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DNV GL - HEALTHCARE

HEALTHCARE PALLIATIVE CARE PROGRAM CERTIFICATION - REQUIREMENTS VERSION 18.0

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DNV GL- HEALTHCARE PALLIATIVE CARE PROGRAM CERTIFICATION

DNV GL- Healthcare Palliative Care Certification Program Requirements– Version 18.

Effective Date: January 1, 2018.

Introduction

The Palliative Care Program Certification (PCPC) is offered by DNV GL- Healthcare and integrates requirements related to the CMS Conditions of Participation (CoPs) for hospitals.

The PCPC is designed to recognize excellence in inpatient Palliative Care (PC) diagnosis and treatment inclusive of initial diagnostic services, surgical services, and therapies related to Palliative Care. The certification recognizes that a hospital has demonstrated compliance with the DNV-GL Healthcare Palliative Care Certification Program Requirements.

Professional Organization Standards of Practice and Guidelines

Standards of practice of relevant professional organizations and the National Consensus Project Clinical Practice Guidelines for Quality Palliative Care, 3rd edition, referenced in these PCPC requirements are consultative and considered in the certification decision with the permission of the National Consensus Project.

The reference for the National Consensus Project Guidelines, 3rd edition is:
National Consensus Project for Quality Palliative Care. (2013). Clinical practice guidelines for quality palliative care (3rd ed.). Pittsburgh, PA: National Consensus Project for Quality Palliative Care. Available from https://www.nationalcoalitionhpc.org/ncp-guidelines-2013/

Federal Laws, Rules and Regulations

Healthcare organizations seeking and maintaining certification must participate in the Medicare program and be in compliance with the CMS CoPs. Compliance with the CMS CoPs may be demonstrated by maintaining accreditation with DNV GL- Healthcare or another accreditation organization, approved by CMS to deem healthcare organizations in compliance with the CoP.

The Palliative Care Program, through its association with the host hospital participating in the Medicare and Medicaid program, is expected to comply with current CoP. When new or revised requirements are published, the Palliative Care Program is expected to demonstrate compliance in a time frame consistent with the effective date as published by CMS in the Federal Register and/or as required by DNV GL- Healthcare.

These Program Certification Requirements address healthcare organizations that are either applying for DNV GL- Healthcare certification of their Palliative Care Program or are currently certified by DNV GL- Healthcare. When a healthcare organization has applied for but not received DNV GL- Healthcare certification, it is referred to as an "Applicant Organization." When a healthcare organization is currently certified by DNV GL- Healthcare, it is referred to as a "Certified Organization".

The Certification Survey is conducted separate and apart from a DNV-GL Accreditation Survey. The organization will be provided advance notice of the upcoming survey, not to exceed one month before the assessment of the Palliative Care Program.

NOTE: Please note that DNV GL has instituted a new naming system for revisions. The revision numbers are no longer sequential but are aligned with the year of publication. This Revision 18 indicates that the revision was published in 2018. Should there be a subsequent revision in the same year the revision would be indicated by, for example, 18.1.

GLOSSARY

AAHPM	American Academy of Hospice and Palliative Medicine
CAPC	Center to Advance Palliative Care
CFR	Code of Federal Regulations
CMS	Centers for Medicare Medicaid Services
CoPs	Conditions of Participation
ED	Emergency Department
EMS	Emergency Medical Systems
FMEA	Failure Mode Effect Analysis
PC	Palliative Care
PCPC	Palliative Care Program Certification
HPNA	Hospice and Palliative Nurses Association
IDT	Interdisciplinary Team
NASW	National Association of Social Workers
NHPCO	National Hospice and Palliative Care Organization
NPCRC	National Palliative Care Research Center
NQF	National Quality Foundation
PI	Performance Improvement
POC	Plan of Care
QA	Quality Assessment
QI	Quality Improvement
QLP	Qualified Licensed Practitioner
QMS	Quality Management System
RCA	Root Cause Analysis

QUALITY MANAGEMENT SYSTEM (QM)

QM.1 QUALITY MANAGEMENT SYSTEM

The governing body (or organized group or individual who assumes full legal authority and responsibility for operations of the PC Program, medical staff, and administrative officials) is responsible and accountable for ensuring that the PC Program implements and maintains an effective quality management system (QMS). This QMS shall ensure that corrective and preventive actions taken by the PC Program are implemented, measured, and monitored.

In addition to any other QMS standard, the PC Program is required to comply with QM.1 at all times as part of its QMS.

CR.1　　The PC Program must develop, implement, and maintain an ongoing system for measuring, monitoring, and managing quality and patient safety.

CR.2　　The PC Program must implement quality assessment (QA) and performance improvement (PI) efforts to address priorities for improved quality of care and patient safety and those corrective and preventive actions are implemented and evaluated for effectiveness.

