Minnesota Network of Hospice and Palliative Care

Year 1 Summary Report

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Contents

Background

In 2014, the Minnesota Network of Hospice and Palliative Care (MNHPC) received a CS/SD grant from the Minnesota Department of Human Services (DHS) to strengthen the capacity of home and community-based service (HCBS) providers to deliver information and resources to consumers about advance planning and end-of-life care. Collaborating with MN Area Agencies on Aging, MNHPC designed presentation materials and training modules that cover information related to palliative care, hospice, advance care directives, Providers Orders for Life-Sustaining Treatment (POLST), and Veterans' hospice and palliative care benefits. The training is intended to meet five objectives:

1. Increase participants' basic knowledge of the following five topic areas: hospice care, palliative care, POLST, Veterans' benefits, advance care planning
2. Provide information on how and where to access tools and resources within these five areas
3. Identify the situations when it would be appropriate to reference the resource materials within these five topic areas
4. Increase confidence and willingness to engage clients in conversations and provide resources within these five areas
5. Define the role HCBS providers play in educating consumers within these five areas

Wilder Research was asked to complete an evaluation of the project to answer the following three questions:

1. How do AAA staff and HCBS providers who receive training judge the quality of the presentation and content?
2. To what extent does the training effectively prepare AAA staff and their contracted HCBS providers to incorporate this knowledge in their practice work?
3. What forms of assistance and support work best for engaging consumers on issues related to serious illness and end-of-life care (i.e., having necessary conversations, engaging in planning, and understanding the benefits and services available), and connecting them to the most appropriate services?[1]

Evaluation activities in the first year have focused on questions 1 and 2. This brief report is a summary of results from Year 1 of the evaluation.

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[1] This question more accurately reflects the work being completed through this grant and replaces the original evaluation question: *To what extent does this knowledge translate into the support of community consumers, and what forms of assistance and support work best for engaging and helping them create advance care strategies and end-of-life plans?*

Methodology

In the first year of the grant, MNHPC provided day-long trainings at nine locations in Minnesota. After completing the training, participants were asked to complete a survey to provide feedback about their confidence in using and implementing information presented at the training, as well as feedback on the overall quality and usefulness of the training.

- At the end of the first two training sessions, participants completed a paper version of a feedback survey, which was delivered to Wilder for analysis.
- For the following 5 sessions, participants received emails from Wilder with electronic links to the survey. Participants received a follow-up reminder email, asking them to complete the online survey.
- In an effort to boost response rates, participants who attended the final two sessions received certificates of attendance only after completing the online survey.

Following the first training session, Wilder also completed a phone-in focus group with four HCBS providers in order to collect more detailed information about their experiences with the training session.

Findings

Response rates

Four training sites had response rates over 90%, and this appears to be related to the methods used for gaining feedback. Figure 1 below presents detailed information about the numbers of participants at each training session, the survey methodology, and response rates.

Key findings include the following:

- Both Minneapolis and Rochester training sites had a feedback survey completion rate of 100%, where participants were asked to fill out a paper survey at the end of the training.

- Response rates varied for the five sites that used the online survey method. Rates were lowest for Willmar (50%), Bemidji (56%), and Thief River Falls (58%), while Fergus Falls had a response rate of 78% and Mankato had a response rate of 82%.

- St. Cloud and Cambridge sites response rates were higher than at the other sites that also implemented the online survey, with 92% and 96%, respectively. It was at these two sites that participants received a certificate of attendance only if they completed the online survey.

1. Training attendance, feedback format, and completion rate

Training Location	Minneapolis	Rochester	Fergus Falls	Bemidji	Thief River Falls	Mankato	Willmar	St. Cloud*	Cambridge*	Total
# participants at training	16	29	40	25	26	34	20	51	24	265
Survey format	paper	paper	on-line	on-line	on-line	on-line	on-line	on-line	on-line	mixed
# completed surveys	16	29	31	14	15	28	10	47	23	213
% completed surveys	100%	100%	78%	56%	58%	82%	50%	92%	96%	80%

**Completion of on-line survey required to receive certificate of attendance for CEUs.*

Training feedback summary

A total of 213 participants provided feedback on the training sessions. They were asked to what extent their confidence[2] in a number of topical areas was affected by the information provided at the training sessions. They were also asked to rate the overall quality and usefulness[3] of the training and materials.

Training participants gave high ratings to their confidence, with participants rating their confidence levels as "very" or "quite" confident in most cases. Confidence in describing the importance of end-of-life conversations, and explaining myths and the difference between hospice and palliative care got the highest ratings overall. They reported slightly lower levels of confidence about being able to identify places for HCBS providers to access resources and describe information about Veterans. While some variability in responses exists, it does not appear to be related consistently to a particular site. Highlights include the following:

- 97 percent of participants said they were very or quite confident about being able to describe the importance of end-of-life conversations.
- 93 percent said they were very or quite confident about explaining the myths surrounding hospice and palliative care, and 90 percent said they were very or quite confident about explaining the differences between the two.
- 76 percent said they were very or quite confident about being able to identify places for HCBS providers to access resources.
- 58 percent said they were very or quite confident about being able to describe information about Veterans.

With the exception of one respondent, all 213 participants agreed or strongly agreed that the training was of high quality, the materials were useful, and the presenter was skilled. While still high overall, participants gave slightly lower ratings for items related to transferring the information they learned to their work and clients. Highlights include the following:

- 94 percent of participants strongly agreed that the presenter had strong knowledge of the material presented.

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[2] Participants ranked their confidence levels on a scale of 1 to 5, with 1 as "not at all confident," 2 as "somewhat confident," 3 as "reasonably confident," 4 as "quite confident," and 5 as "very confident."

[3] Participants indicated the extent to which they agreed with statements about the training, based on an agreement scale of 1 to 4, with 1 as "strongly disagree," 2 as "disagree," 3 as "agree" and 4 as "strongly agree."

- 92 percent each strongly agreed that the presenter related material in a clear and understandable manner, and that the presenter responded well to questions.
- 78 percent strongly agreed that they gained new knowledge about tools and resources that are available to use in their work.
- 74 percent strongly agreed that they learned how to more effectively use available tools and resources in working with their clients.
- All participants said they would recommend this training to other HCBS providers working with similar communities, with 91 percent saying "definitely yes" and 9 percent saying "probably yes."

