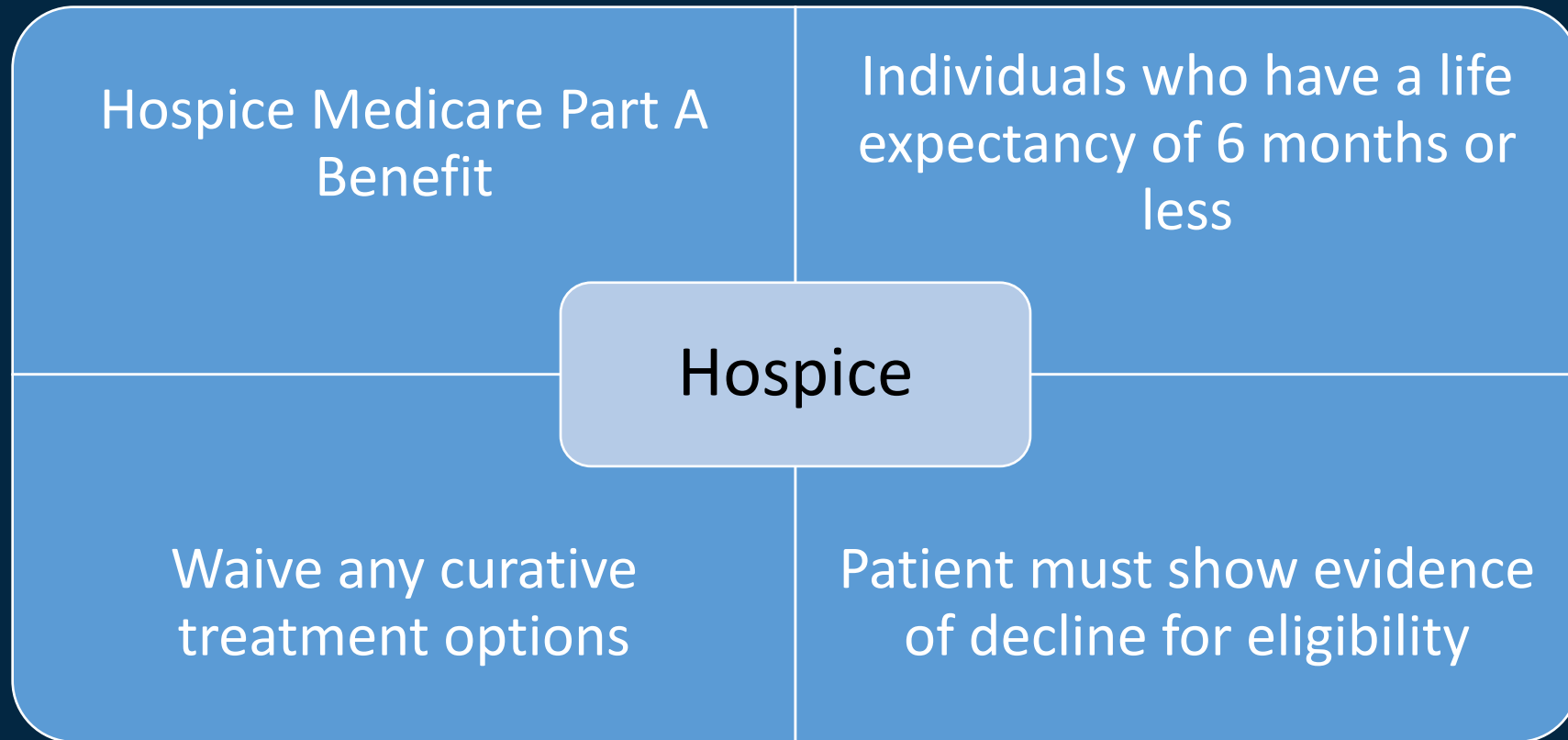
