ACHC Accreditation Guide to Success

PALLIATIVE CARE

ACHC U
EDUCATIONAL RESOURCES

ACHC Accreditation Guide to Success Disclaimer

All sample policies and procedures provided in the ACHC Accreditation Guide to Success workbooks are for example and illustration purposes only. Each organization is unique in its organizational structure and product offerings and must develop and implement specific policies and procedures that ensure compliance with all ACHC standards. Their policies and procedures must also meet or exceed state and/or federal regulatory requirements.

All materials included herein were current at the time they were published. This information was created as an educational resource and does not provide any rights, privileges, or benefits for any individual or organization. Although every reasonable effort has been made to ensure the accuracy of the information contained in this guide, it is the responsibility of every service provider or organization seeking accreditation to ensure compliance with federal, state and local laws and regulations. ACHC standards are updated every year by February 1. Service providers and organizations can refer to Customer Central at www.achc.org to ensure they have the current version of the standards. ACHC employees, agents, representatives, and staff make no representation, warranty, or guarantee that the information provided is error free and will bear no responsibility or liability for the results or consequences of its use.

Copyright © 2021 by Accreditation Commission for Health Care Inc.

ACHCU
Accreditation Commission for Health Care
139 Weston Oaks Ct.
Cary, NC 27513

(855) 937-2242
achcu.com

Ordering Information:

Quantity sales. Special discounts are available on quantity purchases by corporations, associations, and others. For details, contact ACHC at the address above. Printed in the United States of America.

Dear Provider,

Thank you for your interest in ACHC Accreditation. The ACHC Accreditation Guide to Success workbook is only one of the many resources we offer to help your organization improve efficiencies, as well as prepare your team for a successful on-site accreditation survey.

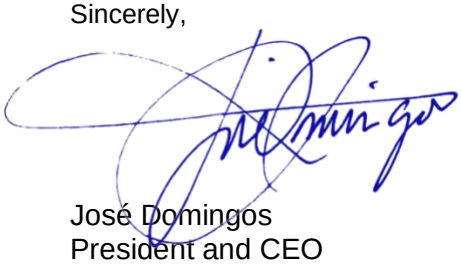
Our interest is to deliver an experience that you won't get with any other accrediting organization. Every one of our employees shares this commitment. From our Receptionist to our Surveyors, you will find that delivering the best possible experience is our top priority.

We provide knowledgeable, experienced Surveyors that can offer "best practices" guidance based on their experience. I believe you will find our Surveyors to be highly qualified in their respective areas of expertise, with a sincere interest in helping you attain your objective without compromising standards.

Our Account Advisors can be easily reached and are committed to returning all calls and emails within four hours of receipt. They are here to walk you through the entire accreditation process and are available to answer any questions. We also have a strong marketing team that is constantly developing new products that can assist our customers with their growing businesses.

If at any time you feel we do not deliver on these commitments, please do not hesitate to reach out to me directly. Again, thank you for your interest in ACHC Accreditation as well as your dedication to providing high quality healthcare services.

Sincerely,



José Domingos
President and CEO

This page intentionally left blank.

WHY SEEK ACCREDITATION?

Become an Industry Leader

Accreditation is regarded as one of the key benchmarks for measuring the quality of an organization. Preparing for accreditation will give your organization an opportunity to identify strengths as well as opportunities for improvement. The accreditation process provides essential information needed to make decisions regarding operations that will improve the effectiveness and efficiency of your organization.

Become a Provider of Choice

- Differentiate your organization from other healthcare providers.
- Illustrate your commitment to quality and ensure that your patients are receiving the best care possible.
- Gain patient recognition and trust.
- Strengthen consumer confidence in your organization and the quality of services you provide.
- Illustrate your organization's ability to maintain compliance with national industry standards and changes.

THE ACHC DIFFERENCE

ACHC has gained respect and recognition as an accrediting organization uniquely committed to healthcare providers. Since 1986, ACHC has become synonymous with providing excellent customer service, integrity, and value. Our Surveyors and Account Advisors are friendly and helpful, ensuring that you obtain the highest quality of accreditation and ultimately helping you improve your business and provide excellent patient care.

ACHC is dedicated to listening to providers, and we want you to know that we understand your challenges and concerns. We take a consultative approach to accreditation, and we invite you to experience the ACHC difference.

- Standards that are relevant and realistic, easy to understand, and customized to your organization.
- Personal Account Advisors to assist you with any questions and provide guidance throughout the accreditation process.
- All-inclusive pricing with no annual or added fees.
- Friendly, experienced, and consultative Surveyors who offer evidence-based best practices to improve your business.
- Accreditation services for a variety of programs.
- Recognition by all major third-party payors.
- Achieved and maintained international distinction of certification and continued compliance with ISO 9001:2015.

This page intentionally left blank.

TABLE OF CONTENTS

Post-Survey Process

STANDARDS

Format: Standard/Evidence

RESOURCES

Ongoing Support

HOW TO USE THIS GUIDE

ACHC Accreditation Standards are separated into seven sections. Each standard is written with specific requirements and/or helpful hints to assist your program in understanding the expectations are for compliance.