Participants were also asked what they found the most useful about the training, as well as what they thought other HBCS providers would find useful about the training. There was little variation in the priorities noted in the responses to the two questions. Highlights include the following:

- The four topics mentioned most often by participants as the most useful concepts they learned about were:
  - the difference between palliative care and hospice
  - receiving information about resources and general definitions
  - the difference between POLST and advance care directive
  - information about Veterans
- The five topics mentioned most often by participants as the most useful concepts for other HCBS providers to learn about were:
  - the difference between palliative care and hospice
  - where and how to find or use resources
  - general information about palliative care
  - the difference between POLST and advance care directive
  - general information about POLST

Complete results for the open-ended questions, as well as verbatim responses are included in the attached data tables at the end of this memo.

Focus group summary

Four HCBS providers participated in a phone-in focus group following their attendance at the first training session. They were asked to respond to questions about the training, as well as to reflect on how they might use the information from the training.

The HCBS providers were very positive about the training, and believed it was valuable, engaging, and interesting. They particularly valued being asked to give feedback on the training, and believed that this enhanced the learning experience. As professionals who had some prior knowledge of these complex topics, they were nevertheless surprised by how much there was to learn. In particular, they mentioned needing more information about Veterans, as well as more explanation about some of the nuances of POLST. They said that the hand outs were an excellent resource, and that they expected to use them for future reference. The providers also said that their confidence and willingness to engage in the subjects were boosted by the trainings, partly due to the way they learned to make the conversations about what may be perceived as difficult topics much more routine. The providers do not perceive significant barriers and discussed ways in which they might share the materials more broadly with colleagues and other professionals in their work. Final suggestions they offered for future trainings included targeting specific audiences to keep the topic focused, including physicians in the conversation, additional practice in role playing conversations to facilitate discussing sensitive information, and keeping the groups small for greater emotional connection with the presenter.

Recommendations for Year 2

Training feedback survey

Based on the training objectives and evaluation questions, as well as the priorities associated with CS/SD (or Live Well at Home) grants, Wilder recommends the following changes in Year 2 of the grant.

1. Add several knowledge questions to the survey. This will allow the assessment to extend beyond self-reported confidence of the training participants, to a more quantifiable measure of specific knowledge gained from the training.

2. Add a question to the survey to assist in determining the use of the information provided in the training:

    - (Completed as a paper and pencil instrument at the training): How important is this information to your day-to-day work? OR

    - (Completed on-line after the training): How have you had the opportunity to use this information in your work? Or How do you expect to use this information in your work with clients?

Administration of the training feedback survey

Wilder also suggests that pros and cons of the paper and pencil vs. on-line survey be considered by MNHPC, in light of the goal of long-term sustainability and MNHPC's capacity to continue the process of data collection and analysis when the grant ends. While securing full representation of responses from the training participants is important, cost and convenience should also be considered. Figure 2 presents pros and cons of the two administration methods.

2. Pros and cons of paper and pencil vs. on-line survey administration

Issue	Pro	Con
Paper administration	100% response rate is possible. Immediate feedback available. Certificates of attendance can be provided immediately.	May require transport and delivery of forms for keying. Requires keying into database and tabulation of results. May require external vendor.
On-line administration tied to certificate of attendance	Higher response rate than with no CEU requirement. Does not require data entry.	Delayed feedback from participants. Managing an on-line survey and sending out certificates of attendance can be time-consuming and expensive.

Summary

Three methods of administration for the training feedback survey were tested. Highest response rates were achieved with the paper and pencil version, but tying on-line survey completion to a certificate of attendance also achieved high response rates.

MNHPC training on advance planning and end-of-life care has been well received. Participants find value in the information and resources, give the quality of the presentation high marks, and report high levels of confidence overall for using the information from the training.

Suggested next steps for Year 2 involve adding knowledge and usefulness questions to the training feedback survey. MNHPC should also consider long-term sustainability and organizational capacity in determining the best method for collecting feedback from participants.

MN Network of Hospice and Palliative Care
TRAINING FEEDBACK RESULTS-All Sites

A. Following today's training, how confident are you in your ability to:

(N=213)	Minneapolis	Rochester	Fergus Falls	Bemidji	Thief River Falls	Mankato	Willmar	St. Cloud	Cambridge	Total
1. Explain the differences between hospice and palliative care? (N=212)										
Very confident	40%	57%	58%	71%	47%	46%	20%	44%	44%	49%
Quite confident	53%	32%	29%	29%	47%	43%	60%	44%	44%	41%
Reasonably confident	7%	7%	13%	0	7%	11%	20%	13%	13%	10%
Somewhat confident	0	4%	0	0	0	0	0	0	0	1%
Not at all confident	0	0	0	0	0	0	0	0	0	0
Mean	4.3	4.4	4.5	4.7	4.4	4.4	4.0	4.3	4.3	4.4
2. Describe the importance of end-of-life conversations?										
Very confident	80%	72%	52%	71%	67%	61%	40%	75%	70%	67%
Quite confident	20%	28%	36%	29%	33%	36%	50%	23%	26%	30%
Reasonably confident	0	0	10%	0	0	4%	10%	2%	4%	3%
Somewhat confident	0	0	3%	0	0	0	0	0	0	1%
Not at all confident	0	0	0	0	0	0	0	0	0	0
Mean	4.8	4.7	4.4	4.7	4.7	4.6	4.3	4.7	4.7	4.6
3. Explain the POLST and its appropriate use?										
Very confident	47%	59%	42%	50%	40%	43%	40%	42%	52%	46%
Quite confident	47%	31%	42%	21%	40%	29%	20%	42%	30%	35%
Reasonably confident	7%	10%	16%	29%	20%	25%	30%	17%	9%	17%
Somewhat confident	0	0	0	0	0	4%	10%	0	4%	1%
Not at all confident	0	0	0	0	0	0	0	0	4%	1%
Mean	4.4	4.5	4.3	4.2	4.2	4.1	3.9	4.3	4.2	4.3