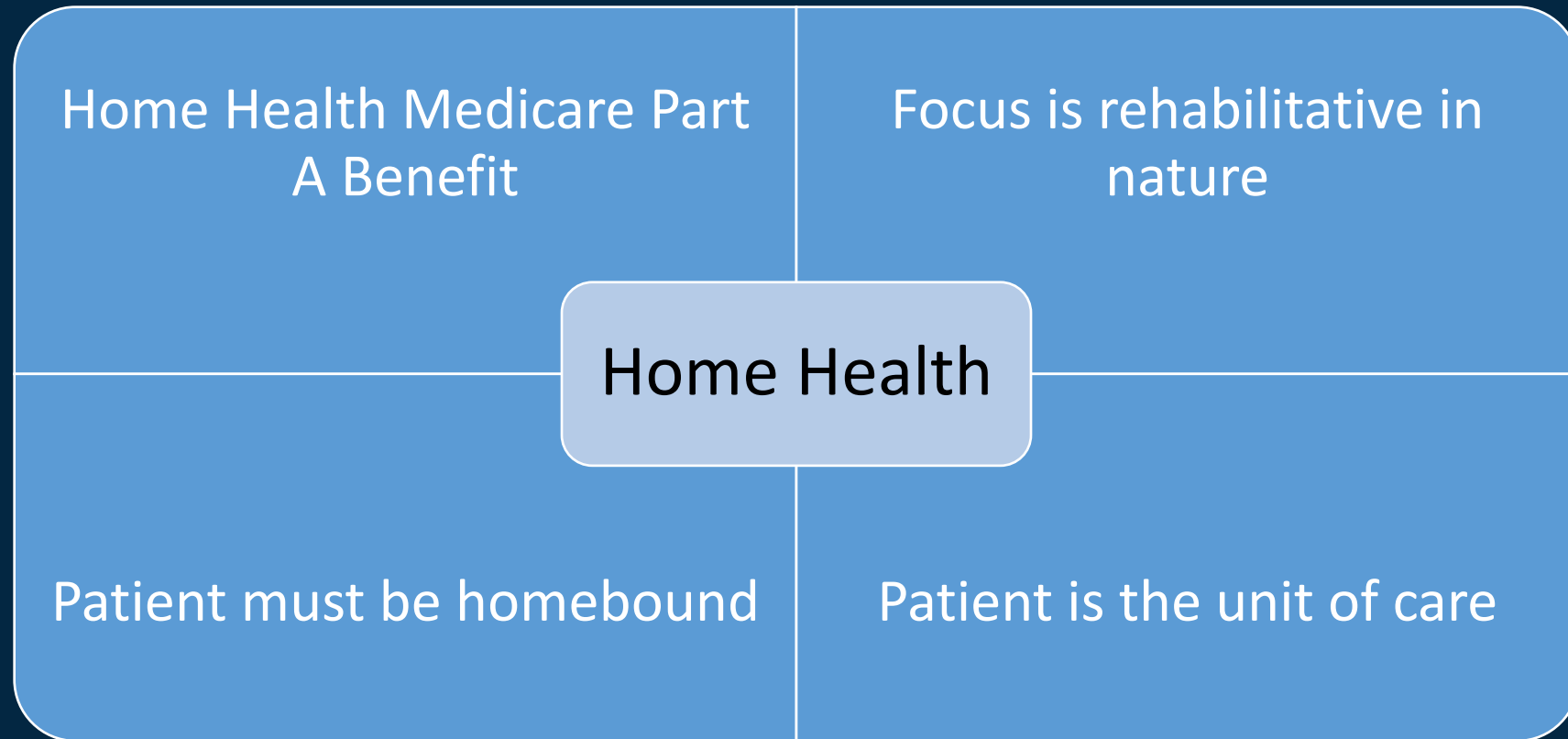