CR.3　　The standards for QA and PI will focus on using information derived from measurement data to improve or validate clinical practice.

CR.4　　The PC Program must have a formal documentation process for all policies, procedures, protocols, and forms.

　　　　CR.4a　　There shall be a periodic and regular review (determined by the PC Program) of all policies, procedures, protocols and forms to determine continuing usefulness and with date of the review/revision documented.

　　　　CR.5b　　All previous policies, procedures, protocols, and forms are removed from any manuals, references or patient care areas to ensure that only the most current versions are available for use.

CR.5　　Control of records: the PC Program ensures that suitable records are maintained.

CR.6　　The PC Program conducts internal reviews of its processes and resultant corrective/preventive action measures are implemented and verified to be effective.

　　　　CR.6a　　At the time of the initial DNV GL- Healthcare PC Program certification survey, the PC Program must provide at least 6 months of collected data on each performance measure and 12 months of data annually thereafter.

　　　　CR.6b　　The PC Program is accountable for ensuring the accuracy and completeness of the performance measure data.

　　　　CR.6c　　Feedback shall be given to clinicians who fail to meet PC Program goals.

CR.7　　The PC Program has established measurable quality objectives and the results are analyzed.

CR.8　　Appropriate information has been submitted to the host hospital's oversight group for quality management as well as top management for review and analysis during a management review process.

QM.2 QUALITY OUTLINE

The PC Program shall clearly outline its methodology, practice, and related policies for addressing

how quality and performance are measured, monitored, analyzed, and continually improved to promote favorable health outcomes and reduce risks for patients.

QM.3 PALLIATIVE CARE PROGRAM MANAGEMENT REPRESENTATIVE

A PC Program management representative shall be designated and shall have the responsibility and authority for ensuring requirements of the QMS are implemented and maintained for the PC Program.

QM.4 DOCUMENTATION AND MANAGEMENT REVIEWS

Any variation, deficiency, or non-conformity identified by the PC Program shall be addressed by the PC Program. Appropriate corrective or preventive action will be determined, applied, and documented. Documentation of activities may take the form of a Failure, Mode and Effect Analysis (FMEA), Root Cause Analysis (RCA), Performance Report, non-Conformity Report, specific Improvement Project analysis, etc. This documentation shall become a part of the host hospital's Management Review performed at regular intervals, at a minimum of once annually. Feedback to clinicians who fail to meet the Program's goals shall be included as part of the Management Review.

QM.5 SYSTEM REQUIREMENTS

In establishing the PC Program QMS, the PC Program shall be required to have the following as a part of this system:

CR.1   An interdisciplinary group to oversee the QMS that includes at least the Medical Director or designee, PC Program representative (QM.3), PC Program Coordinator, and PC practitioners who must be doctors of medicine or osteopathy. The PC Program should also include consideration of registered nurses, social workers, palliative care specialists, and dieticians as representatives.
NOTE: This interdisciplinary group may or may not be the PC interdisciplinary team.

CR.2   Written document defining the PC Program QMS, to include all clinical and non-clinical services;

CR.3   Measurable Quality Objectives; and,

CR.4   Goal Measurement / prioritization of activities based in some manner on:

CR.4a   Problem-prone areas, processes, or functions;

CR.4b   A consideration of the incidence, prevalence and severity of problems in these areas, processes or functions; and,

CR4.c   A consideration of efforts to affect health outcomes, improve patient safety and quality of care.

QM.6 MEASUREMENT, MONITORING, ANALYSIS

The PC Program shall strive to optimize the effectiveness of Program processes and systems. This goal shall be accomplished by identifying both process and outcome measures for key functions and for the Program as a whole.

Evaluations of the PC Program shall encompass overall patient outcomes, linkages among key components of the PC Program, and potential problems that could affect the care provided by the PC Program (See SD.4).

CR.1   The PC Program must collect and analyze data on at least two clinical performance measures identified by the PC Program (See SD.4).

CR.1a   Two of the measures must be clinical process or outcome measures from clinical practice guidelines.

CR.2   The PC Program must collect and analyze data on at least two additional performance measures identified by the PC Program related to health status, functional status, administrative or financial areas, or patient perception of care.

CR.3   The PC Program shall evaluate all organized services and processes, both direct and supportive, including services provided by any contracted service. The monitoring shall include the use of internal reviews of the PC Program.

CR.4   Documentation of quality improvement initiatives, performance measures and/or clinical indicators are presented and discussed at least on a quarterly basis.

QM.7 PATIENT SAFETY SYSTEM

CR.1   The host hospital shall have a means for establishing clear expectations for identifying and detecting the prevalence and severity of incidents that impact or threaten patient safety. This shall include medical errors and adverse patient events.