	Minneapolis	Rochester	Fergus Falls	Bemidji	Thief River Falls	Mankato	Willmar	St. Cloud	Cambridge	Total
4. Engage clients in conversations about hospice care, palliative care, and advance care planning? (N=211)										
Very confident	47%	43%	45%	64%	27%	25%	20%	51%	48%	43%
Quite confident	53%	57%	42%	29%	67%	39%	40%	45%	44%	46%
Reasonably confident	0	0	13%	7%	7%	36%	30%	4%	9%	11%
Somewhat confident	0	0	0	0	0	0	10%	0	0	1%
Not at all confident	0	0	0	0	0	0	0	0	0	0
Mean	4.5	4.4	4.3	4.6	4.2	3.9	3.7	4.5	4.4	4.3
5. Identify common myths related to hospice and palliative care?										
Very confident	33%	72%	42%	57%	53%	39%	40%	54%	52%	51%
Quite confident	60%	21%	48%	43%	40%	43%	50%	46%	39%	42%
Reasonably confident	7%	7%	10%	0	7%	18%	10%	0	9%	7%
Somewhat confident	0	0	0	0	0	0	0	0	0	0
Not at all confident	0	0	0	0	0	0	0	0	0	0
Mean	4.3	4.7	4.3	4.6	4.5	4.2	4.3	4.5	4.4	4.4
6. Name services or benefits available to the general public related to hospice care, palliative care, and advance care planning?										
Very confident	13%	41%	45%	36%	20%	25%	20%	40%	39%	34%
Quite confident	73%	45%	45%	50%	73%	43%	50%	46%	57%	51%
Reasonably confident	13%	14%	10%	14%	7%	32%	30%	15%	4%	15%
Somewhat confident	0	0	0	0	0	0	0	0	0	0
Not at all confident	0	0	0	0	0	0	0	0	0	0
Mean	4.0	4.3	4.4	4.2	4.1	3.9	3.9	4.3	4.4	4.2

	Minneapolis	Rochester	Fergus Falls	Bemidji	Thief River Falls	Mankato	Willmar	St. Cloud	Cambridge	Total
7. Name services or benefits available to Veterans related to hospice care, palliative care, and advance care planning? (N=211)										
Very confident	14%	31%	23%	14%	14%	11%	20%	25%	26%	21%
Quite confident	43%	41%	52%	36%	36%	32%	20%	25%	52%	37%
Reasonably confident	29%	24%	26%	50%	50%	39%	60%	35%	9%	33%
Somewhat confident	14%	3%	0	0	0	18%	0	8%	13%	7%
Not at all confident	0	0	0	0	0	0	0	6%	0	1%
Mean	3.6	4.0	4.0	3.6	3.6	3.4	3.6	3.5	3.9	3.7
8. Identify places for HCBS providers to access resources? (N=211)										
Very confident	20%	48%	32%	14%	27%	25%	20%	25%	30%	28%
Quite confident	73%	41%	48%	57%	40%	43%	40%	44%	57%	48%
Reasonably confident	7%	11%	19%	21%	33%	21%	40%	25%	13%	20%
Somewhat confident	0	0	0	0	0	11%	0	6%	0	3%
Not at all confident	0	0	0	7%	0	0	0	0	0	1%
Mean	4.1	4.4	4.1	3.7	3.9	3.8	3.8	3.9	4.2	4.0
9. Describe situations in which consumers should be referred to providers?										
Very confident	47%	59%	45%	14%	27%	43%	30%	33%	52%	41%
Quite confident	53%	41%	42%	71%	60%	29%	50%	58%	39%	48%
Reasonably confident	0	0	13%	14%	13%	25%	20%	8%	9%	11%
Somewhat confident	0	0	0	0	0	4%	0	0	0	1%
Not at all confident	0	0	0	0	0	0	0	0	0	0
Mean	4.5	4.6	4.3	4.0	4.1	4.1	4.1	4.3	4.4	4.3

Note: N=213,unless otherwise noted. Some percentages may add up to more than 100%, due to rounding.

B. Please indicate the extent to which you agree or disagree with each of the following statements.

N=214	Minneapolis	Rochester	Fergus Falls	Bemidji	Thief River Falls	Mankato	Willmar	St. Cloud	Cambridge	Total
10. Overall, the training was of high quality. (N=213)										
Strongly agree	94%	79%	81%	79%	93%	85%	80%	81%	96%	85%
Agree	6%	21%	19%	21%	0	15%	20%	19%	4%	15%
Disagree	0	0	0	0	7%	0	0	0	0	1%
Strongly disagree	0	0	0	0	0	0	0	0	0	0
Mean	3.9	3.8	3.8	3.8	3.9	3.9	3.8	3.8	4.0	3.8
11. The presenter(s) had strong knowledge of the material presented.										
Strongly agree	100%	93%	87%	93%	93%	100%	80%	96%	100%	94%
Agree	0	7%	13%	7%	7%	0	20%	4%	0	6%
Disagree	0	0	0	0	0	0	0	0	0	0
Strongly disagree	0	0	0	0	0	0	0	0	0	0
Mean	4.0	3.9	3.9	3.9	3.9	4.0	3.8	4.0	4.0	3.9
12. The presenter(s) effectively engaged participants in the training and topic.										
Strongly agree	100%	93%	84%	86%	80%	82%	80%	85%	87%	86%
Agree	0	7%	16%	14%	13%	18%	20%	15%	13%	13%
Disagree	0	0	0	0	7%	0	0	0	0	1%
Strongly disagree	0	0	0	0	0	0	0	0	0	0
Mean	4.0	3.9	3.8	3.9	3.7	3.8	3.8	3.9	3.9	3.9