ACHC Standards are Designed and Listed as Follows:

- **Standard Numbering:** Indicates the program the standard applies to and the standard number
  - For example, standard CBPC1-1A: CBCP is for Community-Based Palliative Care and 1-1A indicates Section 1 (Organization and Administration) Standard 1A.
- **Standard Statement:** The opening statement of the standard requirement.
- **Essential Components:** For each of the ACHC Standards, you will find a section titled Essential Components. This is an indication of what needs to be readily identifiable in a policy and procedure, personnel record, patient record, or the Performance Improvement Program/Plan.
- **Hints:** These are Surveyor comments, suggestions, and recommendations addressing commonly missed requirements or common questions.

Other Tools

Each section also contains audit tools, sample policies and procedures, templates, compliance checklists, and a self-assessment tool to further guide you in the preparation process.

ACHC PALLIATIVE CARE ACCREDITATION STANDARDS

Customized for:

CBPC – Community-Based Palliative Care

Quick Standard Reference

Quickly locate important information for successfully completing the accreditation process with ACHC.

SECTION 1

SECTION 2

SECTION 3

SECTION 4

SECTION 5

SECTION 6

SECTION 7

PRE-SURVEY PREP

Federal, State, and Local Laws

One of the first steps in preparing for accreditation is to review all state and local laws that pertain to operating a palliative care program. Often, state and local regulations can be found on your state's regulatory website. Compliance with the most stringent regulation is required to be in compliance with ACHC Accreditation Standards.

CURRENT CUSTOMERS

If you are a current customer of ACHC and are applying for renewal of accreditation, the application, complete with deposit, should be submitted approximately seven to nine months before your certification/accreditation expires.

Create a Customer Central Account

Your first step in the accreditation process is to create your Customer Central account, where you will have access to all of the tools needed to achieve and maintain ACHC accreditation. Once you have registered your account, you will have the ability to select ACHC standards, complete an online application, and access all of ACHC's accreditation resources. Your organization will also receive a personal Account Advisor who will serve as your consistent point of contact throughout the entire process.

Download ACHC Standards

The next step in the process is to download the ACHC standards relevant to the programs and services you provide. Your Customer Central account will provide you access to preview and purchase ACHC standards. By purchasing the standards, you will gain unlimited access to ACHC standards.

When downloading your standards, make sure you only select those services that your organization provides. Each set of standards is customized based on the products and services that are selected at the time of download. If you have any questions, please contact your Account Advisor.

Once standards are downloaded, it is important to read them thoroughly. ACHC standards follow a specific format that allows the reader to know the expectation for determining compliance.

- Standard Statement
  - Provides a broad statement of the expectation in order to be in compliance with ACHC standards and what follows is the detailed description of what is required to be compliance.
- Evidence
  - Provides items that will be reviewed, either on site or as part of the Extended Policy Review (EPR), to determine if the standard is met.

HINT

The standard that follows illustrates the format that is utilized.

Standard CBPC1-1A: (SERVICES APPLICABLE: CBPC)

The palliative care program is in compliance with federal, state, and local laws and regulations. [Guideline(s) 8.2]

- The palliative care program and its personnel must operate and furnish services in compliance with all applicable federal, state, and local laws and regulations related to the health and safety of patients. If state or applicable local law provides for the licensure of a palliative care program, the palliative care program must be licensed.

  The palliative care program has a physical location and required license(s) and or permit(s) is current and posted in a prominent location accessible to public view in all locations/branches and/or in accordance with appropriate regulations or law.

  The palliative care program is an established entity with legal authority to operate and has the appropriate articles of incorporation, or other documentation of legal authority. Legal authority is granted to one individual, members of a limited liability corporation (LLC), a board of directors, or a board of health; usually referred to as the governing body, and as allowed in state statutes for the appropriate type and structure of the palliative care program. The entity, individual or palliative care program has a copy of the appropriate documentation or authorization(s) to conduct business.

  - Evidence: Copy of Articles of Incorporation/Bylaws and all applicable amendments
  - Evidence: Copy of all current applicable licensure(s)/permit(s) for each location
  - Evidence: Observation

WRITING POLICIES AND PROCEDURES

Well-written policies and procedures (P&P) are essential tools in guiding your staff in the delivery of consistent, high-quality care. The policies and procedures are also necessary for the completion of the Preliminary Evidence Report (PER). A preliminary review of your policies and procedures is a time-saving and necessary step to ensure that required ACHC components are included and "readily identifiable."

A **Policy Template** is provided at the end of this section as a reference tool.

HINT

If you are unclear as to whether the P&P meet the standard, they will most likely be questionable to the Surveyor as well.

What's the difference between a policy and a procedure?

- A policy is the "what" statement. It provides broad direction for appropriate actions and decision making. Policies are often based on regulations that specify what your organization must do or provide.
- A procedure is the internal process your organization develops and follows to implement a policy. A procedure describes the "who, when, and how" details of the policy. Be careful not to make procedures too restrictive. Also, write procedures to meet mandatory requirements and to provide consistency, but allow enough flexibility to permit staff to use their own professional judgment, as appropriate.