CR.2   The host hospital's Patient Safety System shall be documented and shall address the following:

CR.2a   Detection;

CR.2b   Preventative and corrective action;

CR.2c   Defined processes to reduce risk;

CR.2d   Implementation of action plans;

CR.2e   On-going measurement to ensure action effectiveness;

CR.2f   Management review of response and resource allocation to the results of the patient adverse event and other analyses; and,

CR.2g   Policy and practice of informing patients and/or families about unexpected adverse events.

PROGRAM MANAGEMENT (PM)

PM.1 TOP MANAGEMENT

CR.1   The host hospital top management is responsible and accountable for ensuring the following:

    CR.1a   The host hospital must be accredited by an organization approved by CMS or certified by the state agency acting on behalf of CMS

    CR.1b   The PC Program is in compliance with all applicable Federal and State laws regarding the health and safety of its patients;

    CR.1c   Criteria that include aspects of individual character, competence, training, experience and judgment is established for the selection of individuals working for the PC Program, directly or under contract;

    CR.1d   The personnel working in the PC Program are properly licensed or otherwise meet all applicable Federal, State, and local laws;

    CR.1e   Responsibilities and authorities are defined and communicated within the PC Program; and,

    CR.1f   Appointment and qualifications of the Medical Director for the PC Program.

        CR.1f (i)   The Medical Director for the PC Program will be a PC specialist, or other MD/DO with qualifications as defined for PC management.

PM.2 MANAGEMENT COMMITMENT

Host hospital top management shall provide evidence of its commitment to the development and implementation of the PC Program and continually improving its effectiveness by:

CR.1   Communicating to the PC Program the importance of meeting customer as well as statutory and regulatory requirements;

CR.2   Establishing the PC Program, ensuring that objectives are established; and,

CR.3   Conducting PC Program reviews and ensuring the availability of resources.

MEDICAL STAFF (MS)

MS.1 MEDICAL STAFF

CR.1   The medical staff bylaws shall include criteria for determining the privileges to be granted to PC Program physicians or other practitioners and a procedure for applying the criteria to those individuals that request privileges.

CR.2   The host hospital shall comply with 42 CFR 482.22 - Condition of participation: Medical Staff.

NURSING SERVICES (NS)

NS.1 NURSING SERVICES

CR.1   The host hospital must have a well-organized nursing service with a plan of administrative authority and delineation of responsibilities for the delivery of patient care under the PC Program.

CR.2   There shall be 24-hour nursing services and a PC coordinator must coordinate with nurse managers, the supervision, and evaluation of the nursing care for each inpatient of the PC Program.

CASE MANAGEMENT (CM)

CM.1 CASE MANAGEMENT

CR.1   A registered nurse, social worker, or other appropriately qualified personnel must develop, or supervise, the management of the PC inpatient through discharge.

    CR.1a   The responsible personnel should have experience in case management, discharge planning, knowledge of social and physical factors that affect functional status at discharge, and knowledge of community resources to meet post-discharge needs.

CR.2   The discharge planning evaluation shall include:

    CR.2a   An evaluation of the likelihood of a patient needing post-hospital services and of the availability of the services; and,

    CR.2b   An evaluation of the likelihood of a patient's capacity for self-care or of the possibility of the patient being cared for in the environment from which he or she entered the organization.

    CR.2c   A means to inform the patient or the patient's family of their freedom to choose among participating Medicare providers of post-hospital care services, and must, when possible, respect patient and family preferences when they are expressed.

CR.3   The discharge planning evaluation shall be completed on a timely basis so that appropriate arrangements are made before discharge, and unnecessary delays in discharge are avoided.

CR.4   The discharge planning evaluation shall be a part of the patient's medical record and be used when forming the discharge plan with the patient or individual acting on his or her behalf.

CR.5   If the results of the discharge evaluation so indicate, or at the request of the patient's physician, a registered nurse, social worker, or other appropriately qualified personnel shall develop, or supervise the development of, a discharge plan and associated educational materials.

    SR.5a   The results of the discharge planning evaluations must be discussed with the patient or individual acting on their behalf.

STAFFING MANAGEMENT (SM)

SM.1 PERSONNEL (GENERAL)

PC IDT members performing work affecting conformity to the PC Program requirements shall be competent on the basis of appropriate education, training, skills, and experience.

CR.1   The host hospital shall have a policy and practice outlining and verifying that each staff member possesses a valid and current license or certification as required by the PC Program and Federal and State laws. This written policy shall be strictly enforced and compliance data reported to top management.

CR.2   PC Program volunteers are considered personnel. The SM requirements apply to the management of PC Program volunteers.

