

Alameda County, CA, Getting the Most Out of Life Program 2013 Logic Model

Ultimate Result: Reduce Suffering and Improve Quality of Life for Terminally Ill Residents of Alameda County through Hospice Utilization

Results

Systems integrated approach to deliver advanced care planning and services

Equitable access to advanced care planning and hospice services

Develop the foundation/ argument for the establishment of an Alameda County based Joint Center for Advanced Care Planning.

Key Strategies

Institutionalize advanced care planning in policies and practices.

- Identify institutional barriers to and appropriate points for hospice referral within the AC public hospitals
- Strengthen collaboration around County End of Life services
 - Host coordination and collaboration meetings with/among systems leaders.
 - Consult/meet with AC decision makers.
 - Build regional collaboration with AC hospice provider organizations to develop a policy and advocacy agenda to increase access to hospice care services.
- Promote adoption of Physician Order for Life Sustained Treatment (POLST) form.
- Incorporate Advanced Care Planning & POLST Education/ Outreach language into appropriate services contracts executed by AC institutions (i.e. HSCA, BHCS , etc.) to their clients.

Improve public image of hospice

- Produce communications materials
- Establish a project brand
- Develop communications plan, marketing campaign, and website

Outreach

- Develop outreach materials in multiple languages
- Identify culturally competent avenues to reduce barriers to hospice utilization.
- Develop and implement training modules for physicians , clinical staff/ team, community , faith-based organizations, and caregivers
 - Empathy Workshops, film shows, POLST training/ education, etc.
- Host professional events geared towards clinical staff and medical professionals

Develop sustainable practice model for the care of people with serious illness.

- Develop a business plan/ financial feasibility plan for a Joint Center for Advanced Care Planning.
- Leverage opportunities to generate a return on community assets that increase resources for palliative and hospice care.
- Pilot a systems enhancement model for the transition of terminally ill individuals to advanced care planning and hospice services.

How Well Did We Do It? Quality Indicators

Community Members & Orgs.

- Increase hospice utilization
- Increase hospice utilization in underserved populations

Medical Providers/ Clinical Staff (i.e. ACMC, Behavioral Health, CHCN clinics, Referring providers)

- Increase in hospice referrals
- Increase hospice utilization in underserved populations
- Increase average length of stay in hospice services as an indication of earlier onset of hospice referrals/

Hospice Providers

- Increased satisfaction in collaboration members
- Increase participation in a formal hospice collaboration (i.e. established MOUs)

AC Associations that includes an aging membership/ constituency. (i.e. ACERA, PERS, Alameda Alliance, Blue Cross, etc.)

- Increase commitment to distribute information to membership/ constituency
- Increase in training opportunities with staff and or constituency.

AC staff that Provide health services

- Increase in executed contracts that include advanced care planning services language

AC Systems Leadership

- Increase of the number of organizations that have begun development of policies and practices that support Advanced care planning.
- Increase in adoption of policies and practices that support Advanced care planning within their respective agencies/ organizations.

Is Anyone Better Off? Population/Client Indicators:

Community Members & Orgs.

- Change in attitude about end of life planning
- Increase in willingness to advocate for end of life advance care planning
- Increase knowledge about advanced care planning
- Increase willingness to complete POLST forms

Medical Providers/ Clinical Staff (i.e. ACMC, Behavioral Health, CHCN clinics, Referring providers)

- Increase in willingness to refer eligible patients to hospice services
- Increase in knowledge of the hospice services and their benefits.

Hospice Providers

- Increase knowledge of how to improve hospice services

AC Associations that includes an aging membership/ constituency. (i.e. ACERA, PERS, Alameda Alliance, Blue Cross, etc.)

- Increase knowledge of POLST
- Increase awareness of hospice services

AC staff that Provide health services

- Increased awareness of the benefits of hospice services

AC Systems Leadership

- Increased knowledge of the benefits of hospice services.
- Change in attitude towards supporting hospice referrals.

Terminally Ill, Hospice Patients

- % of hospice clients in pain at time of enrollment who report an increase in comfort
 - pain brought to a comfortable level within 48 hrs of the start of hospice care
 - % of hospice clients who report a decrease on the pain scale
- % of hospice clients who report a reduction in their stress levels after enrollment
- Self determined life closure
 - Decrease in unwanted / unnecessary hospitalizations

Family Members of Terminally Ill, Hospice Patients

- % family members satisfied with the level of support for caretakers.
 - Was kept informed of patient's condition
 - Confidence in expectation while patient was dying
 - Patient's personal needs were taken care of
- % that family members would personally consider utilizing hospice services or recommend them to friends and family experiencing end of life situations.