How to get started:

- First, assemble all applicable federal, state, and local regulations and ACHC standards. Remember, the strictest regulation/standard must be implemented in order to be in compliance.
- Decide how you are going to organize your P&P. Most organizations find that multiple manuals are required: an Administrative manual, a Clinical manual, and a Human Resources manual. Within each manual, subgroups/chapters are often needed. You may choose to organize the information by department or by topic. For simplicity, many organizations use the ACHC section headings as a way to organize their policy manuals.

Format:

All policies and procedures must follow a standard format to ensure consistency, and that all relevant items are included. The header must include:

- The name of your organization
- The title of the P&P
- The number of the P&P
- The effective date of the P&P

The body of the P&P should include:

- The scope defining the department or program to which the P&P is applicable
- Policy statement that includes specific regulations, laws, and the guiding principles of your organization
- Procedure that includes specific tasks needed to implement the policy
- References or resources that validate the policies and procedures

The footer should include:

- Author and title of the P&P
- Creation date of P&P
- Revision dates of P&P

Control

It is best practice to have a method of control over P&P. Sometimes, well-meaning staff create a form or revise a policy, provide care based on that form or policy, and soon staff are operating outside the organization's approved P&P.

To reduce the risk of inconsistencies and staff operating outside of your approved P&P, it is helpful to designate a specific individual or position that is responsible for overseeing this function.

SUBMIT REQUIRED DOCUMENTS

ACHC requires the following five items to be completed before scheduling your survey:

1. Online application
    - The online application is found in your Customer Central account. Here, you have the ability to complete the entire application process in one easy-to-use interface.
2. Deposit
    - Quickly and securely submit your accreditation deposit through Customer Central.
3. Accreditation agreement
    - Review and return your signed Accreditation Agreement (contract) to ACHC.
4. Payment methods
    - Schedule your payments by selecting the payment method of choice for the remaining accreditation balance.
5. Preliminary Evidence Report (PER) Checklist (only for initial applicants)
    - The PER allows your organization to submit select documentation to ACHC for review prior to the accreditation survey. This step provides supporting evidence to demonstrate your organziation's compliance with ACHC standards.
    - The PER must be submitted electronically through your Customer Central account.

EXTENDED POLICY REVIEW

ACHC offers an optional Extended Policy Review, allowing customers to submit a comprehensive set of P&P for review by an ACHC Surveyor. This service is extremely valuable to companies that are undergoing initial accreditation to ensure that all documents and P&P are ready for the on-site survey.

After a Surveyor has completed the Extended Policy Review, a Desk Review Report will be returned directly from the Account Advisor. This report notes any deficiencies found within the P&P, including an indication of any information that the Surveyor was unable to locate.

You will have 21 days from the date of the Desk Review Report to revise and re-submit all corrections to the P&P submitted with your policies. All revisions must be sent directly (electronically) to your Account Advisor. Submitting revised documents within this time frame allows the Surveyor an opportunity to re-evaluate this information prior to your on-site survey.

Remember, policy often reflects practice! You have 30 days from receipt of the Desk Review Report to revise polices, educate staff regarding policy revisions and to ensure revisions are implemented in patient care before the ACHC Surveyor arrives on site to conduct your survey.

The results of your Extended Policy Review will give an indication of your organization's readiness for the on-site survey. If multiple revisions were required in order to bring P&P into compliance, staff will likely need education on the revisions and time to implement these revisions into direct care. If few revisions were required in order to bring your policies and procedures into compliance, your staff is likely providing care that is representative of your organization's policies.

PREPARING YOUR ORGANIZATION

- **STAFF EDUCATION** – Educating staff is a vital aspect of survey preparation. Staff involvement is paramount during the survey process. It is not enough for higher-level staff, such as the Manager/Leader and/or Supervisor to be knowledgeable and prepared. Direct patient care staff must be prepared as well.

  Staff are typically aware of the clinical procedures they perform on a daily basis, but often have difficulty with policies and procedures surrounding the less frequent issues that may arise. An example of this may be your organization's P&P regarding a patient complaint or incident.

  A **Potential Program Staff Interview Tool** has been provided in the back of this section to assist you in educating your staff.

- **OBSERVATION VISITS** – Observation visits are powerful learning opportunities for your staff including the Manager/Leader and/or Supervisors. Your staff may become nervous while being observed, which often leads to the inability to remember the most common practices, like following your P&P for hand washing before providing patient care. Observation visits not only desensitize staff to the process of being observed, they also provide the Supervisor the opportunity to observe staff and to ensure quality care is being provided, as well as to ensure staff is adhering to your organization's P&P.

- **AUDITING** – Audit, audit and audit some more. Audits of patient charts and personnel charts, as well as auditing any logs, meeting minutes, and/or reports, are a key component to a successful survey.

  Auditing allows your organization an opportunity to identify both strengths and weaknesses, as well as put corrective actions into place before the Surveyor arrives. Not all items can be corrected, but processes can be improved to ensure ongoing compliance. It is best to identify and develop a Plan of Correction (POC) for any deficiencies found during the audit process and track your progress to determine if compliance has been achieved.

