

VISN

Respondents, non-respondents, and total number of inpatient deaths for Quarter

VA Comprehensive End-of-life Veteran Experience Center Report (formerly PROMISE Center)



Results for VISN

Inpatient deaths through end of quarter

Veteran Experience Center

Center for Health Equity Research and Promotion

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Veteran Experience Center Websites:

http://www.cherp.research.va.gov/Veteran_Experience_Center

<https://app.powerbigov.us/groups/200f5536-1fe0-4f59-bff4-530f9a174c85/reports/7cbc4952-fc03-48ed-9ef1-4b95f71390f5?ctid=e95f1b23-abaf-45ee-821d-b7ab251ab3bf>

<https://reports.vssc.med.va.gov/ReportServer/Pages/ReportViewer.aspx?%2fOQP%2fPalliative%2fBereavementSurvey&rs:Command=Render>

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Introduction to the Bereaved Family Survey Veteran Experience Center report

About the Bereaved Family Survey and Veteran Experience Center:

The Veteran Experience Center (formerly the PROMISE Center), based at the Corporal Michael J. Crescenz Philadelphia VAMC, is charged with collecting quality data to evaluate and guide the VA's Hospice and Palliative Care Program. A core element of this effort is the Bereaved Family Survey, which is administered to families of Veterans who have died in a VA facility.

Disseminating reports within a VISN:

We recommend the following steps in sharing this report throughout a VISN:

- 1) The PHC Program Manager and Clinical Champion should review the report first and clarify questions/concerns with the Veteran Experience Center staff.
- 2) The Program Manager and Clinical Champion should share reports with clinical care leaders at each facility. At a minimum, this should include 2-3 members of that facility's interdisciplinary team. In addition, we recommend sharing the results with key facility leaders (e.g., the ACOS for GEC) whose support and input are valuable to hospice and palliative care initiatives.

Overview of methods used:

This report presents the results of surveys completed by the families of Veterans who died in VA facilities. In interpreting these tables and graphs, please note the following points:

- 1) The numbers in this report come from the results of interviews, mail and online surveys with Veterans' family members which occur 4-6 weeks after the Veterans death. The response rates vary considerably by facility and VISN, and currently range from 30 to 75 percent of eligible Veteran deaths.
- 2) Every graph or table displays the adjusted proportion of family members who gave the best possible answer for that question. For the performance measure, the number presented is the adjusted proportion of family members who said that the Veteran received "Excellent" care. Beginning in Q1FY21, the performance measure changed to the number of family members who said the Veteran received care at a "9" or "10" (on a scale from 0-10). For all tables and graphs, higher scores indicate better care.
- 3) All scores have been adjusted to account for survey nonresponse bias as well as patient case mix.
- 4) Scores calculated using the previous scale (Excellent, Very good, Good, Fair, Poor) (prior to Q1FY21) have been adjusted up to correspond to the current scale (0 thru 10) beginning Q1FY21.

A Guide to Interpreting the Data:

A few things to keep in mind when reviewing the report and interpreting the data:

* First, look at the Performance Measure or "Overall" score. This provides a good overall measure of families' perceptions of quality.

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- * Next, look at the individual items and supplemental data (survey and chart reviews). These items offer the most useful guidance for QI efforts.
- * Be cautious about interpreting scores based on fewer than 30 surveys. These results are not stable estimates of BFS scores. The written comments section is a particularly valuable source of information about the quality of care when sample sizes are small.
- * Be skeptical of results that don't fit with what you see clinically. If a score is surprising and it can't be explained, consider waiting for another quarter's data before you act.
- * Chart review items are meant to be diagnostic tools to help guide the development and implementation of quality improvement initiatives. They are not a good way to evaluate care on their own, but can be a useful adjunct to understanding how to improve specific areas of care. These data are not reported to the Office of Quality and Performance for performance measure purposes.
- * All scores have been adjusted to account for survey nonresponse bias as well as patient case mix.
- * The qualitative data reflect the Veteran's location of death. For example, the data for a Veteran who spent his last day of life in a hospice unit but the previous twenty days in an intensive care unit are assigned to the hospice unit. For that reason, please use caution when interpreting the qualitative data.
- * A revised scoring scale ("0" to "10") was implemented for the Bereaved Family Survey (BFS) "Overall" question beginning with deaths occurring in Q1FY21 to mirror the scale used by the Centers for Medicare & Medicaid Services. National VA data suggests that "top box" scores for this revised scale (e.g., "9" or "10") resulted in higher BFS scores than the previous scale (e.g., a rating of "excellent"). Note, while use of the new scale resulted in mostly higher "top box" BFS scores, the impact of the pandemic and delivery of care is also reflected in these scores which makes "cause and effect" (e.g., quality improvement initiatives)