ACHC ACCREDITATION DISTINCTION IN PALLIATIVE CARE

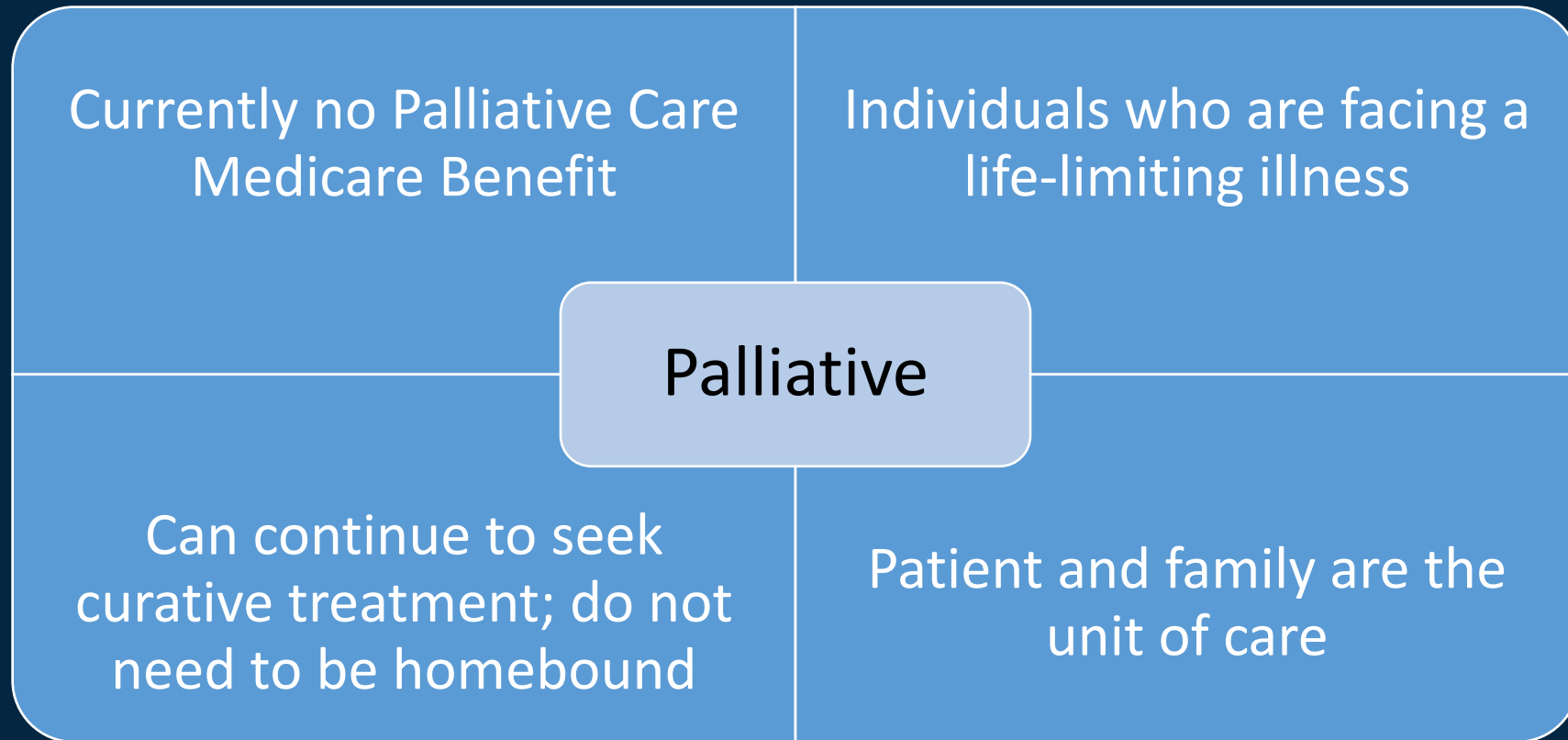






PALLIATIVE CARE

- What is palliative care?
 - Care aimed at relieving pain and symptoms associated with a life-limiting illness
- Isn't all health care intended to be palliative?



ACHC DISTINCTION IN PALLIATIVE CARE

- Palliative care focuses on patient- and family-centered care that optimizes quality of life by anticipating, preventing, and treating suffering
- Palliative care throughout the continuum of illness involves addressing the physical, intellectual, emotional, social, and spiritual needs of the patient and family through the facilitation of patient autonomy, access to information, and choice

*Innovation and Excellence in Advanced Illness at End of Life

ALIGNMENT

- Palliative care programs allows hospice and home health providers to fulfill their mission regarding the continuum of care
- Palliative care programs allows patients and families suffering from a life-limiting illness to receive support from a team of professionals trained in end-of-life care during any stage of the illness; not limiting their options for care until they have a prognosis of 6 months or less
- Palliative care can be provided while individuals continue to seek curative treatment options

ALIGNMENT

- Palliative care provides care to those who often “slip through the cracks”
 - Palliative care allows patients who do not meet the terminality requirement for hospice or the homebound and skilled requirement for home health to receive care and support for a life-limiting illness