To develop a Plan of Correction, refer to the **Plan of Correction Template** at the end of this section.

- **PRACTICE RUN** – Being organized allows the survey process to run smoothly and helps decrease anxiety staff may be experiencing. Programs often find it useful to complete a practice run of the survey process.

  Here are a few things to consider

  - Walk through the front door and observe the surroundings objectively:
    - Is signage present?
    - Is Protected Health Information (PHI) accessible to the public?
    - Is there someone there to greet visitors and direct them to the proper person/department?
    - Are direct care staff wearing their name badges?
  - Ask yourself the following questions:
    - How long does it take to generate the required reports needed for the Surveyor?
    - Who is responsible for generating/maintaining the required reports?
    - If key staff are unavailable, who will gather this information?
    - Where is the information located?

An **Items Needed for Survey List** and an **Observation Audit Tool** have been provided at the back of this section.

ON-SITE SURVEY PROCESS

- **SURVEY ETIQUETTE** – The ACHC Surveyor can arrive at any time during your standard hours of operation. Check their identification and make a photocopy for your files, if you choose. Escort them to an appropriate workspace, preferably one with a working phone and wall plug. Show them where the bathrooms, coffee, etc. are located. It is ACHC policy that you may not purchase lunch, dinner, etc. for Surveyors.
- **OPENING CONFERENCE** – The opening conference can begin shortly after the Surveyor has been escorted to the workspace. Feel free to invite appropriate staff to the opening conference.

  This is the time to present any additional P&P revisions you have as a result of your Desk Review.
- **TOUR** – A tour of the agency typically happens after the opening conference. This is a good time to generate the Unduplicated Admissions Report as well as the Current Patient Census and Personnel/Staff Report.
- **RECORD SELECTION**
  - **PERSONNEL FILES** – Surveyors will review personnel files based on the services your program provides. For example, Registered Nurse (RN), Licensed Practical Nurse (LPN), and Licensed Vocational Nurse (LVN) files will be reviewed if your program provides nursing services. In addition, the Surveyor will review the personnel files for the Manager/Leader and the Clinical Supervisor/Director of Nursing (DON) as well as the staff member responsible for Quality Assessment and Performance Improvement (QAPI). The personnel file review includes staff that are employees of the program, as well as contract staff that provide services on behalf of the program. Programs are not required to maintain personnel files for contract staff, but they must be able to demonstrate that contract staff are in compliance with ACHC requirements.

    Depending on the size and complexity of your organization, it may be helpful to have a representative from Human Resources available to answer any questions the Surveyor may have while reviewing the personnel files.
  - **MEDICAL/PATIENT RECORDS** – The Surveyor will choose charts based on the complexity of the care and services provided. Record reviews will occur on active and discharged patients.
  - If your program maintains electronic medical records, it is helpful to have someone knowledgeable with the system to navigate or demonstrate the layout of these records to the Surveyor. This helps to ensure all documentation is reviewed on site. The program will need to provide the Surveyor with a laptop or desktop to access medical records and access must be “read-only.”

    Prior to the exit conference, provide your Surveyor with any missing documentation or other items as quickly as possible. This is your final opportunity to ensure the Surveyor has reviewed all required items necessary to determine compliance with the ACHC Accreditation Standards.
- **STAFF INTERVIEWS** – Staff interviews will also be conducted during the survey. The Surveyor will choose and select staff based on the services provided. In addition, the Surveyor will interview the Manager/Leader and the Clinical Supervisor.
- **OBSERVATION VISIT** – An observation visit will be conducted on at least one patient. The purpose of the visit is twofold: To ensure the care provided follows acceptable standards of practice, and to interview the patients regarding their perspective on the care provided.

It is the responsibility of your program to obtain consent, written or verbal, from the patient or the appropriate representative. Be certain to reassure the patient that the Surveyor was invited by your program to participate in the survey process.

The Surveyor may or may not stay for the entire observation visit, so it is best for the Surveyor to drive independently or ride with a program-appointed driver, as applicable. If your Surveyor drives independently, please provide printed directions both to the location he or she is visiting, as well as directions for returning to the office.

- **EXIT CONFERENCE** – You are allowed to invite whomever you choose to attend the exit conference. If the exit conference is recorded, two copies must be recorded simultaneously and the Surveyor has the option to choose which recording he or she will return to ACHC.

  The Surveyor will present the deficiencies found during the on-site survey. The deficiencies will be identified using the ACHC standard number. Take good notes during the exit conference. The final report, Summary of Findings (SOF), will come from your Account Advisor within 10 working days following the last day of the survey.

  Seek clarification from your Surveyor while he or she is still on site; this is your last opportunity to talk to them directly, as once they leave, all communication will be with your Account Advisor.

A **Sample Agenda for a One-Day Survey** is provided at the end of this section.

POST-SURVEY PROCESS

- **ACCREDITATION DECISIONS** – Accreditation decisions are made by the Review Committee based on the findings of the survey.