	Minneapolis	Rochester	Fergus Falls	Bemidji	Thief River Falls	Mankato	Willmar	St. Cloud	Cambridge	Total
13. The presenter(s) related information in a clear and understandable manner.										
Strongly agree	100%	93%	87%	93%	93%	96%	80%	90%	91%	92%
Agree	0	7%	13%	7%	0	4%	20%	10%	9%	8%
Disagree	0	0	0	0	7%	0	0	0	0	1%
Strongly disagree	0	0	0	0	0	0	0	0	0	0
Mean	4.0	3.9	3.9	3.9	3.9	4.0	3.8	3.9	3.9	3.9
14. The presenter(s) responded well to questions. (N=212)										
Strongly agree	100%	89%	87%	93%	93%	100%	80%	92%	91%	92%
Agree	0	11%	13%	7%	0	0	20%	9%	9%	8%
Disagree	0	0	0	0	7%	0	0	0	0	1%
Strongly disagree	0	0	0	0	0	0	0	0	0	0
Mean	4.0	3.9	3.9	3.9	3.9	4.0	3.8	3.9	3.9	3.9
15. The training packet contained helpful information.										
Strongly agree	88%	90%	77%	93%	93%	93%	70%	85%	91%	87%
Agree	13%	10%	23%	7%	7%	7%	30%	15%	9%	13%
Disagree	0	0	0	0	0	0	0	0	0	0
Strongly disagree	0	0	0	0	0	0	0	0	0	0
Mean	3.9	3.9	3.8	3.9	3.9	3.9	3.7	3.9	3.9	3.9

	Minneapolis	Rochester	Fergus Falls	Bemidji	Thief River Falls	Mankato	Willmar	St. Cloud	Cambridge	Total
16. The material presented will be useful for my work. (N=213)										
Strongly agree	75%	90%	77%	71%	79%	82%	70%	88%	83%	82%
Agree	25%	10%	23%	29%	21%	18%	30%	13%	17%	18%
Disagree	0	0	0	0	0	0	0	0	0	0
Strongly disagree	0	0	0	0	0	0	0	0	0	0
Mean	3.8	3.9	3.8	3.7	3.8	3.8	3.7	3.9	3.8	3.8
17. I gained new knowledge about tools and resources that are available to use in my work.										
Strongly agree	88%	79%	74%	71%	73%	82%	80%	71%	91%	78%
Agree	13%	21%	26%	29%	20%	18%	20%	29%	9%	22%
Disagree	0	0	0	0	7%	0	0	0	0	1%
Strongly disagree	0	0	0	0	0	0	0	0	0	0
Mean	3.9	3.8	3.7	3.7	3.7	3.8	3.8	3.7	3.9	3.8
18. I learned how to more effectively use available tools and resources in working with my clients. (N=213)										
Strongly agree	81%	79%	65%	57%	67%	89%	80%	71%	78%	74%
Agree	19%	21%	36%	43%	27%	11%	20%	27%	22%	25%
Disagree	0	0	0	0	7%	0	0	2%	0	1%
Strongly disagree	0	0	0	0	0	0	0	0	0	0
Mean	3.8	3.8	3.7	3.6	3.6	3.9	3.8	3.7	3.8	3.7

Note: N=214, unless otherwise noted. Some percentages will add up to more than 100%, due to rounding.

C. Final thoughts about the training. As you answer the next set of questions, please think about how this training can be made most useful to other home and community-based service providers who are helping clients navigate end-of-life issues.

19. What are the one or two most useful things you learned from this training?
[Note: Similar responses were grouped to avoid redundancies. Longer and more detailed verbatim responses were retained. Some responses were edited for clarity.]

- Difference between palliative care and hospice – 44 mentions
- Resources, definitions (not further specified) – 16 mentions
- Difference between POLST and advance care directive – 14 mentions
- Veterans (not further specified) – 14 mentions
- About the POLST (not further specified) – 13 mentions
- About palliative care (not further specified) – 7 mentions
- The importance of having an Advance Directive to make your wishes known.
- You are not alone out there, look around and lots of help out there, you just need to ask.
- Need for conversations about end of life wishes and documenting the wishes. Education on use of POLST is needed.
- POLST information was helpful, but still a bit confusing who should or should not assist with filling out the form.
- I learned that a person does not have to be DNR to qualify for Hospice care. I also learned that palliative care does not mean someone is dying.
- Myths on Hospice.
- The presenter did an excellent job keeping the presentation interesting and the audience engaged.
- It was good to have providers from many different entities participate as that reinforces communication, collaboration of services for those in need. Helped to point out point people for referrals for services in the different communities.
- Regarding the POLST, that it does not need to be completely filled out in order for it to be a legally binding order. Hospice myths: Hospice clients CAN go to the hospital if needed, unless it is for curing their disease.
- Difference between living wills and healthcare directives.
- The five day respite benefit for caregivers.
- Rules regarding advanced directives.
- I thought the training was invaluable as a care manager. I have a much better understanding of Hospice and Palliative Care services, POLST and advanced directives. I will be able to take the materials back to my community and share with colleagues. I have already shared the FAQ on POLST! Thank you for allowing me the opportunity to attend!!
- The role of palliative care with chronic disease.
- Getting connected with area agencies - One suggestion is to have the people that are signed up for the training come prepared with their own business cards to hand out.
- I learned more about the "team" from the different disciplines and how a pastor/chaplain can be a part of that integrated team. I got to learn more about how important it is to help people who are suffering and their families draw upon the variety of resources available.
- How to advocate for patients to get palliative care. Networking with other providers.
- New short form Advance Directive forms.
- Hospice care is available for up to six months.

