1 | | | | |
| Facility Living | - | | 3 | 2 | 3 | 2 | 3 | 1 |
| Rural Acute | | | 21 | | | 1 | | 1 |
| Glenrose | | | | | | 3 | 2 | 2 |
| Grey Nuns | | | 2 | 1 | | | | |
| **SUBTOTAL** | **148** | **13** | **53** | **36** | **22** | **14** | **24** | **24** |
| **Total Participants** | **161** | | **111** | | | **62** | | |

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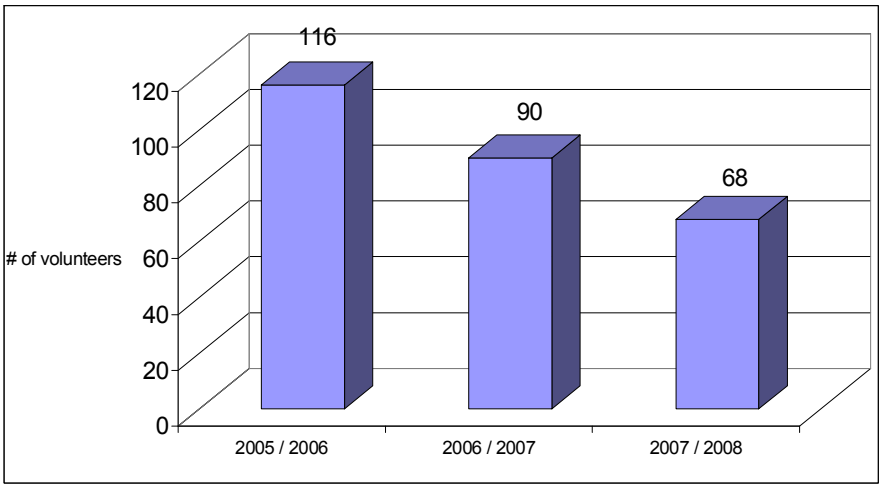
## 2.13 NUMBER OF PC VOLUNTEERS TRAINED BY THE RPCP




**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.

**CCRG Goal**: 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 I. 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; and 2. acknowledgement of voluntary participation in palliative care. Sites that utilize the Palliative Volunteer Training program are:
Acute: CCI, RAH, U of A, GNH.
Facility: G. Zetter, Good Samaritans, St. Joseph's, EGCC, Norwood
Community: Kipness Centre
Rural: Redwater Health Centre, Fort Saskatchewan Health Centre, Westlock, Morinville.
Homecare: all teams with palliative patients

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## 2.14 PC VOLUNTEER HOURS PER LOCATION PER YEAR

| Site | 2005/2006 | 2006/2007 | 2007/2008 |
|---|---|---|---|
| Norwood hospice | 1572.5 | 535 | 190 |
| Mel Miller Hospice, EGH | 3625 | 2537.40 | 3119.72 |
| St Joseph's Hospice | 344 | 260 | 292 |
| Unit 43 Grey Nuns | 1668.27 | 2013.85 | 1355.09 |
| Royal Alexandra Hospital | - | 485 | 350 |
| University of Alberta Hospital | 1.2 | 27 | 29 |
| Home Care | 2018 | 320 | 65 |
| Sturgeon Hospital | 98 | | |
| Cross Cancer Institute | 9681.47 | 6906.21 | 7874.98 |
| Devon Hospital Site | 75 | | 0 |
| Stony Plain Site | 80 | | data not available |
| **Total** | **17145.44** | **13,084** | **13,799** |

**Benchmark:**

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

**CCRG:** 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.

### Summary of Five Years of Palliative Care Volunteer Hours

| 2003/2004 | 2004/2005 | 2005/2006 | 2006/2007 | 2007/2008 |
|---|---|---|---|---|
| 16,775 | 18,785 | 17,145 | 13,084 | 13,799 |

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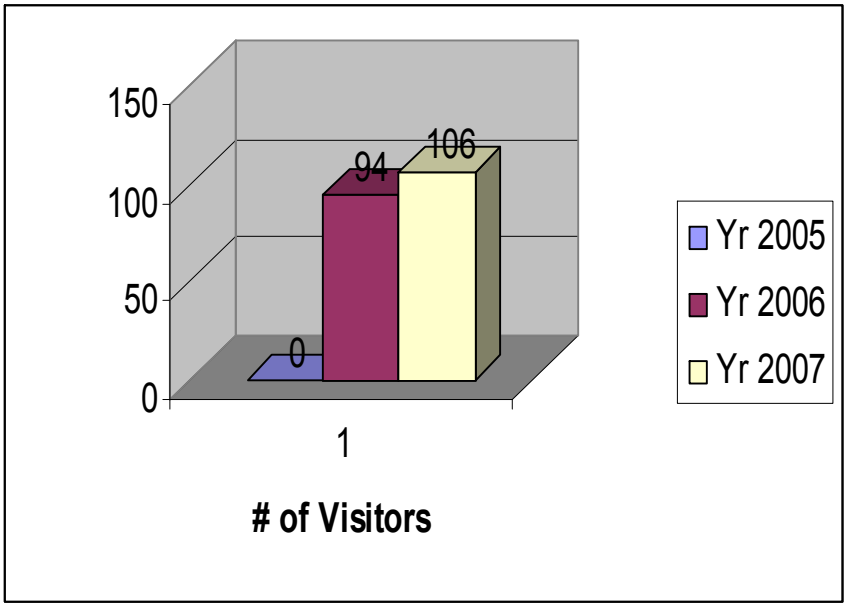
### 2.15 RESEARCH / EDUCATION: TRAINING WITH THE RPCP