  There are four Accreditation decisions:

  - Approved – Provider meets all requirements for full accreditation status.
  - Accreditation Pending – Provider meets basic accreditation requirements, but accreditation status is granted upon submission of an approved Plan of Correction (POC).
  - Dependent – Provider has significant deficiencies to address in order to achieve accreditation. An additional on-site visit will be necessary to be eligible for accreditation.
  - Denied – Accreditation is denied. Provider must start process from beginning once deficiencies are addressed.

- **SUMMARY OF FINDINGS (SOF)** – An SOF will be sent to the organization within 10 business days following the last day of the survey. The SOF is the final account of deficiencies and will be the basis for the POC.
- **PLAN OF CORRECTION (POC)** – The POC template will be sent electronically from your Account Advisor. All documentation must be on the POC template.
- An acceptable Plan of Correction contains the following elements:
  - The standard that was out of compliance (provided on the SOF)
  - Plan of Correction: State what measures will be put into place or what systemic changes will be made to ensure that the deficient practice will be corrected. Explain what was done to fix each of the findings listed. Consider whether or not the program needs to develop or modify a current process or system and describe the changes made.
  - Date of Compliance: Provide dates when stated tasks are to be accomplished. Dates should be realistic given the specifics of your program, such as staffing and current operations. The date of compliance has to be no later than 30 calendar days from the receipt of the SOF.

- Title: Use title(s), not names, so the POC does not need to be redone if roles change or if staff leave.
- Process to Prevent Recurrence: Describe how your program plans to monitor the changes to ensure the action steps put into place are effective. Consider the frequency of monitoring, sample size, acceptable threshold, and systems to monitor the new process. For corrective action measures that require chart audits, include the number or percentage of charts to be audited, the frequency of the audit, and a target threshold. A minimum of 10 charts or 10% of daily census (whichever is greater) must be audited on at least a monthly basis until the acceptable threshold is met. After the threshold is met, audits may be decreased to quarterly.

- **EVIDENCE** – If evidence is requested, it will need to be submitted to ACHC within 60 days of the receipt of the SOF.
- Acceptable evidence would be a brief description of the audit, how many were reviewed, and how many were correct. ACHC has created an Evidence Chart Summation Tool to assist with the submission of evidence. This will be sent to you by your Account Advisor once your POC has been approved.
- Do not send any PHI or EPHI on patients or staff

A **Plan of Correction Template** is provided at the back of this section.

Survey Process Tools:

- Policy Template
- Potential Staff Interview Questions
- Items Needed for Survey
- Personnel File Review
- Observation Audit Tool
- Plan of Correction Sample
- Evidence Chart Template
- Sample Agenda

POLICY TEMPLATE

Program Name

Policy Title: Policy #:

Scope:

Effective:

Policy:

Procedure:

References:

Authored by:

Date Created: Date Revised:

FOR PROVIDERS. BY PROVIDERS.

PALLIATIVE CARE

POTENTIAL STAFF INTERVIEW QUESTIONS

Gray box indicates question is non-applicable.

	Standard	Managers/Leaders	MD/PA/NP/ARPN	Nurses	Social Worker	Spiritual Care	Bereavement	QAPI Coordinator
Can you describe the care settings where palliative care is provided?	CBPC1-3A							
Can you describe the program's policies and procedures on conflict of interest and how it affects you?	CBPC1-4A							
Can you describe your duties and accountabilities?	CBPC1-5A, B							
Describe the primary services offered in the palliative care program?	CBPC1-6A							
What other professionals/services could be offered under the palliative care program in order to meet patient's needs?	CBPC1-6B							
What negative outcomes must you report to ACHC? Have you had any negative outcomes?	CBPC1-7A							
How do you provide information to patients and families regarding palliative care services?	CBPC2-1A							
List three to four patient rights.	CBPC2-2A							
To whom would you report any alleged violation involving mistreatment, neglect, or abuse to a patient and in what time frames?	CBPC2-3A							
To whom would you report verified violations to and in what time frame?	CBPC2-3A							
Describe the process for handling a patient grievance/ complaint.	CBPC2-4A							
How are patients informed of their right to report a grievance or complaint?	CBPC2-4B							
How is patient information kept secure and confidential?	CBPC2-5A							
How do you provide information regarding Advance Directives to patients?	CBPC2-6A							
How would you provide care to patients/families of various cultural backgrounds, beliefs, and/or religions?	CBPC2-7B, C							
How often do you review and update your budget?	CBPC3-1A							

POTENTIAL STAFF INTERVIEW QUESTIONS

Gray box indicates question is non-applicable.