- The definitions were clarified: differences. More information regarding Vets and their care; I did not know about the web sites prior.
- I was familiar with palliative care and its process but I have a much better understanding of its function. This is something that is not readily available in [my county] but they are working on it. I was shocked in finding out that people thought that hospice was where you go to die and that 35% did that within seven days.
- More about the philosophy behind hospice care and to better enable people to use its services.
- Learning to explain the real difference between hospice and palliative care in laymans terms. To present what hospice can do and the client will need to decide what's best for them.
- That people wait too long before agreeing to use hospice.
- I am new to the world of working with seniors and learning the resources that are available for seniors will help me down the line. The biggest part about our job is being able to connect the dots of resources for our clients. I really think that it would be beneficial to offer more in-depth trainings related to these topics. This is a great starting point but thing there is a lot more we can learn to better me the needs of our local seniors.
- Reinforced the importance of end of life discussions that need to be taken place.
- Options of choices. Better ways to communicate when talking with people in these life situations.
- The clarification of palliative care and Hospice Care being more than a death sentence for people to enter at the end of life. The need to do a lot of education with the public concerning the same.
- How to use and find health care directives. The questions and answers in packets.
- Interesting information about pain management/palliative care and possible billing areas.
- Palliative care means comfort care, not necessarily no longer treating disease. I learned what a POLST is. I had never heard of it before.
- The importance of a health care directive.
- I did not realize that insurance will not pay for palliative care. I liked the explanation of palliative compared to caring for a baby. That really helped me understand and gave me the words to help other try to understand.
- Palliative care defined in real terms!
- How few resources we have to help folks with advanced directives. About the POLST. That the advanced directive can be trumped by the physician.
- Engaging families in the conversation. Knowing resources available in our area.
- I did not realize that there was a Veterans Hospice Benefit. I was unaware that Palliative Care was not covered under insurance unless you are seen in the hospital.
- How important it is that everyone complete the advanced directive. How we can discuss end of life care with our clients.
- That there is a dearth of trained people who can help folks knowledgably fill out advance directives. That the reason palliative care is so rarely offered is because there is no funding source for it.
- Ideas as to how to facilitate a conversation about end of life planning.
- POLST clarification, starting the conversation of end of life care.
- The importance of end of life planning - even at a young age.
- The importance of have a Health Care Directive.
- It was helpful to see a POLST and have a discussion about them. We still have a lot of work to do around having conversations regarding end of life as a society.
- I learned the importance of being a resource or finding a resource for client's regarding Advanced Directives and planning for this. I also learned some good communication techniques that will help dig into further fears for clients and their families.
- Importance of early conversation on this topic

- The myths about palliative and hospice care.
- The POLST form and to do education with providers at clinic as community feels that clinic is responsible.
- Elephant in the room is a useful tool. POLST is completed by provider. Lores was wonderful. Could have stayed a few more hours. The content was very appropriate for the audience present.
- Learned about the short form for health care directive. Additional information for veterans for hospice.
- What the POLST Form is used for and how to start conversations about end-of-life planning.
- The questions that were brought up made me think of the resources I need to look into having their information available for my clients to fully utilize
- Information about the POLST and palliative care
- That Living Wills and health care directives are similar, but different. We need to be sure all EMS, First Responders, fire and police are on the same page when dealing with POLST.
- The part about EMS, and the guidelines of the POLST.
- Billing information.
- Great overview of end of life issues with very useful tools for us to implement into our practice. Wish there would be more training like this!
- This info will be very useful when talking to my residents/families about Advanced Directives and helping them find answers to their questions.
- Both Palliative Care and Hospice Care provide clients with comfort care. Palliative Care is not widely utilized due to lack of funding (so sad).
- Lores is wonderful. She is so knowledgeable and her approach is so warming. She is a great leader.
- Difference between a Living Will, HCD and POLST. Importance of reviewing HCD choices with patients and walking through situations affected by the HCD.
- What palliative care is and how the "benefit" work. Details about POLST
- Ways to have conversations about hospice care.
- The importance of the very distinctive discipline of health - end of life options.
- The benefits of using palliative care.
- The myths and facts of hospice care and advance care planning.
- Defining the terms and scope of service of various end of life topics 2. Great resources that were developed in understandable terms.
- Loved the handouts, easy to understand and read.
- POLST-used in MN US POLST created in Catholic Hospitals/setup slightly different; clarification on services of palliative care.
- End of life care.
- More specific resources to point clients to, for further information, POLST info.
- Improved understanding of scope of hospice and eligibility.
- Conversation starters--how to have/start conversations regarding hospice.
- POLST details and how it is accessed and how hospice is covered financially.
- Payment for palliative care, DNR for hospice.
- Gained lots of new resources.
- To be able to better explain the difference between palliative care and hospice care.
- Websites for resources, POLST information, palliative care overview.

- Advanced directive information, hospice opportunities for veterans.
- Respond appropriately to questions regarding palliative vs. hospice.
- Useful handouts.
- Resources for health care directives, difference between living will and medical POA.
- Review POLST form.
- POLST clarification, pamphlet information for clients, internet resources.
- VA benefits - hospice care, more information on hospice in general.
- Gained a lot of knowledge re: palliative care. Gained knowledge on advanced directive.
- Information regarding veteran's benefits and how to access. I always like learning more about the POLST. Seems as though you never know everything.
- The very clear definitions. The myths that were clarified.
- I am just new in working with the end-of-life, so everything I can learn will be useful. Thanks.
- Difference between palliative care and hospice needs to continue to be stressed to public. Resources - like to the POLST.
- This training really increased my comfort level in talking to my clients about Hospice and end of life matters. The resources and information provided was really helpful for reference and to share with others in my field.
- Conversation Starters. 100 Things. That paramedics will not honor a Health Care Directive in an emergency situation.
- How to use the tools most effectively and appropriately.
- Ways to frame or rephrase the conversation around aging, illness and end of life issues in order to initiate or further a conversation.
- Veterans Benefits and how to access them. The video about 100 Things was such a great analogy for hospice!
- Strengthened my understanding of POLSTs .
- I learned that you did not have to be home bound to be in Hospice. You do not have to have a DNR to be signed up for Hospice.
- Hearing basics on palliative care, learning that essentially no insurance covers it yet.
- To update health care directives every so often. Info on palliative care.
- The importance of knowing more about the Veteran Service Officer, need to know more about VA benefits or at least who to contact in order to point someone in the right direction. The importance of end-of-life discussions needing to happen to be proactive and not reactive. Thanks.
- I learned that I need to gather morning information on the resources available to veterans toward the end of life.
- The conversation on the POLST was most helpful to me. I had a strong understanding of most of what was presented prior to the training.
- What palliative care looks like. What hospice covers and how it is covered. That not all communities use the POLST.
- POLST info starting hospice conversations.
- The importance of health care directives and reviewing them. VA resources and who to contact for this - it could be helpful if they have the contact information for the people at the in-service for the different counties.
- To encourage having a Hospice or Palliative Care Evaluation completed sooner rather than the last few weeks of life. When to refer for Hospice, Palliative Care or for Veterans Services.
- 100 ways for patients to express quality of life to family.
- POLST VA benefits, good review.