SM.2 COMPETENCE, TRAINING, AND AWARENESS

The PC Program shall:

CR.1   Determine the necessary competence for personnel performing work affecting conformity to the PC Program requirements (e.g., the PC Program should consider the encouragement of appropriate board or other relevant professional certifications in determining necessary competence).

CR.2   Have evidence to demonstrate initial and ongoing IDT training in the care of PC patients;

CR.3   Where applicable, provide training or take other actions to achieve the necessary competence;

CR.4   Evaluate the effectiveness of the actions taken;

CR.5   Provide continuing education or other equivalent educational activity no less than annually to staff members assigned to care for PC patients, as determined appropriate by the PC Program and as appropriate to the care providers' level of responsibility related specifically to PC Program;

CR.6   Ensure that its personnel are aware of the relevance and importance of their activities and how they contribute to the achievement of the quality objectives; and,

CR.7   Maintain appropriate records of education, training skills and experience.

INTERPRETIVE GUIDELINES:

The PC Program should consider the encouragement of appropriate board or other relevant professional certifications in determining necessary competence.

There are multiple board or other relevant professional palliative care certifications available from various organizations including:

- *The Hospice and Palliative Credentialing Center
  (*http://advancingexpertcare.org/certifications-handbooks-applications/ *)*
- *The Board of Chaplaincy Certification, Inc.
  (*http://bcci.professionalchaplains.org/content.asp?pl=25&contentid=25 *)*

- *The American Board of Medical Specialities
  (*http://aahpm.org/certification/subspecialty-certification *)*

SM.3 DETERMINING AND MODIFYING STAFFING

CR.1   The method for determining and modifying staffing shall be validated through periodic reporting of variance from core staffing, outlining justification and linking that justification with patient and process outcomes, including any untoward patient events or process failures.

CR.2   This validation shall be completed and reported to quality management oversight, when indicated.

SM.4 OB DESCRIPTION

CR.1   All PC Program personnel, whether clinical or supportive, including contract staff and volunteers, shall have available a current job description that contains the experience, educational and physical requirements, and performance expectations for that position.

SM.5 ORIENTATION

CR.1   All PC Program personnel, whether clinical or supportive, including contract staff and volunteers, shall receive an orientation to specific job duties and responsibilities, and their work environment, as required by Federal and State law and regulation and the PC Program. The orientation shall take place prior to the individual functioning independently in their job.

SM.6 STAFF EVALUATIONS

CR.1   The performance/competency evaluation shall contain indicators that will objectively measure the ability of PC Program staff to perform all job duties as outlined in the job description. Relevant indicators shall then be selected from this complete list of indicators for measurement as outlined below.

CR.2   The staff shall be evaluated initially and on an on-going basis against indicators that measure issues and opportunities for improvement such as:

    CR.2a   Variations and problem processes identified through the analysis of outcomes measurement as required by the PC Program;

    CR.2b   New technology/equipment/processes;

    CR.2c   Customer satisfaction feedback;

    CR.2d   Scheduled training session outcomes;

    CR.2e   Staff learning needs assessments that include variations identified through prior staff performance measurement;

    CR.2f   Staff feedback;

    CR.2g   Medical staff feedback; and,

    CR.2h   Requirements of Federal and State law (as applicable).

CR.3   If the PC Program utilizes contract services, criteria for selection, evaluation, and re-evaluation of such services shall be established. The criteria for selection will include the requirement that the contracted entity or individual to provide the products/services in a safe and effective manner, and comply with host hospital standards required for all contracted services.

CR.4   The PC Program shall aggregate the objective performance data for the individual staff and within each job classification to identify variations for further training, coaching and mentoring:

    CR.4a   Re-measurement shall follow any intervention.

    CR.4b   The outcomes of this measurement shall be reported in the aggregate to top management.

CR.5   The host hospital shall define a timeframe, not less than annually, and a policy and practice for sharing the indicators measurement of individual staff member with those staff members that allows for staff feedback.

CR.6   The host hospital shall require each staff member, including contract staff, to participate in continuing education as required by individual licensure/certification, professional association, law or regulation, or PC policy. Compliance with this standard shall be reported to Quality Management Oversight.

PATIENT RIGHTS (PR)

PR.1 PATIENT RIGHTS

The host hospital shall protect and promote each patient's rights. The host hospital shall inform, whenever possible, each patient and/or legal representative (as allowed under State law) of the patient's rights in advance of providing or discontinuing care and allow the patient to exercise his or her rights accordingly.

CR.1   The host hospital shall comply with 42 CFR 484.13 - Condition of participation: Patient Rights.

CR.2   The PC Program shall have policies and procedures that address:

CR.2a   The provision of education and support to the patient regarding the patient's disease process, prognosis, benefits and burdens of potential interventions sufficient to allow the patient and/or family to make an informed decision about their care.