	Standard	Managers/Leaders	MD/PA/NP/ARPN	Nurses	Social Worker	Spiritual Care	Bereavement	QAPI Coordinator
How are patients informed of their financial responsibility?	CBPC3-3B							
How often do you have a performance evaluation? Is it shared with you?	CBPC4-2H							
Did you receive an orientation? Describe the orientation process.	CBPC4-3A							
Did you receive a competency assessment prior to performing your job duties? Describe the process.	CBPC4-4A							
Do you receive ongoing in-services during the year? What topics are discussed?	CBPC4-5A							
Who do you report to within the program when you are on-call?	CBPC4-7A							
What support care services are available to the palliative care team?	CBPC4-14A							
Who is responsible for maintaining the current medication profile and reviewing all patient medications?	CBPC5-3D							
How do you document the involvement of the patient in the plan of treatment?	CBPC5-3G							
How often is the plan of treatment reviewed?	CBPC5-3I							
What do you do if your program cannot meet the needs of a patient?	CBPC5-5A							
How do you ensure that patient education is focused on goal and outcome achievements as established in the plan of treatment?	CBPC5-6B							
How does the palliative care program coordinate with a hospice to provide a continuum of care for the patient and family through the transition of dying to the time of death and follow-up bereavement?	CBPC5-9A							
Describe the QAPI initiative your program is currently working on.	CBPC6-1A							
How are you involved in the QAPI program?	CBPC6-1C							
What type of infection control education do you provide to patients?	CBPC7-1B							
What type of education and/or training have you received in regard to safety related issues?	CBPC7-2A							
What type of safety issues do you address while in the patient home?	CBPC7-2B							

POTENTIAL STAFF INTERVIEW QUESTIONS

Gray box indicates question is non-applicable.

	Standard	Managers/Leaders	MD/PA/NP/ARPN	Nurses	Social Worker	Spiritual Care	Bereavement	QAPI Coordinator
Describe the accident/incident reporting process.	CBPC7-7A							
How do you maintain and repair the equipment used in the provision of care to the patient?	CBPC7-9A							

ACHC FOR PROVIDERS. BY PROVIDERS.

PALLIATIVE CARE

ITEMS NEEDED FOR SURVEY

Below are items that will need to be reviewed by the Surveyor during your Palliative Care Accreditation survey from Accreditation Commission for Health Care (ACHC). Please have these items available prior to your Surveyor's arrival to expedite the process. If you have any questions, please contact your Account Advisor.

- Current patient census, complete with start-of-care date, admitting diagnosis, and disciplines providing care
- Current schedule of patient visits
- Discharge/transfer patient census for the past 12 months or since start of operation, if less than one year
- Personnel list with titles, disciplines, and hire dates, including direct care contracted staff
- Admission packet or education materials given to patients
- Staff meeting minutes for the past 12 months
- Any internal Plan of Correction based on identified deficiencies, along with audit results

Annual requirements are not applicable to organizations in operation for less than one year.

ACHC Standard	Required Item	Located
CBPC1-1A	Copies of current applicable licenses or permits and copy of articles of incorporation/bylaws	
CBPC1-2A	Access to policy and procedure manual, with the following policies flagged: ■ CBPC2-2A: Patient rights and responsibilities policy ■ CBPC2-3A: Investigation of abuse, neglect, and exploitation policy ■ CBPC2-4A: Grievance/complaint policy ■ CBPC4-2F: Background check policy ■ CBPC5-3A: Plan of care policy ■ CBPC6-4A: Investigation of adverse events policy	
CBPC1-4A	Personnel have a signed conflict of interest disclosure statement, if applicable.	
CBPC1-5A	The job description for the manager/leader meets any applicable state and federal laws, as well as program requirements.	
CBPC1-5B	Evidence of an individual appointed to assume the role of the manager/leader in the manager/leader's absence	
CBPC1-7A	Evidence of negative outcomes properly reported, as applicable	
CBPC1-8A	Contracts for direct care staff, including copies of professional liability insurance certificates	
CBPC1-8B	Evidence of monitoring of care/service provided by contracted staff	
CBPC1-9A	Evidence of verification of physician licensure or other licensed independent practitioner, as applicable	

ACHC Standard	Required Item	Located
CBPC2-1A	Marketing and instructional materials that are distributed to personnel, patients, and the community.	
CBPC2-3A & CBPC2-4A	Grievance/complaint log and supporting documentation	
CBPC2-4B	Information provided to patients on how to report a grievance/complaint	
CBPC2-5A	Signed confidentiality statement for all personnel and contracted staff	
CBPC2-5B	Business Associate Agreements (BAAs)	
CBPC2-6A	Advance Directive information provided to patients	
CBPC2-6B	Information provided to patients regarding the program's resuscitative guidelines	
CBPC2-7A	Evidence of communication assistance for language/communication barriers	
CBPC2-7B	Evidence of spiritual care assistance for patients/families based on spiritual, religious, and existential beliefs systems	
CBPC2-8A	Evidence of how ethical issues are identified, evaluated, and discussed	
CBPC2-15A	Bereavement program materials	
CBPC2-18A & CBPC4-7A	On-call schedule for administrative and clinical supervision during all hours of care is provided.	
CBPC3-1A	Most recent annual operating budget	
CBPC3-3A	List of patient care charges	
CBPC4-1C	Personnel records, including those for direct care and contracted staff, contain evidence of the items listed in the standard. Surveyor will review personnel records based on the services provided by the program.	
CBPC4-2D	Job descriptions for the identified staff	
CBPC4-2D	Organizational chart	
CBPC4-2G	Employee handbook or access to personnel policies	
CBPC4-5A	Evidence of ongoing education and/or a written education plan and evidence of required training	
CBPC5-1A & CBPC5-1B	Patient records contain all required items as identified in the standards.	
CBPC5-2A	Evidence that program maintains patient records in a confidential manner	
CBPC5-5A	Referral log and community referral resources	
CBPC5-6A	Patient education materials	
CBPC6-1A	Quality Assessment and Performance Improvement (QAPI) program	
CBPC6-1B	Job description for individual responsible for the QAPI program	
CBPC6-1C	Evidence of personnel involvement in the QAPI program	
CBPC6-2A	Annual QAPI report	
CBPC6-3A	Evidence of monitoring processes that involve risks, including infections and communicable diseases	
CBPC6-3A	Evidence of monitoring of staff incidents, accidents, complaints, and workers' compensation claims	
CBPC6-3B	Evidence of monitoring of an aspect related to patient care (high risk, high volume, problem prone)	
CBPC6-3C	Satisfaction surveys used in the QAPI program	

