
**Report to
The Vermont Legislature**

**In Accordance with Act 25 (2012),
*An Act Relating to Palliative Care***

Submitted to: House Committee on Human Services
Senate Committee on Health and Welfare

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Report Date: October 1, 2013



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Introduction

Act 25 (2012) requires the Vermont Department of Health to report to the House Committee on Human Services and the Senate Committee on Health and Welfare regarding the following:

- Number of persons who died during the preceding two calendar years in hospital emergency rooms, other hospital settings, in their own homes, in a nursing home, in a hospice facility, and in any other setting for which information is available;
- Number of decedents that received hospice care within the last 30 days of his or her life.

Beginning with the **2013 Report**, an additional requirement is included:

- Number of persons who died in hospital intensive care units, assisted living facilities, or residential care homes during the preceding two calendar years.

This report is submitted in accordance with this statutory requirement and utilizes information from Vermont death certificates to address the items required by the legislation. In a typical year, approximately 5,300 – 5,500 deaths occur in Vermont. For the time period of this report (2011 and 2012), there were 10,805 total deaths.

Number of Deaths by Setting

The setting for deaths that occur in Vermont can vary significantly, depending on the circumstances of the event and the wishes of the person and family. A significant number of deaths (on average, 1800+) occur each year in a hospital setting (Table 1).

Table 1. Location of Deaths Occurring in Vermont Hospitals; 2009 - 2012

	Inpatient	Emergency Room	Dead on Arrival	Intensive Care ¹	TOTAL
2009	1425	355	20	N/A	1800
2010	1401	348	24	54	1827
2011	1208	334	34	197	1773
2012	1333	348	46	269	1996
TOTAL	5367	1385	124	520	7396

¹Intensive Care was added as a Place of Death on the death certificate in 2010.

Table 2. Deaths occurring in an assisted living facility or residential care home; 2011 and 2012

	Assisted Living Facility ²	Residential Care Home ²	TOTAL
2011	3	7	10
2012	3	23	25
TOTAL	6	30	36

²Licensed as such by State of Vermont Department of Aging and Independent Living.

For the period of 2009 to 2011, there was an increase in the number of deaths occurring at locations other than a hospital setting (Table 3). In 2012, there was a slight decrease in the number of deaths in settings other than hospitals, but the number was above the 2009 total for non-hospital settings.

Table 3. Deaths Occurring in Vermont outside of a hospital; 2009 - 2012

	Nursing Home or Long Term Care Facility ³	Decedent's Home	Hospice Facility	Other or Unknown	TOTAL
2009	1477	1389	116	204	3186
2010	1601	1508	134	221	3464
2011	1635	1581	120	248	3584
2012	1536	1641	152	223	3552
TOTAL	6249	6119	522	896	13786

³Includes licensed assisted living facilities and licensed residential care homes.

Hospice Care

Vermont death certificates include information about whether the decedent received hospice care within the last 30 days of his or her life (Table 4). For the combined period of 2009 and 2010, a total of 2,929 decedents received hospice care during the last 30 days of life. This increased to 3,830 decedents for the combined period of 2011 and 2012. However, this increase is very likely due to a significant reduction in the number of “Unknown” responses on the death certificate.