CR.2b   The offering of hospice care as an option to all patients and families when death within 6 months is expected.

CR.2c   The provision of education and support to families and unlicensed caregivers, based on the PC patient's POC to ensure safe and appropriate care.

Interpretive Guidelines:

42 CFR 484.13, Patient Rights, among others, includes the following requirements:

- *Notification of the patient or patient's representative of the patient's rights (designation of patient representative)*

- *Resolution of patient grievances*

- *The right of the patient to participate in the development and implementation of his/her plan of care*

- *The right of the patient to make informed decision regarding his/her care*
- *Advance Directives*

- *Personal Privacy*

- *The right to receive care in a safe setting*

- *Freedom from all forms of abuse or harassment*

- *Confidentiality of clinical records*

- *Access to one's clinical records in a reasonable time frame*

- *Requirements regarding Restraint and Seclusion*

- *Patient Visitation*

PR.2 LANGUAGE AND COMMUNICATION

The host hospital shall communicate with the patient and/or legal representative in language and format that the patient and/or legal representative understand.

CR.1   The host hospital's policy and practice provides for competent individuals to interpret the patient's language for individuals who do not speak English or provide alternative communication aids for those who are deaf, blind, or otherwise impaired.

INFECTION PREVENTION AND CONTROL (IC)

IC.1 INFECTION PREVENTION AND CONTROL SYSTEM

CR.1   The PC Program shall participate in the host hospital's infection control and prevention program to maintain a sanitary environment for PC patients, staff, and others.

MEDICAL RECORDS SERVICE (MR)

MR.1 MEDICAL RECORD SERVICE

CR.1   The host hospital shall maintain a medical record service in compliance with 42 CFR §482.24- Condition of participation: Medical Record Services.

PHYSICAL ENVIRONMENT (PE)

The host hospital will abide by the management systems for maintaining the physical environment in place under the operation of the hospital and applicable CMS Conditions of Participation (CoPs) and accreditation organization requirements.

PE.1 INFRASTRUCTURE

The host hospital shall determine, provide, and maintain the infrastructure needed to achieve conformity to the PC Program requirements. Infrastructure includes, as applicable:

CR.1   Buildings, workspace and associated utilities;

CR.2   Process equipment (both hardware and software); and,

CR.3   Supporting services (such as transport, communication, or information systems).

PE.2 WORK ENVIRONMENT

The host hospital shall determine and manage the work environment needed to facilitate patient care.

CR.1   The facilities for the PC Program shall be maintained to ensure the safety of patients, visitors, and staff.

CR.2   The PC Program must maintain adequate and safe facilities for its services.

PE.3 SAFETY MANAGEMENT SYSTEM

CR.1   The host hospital shall provide and maintain safe and adequate diagnostic and therapeutic facilities.

CR.2   The host hospital shall require that facilities, supplies, and equipment be properly maintained and ensure an acceptable level of safety and quality. The extent and complexity of facilities shall be determined by the services offered under the PC Program.

CR.3   The host hospital shall require that the PC Program maintain an environment free of hazards and manages staff activities to reduce the risk of occupational related illnesses or injuries.

CR.4   The host hospital shall address safety recalls and alerts involving the PC Program.

PE.4 SECURITY MANAGEMENT SYSTEM

CR.1   The host hospital shall develop a system that provides for a secure environment.

CR.2   The host hospital shall provide for identification of patients, employees, and others.

CR.3   The host hospital shall require a process for reporting and investigating security related issues.

PE.5 MEDICAL EQUIPMENT MANAGEMENT SYSTEM

CR.1   The host hospital shall ensure that effective processes are in place for the acquisition, safe use, and the appropriate selection of equipment used within the PC Program.

CR.2   The host hospital shall address issues related to the PC Program's initial service inspection, orientation, and demonstration of rental or physician owned equipment.

PE.6 UTILITY MANAGEMENT SYSTEM

CR.1   The host hospital shall ensure maintenance, testing, and inspection processes for critical utilities used in the operation of the PC Program.

CR.2   The host hospital shall ensure emergency processes for utility system failures or disruptions.

CR.3   The host hospital will ensure that all relevant utility systems shall be maintained, inspected and tested.

PALLIATIVE CARE PROGRAM SERVICE DELIVERY (SD)

SD.1 PLANNING FOR SERVICE DELIVERY

The PC Program shall plan and develop the processes needed for PC service delivery. PC Program service delivery processes shall be consistent with the DNV GL PC Program Certification Requirements.

