



CAPC Development Tool: Needs Assessment Checklist

About this Tool

Determining the needs of your institution is an essential step in securing support for a palliative care program. It ensures that the program will be based upon, and well integrated with, the goals and services of the institution. The questions provided in this palliative care needs assessment checklist are designed to help you design your program effectively when the time comes.

Needs Assessment Checklist

- ✓ Who does the institution now serve?
Describe the target patient population. Learning about hospital patients and volume will help in estimating patient need, potential case volume, and key specialists vital to gaining support and referrals. This data is usually available from the hospital IT department, billing, and medical records. Identify a colleague in IT who can work with the planning team to obtain this information.
- Total number of beds in the institution
 - Total number of acute care beds and staffed acute inpatient beds
 - Total number of admissions and Medicare admissions
 - Overall occupancy rate and ICU occupancy rate
 - Average length of stay, Medicare average length of stay, and ICU length of stay
 - Number of patients with a length of stay of more than five days, 10 days, and 20 days. In which diagnostic groupings?
 - Who are the organization's predominant populations and "diagnostic groups" (e.g., how many admissions per year are there for cancer, heart disease, dementia, and other complex, chronic illnesses)?
 - What are the typical/expected admitting problems of seriously ill patients? (Infection, nutritional problems, fractures?)
 - What were the number, diagnoses (Diagnostic Related Group, or "DRGs"), location, and median and mean lengths of stay of adult deaths in the hospital in the last 12-month period for which data were available?
 - How does the information for deceased patients in the hospital compare to patients discharged alive in the same DRG groupings?
 - What is the payer mix for patients who die in the hospital?

✓ What services does the institution currently provide?

Taking inventory of the services the hospital provides will help to identify areas of need. Surveying front-line doctors, nurses, and social workers can provide insight into what services may be missing or fragmented at the patient services level.

- ❑ What services related to palliative care are presently available, such as a pain service or case management program?
- ❑ Is there a hospital survey evaluating patient pain and symptoms? (JCAHO requires regular assessment of symptom distress in hospitalized patients. These data, available from quality or compliance staff, can provide information about care and quality needs critical to successful accreditation. Pain and symptom assessment tools are included in Appendix X.)
- ❑ Is there a hospital satisfaction survey evaluating patient and family satisfaction? (JCAHO mandates hospitals conduct post-discharge consumer satisfaction surveys, which may reveal concerns about “impersonal” experience, untreated pain, delays in treatment, poor communication, poor continuity of care, or other priorities for improvement.)
- ❑ What formal or informal resources address the needs of family caregivers?
- ❑ How are services integrated or coordinated between departments?
- ❑ How does the volume/workload for services coordination (e.g., case management) compare with the volume/workload for direct patient care and medical services?
- ❑ Is there employee frustration with patient care services, nursing recruitment or retention issues? (Employee surveys, particularly of nursing staff, may reveal concerns about quality, frustration with providers, and stress due to time pressures and a complex and vulnerable patient base. Hospital leaders are especially concerned about nurse satisfaction and retention.)
- ❑ What needed services are missing or unavailable for the target patient population when they are inpatients? Identify service gaps.

✓ What does it cost the organization to provide these services?

Hospitals review new clinical program based on potential for revenue generation. Palliative care programs affect the bottom line through some revenue generation but mainly through cost avoidance. They improve management of complex cases, thus achieving more appropriate resource use, earlier patient discharge to more appropriate community settings, and resulting, improved capacity for new admissions and revenues. In addition, because palliative care programs increase patient, family or referring physician loyalty, they increase market share and referrals, and therefore boost revenues. They also lead to substantial philanthropic gifts. Ask the hospital finance department for assistance in collecting the data listed below. Worksheets for analyzing costs and revenues associated with patients that would be served by a palliative care program are included in this section.

- ❑ What does a one-year retrospective analysis of key patient groups show? (Analyze individuals who died as hospital inpatients and inpatients admitted with target chronic illnesses, such as cardiac and renal failure, COPD, and cancer. Identify the most prevalent 10 to 12 diagnostic categories, ICU utilization by diagnosis group, and the most prevalent cancer diagnoses among admissions. Analyses should include each patient’s primary diagnosis, age, payer, and length of stay, so as to quantify patient volumes and case mix to help make the case.)
- ❑ Are there patients receiving services that cannot be billed because they are indigent? What are the costs associated with these cases?

✓ How much integration with community organizations exists?

Most palliative care programs collaborate with professionals from existing services, both within the hospital and from the wider community. Their missions frequently intersect as they deliver pain management, hospice, rehabilitation medicine, nursing home care, and home health services to their patients. An inventory of available services is important to overall planning. In addition, clinicians affiliated with those programs may be available to assist in developing the palliative care program.

- ❑ How often do social workers or case managers refer patients to community agencies such as home health agencies or hospices for services?
- ❑ For which specific services?
- ❑ What coordination agreements exist (formal and informal)? Does the hospital have an affiliate certified home healthy agency, hospice, or hospice contract? Is there one primary hospice relationship, or many? Are hospital-community agency coordination processes standardized across the institution or are they random?
- ❑ Do one or more of these agencies have an interest in supporting the need for and development of a palliative care program in the acute care setting?

The above checklist is partly adapted from the Palliative Care Toolbox developed by Hospital Corporation of America Cancer Care and Oncology Associates Inc.