**Benchmark:** N/A

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

**CCRG:** Education Research & Outcomes

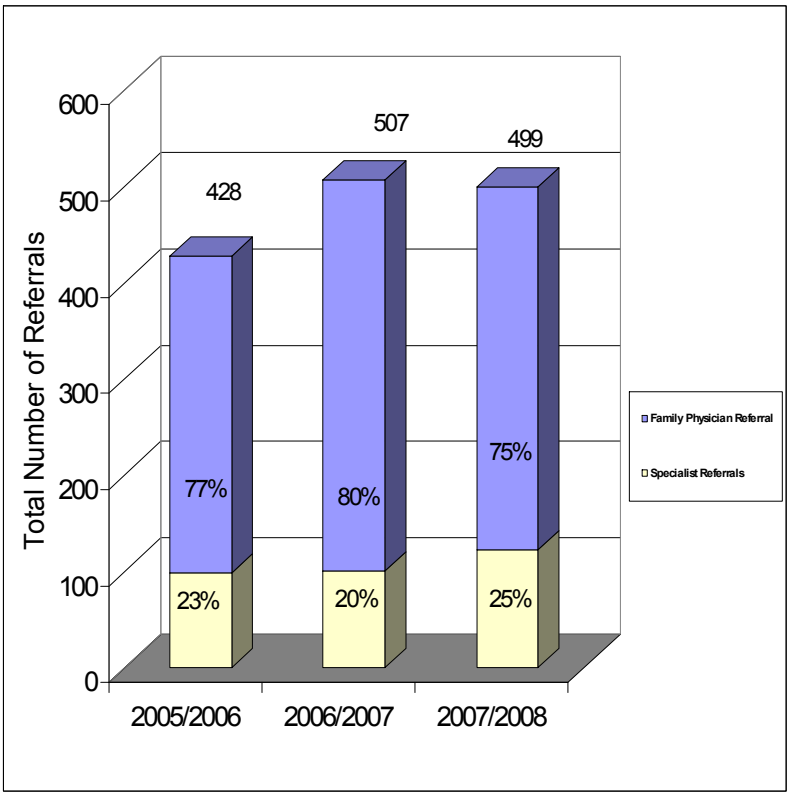
**Definition**: Number of residents, fellows and visitors to the Regional Palliative Care Program.

**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. CLIENT AND STAKEHOLDER SATISFACTION

"Strengthening respectful relationships with clients/ residents/ families/ communities and colleagues"

### 3.1 PHYSICIAN REFERRALS RECEIVED BY RPCP




**Benchmark:** N/A

**RPCP Goal**: RPCP goal supports the family physicians and specialists providing care in the community and healthcare institutions.

**CCRG:** 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 |
|---|---|---|
| 2005/ 2006 | 0 | |
| 2006/2007 | 3 | Family concern in movement from hospice to LTC<br>2 – physician concern regarding access to community pharmacy support |
| 2007/2008 | 3 | 1 – transfer of family member to continuing care<br>1 – quality of care of family member in hospice<br>1 – admitted to 2nd hospice choice |

**Benchmark:** 0 for concerns.

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

**CCRG:** Safety.

**Definition:** Number of concerns by reason for concern reported to RPCP office.

**Interpretation**: Reasons listed reflect those received by the Regional Palliative Care Program Office.

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## 4. 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

**Benchmark**: 38 rounds

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

**CCRG**: 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.

| Fiscal Year | Percentage of Weekly Palliative Care Rounds presented once per week per fiscal year |
|---|---|
| 2005/ 2006 | 97% |
| 2006/2007 | 100% |
| 2007/2008 | 100% |

### 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 |
|---|---|
| 2005/ 2006 | 86% |
| 2006/2007 | 88% |
| 2007/2008 | 88% |

**Benchmark:** 17

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

**CCRG:** 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% |

**Benchmark:** 140

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

**CCRG:** 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% |

**Benchmark:** 12

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

**CCRG:** Education Research & Outcomes.

**Definition**: Percent of Journal Rounds organized per month

**Interpretation**: Journal Rounds are combined for CCI, UAH, and RAH palliative care programs. 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 clinical discussion for the consultants, site staff, clinical visitors and staff.