In planning PC services delivery, the PC Program shall determine:

CR.1   Quality objectives and requirements for the PC Program;

CR.2   Required processes and documents, and necessary resources specific to the PC Program;

CR.3   Required verification, validation, monitoring, and measurement, specific to the PC Program; and,

CR.4   Records needed to provide evidence that the processes meet requirements. The output of this planning shall be in a form suitable for the PC Program's method of operations.

SD.2 REVIEW OF REQUIREMENTS RELATED TO THE DELIVERY OF PALLIATIVE CARE SERVICES

The PC Program shall review requirements related to the PC Program. This review shall be conducted prior to the PC Program's commitment to provide services to patients and shall ensure:

CR.1   PC Program requirements are clearly defined;

CR.2   The PC Program has the ability to meet the defined requirements;

CR.3   Records of the results of the review and actions arising from the review shall be maintained;

CR.4   If any PC Program requirements are changed, the PC Program shall ensure that all relevant documents are amended; and,

CR.5   Communication to all relevant personnel is made about any changes and the competence of all practitioners is reassessed when new techniques or responsibilities are introduced and periodically within the timeframes defined by the PC Program.

SD.3 CONTROL OF SERVICE DELIVERY

The PC Program shall plan and carry out services under controlled conditions. Controlled conditions shall include, as applicable:

CR.1   The availability of information that describes the characteristics of the PC Program;

CR.2   The availability of work instructions, as necessary;

CR.3   The use of suitable equipment;

CR.4   The availability and use of monitoring and measuring equipment; and,

CR.5   The implementation of monitoring and measurement.

SD.4 PERFORMANCE EVALUATION

The PC Program shall evaluate the performance and effectiveness of the Program as a part of its QMS (see QM.6).

The PC Program must collect and analyze data on the following performance measures:

CR.1   Patient and caregiver assessment of the ability of the physician/healthcare professional's ability to present hospice as an option for care.

CR.2   Community education.

CR.3   The PC Program must collect and analyze data on those performance measures identified by the PC Program.

CR.3a   Two of the measures must be clinical process or outcomes measures from clinical practice guidelines.

CR.3b   The two remaining measures may be clinical or related to health status, functional status, administrative or financial areas.

Interpretive Guidelines:

Community PC education includes community outreach initiatives that offer education programs in the community about the explanation of Palliative Care, support groups and other activities focused on improving PC awareness.

The PC Program must collect and analyze data on those performance measures identified by the PC Program. Two of the measures must be clinical process or outcomes measures from clinical practice guidelines such as:

- *The February 2012 NQF Endorsement Summary: Palliative Care and End-of-Life Care Measures*

- *"Measuring What Matters: Top Ranked Quality Indicators for Hospice and Palliative Care from the American Academy of Hospice and Palliative Medicine and Hospice and Palliative Nurses Association", published 2/16/15*

SD.5 PATIENT MANAGEMENT

CR.1   The PC Program Team must collaborate with personnel in acute care, outpatient, inpatient PC and other units where PC patients are cared for, to organize and coordinate the patient's care.

CR.2   The PC Program must provide access to palliative care that is responsive to patient and family care needs 24 hours a day, 7 days a week.

CR.3   The PC Program will ensure that the patient and family is provided the information necessary to make informed decisions regarding care planning and treatment.

SD.6 PALLIATIVE CARE PROGRAM PROTOCOLS AND PATHWAYS

CR.1   The PC Program IDT is responsible for the development, maintenance, and utilization of efficient pathways, protocols, and processes to ensure appropriate identification, evaluation and treatment of PC program patients.

CR.2   PC Program pathways, protocols and processes, will, at a minimum address the following aspects of PC:

CR.2a   Physical;

CR.2b   Psychological and psychiatric;

CR.2c   Social;

CR.2d   Spiritual, religious, and existential;

CR.2e   Cultural;

CR.2f   End of life care

Interpretive Guidelines:

The National Consensus Project Clinical Practice Guidelines for Quality Palliative Care, 3rd edition (2013), published by the National Consensus Project for Quality Palliative Care (and incorporated within the NQF document, A National Framework and Preferred Practices for Palliative and Hospice Care Quality: A Consensus Report) is the recognized guide for the provision of palliative care and its aspects are referenced in this certification document.

SD.7 PLAN OF CARE

CR.1   The PC Program IDT shall ensure that a comprehensive and timely interdisciplinary evaluation and assessment of the patient and family forms the basis of the plan of care.

CR.1a   An initial evaluation includes: the patient's current medical status; adequacy of diagnosis and treatment consistent with review of past history; diagnosis and treatment; and responses to past treatments.