SURVEY REQUIREMENTS

- Agency must be currently accredited with ACHC
- Additional 1 day on location, \$3,200
- Have provided care to at least 3 patients, with 2 active at time of survey
- Medical record review and home visits are conducted based on the number of palliative care patients cared for by the agency
- Personnel records are reviewed to determine care is provided by individuals who are properly qualified and trained

ACHC DISTINCTION IN PALLIATIVE CARE

- ACHC released Distinction in Palliative Care in April 2017
- ACHC offers the Distinction in Palliative Care to outpatient providers such as hospice agencies, home health agencies, and private duty nursing agencies
- The standards were created based on the National Consensus Project for Quality Palliative Care
- Developed in coordination with a committee of industry leaders facilitated by Judi Lund Person with the National Hospice and Palliative Care Organization (NHPCO)

ACHC DISTINCTION IN PALLIATIVE CARE

- **Standard PC1-A: The provision of palliative care occurs in accordance with professional state and federal laws, regulations and current accepted standards of care**
- The palliative care program is in compliance with federal and state statutes, regulations, and laws regarding:
 - Disclosure of medical records and health information
 - Medical decision-making
 - Advance care planning and directives
 - The roles and responsibilities of surrogate decision-makers
 - Appropriate prescribing of controlled substances
 - Death pronouncement and certification processes
 - Autopsy requests, organ/anatomical donations
 - Health care documentation
 - Palliative care program policies and procedures

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- **Standard PC2-A: Written policies and procedures are established and implemented in regard to the palliative care program coordinating care and collaborating with community resources to ensure continuity of care for the patient and family**
- Written policies and procedures are established and implemented regarding:
 - Coordination of care with community resources to ensure continuity of care
 - Communication and collaboration with hospices and other community service providers involved in the patient's care
 - Referrals are only made with the patient or appropriate representative's consent
 - Timely and effective sharing of information among healthcare teams while safeguarding privacy

ACHC DISTINCTION IN PALLIATIVE CARE

- **Standard PC2-B: Written policies and procedures are established and implemented in regard to palliative care services being provided to the patient and family to the extent that their preferences and needs can be met in their physical environment**
- Written policies and procedures are established and implemented that describe the different environments of care available to the patient and family
- Unique care needs of pediatric/adolescent patients or family members/visitors will be addressed by the palliative care team

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- **Standard PC2-C: Written policies and procedures are established and implemented in regard to the palliative care program providing care/service to patients and families of various belief systems**
- Written policies and procedures describe the mechanisms the palliative care program uses to provide care for the patients/families of different cultural backgrounds, beliefs, and religions

ACHC DISTINCTION IN PALLIATIVE CARE

- **Standard PC2-D: Written policies and procedures are established and implemented in regard to the palliative care program striving to enhance its cultural and linguistic competence**
- The palliative care program has written policies and procedures that describe methods to enhance cultural and linguistic awareness and services
- Ongoing education is provided to staff on cultural awareness and cultural competency
- The palliative care program regularly evaluates its services, policies, and responsiveness to the multicultural population and makes changes as appropriate

ACHC DISTINCTION IN PALLIATIVE CARE

- **Standard PC2-E: Written policies and procedures are established and implemented in regard to the palliative care program identifying and assessing complex ethical issues arising in the care of people with life-threatening illnesses**
- Written policies and procedures describe mechanisms for identifying and addressing ethical issues in providing palliative care
- Ethical concerns are addressed with the patient or family and are documented in the clinical record
- Referrals are made to ethics consultants or the agency's ethics committee as appropriate

ACHC DISTINCTION IN PALLIATIVE CARE

- **Standard PC4-A: Written policies and procedures are established and implemented in regard to the palliative care program option to use volunteers to provide services to the patient and family**
- Written policies and procedures describe the role and practices of volunteers in the palliative care program
 - Volunteers must comply with all personnel policies and procedures, including background checks and training
 - Volunteers are trained, coordinated, and supervised by a palliative care team member
 - Services provided by volunteers will be included in the plan of care

ACHC DISTINCTION IN PALLIATIVE CARE

- **Standard PC4-B: A written education plan is established and implemented that defines the content and frequency of evaluations as well as the amount of ongoing in-service training**
- The education plan includes training provided during orientation as well as ongoing in-service education
- The palliative care program provides this training directly or arranges for personnel to attend sessions offered by outside sources