ACHC Standard	Required Item	Located
CBPC6-3D	Evidence of monitoring of patient grievances/complaints and actions needed to resolve issues	
CBPC6-2E	Evidence of ongoing chart audits and that results are used in the QAPI program	
CBPC6-4A	Incident log demonstrates proper documentation, investigation, and resolution of all adverse events.	
CBPC7-1A	Annual TB risk assessment, TB exposure control plan, and OSHA Bloodborne Pathogens plan	
CBPC7-1B	Infection control education for personnel, patient, families, and caregivers	
CBPC7-1C	Infection control logs for patients and personnel and evidence infection control data is monitored and incorporated into the QAPI program, as appropriate	
CBPC7-2A	Evidence of safety training activities to personnel	
CBPC7-3A	Emergency disaster plan and results of an annual emergency disaster drill	
CBPC7-3C	Emergency preparedness information provided to patients	
CBPC7-5A	Report of annual fire drill and results of testing of emergency power systems	
CBPC7-6B	Access to Safety Data Sheets (SDS)	
CBPC7-7A	Evidence of proper reporting of personnel incidents, accidents, variance, or unusual occurrences	
CBPC7-8A & CBPC7-9A	Maintenance logs of any equipment used in the provision of care	

FOR PROVIDERS. BY PROVIDERS.

PALLIATIVE CARE

PERSONNEL FILE REVIEW

Please gather or flag the identified items for the following personnel/contracted individuals.

Compliance Date:

Standard	Item Required	Manager/Leader	Alternate Manager/ Leader	MD/PA/NP/APRN	RN/LPN	BSW/MSW	Spiritual Care	Bereavement	Pharmacy Services	Other
CBPC4-1B	Position application (N/A for contracted staff)									
CBPD4-1B	Dated and signed withholding statements (N/A for contracted staff)									
CBPC4-1B	I-9 Form (N/A for contracted staff)									
CBPC4-2A	Evidence that licensed staff credentials are current and verification that non-licensed staff are qualified									
CBPC4-2B	Evidence of initial and annual TB screening									
CBPC4-2C	Evidence of Hepatitis B vaccination received or signed declination statement									
CBPC4-2D	Signed job description or contract									
CBPC4-2E	Current driver's license and MVR check, if applicable									
CBPC4-2F	Criminal background check									
CBPC4-2F	Office of Inspector General Exclusion List check									
CBPC4-2F	National sex offender registry check, if applicable									
CBPC4-2G	Evidence of access to personnel policies (N/A for contracted staff)									
CBPC4-2H	Most recent annual performance evaluation									

Standard	Item Required	Manager/Leader	Alternate Manager/ Leader	MD/PA/NP/APRN	RN/LPN	BSW/MSW	Spiritual Care	Bereavement	Pharmacy Services	Other
CBPC4-1B	Position application (N/A for contracted staff)									
CBPC4-3A	Evidence of orientation									
CBPC4-4A	Initial and annual competency assessment									
CBPC4-5A	Evidence of annual education									
CBPC4-6A	Initial and annual on-site observation visit									
CBPC4-9A	Verification of additional education needed to administer pharmaceuticals or special treatments									
CBPC1-4A	Conflict of Interest Disclosure Form, if applicable									
CBPC2-5A	Signed confidentiality statement									
CBPC2-6B	Evidence of CPR training, if applicable									
Other state or program-specific requirements										