CR.1b   Areas of assessment include:

CR.1b (i)   Documentation of disease status: diagnoses and prognosis; comorbid medical and psychiatric disorders; physical and psychological symptoms;

CR.1b (ii)   Functional status;

CR.1b (iii)   Cultural assessment including but not limited to: locus of decision making; dietary preferences; preferred language; family communication; desire for support measures (e.g., palliative therapies, complementary and alternative medicine); perspectives on death, suffering, and grieving; funeral/ burial rituals.

CR.1b (iv)   Other social, cultural, and spiritual strengths, values, practices, concerns, goals and needs of the patient and family (family is defined by the patient); advance care planning concerns, preferences, and documents; and appropriateness of the palliative care referral.

CR.2   The PC plan of care:

CR.2a   Is formulated in a timely fashion as defined by PC Program policy;

CR.2b   Is individualized to include goals responsive to all appropriate areas of PC assessment (e.g., physical, psychological, psychiatric, social, spiritual, religious and existential, cultural, ethical, legal needs)

CR.2c   Supports patient- family decision making; and,

CR.2d   Is reviewed and revised, at regular intervals and as necessary, when the patient's condition has changed.

CR.3   Care planning for the PC patient also includes the development and implementation of a social

POC that addresses, as appropriate, the social, practical and legal needs of the patient and family including, but not limited to, the PC patient's:

CR.3a   Relationships;

CR.3b   Communication abilities;

CR.3c   Social and cultural networks;

CR.3d   Decision making capacities;

CR.3e   Work/school settings;

CR.3f   Financial concerns;

CR.3g   Sexuality/intimacy concerns;

CR.3h   Caregiver abilities/concerns; and,

CR.3i   Access to necessary medication and equipment.

CR.4   The PC IDT schedules regular patient and family conferences with appropriate IDT members. As applicable, the conference agenda includes discussion of:

CR.4a   Plan and goals of care;

CR.4b   Disease prognosis;

CR.4c   Support needs; and,

CR.4d   Advanced care planning.

CR.5   The IDT shall routinely ascertain and document as part of care planning, patient and family wishes about the care setting for site of death. The PC Program shall comply with patient and family wishes when possible.

CR.6   To the extent that existing privacy laws permit, the patient's POC is shared, both internally and externally, to all professionals involved in the patient's care.

CR.7   The PC Program ensures that, when the PC patient is transferred between healthcare settings, the patient's goals, preferences, values, and clinical information is shared in a timely manner to ensure continuity of care and follow-up.

Interpretive Guidelines:

The plan of care is maintained and updated based upon ongoing assessments of the patient, the evolving needs and preferences of the patient and family, and shifting priorities in goals of care.

SD.8 MEDICATION MANAGEMENT

CR.1   The host hospital shall provide pharmacy services to meet the needs of the patients. Medications will be administered in accordance with accepted professional principles. The pharmacy service will be directed by a full-time, part-time, or consulting registered pharmacist responsible for developing, supervising, and coordinating all the activities of the pharmacy services. The pharmacy service must

have an adequate number of qualified personnel to ensure medication management services, including emergency services.

CR.2   All medications shall be administered by or under the supervision of nursing or other qualified personnel in accordance with applicable Federal and State laws. All drugs and biologicals shall be administered only upon the orders of the practitioner responsible for the care of the PC patient in accordance with approved medical staff policies and procedures, and accepted standards of practice.

CR.3   All compounding, packaging, and dispensing of medication shall be under the supervision of a pharmacist.

SD.9 PHYSICAL CARE

The PC IDT assesses and manages pain and/or other physical symptoms and subsequent side effects based upon the best available evidence.

CR.1   The IDT measures and documents symptoms using standardized scales as appropriate. At a minimum, the IDT measures the following patient symptoms:

CR.1a   Pain;

CR.1b   Dyspnea;

CR.1c   Constipation;

CR.1d   Nausea;

CR.1e   Fatigue and Insomnia;

CR.1f   Restlessness; and,

CR.1g   Confusion.

CR.2   The PC IDT assesses and appropriately manages symptoms and side effects in a timely manner acceptable to the patient and family that promotes patient comfort.

Interpretive Guidelines:

The PC IDT should develop treatment plans for physical symptoms within the context of the patient's disease, prognosis, and functional limitations.

SD.10 PSYCHOLOGICAL CARE

The PC IDT provides for the psychological/psychiatric assessment and support of the patient and family to maximize patient and family coping and quality of life.

CR.1   As a component of ongoing PC, The IDT regularly assesses and manages the psychological reactions of patients and families to address emotional and functional impairment and loss, stress, anticipatory grief, and coping.

CR.2   The IDT measures, using standardized scales as appropriate, and documents common psychological symptoms (e.g., anxiety, depression, delirium, behavioral disturbances).

CR.3   The IDT manages common psychological symptoms in a timely, safe, and effective manner acceptable to the patient and family.

