

Introduction

Survey of Palliative Care Services in North Dakota

Thank you for taking time to complete this survey about palliative care services within your facility, which should take approximately 10 minutes to complete. Your participation in this survey is voluntary, and you have the right to skip questions you do not want to answer or end the survey at any time. If you provide respondent information, you may be contacted by the organizations jointly conducting the survey regarding palliative care services at your facility. Electing to not participate in the survey will not affect you or your facility's relationship with the organizations conducting the survey. However, we value all information you provide and cannot improve palliative care services in North Dakota without it.

The North Dakota Palliative Care workgroup has developed this brief survey with the goal of identifying where palliative care services are available in North Dakota and what specific palliative care services are provided. We hope to gain a better understanding of the gaps in palliative care services, barriers faced in providing and receiving palliative services and the resources needed to expand palliative care services across North Dakota.

Palliative care:

- Is specialized medical care for people with serious illnesses such as cardiac disease, cancer, lung disease, kidney disease and many others, appropriate at any age and at any stage in a serious illness and can be provided together with curative treatment;
- Is not limited to end of life care;
- Promotes quality of life by addressing the physical, psychological, emotional, cultural, social and spiritual needs of patients and families;
- Offers treatment of pain and other symptoms;
- Provides relief from worry and distress of illness;
- Delivers close communication about goals of care;
- Produces well-coordinated care during illness transition; and
- Provides care across treatment settings, support for family/caregivers, and offers a sense of safety in the healthcare system.

Palliative care can be provided as a structured program which employs a multidisciplinary team that may include doctors, nurses, social workers, chaplains and other specialists who work together with a patient's other healthcare providers, or by individuals who have had palliative care training.

Although there are many similarities between palliative care and hospice care, the main difference is that palliative care is appropriate at any stage of a serious illness while hospice care is dedicated to providing care during the last months and days of an individual's life. Although hospice services may be available at your facility, **this survey is seeking to learn specifically about palliative care programs and services your facility is, or may be able to offer.**

- 1 If you have any questions about the survey, please contact Lynette Dickson, Center for Rural Health, at lynette.dickson@med.und.edu.
1 The North Dakota Palliative Care workgroup is composed of members from the Center for Rural Health, Quality Health Associates of
C North Dakota, North Dakota Department of Health, American Cancer Society, and Nancy Joyner Consulting P.C. Together, we share a vision of increasing awareness, implementation and access to palliative care services across North Dakota.



Respondent data

Question 1: Facility Name

Question 1a: Healthcare facility type *(Please check all boxes that apply.)*

- | | |
|---|---|
| <input type="checkbox"/> Hospital | <input type="checkbox"/> Specialty Clinic/Care Center Cancer |
| <input type="checkbox"/> Clinic | <input type="checkbox"/> Specialty Clinic/Care Center Cardiology |
| <input type="checkbox"/> Skilled Nursing Facility | <input type="checkbox"/> Specialty Clinic/Care Center Dialysis/Renal |
| <input type="checkbox"/> Assisted Living | <input type="checkbox"/> Specialty Clinic/Care Center Pulmonary |
| <input type="checkbox"/> Basic Care | <input type="checkbox"/> Specialty Clinic/Care Center Pain Management |
| <input type="checkbox"/> Home Health Agency | <input type="checkbox"/> Specialty Clinic/Care Center Palliative Care |
| <input type="checkbox"/> Hospice | <input type="checkbox"/> Other <input type="text"/> |

Question 1b: Facility location

City

County

Zip Code

Question 2: Survey respondent information

Name (first and last name)

Title

Email

Phone

Question 3: If your facility is interested in working with the partner organizations, previously mentioned, to improve palliative care, please include contact information for the individual designated to receive and/or share information regarding palliative care services.

Name (first and last name)

Title

Email

Phone

Question 3a: Would you like to receive email and/or phone communications regarding palliative care services in North Dakota?