ACHC DISTINCTION IN PALLIATIVE CARE

- **Standard PC4-C: The palliative care program provides support services to its team members**
- The palliative care program provides regular support meetings for staff and volunteers to encourage discussion of emotional stress/impact when caring for patients and families with serious or life-threatening illnesses
- The palliative care program and interdisciplinary team (IDT) implement interventions to promote staff support and sustainability
- Opportunities for additional counseling services are available

ACHC DISTINCTION IN PALLIATIVE CARE

- **Standard PC5-A: Written policies and procedures are established and implemented in regard to an initial evaluation of the patient and family being completed in a timely manner; this assessment forms the basis of the plan of care**
- Members of the interdisciplinary team (IDT) complete an initial evaluation and subsequent re-evaluations through patient and family interviews; review of medical and other available records; discussion with other providers; and physical exam and assessment
- Initial contact occurs within two business days of palliative care referral
- Needs identified during the initial evaluation are referred to the appropriate IDT member for completion of a comprehensive assessment
- Timeframes for completion of the comprehensive assessments are defined in the agency's policies and procedures

ACHC DISTINCTION IN PALLIATIVE CARE

- **Standard PC5-B: Written policies and procedures are established and implemented in regard to patient and family participation in the formation of the plan of care**
- The palliative care program ensures participation by the patient and family in the plan of care
- The plan of care includes values, goals, and needs that have been expressed by the patient/family

ACHC DISTINCTION IN PALLIATIVE CARE

- **Standard PC5-C: The interdisciplinary team (IDT) provides services to the patient and family in accordance with the plan of care**
- The IDT for the palliative care program consists of spiritual care professionals, nurses, physicians, and social workers based on patient and family needs
- It may also include other therapeutic disciplines as requested by the patient and family or when a need is identified by IDT members
- The IDT to provide services in accordance with the plan of care

ACHC DISTINCTION IN PALLIATIVE CARE

- **Standard PC5-D: Written policies and procedures are established and implemented in regard to the interdisciplinary team (IDT) assessing and managing the patient's pain and/or other physical symptoms**
- The palliative care program provides individualized care and disease-specific symptom management
- Treatment plans for physical symptoms are individualized based on the disease, prognosis, patient functional limitations, and patient-centered goals
- A complete pain and symptom assessment is conducted initially and on an ongoing basis

ACHC DISTINCTION IN PALLIATIVE CARE

- **Standard PC5-E: Written policies and procedures are established and implemented in regard to the interdisciplinary team (IDT) assessing the psychological and psychiatric aspects of the patient/family coping abilities and quality of life**
- The IDT includes professionals with specialized training in psychological and psychiatric issues such as depression, anxiety, delirium, and cognitive impairment
- Based on patient and family goals, interventions include assessing psychological needs, treating psychiatric diagnoses, and promoting adjustment to the physical condition or illness
- When necessary the IDT refers the patient and/or family members to appropriate healthcare professionals for ongoing psychological or psychiatric treatment

ACHC DISTINCTION IN PALLIATIVE CARE

- **Standard PC5-F: The interdisciplinary team (IDT) assesses the social aspects of care to meet and promote patient/family needs and goals and to maximize patient/family strengths and well-being**
- The IDT includes a social worker who has a bachelor's degree and/or graduate degree from an accredited school and experience in hospice and palliative care or a related healthcare field
- The IDT facilitates and enhances several social aspects of patient/family care

ACHC DISTINCTION IN PALLIATIVE CARE

- **Standard PC5-G: Written policies and procedures are established and implemented in regard to the interdisciplinary team (IDT) conducting a social assessment to identify the patient/family social strengths, needs and goals based on findings from the initial evaluation or subsequent evaluations**
- Written policies and procedures are established and implemented that address the interdisciplinary team (IDT) completing a social assessment
- The social assessment includes the required elements as identified in the standard

ACHC DISTINCTION IN PALLIATIVE CARE

- **Standard PC5-H: Written policies and procedures are established and implemented in regard to the interdisciplinary team (IDT) conducting a spiritual assessment to identify religious or spiritual/existential background, preferences and related beliefs; rituals and practices of the patient and family; and symptoms such as spiritual distress and/or pain, guilt, resentment, despair, and hopelessness based on needs identified during the initial evaluation or subsequent evaluations**
- The IDT includes spiritual care professionals who have documented education and training in spirituality and existential issues, or other experience based on agency policies and/or job description
- The IDT refers the patient to appropriate community resources (pastoral counselor, spiritual director, or spiritual care professional) when requested