SD.11 SPIRITUAL CARE

The PC Program provides for the religious, spiritual, and existential care of the PC patient and his/her family.

CR.1   The IDT shall ensure that a patient/ family assessment of religious, spiritual and existential concerns (using a structured instrument as appropriate) is conducted and the results integrated into the PC POC as appropriate.

CR.2   The PC IDT, through its Chaplain, or other spiritual advisor as appropriate, shall ensure that the patient/family is provided with information about the availability of spiritual counseling through the PC Program, or through the patient's own clergy relationships.

SD.12 END OF LIFE CARE

CR.1   The PC Program shall provide family education regarding the signs and symptoms of imminent death in a timely manner.

CR.2   Family education regarding imminent death will reflect consideration of the ages, developmental stages, and cultural backgrounds of family members.

CR.3   The transition to the active dying stage and the expectation of imminent death shall be communicated to the patient, family and staff and documented in the medical record.

CR.4   The PC Program shall ensure that the actively dying patient is provided analgesics and sedatives as appropriate to achieve comfort.

CR.4a   The IDT will address concerns and fears about the use of narcotics and analgesics hastening death.

CR.5   The PC Program shall ensure that the patient's body is treated with respect according to the cultural and religious practices of the family and in accordance with local law.

SD.13 BEREAVEMENT CARE

CR.1   The PC Program shall develop and implement a bereavement care plan that:

CR.1a   Implements a bereavement care plan focused on the family in a timely manner following a patient's death; and,

CR.1b   Collaborates with other organizations or services as necessary.

SD.14 COMMUNITY INVOLVEMENT

CR.1   PC Program spiritual care professionals shall build relationships with spiritual care professionals, community clergy, and others in the community, in order to provide education and counseling services related to end of life care.

CR.2   The PC Program shall provide community outreach initiatives that provide education focused on improving public awareness of palliative care such forums explaining Palliative Care, support groups and other activities.

CR.3   The PC Program shall develop healthcare and community collaborations that promote advance care planning and completion of advance directives for all individuals.

SD.15 PALLIATIVE CARE PROGRAM ETHICS

CR.1   The PC Program shall establish or have access to ethics committees or ethics consultants across care settings to address ethical conflicts at the end of life.

     CR.1a   The PC Program shall establish a process to identify issues related to ethical distress in clinicians and a method to provide professional staff for consultation and intervention.

CR.2   The PC Program will make advance directive and surrogacy designations available to staff across care settings in compliance with patient privacy and HIPAA regulations.

CR.3   The PC Program shall document the patient/surrogate preferences for goals of care, treatment options, and setting of care at the time of the first assessment and at frequent intervals as conditions change.

CR.4   For minors with decision making capacity, the PC Program will document the minor's views and preferences for medical care, including assent for treatment, and give appropriate voice in decision making.

     CR.4a   The PC Program will make appropriate professional staff members available to both the child and the adult decision maker for consultation and intervention when the child's wishes differ from those of the adult decision maker.

SD.16 PALLIATIVE CARE INTERDISICPLINARY TEAM

CR.1   The PC Program shall define the criteria and qualifications (through plan, policy, or procedure) required for designation of qualified practitioners, professional and other personnel assigned to the PC Program. PC patients must be managed by an interdisciplinary team of medical professionals with the appropriate qualifications, training, and experience. The team embodies collaboration and dedication across medical specialties to offer optimal patient-centered care consistent with the patient's plan of care.

The PC Program Team must include, at a minimum, all of the following individuals:

     CR.1a   The PC Program Medical Director must have sufficient knowledge of PC as evidenced by Board Certification in PC, completion of a recognized fellowship in PC with board eligibility with a defined plan to achieve board certification, or equivalent experience approved by the medical staff.

     CR.1b   Other physician team members, or Qualified Licensed Practitioners (QLP) as appropriate, shall be board certified or board eligible with a defined plan to achieve certification, or have equivalent experience approved by the medical staff.

     CR.1c   PC Program coordinator (nurses, nurse practitioner, physician assistant);

     CR.1d   Social worker;

     CR.1e   Chaplain or other spiritual care provider; and,

     CR.1f   Registered Nurse(s).

CR.2   The PC Program shall maintain an interdisciplinary approach to proper medical care of the PC patient, including the participation of child-life specialists, nursing assistants, nutritionists, occupational therapists, recreational therapists, respiratory therapists, pharmacists, physical therapists, massage, art, and music therapists, psychologists, and speech and language pathologists, as appropriate.

CR.3   The IDT will ensure that patient treatment goals are converted into appropriate medical orders.

CR.3a   Medical orders and information is transferable and applicable across care settings including long term care, emergency medical services and hospitals (e.g., Physician Orders for Life- Sustaining Treatments (POLST)).

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