- VA LinkAge Line and resources related for vets to use.
- Encourage hospice sooner.
- Expansion of my knowledge of palliative care and POLST.
- The extra benefits entitled to veterans.
- I learned more about Palliative care and how I can access it in the future for those folks I work with.
- Went back to work and had discussion with family with circumstances at the time and told them to ask dr. about palliative care consult vs. discussing hospice as that conversation probably wasn't appropriate with the family.
- What a POLST is and why it is used.
- How Hospice has changed over the years and how beneficial it is for patients and their families. The POLST - I knew very little about this and actually how important it is in the final stages of life.
- More info on palliative care, where it might be available. Also was not aware of the risk stats from CPR.
- You do not have to be DNR to be on Hospice. Palliative care is not covered by Medicare.
- Definitions and differences of the types of care and directives.
- Re: palliative care and Hospitalization coverage when on Hospice.
- Health Care Directives are documents that inform proxy decision makers of a person's wishes for health care. As they are not medical orders, a medical provider may not follow what is written in them. Palliative Care - thinking about it in a new community based way. That as a professional working for a HCBS provider, we really can be a part of this interdisciplinary team to assist our chronically ill clients.
- Clear understanding of palliative and how we can support this type of care within our own business. Services provided to the veterans as it is related to hospice.
- POLST guidelines. Have end of life discussions early.
- About MNHPC as a resource statewide. Surprised that more hospitals don't have palliative care teams within the hospital. That hospice is covered 100% by Medicare.
- The Medicare benefits for hospice-100% covered.
- The need for having more conversations about end of life issues.
- Education of providers needs to continue. Ask the question: "Would you be surprised if you say this patient's obituary in the paper in the next year."
- The differences between hospice and palliative care and when it would be helpful to clients and their families to have that discussion. Veteran's resources being different.
- To start early in your end of life conversations with family and friends. useful tools in sharing end of life wishes.
- Need to educate the public about palliative and hospice care. Affirmed the need to have conversations about palliative and hospice care earlier with the serious chronic ill patients and families. Training was excellent..
- That Hospice and Palliative Care are different and covered differently under most insurance. Even if your insurance covers hospice/palliative care, they may limit that care to a few weeks or months.
- The information for the veterans to get help and to help families understand what there is out there to help them when the time comes.
- Understanding and comfort of having conversations with family, friends and consumers.
- Clear understanding of Palliative Care and POLST.
- I really enjoyed the class and learned a lot and I am glad to have the materials / tools to explain things better to patients and co-workers.
- Clarification on POLST form and completion of it.

- Defining the POLST in greater detail - and getting more on board of getting on the Palliative band wagon promotion/education!
- The use of POLST - doctor's order with diagnosis of serious illness.
- Exceptional. Best training I have attended.
- The availability of hospice care for veterans.
- The conversation starters were a big help for giving ideas to carry on sharing with cancer family. The importance of having a living will as well as a health care directive if so wanted.

20. **What are the one or two areas covered by this training that you think will be most useful to other home and community-based service providers?** *[Note: Similar responses were grouped to avoid redundancies. Longer and more detailed verbatim responses were retained. Some responses were edited for clarity.]*

- Difference between palliative and hospice care - 32 mentions
- Where to find/how to use resources - 27 mentions
- Palliative care (not further specified) - 18 mentions
- Difference between POLST and advance care directives - 17 mentions
- POLST (not further specified) - 17 mentions
- Having/starting conversations/importance of having conversations - 16 mentions
- Myths about hospice and palliative care - 12 mentions
- Veterans (not further specified) - 10 mentions
- Hospice (not further specified) - 10 mentions
- Health care directives/advance care directives (not further specified) – 9 mentions
- “Elephant cards” - 2 mentions
- Families do not use hospice care soon enough.
- The resource list and the MNHPC site.
- I think that other service providers will sense to a greater degree the importance of working as a team.
- Payment sources for Hospice & Palliative Care.
- The collaboration of services and knowing who to call in each community for service referrals.
- Resources for filling out and completing advanced directives and stressing the importance of having one filled out with every client. Discussing the difference between palliative care and hospice.
- The facts about healthcare directives and their use. When the situation is appropriate to use the POLST.
- Encouraging communication to learn what the person wants. And individualization of the care given.
- How important it is to have end of life directions for all of us.
- Conversations to ease the conversation into home visits, etc. Start folks thinking. Get them practicing conversations.
- Information on end of life planning.
- That Hospice Care is available for longer than what most people think.
- The network that can be established to share between agencies will be in the making and therefore we will have a joint effort that all can share. As a pastor, I now have a

deeper knowledge of what is available.

- Having a clearer knowledge of how the programs work and what the differences are.
- The simple fact that this subject needs to be addressed, as I feel it is all too easily pushed aside.
- Discussion about getting the POLST used in this area.
- AHCD's Hospice benefits.
- What a wonderful resource MNHPC could be for them in the future.
- The team approach to care would be very helpful to community based providers.
- Hospice, palliative and health care directives.
- The benefits of hospice care and the need to begin end-of-life conversations early on.
- The mechanisms for getting into hospice care and coverage.
- What the POLST is and when to use it and for whom. Who should have a Health Care Directive. When to sign up with a hospice agency.
- The education on what your directives will mean and how they are used.
- Terminology – Networking.
- Initiation of conversations about gaps in service provision regarding end of care resources.
- Knowing the options for your clients when it comes to end of life care.
- Explaining Health Care Directive in depth.
- Understanding how an Advance Directive works and that it doesn't need to be prepared by a lawyer----that it's a very easy document to use.
- The short health care directive form.
- The importance of POLST and living will documents.
- Getting information so that they feel comfortable with the conversation which someone would get from the training.
- The difference in types of care.
- Limits of palliative services and benefits. Being aware of congilegity [sic] of Veteran's services and where to obtain information.
- Ideas to present hospice to parents and family.
- Knowing what services hospice can provide.
- All. The more education the better!
- What hospice pays for.
- Boundaries, knowing when the conversation has veered out of your area of expertise.
- Need to introduce early in disease - start the talk.
- The need for more advocating for palliative care.
- The Hospice Booklets.
- POLST and Palliative Care resources (teams, etc).
- VA service coverage. It seems like this can get so lost in the mix.
- This training would provide knowledge to empower CBSP to utilize Palliative care at any age or life expectancy.