ACHC DISTINCTION IN PALLIATIVE CARE

- **Standard PC5-1: Written policies and procedures are established and implemented in regard to the palliative care program facilitating religious, spiritual and/or cultural services as requested by the patient or family at and after the time of death**
- The palliative care program provides spiritual counseling and services in accordance with patient/family acceptance of these services and with their beliefs and desires
- The palliative care team follows up post death with phone calls, home visits or attendance at the funeral or wake to offer support, identify any additional needs/referrals, and to assist the family with bereavement

ACHC DISTINCTION IN PALLIATIVE CARE

- **Standard PC5-J: Written policies and procedures are established and implemented in regard to a core component of the palliative care program being the provision of grief and bereavement services for patients and families, based on assessment of needs**
- Bereavement counseling services must be available to the patient and family to assist in minimizing the stress and problems that arise from living with a serious or life-threatening illness
- Bereavement services must be an organized program with services provided by qualified professionals who have experience and education in grief, loss, and bereavement
- Bereavement services may be provided by members of the interdisciplinary team (IDT) or through referrals to community resources
- An initial grief and bereavement assessment is completed upon admission to the palliative care program
- The assessment shall include an evaluation of patient/family risks for complicated grief, bereavement, and comorbid complications

ACHC DISTINCTION IN PALLIATIVE CARE

- **Standard PC5-K: Written policies and procedures are established and implemented in regard to the interdisciplinary team (IDT) providing a continuum of care for the patient and family through the transition of dying to the time of death and bereavement follow-up**
- Written policies and procedures describe the types of services and mechanisms the palliative care program uses to provide care for the patient at the end of life to meet the physical, psychosocial, spiritual, social, and cultural needs of patients and families
- The IDT educates the family on signs and symptoms of imminent death and provides emotional support

ACHC DISTINCTION IN PALLIATIVE CARE

- **Standard PC5-L: Written policies and procedures are established and implemented in regard to the palliative care team presenting the patient and family with an end-of-life plan of care that addresses the dying process, treatments, symptom management, family preferences, and other requests**
- The palliative care team will have an appropriately timed discussion with the patient/family regarding hospice services that adhere to patient/family preferences
- The plan of care during the dying process is discussed and updated as needed to meet the needs of the patient and family
- Any discussion prior to the patient's death about an autopsy, organ or tissue donation, or other anatomical gifts is documented

ACHC DISTINCTION IN PALLIATIVE CARE

- **Standard PC5-M: Written policies and procedures are established and implemented in regard to the provision of post-death care based on care setting**
- Written policies and procedures are established and implemented in regard to the palliative care program providing post-death care in a respectful manner that honors patient/family cultural and religious practices

ACHC DISTINCTION IN PALLIATIVE CARE

- **Standard PC5-N: The palliative care program implements the bereavement plan post death**
- A palliative care team member is assigned to support the family and assist with religious practices, funeral arrangements, burial planning, and emotional/grief support as appropriate
- Bereavement services for the patient's family are implemented post death by the interdisciplinary team (IDT)

ACHC DISTINCTION IN PALLIATIVE CARE

- **Standard PC5-0: Written policies and procedures are established and implemented in regard to the palliative care program respecting the patient's or surrogate's goals, preferences and choices for care within the limits of applicable state and federal laws, current accepted standards of medical care, and professional standards of practice**
- Written policies and procedures are established and implemented in regard to ethical and legal principles in providing palliative care
- The IDT assesses the ability of the patient and family in the decision-making process

ACHC DISTINCTION IN PALLIATIVE CARE

- **Standard PC6-A: The palliative care program develops, implements, and maintains an effective, ongoing Quality Assessment and Performance Improvement (QAPI) program. The program measures, analyzes, and tracks quality indicators and other aspects of performance that enable the program to assess processes of care, services, and palliative care outcomes**
- Written policies and procedures are established and implemented that describe the palliative care program's QAPI plan
- The QAPI program measures, analyzes, and tracks quality indicators and other aspects of performance that enable the palliative care program to assess processes of care and operations

DOWNLOAD PALLIATIVE CARE STANDARDS

- Log in to your Customer Central account
- Click Standards
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QUESTIONS?

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