Table 4. Hospice Care within last 30 days of life

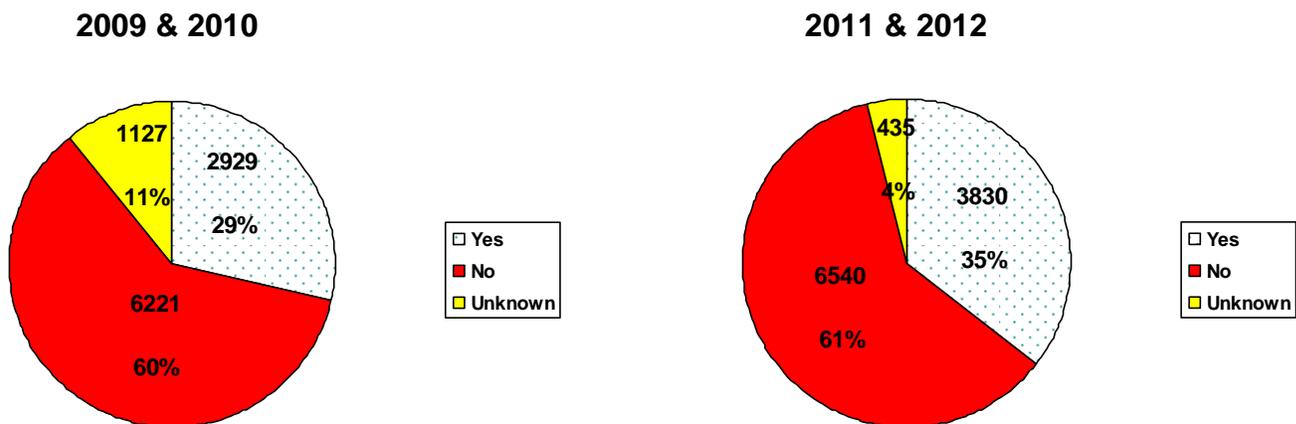
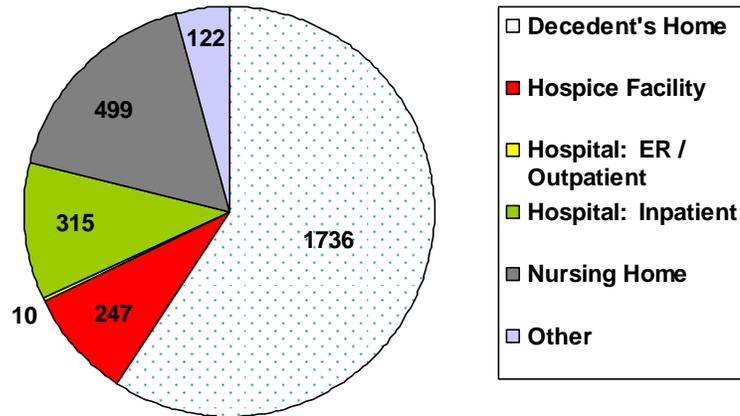
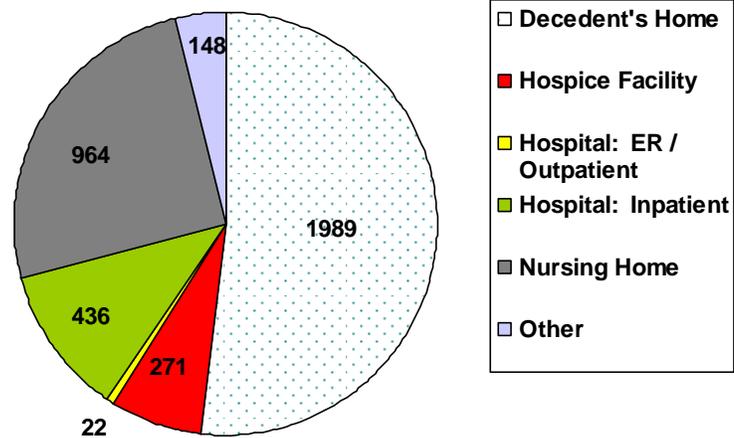


Table 5. Place of Death after Hospice Care within last 30 days of life^{3,4}

2009 & 2010



2011 & 2012



³Includes licensed assisted living facilities and licensed residential care homes.

⁴2011 & 2012 data for "Other" includes two (2) events for Dead on Arrival at Hospital and thirteen (13) events for Intensive Care Unit.

Conclusions

It is difficult to draw conclusions from the existing data as to whether Vermont is experiencing any significant changes or trends regarding deaths at home or in a hospice setting. The reasons are:

- 1) The significant decrease in “Unknown” responses due to the implementation of a revised electronic death certificate and data collection process;
- 2) The Vermont Legislature amended the statutes to allow physician assistants and advance practice registered nurses to complete the death certificate and certify cause-of-death. These new “reporters” may be providing different, and perhaps more accurate, information regarding hospice care and where death occurred;
- 3) The total number of deaths for 2011 and 2012 compared to the previous two years increased by a sizable 528 lives.

There may be early indications that the number of deaths of persons who received hospice care within the last 30 days of life are increasing at nursing homes. (It is important to note that the category of “Nursing Home” includes assisted living facilities and licensed residential care homes.) Because the reason for the observed changes may be confounded by the impact of a new death reporting system, additional years of data collection will be needed to determine if there is a trend toward increasing use of hospice care. The department will continue to ask the appropriate questions and monitor for any significant trends.

Appendix

18 V.S.A. § 5208. HEALTH DEPARTMENT; REPORT ON STATISTICS

Beginning October 1, 2011 and every two years thereafter, the Vermont department of health shall report to the house committee on human services and the senate committee on health and welfare regarding the number of persons who died during the preceding two calendar years in hospital emergency rooms, other hospital settings, in their own homes, in a nursing home, in a hospice facility, and in any other setting for which information is available, as well as whether each decedent received hospice care within the last 30 days of his or her life. Beginning with the 2013 report, the department shall include information on the number of persons who died in hospital intensive care units, assisted living facilities, or residential care homes during the preceding two calendar years.