



CAPC Development Tool: Palliative Care Decision Checklist

About this Tool

Now that the planning team has collected data, it is time to determine what that data means and whether it makes an effective case for a palliative care program. The following questions are meant to help the planning team in interpreting the data in order to answer these questions.

Palliative Care Decision Checklist

- ✓ Evidence of Demand for Services
 - ❑ Is there an adequate volume of patients with serious and life-threatening illness to support a palliative care program?
 - ❑ Would this approach address unmet patient and family needs? (For example, have satisfaction or other surveys showed a need for pain control, better patient-physician communication, improved care planning, or support for bereavement?)
- ✓ Stakeholder Interest and Support
 - ❑ Have key stakeholders voiced an interest in the program/services?
 - ❑ Have opponents' viewpoints been weighed and considered?
 - ❑ Is there a clear medical staff champion?
 - ❑ Is there a clear administrative champion?
 - ❑ Do key stakeholders support the proposed program?
 - ❑ Are there potential philanthropic supporters of a program?
- ✓ Potential Impact
 - ❑ Does this initiative represent a net gain for the hospital in terms of cost (i.e., management of outlier cases), quality (i.e., better pain and symptom management and fulfillment of JCAHO standards), or market share?
 - ❑ Are these net gains valued by the hospital? (For example, is quality a chief concern of management? Is cost avoidance a concept well understood by management?)
 - ❑ Will a palliative care program result in measurable improvements in community health status and/or patient quality of life? (For example, would improved continuity of care prompt more referrals from community physicians? Would a program increase use of any of a hospital's affiliated

services, such as hospice or home care? Would this use of affiliated services lower readmissions of patients with low reimbursement DRGs?)

- ❑ Is the potential impact of the program measured using a method acceptable to the hospital? (For example, if cost avoidance is not well understood by administrators, how can its impact be conveyed – will hiring a certain number of palliative care staff reduce ICU stays by 30%?)
- ❑ Has available reimbursement been examined for proposed services?
- ❑ What is the best investment timing -- Is this a good time to propose a) investment or b) cost savings endeavors?
- ❑ Is there a likely charitable donor or foundation who would finance part of start-up and/or operations?

✓ Other Important Factors

- ❑ When is the hospital's next JCAHO review?
- ❑ What is the hospital's budget cycle?
- ❑ Can the program achieve early and visible "wins" (e.g., patient/physician satisfaction, physician referrals, staff perceiving improved coordination of services)?
- ❑ Is there a collaborative working relationship between target disease-specific program staffs (e.g., oncology, critical care, cardiology) and palliative care leaders?
- ❑ Would this program represent a significant point of marketplace differentiation for the hospital?
- ❑ Is the difference between palliative care and related services such as hospice or geriatrics clear?

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