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## 4.3 ANNUAL CONFERENCE "PALLIATIVE CARE EDUCATION AND RESEARCH DAYS" – ATTENDANCE

**Benchmark:** N/A

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

**CCRG:** Education Research & Outcomes

**Definition**: Attendance at conference broken down by internal and external to Capital Health 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..

| Fiscal Year | Total Attending | Internal to CH Region | External to CH Region |
|---|---|---|---|
| 2005 / 2006** | 800 | * | * |
| 2006 / 2007*** | 350 | * | * |
| 2007 / 2008 | 325 | * | * |

* not available

** national conference

*** to be confirmed

## 4.4 ANNUAL RPCP MEETING - ATTENDANCE

| Fiscal Year | Number attending RPCP Annual Retreat |
|---|---|
| 2005/ 2006 | 70 |
| 2006 / 2007 | 72 |
| 2007 / 2008 | 65 |

**Benchmark:** Wide representation from palliative care sites and partners.

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

**CCRG:** Communication

**Definition:** Attendance at RPCP Annual Retreat.

**Interpretation:** A regional opportunity for staff within the Capital Health region to assemble and reflect on the goals of the program and plan for future program wide progress. Focus sessions include:

2005/2006 - development of a palliative care institute

2006/2007 – use of integrated pathways in palliative care

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

## 4.5 OTHER EDUCATIONAL OPPORTUNITIES

### 4.5.1 CPR RECERTIFICATION

**Benchmark:** 100 % of RPCCT staff has completed CPR Certification.

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

**CCRG**: Safety

**Definition:** Percent of staff completed CPR Certification

**Interpretation:** All RPCCT consultants have completed the CPR Certification.

| | 2005/2005 | 2006/2007 | 2007/2008 |
|---|---|---|---|
| **RPCCT STAFF** | | | 57% |

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## 5. 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

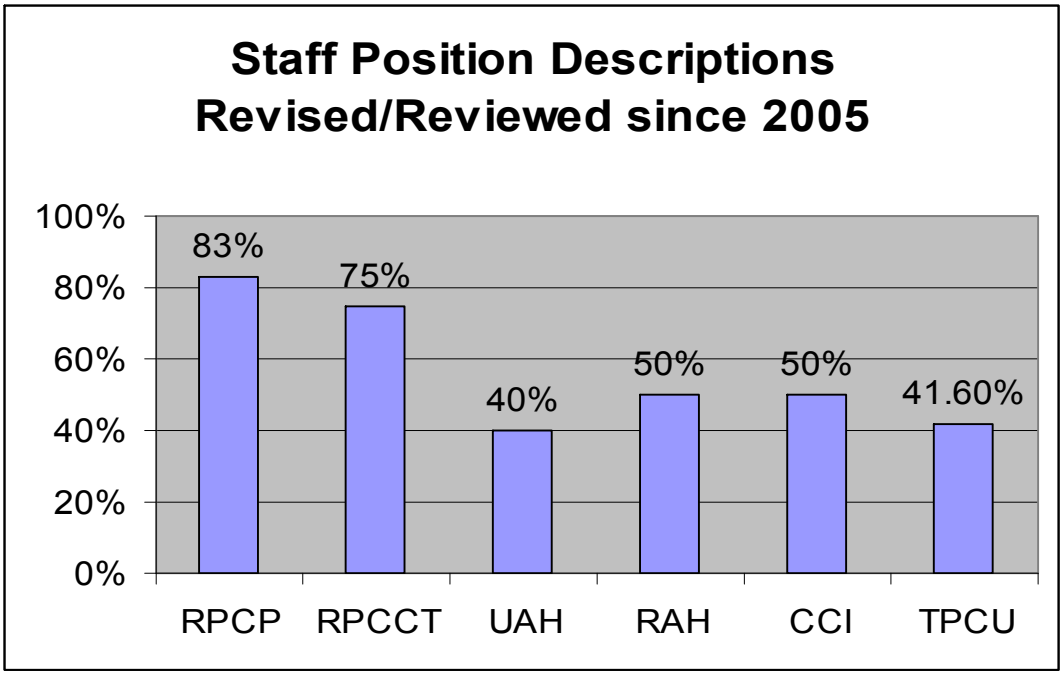
**Benchmark**: 100%

**RPCP Goal:** All RPCP Program, Consultant Positions and administrative support will have position descriptions developed/reviewed/revised since 2005

**CCRG**: Proactively support staff in workforce planning, recruitment, retention and wellness

**Definition**: Percentage of position descriptions for each FTE for RPRP 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 |
|---|---|
| 2005/2006 | 0 |
| 2006/2007 | 0 |
| 2007/2008 | 0 |

**Benchmark:** 0

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

**CCRG**: 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

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### 5.2.2 OHS&W Education

- **WHIMS**

| | 2005/2006 | 2006/2007 | 2007/2008 |
|---|---|---|---|
| Percent of employees trained | 100% | 71% | 64% |

**Benchmark:** 100 % of RPCCT staff has completed WHMIS Training.

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

**CCRG**: Safety

**Definition:** Percent of staff completed WHMIS training program

**Interpretation:** All nurse consultants have completed the WHIMIS Training

- **WINTER DRIVING**

**Benchmark:** 100 % of RPCCT staff has completed winter driving in-service.

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

**CCRG**: Safety

**Definition:** Percent of staff completed winter driver training in-service

**Interpretation:** All RPCCT consultants have completed the winter driving in-service.

| | 2007/2008 |
|---|---|
| **RPCP & RPCCT Staff** | 68% |