The National Palliative Care Registry™ (“the Registry”) is the only repository of information about the operational features of our nation's hospital-based palliative care services. The goal of the Registry is two-fold: (1) assist hospital palliative care programs in tracking their development year-to-year, and (2) promote standardization and improve the quality of palliative care in the United States.

The Registry (https://registry.capc.org) provides actionable data that programs can use to secure, expand and retain resources for delivery of high-quality palliative care, and to support the establishment of new palliative care programs where none exist. Programs that participate in the Registry receive annual reports that measure their operational capacity and reach against comparable programs.

Since its launch in 2008, over 1,000 programs have participated in the Registry and over 800 have received a Comparative Performance Report. In 2014, nearly 400 hospital palliative care programs participated in the Registry. Here are some of their results.

**PALLIATIVE CARE SERVICE PENETRATION CONTINUES TO INCREASE**

Palliative care service penetration is an estimate of how well programs are reaching patients in need. Service penetration is defined as the percentage of annual hospital admissions seen by the palliative care team.

Since 2008, hospitals with palliative care programs have increased their service penetration by 63%, from 2.7% to 4.4% in 2014.

**TEAMS IN THE TOP QUARTILE REACH 8.5% OF ALL HOSPITAL ADMISSIONS**

In 2014, the 398 palliative care programs participating in the Registry provided palliative care consultations to 4.4% of hospital admissions in 482 hospitals.

Teams with the highest penetration rates reached an average of 8.5% of annual hospital admissions. Palliative care service penetration among hospitals participating in the Registry ranged from less than 1% to over 16% of total hospital admissions.
HIGHERS STAFFING IS ASSOCIATED WITH MORE PATIENTS SERVED

Higher staffing levels are a key determinant of higher penetration rates (serving more patients in need). Insufficient staffing continues to present a barrier to reaching patients in need.

Teams with the highest staffing levels (2.7+ FTE) reach 6.5% of all hospital admissions, while the smallest teams (<1.2 FTE) reach only 2.9%.

HIGHER PENETRATION IS ASSOCIATED WITH SHORTER TIME TO PALLIATIVE CARE CONSULTATION

Programs with higher penetration see patients earlier in their stay. Research demonstrates that early palliative care consultation reduces the cost of hospital stays up to 24%.¹

Palliative care teams that see 5.3% or more of total hospital admissions report shorter time to palliative care consult compared to teams that see fewer than 2.4% of admissions (3.9 v. 5.7 days).