- When I talked with others, it was the new understanding of hospice and POLST as most important.
- What hospice covers.
- When to refer to which discipline and to begin talking about services before they are needed.
- VA LinkAge Line.
- Hospice and waivers...who coordinates.
- POLST and community aware.
- The Hard Choices For Loving People booklet is very helpful. It was all very helpful so I cannot choose just 2 areas.
- How to guide the elderly in conversations regarding health care directives.
- Everything.
- Medicare pays for hospice and some insurances pay for palliative care but not all.
- Having conversations with families about palliative care which can actually improve patient's quality of care. It can relieve pain and suffering. It can reduce hospitalizations. End of life conversations focuses on patient needs, fears, hopes and spiritual strengths.
- The value of end-of-life discussion for both the person and her/his family; and often times for the agency too.
- "The elephant in the room."
- There is not enough information to the public about these things.
- I felt all of it would be useful. Why palliative care is helpful and important to start early requesting/receiving services.
- Hospice care can be initiated earlier than is currently understood.
- Videos were great and made an impact on me and I have been in the industry for over 20 years. Explanation of the different services available. related to end of life topics. Make sure to emphasize that palliative care is out there, but not available to many people/areas.
- Use of Hospice in all settings.
- Overview of hospice benefit .
- The direction of palliative care in the future .

21. Would you recommend this training to other home and community-based service providers working with communities similar to yours? (N=210)

	Minneapolis	Rochester	Fergus Falls	Bemidji	Thief River Falls	Mankato	Willmar	St. Cloud	Cambridge	Total
Definitely Yes	94%	89%	83%	93%	86%	96%	90%	92%	96%	91%
Probably Yes	6%	11%	17%	7%	14%	4%	10%	8%	4%	9%
Probably Not	0	0	0	0	0	0	0	0	0	0
Definitely Not	0	0	0	0	0	0	0	0	0	0

22. Are there any topics that you feel should have been covered in more depth? (N=208)

	Minneapolis	Rochester	Fergus Falls	Bemidji	Thief River Falls	Mankato	Willmar	St. Cloud	Cambridge	Total
Yes	31%	26%	4%	21%	27%	22%	10%	23%	13%	20%
No	69%	74%	96%	79%	73%	79%	90%	77%	87%	80%

Comments:

- Veterans services. It was brief and could use more detail
- Health Care Directives - why is it important for a person to have one on file so help their family member(s) make tough health care decisions regarding their loved one.
- I think that in the future as a network grows it would be good to revisit and have the opportunity for more discussion with those who are attending to share their resources and knowledge.
- Veterans - it was skimpy compared to the rest. Also, where do children with severe disabilities fit it?
- Hospice / palliative care
- Services Medicare does & doesn't cover
- Just having more time to discuss and ask questions without time constraints. I know there is a lot more to do just with vets.
- Health care directives. It is something everyone should do but who do you talk to and how do you approach the subject?
- I wish that some of the hospice agencies would have been present.
- Cultural considerations at end of life.
- How Hospice agencies vary - one of you ask for therapy that say that isn't comfort care and the next will have a therapist do a full evaluation to determine if it is appropriate. She said hospice won't take away all your meds but my experience is some hospices that is the first thing they look at is what meds can we get rid of, if you plan that person may live for 6 months the may need that medication. More should be said and done to include the person in the conversation of we are thinking we want to try it a couple weeks without this medication and see if you still need it rather than we are going to dc the drug.
- More on the requirements for hospice.
- How to get your community/ stakeholders involved in promoting this.
- Resources for filling out Health Care Directives.
- POLST
- POLST a bit ambiguous- accessing palliative care (when, how, why, where?)
- POLST & Veterans -- the area that I know least about
- Just more on these topics.
- Maybe more time for group discussions.
- Palliative care alternatives or how can it look differently?
- How to begin conversations about hospice with resistive clients.

- It was thorough!
- Psychiatric advanced care directives.
- More information on filling out the health directive forms-short and long
- The actual local connections in south MN who refer to specifically in Rochester to start palliative, etc.
- If time permits: show conversation project information. Really read through POLST together
- Very well done, amount of information and length of in-service was perfect
- What should be kept in the home (not NH or CL+) to inform emergency services of wishes
- Veterans' benefits.
- Veteran benefits that are available.
- Palliative care.
- VA Services through the county. Touched on it, needed more.
- How the Veterans Administration services could be accessed. This was a weak area for the speaker I thought.
- The presenter rushed thru some of the slides.
- It would have been nice to actually complete an HCD and a POLST form. That always helps to identify any outstanding questions that may arise.
- I don't actually things should have been covered in more depth, but I do feel that as changes are made in our Health Care system and Legislation that needs to be passed on as quickly as possible.
- Personally- I need to know more info on the choices we are giving people such as the CPR pros and cons mentioned. Others may already know this info!
- The difference in Vet benefits using the VA vs community resources. This is a grey area to almost everyone yet.
- Maybe discuss palliative care in more depth.
- Palliative care is so broad and varies so much from the different geographical areas. I would like to know more about what is offered in my area that I serve.
- Services to Veterans. I think this could be its own topic. So many services and so many different qualifications.

23. Is there anything else that could have been done differently to make this training more effective for home and community-based service providers? (N=94)

- I thought it was very well done and Lores did a nice job with speaking and keeping the audience engaged.
- Gave enough time for questions and sharing of ideas
- In the invite clarify who the training is for.
- It was a very good training. The 5 topics were broke out effectively, but the broader picture was still highlighted.
- Registration seemed to miss a few people. I received a confirmation however was not listed on the attendance sheet.
- It was well presented
- Gauge learning by asking what people know about the topics presented prior to the presentation.
- Importance of understanding a client's wishes so an ambulance is not called if the client doesn't want to go to the hospital or have CPR done.
- I thought the presenter (Lores)did an excellent job, was engaging and knowledgeable.
- I thought the training was done very well, my only suggestion would be to lengthen the time, went through some information quite quickly.