- Yes
- No

Palliative Care Services

Question 4: Which of the following palliative care services are provided by your facility? *(Please check all boxes that apply.)*

- Pain assessment and management
- Symptom assessment and management
- Mental health/psychiatric assessment and management
- Goals of care planning discussion
- Advance care planning discussion
- Preparation for comfort care plan
- Pastoral and spiritual consultation and support
- Psychosocial support
- Bridging to hospice
- Bridging to community resources and services
- Family/caregiver support and education
- Healthcare professional education
- Other
- None of the above

Question 4a: In what settings are your facility's palliative care services offered? *(Please check all boxes that apply.)*

- Hospital based
- Inpatient setting
- Outpatient/Clinic
- Home setting
- Community based

Question 5: How is palliative care delivered at your facility? *(Please check all boxes that apply.)*

- Palliative Care Certified Program
- Interdisciplinary team not part of a certified program
- Single palliative care provider/professional

Interdisciplinary team not part of a certified program *(Please check all boxes that apply.)*

- | | |
|--|---|
| <input type="checkbox"/> Physician | <input type="checkbox"/> Nurse |
| <input type="checkbox"/> Physician Assistant | <input type="checkbox"/> Clinical Social Worker |
| <input type="checkbox"/> Advance Practice Registered Nurse | <input type="checkbox"/> Chaplain |
| <input type="checkbox"/> Nurse Care Manager | <input type="checkbox"/> Other |

Single palliative provider/professional

- | | |
|---|--|
| <input type="radio"/> Physician | <input type="radio"/> Nurse |
| <input type="radio"/> Physician Assistant | <input type="radio"/> Clinical Social Worker |
| <input type="radio"/> Advance Practice Registered Nurse | <input type="radio"/> Chaplain |
| <input type="radio"/> Nurse Care Manager | <input type="radio"/> Other |

Question 6: Which of the following opportunities are available for your facility's staff to ensure palliative care competency? *(Please check all boxes that apply.)*

- Palliative care certification
- Palliative care continuing education/courses
- Palliative care on-the-job training
- No specific palliative care training available
- Other

Question 7: How are patients identified who would potentially benefit from palliative care services? *(Please check all boxes that apply.)*

- The use of a standardized evidence-based screening tool
- Unsatisfactory symptom management
- Patient/family request
- Terminal diagnosis/end of life
- Other

Question 8: What hours are palliative care services available at your facility?

- 24 hours a day/7 days a week. In person access
- 24 hours a day/7 days a week. On call person access
- Weekday access, clinic hours. In person access
- Weekday access, clinic hours. On call person access
- Other

Block 3

Question 4b: Are palliative care services available elsewhere within your facility's service area?

- Available by referral to another organization within service area
- Not available in service area

Question 4c: Within the next year, does your facility have plans to incorporate palliative care services in your facility?

- Yes
- No

Question 9: Identify the barriers that limit your facility's ability to provide palliative care services. *(Please check all boxes that apply.)*

- | | |
|--|---|
| <input type="checkbox"/> Lack of time due to competing priorities | <input type="checkbox"/> Comfort of providers in referring patients to palliative care services |
| <input type="checkbox"/> Lack of staffing | <input type="checkbox"/> Comfort of providers with hard choices conversation |
| <input type="checkbox"/> Lack of palliative care education and training | <input type="checkbox"/> Provider-patient decision making process |
| <input type="checkbox"/> Lack of organizational resources/funding | <input type="checkbox"/> Prognostic uncertainty of patient outcome |
| <input type="checkbox"/> Lack of reimbursement | <input type="checkbox"/> Location of the facility |
| <input type="checkbox"/> Limited understanding of palliative care | <input type="checkbox"/> Access to palliative care services |
| <input type="checkbox"/> Organization's view of palliative care | <input type="checkbox"/> Other <input type="text"/> |
| <input type="checkbox"/> Provider fear of implying end of life, dying, death | |

End page:

Thank you for taking the time to complete this survey.

If your facility is interested in collaborating with other organizations to increase the understanding of and interest in palliative care across North Dakota, we encourage you to reach out to North Dakota Palliative Care workgroup members through Joyce Saylor, North Dakota Department of Health, at jsaylor@nd.gov or 701-328-2596.