- A separate training role playing the actual conversations, with attendee participation.
- It was excellently planned and presented. I am glad to have had the opportunity to participate.
- Training was very educational.
- It would be helpful if training was in the morning or from 12:00-4:00 or 12:30-4:30. It is hard as parent with children to go till 5:30.
- Yes. Not all are medically trained and to hear the presentation in layman's terms would be helpful.
- Perhaps more local contact agencies/numbers
- Down the road it would be excellent to have a refresher seminar as situations change and more resources become available.
- Time for more conversation and questions. It was very rapid-fire and time crunched.
- She was an excellent speaker, wish I could work for the company!! Very effective at presenting an easy to understand inservice. I liked that she talked about advanced health directives too
- I would like to see a luncheon for providers to provide a greater awareness of issue their patients and families are dealing with.
- Real life scenarios.
- The information was too basic for a room of professionals. The first 2 hours was all review of things all professionals should already be doing. The time could have been better spent concentrating on the Hospice and Palliative care information and allowing for more questions during the session.
- Actually discuss the scenarios.
- I believe the trainer was excellent. That was the quickest time I have ever spent at atraining. She was so well informed upbeat. I can see where her calling as a RN Hospice nurse came into play. If anything more time would be something to add.
- A little bigger room.
- It was a very informative class with great instructors
- It would have been good if there had been enough time to read and discuss the scenarios.
- I thought this training was very well organized and presented.
- This wouldn't be helpful but I would enjoy watching the entire video clips start to finish.
- More time. List of local resources or providers
- Add another hour to the training and then include more small/large group discussion utilizing the scenarios.
- Have local hospice agencies present
- It was overall excellent.
- More videos, review actual cases.
- I think the focus of this training was on learning about hospice, palliative, advance planning materials, etc. I'm not sure if time would allow more discussion on how to start the conversation about Advance Directives---to provide more practical tips when in the field and working with families.
- Lores was FANTASTIC!!
- Research what resources are available in the area presentation is given or direction on how to find out.
- The word did not get out to the right people. It was mostly public health nurses. The people that are in weekly contact with clients were not there.
- We had very few HCBS providers attend. Marketing/outreach to HCBS providers that explain how and why this training relates to the work of the HCBS provider.
- As I said, it could have been an 8 hr day as the topic was so helpful. Very good videos as well. Very nice room too.
- It was great! I am interested in another training to go more into detail about health care directives.

- I thought it was a well done training.
- A longer training would have been a little more beneficial.
- Nicely done.
- Offer more trainings in more cities.
- I think the training would be very beneficial for community members as there is not a clear understanding of what Hospice can or cannot do.
- I felt the training was overall very helpful.
- Examples of hospice benefit services.
- Not do a rushed pace.
- Easier access to identify materials.
- Addressing different cultures.
- This was great.
- Introductions of all to understand the other facts out there as CBP.
- This was great! Thank you for asking for our feedback.
- Create materials with less text more graphics..
- VA information was lacking and there was little difference between VA hospice and regular hospice.
- Introduce each other- what role, etc?
- Role playing.
- Nice space/comfortable/nice location/good food.
- The space and food were wonderful.
- All my questions were answered so nothing i can think of at the time.
- More breaks, make 1/2 longer but add 3 ten minute breaks.
- Great space.
- Very pleased with the training.
- Was really great, informative, excellent presentation! Comfortable setting/environment.
- Excellent training, evident much prep went into. Clear, concise, good location, great pre-communication, reminders, etc.
- All clients on medical assistance over the age of 65 are on a health plan. Care coordinators can only give insurance approved information to the client. Currently, health care directives as the end of life planning.
- It was great! Thanks.
- Done very well.
- This training was a wonderful use of my time. The entire presentation was very well put together and very informative.I really felt the information provided was well organized and provided as much information as I could absorb.
- Perfect as is. Just the right length.
- A webinar for people who have to drive over 2 hours to attend.
- Great training! Engaging speaker, good materials, comfortable environment, good length of time, good meal - and free! (Thanks CMCOA). Would love a second level of the class - where we delve deeper. This focused on the basics, for a lay-person. That's a great start, now I want to learn more of the details.

- I thought it was very well presented and very informative.
- Thought it was a good mix of listening and talking.
- Broader audience, county case manager.
- I think just more of them so more people have access to them. Also if a DVD were available, for purchase that would be great. I have Americorp Volunteers and this would be extremely excellent to teaching.
- I liked the time frame of this training...it was easy to attend and lunch was nice. Thank you!
- The training was excellent. Maybe start before 11:00 so the material could be covered a little less quickly.
- Excellent training.
- Content was well organized.
- It was a great conference. It was nice to see an interpreter there as well. Great job!
- More on the palliative care.
- Dialogue between speaker and participates was great. I came away inspired and energized that we can make a difference.
- I think this was a very well organized and informative training. I was surprised at how much I learns in the time there and that there was still time for questions to be answered.
- I thought the information was very thorough.
- This was an excellent training, one of the best I have taken this year. Thank you. The presenter was exceptional n every way!
- This was very good.
- It was a good training and kept my attention.
- This presentation was very well organized and presented. Lores is a very knowledgeable and enthusiastic presenter that promotes a very comfortable learning situation. She is very responsive to her audience, but keeps the presentation moving along.
- Ran out of time... may need to schedule longer session?
- Less lecture and more interactive.
- It was the best training I have ever attended.
- I was well-satisfied with the way the training was done. For myself, I work as a chaplain with the sick and dying and attend [hopice site] weekly to care for [denomination] residents. Their own chaplain cares for the others unless I am requested to be of service.

24. Would you be interested in becoming a trainer to deliver a similar session(s) to home and community-based service providers within your community? (N=208)

	Minneapolis	Rochester	Fergus Falls	Bemidji	Thief River Falls	Mankato	Willmar	St. Cloud	Cambridge	Total
Yes	38%	4%	7%	23%	14%	14%	0	17%	17%	14%
No	63%	96%	93%	77%	86%	86%	100%	83%	83%	86%

Note: Some percentages will add up to more than 100%, due to rounding.