OBSERVATION AUDIT TOOL

- [ ] Program has appropriate Articles of Incorporation or other documents of legal authority.
- [ ] Program has access to copies of federal, state, and local laws and regulations.
- [ ] Evidence that care is provided in a setting preferred by the patient and family, or alternative arrangements made.
- [ ] Evidence of an interdisciplinary approach involving nursing, medicine, social work, and spiritual care.
- [ ] Contracts and Business Associate Agreements (BAAs) are current and reviewed as identified in the contract.
- [ ] Copies of Professional Liability Insurance Certificates
- [ ] Evidence of verification of referring practitioner's credentials.
- [ ] Marketing materials reflect the services provided by the program.
- [ ] Evidence that personnel protect and promote the exercise of patient rights.
- [ ] Medical records and other Protected Heath Information (PHI) and Electronic Protected Health Information (EPHI) are secure.
- [ ] Evidence that personnel communicate with the patient in the appropriate language or format understandable to the patient.
- [ ] Evidence that personnel provide culturally sensitive care.
- [ ] Evidence that ethical concerns are referred to ethics consultants or the program's ethics committee.
- [ ] Program coordinates care and collaborates with community resources to ensure continuity of care.
- [ ] Evidence that bereavement counseling and clinical pharmacy consultation is available to the patient and family.
- [ ] Evidence of on-call schedule verifies that the PCT is accessible 24 hours a day, 7 days a week by phone or telehealth.
- [ ] Evidence that financial records are properly maintained for the required time frames.
- [ ] Evidence that the program properly tracks all revenue and expenses.
- [ ] Evidence that personnel records are retained for the appropriate time period.
- [ ] Evidence that employees have reviewed and have access to personnel policies and procedures.
- [ ] Documentation confirming personnel attendance at ongoing education.
- [ ] Evidence of on-call schedule verifies that administrative and clinical supervision of personnel exists in all care/service areas provided 24 hours a day, 7 days a week.

- [ ] All personnel perform their job duties according to accepted standards of practice and occupational licensure.
- [ ] Quality Assessment Performance Improvement (QAPI) Plan and activities are available for Surveyor to review upon arrival.
- [ ] Patient Incident/Variance Reports
- [ ] MedWatch Reports, as applicable.
- [ ] Program maintains and documents an effective infection control program.
- [ ] Evidence that the palliative care program has completed an annual TB risk assessment to determine the need, type, and frequency of testing/assessment for direct care personnel.
  TB incidence and prevalence rates as recommended by CDC guidelines.
- [ ] Evidence of personnel safety training upon hire and annually.
- [ ] Program tests its emergency power system at least annually.
- [ ] Smoke detectors, fire alarms, and extinguishers are present and placed in secure areas.
- [ ] Evidence of an annual fire drill is documented and shared with personnel.
- [ ] Fire extinguishers are inspected/maintained per manufacturer recommendations.
- [ ] Exits and escape routes are identified throughout the building.
- [ ] Evidence of cleaning and maintaining of equipment used in the provision of care.
- [ ] Personnel have access to appropriate SDS info for hazardous chemicals used to fulfill their job duties
- [ ] Program posts OSHA forms 300, 300A and/or 301 as applicable.
- [ ] Evidence of quality control logs used for equipment that perform waive testing.
- [ ] Current organizational chart reflects current program structure.
- [ ] Evidence of charges in writing and available upon request.
- [ ] Annual budget is available for Surveyor to review upon arrival.
- [ ] Patient education materials

PLAN OF CORRECTION (POC)

Organization: <<Organization Name>>	Company ID: <<CompanyID>>	Application ID: <<ApplicationID>>
Address: <<Address>>		Date Generated: <<Date>>
Services Reviewed: <<Services Reviewed>>	Date of Survey <<Survey Date>>	Surveyor: <<Surveyor>>

INSTRUCTIONS:

- The standards to be addressed are already listed in the first column; the rest should be filled out accordingly. Please see the sample below.
- For Home Health and Hospice, date of compliance for Condition of Participation (CoP) standard-level and ACHC deficiencies must be within 30 calendar days from receipt of Summary of Findings (SOF) and date of compliance for condition-level deficiencies must be within 10 calendar days from receipt of the SOF.
- For Private Duty, Palliative Care, Ambulatory Care and Behavioral Health, date of compliance for ACHC deficiencies must be within 30 calendar days from receipt of Summary of Findings (SOF).
- For corrective action measures that require chart audits, please be sure to include the percentage of charts to be audited, frequency of the audit, and target threshold. Ten records or 10% of daily census (whichever is greater) on **at least a monthly basis** is required until threshold is met. Include actions for continued compliance once threshold is met.
- Do not send any Protected Health Information (PHI) or other confidential information with the POC or when submitting evidence to your Account Advisor.
- If you need any assistance, contact your Account Advisor.

SAMPLE: Below is a sample on how to correctly fill out your POC.

ONCE COMPLETED, PLEASE EMAIL THIS FORM TO THE ATTENTION OF YOUR ACCOUNT ADVISOR

Standard	Plan of Correction (Specific action taken to bring standard into compliance)	Date of Compliance (Date correction to be completed)	Title (Individual responsible for correction)	Process to Prevent Recurrence (Describe monitoring of corrective actions to ensure they effectively prevent recurrence)	POC Compliant (ACHC internal use only)	Evidence Required (ACHC internal use only)	Evidence Approved (ACHC internal use only)	Comments (ACHC internal use only)
HH5-3A, §484.60	Staff will be in-serviced on how to document a complete and individualized plan of care that specifies the care and services necessary to meet the patient's needs.	mo/dd/yr	Clinical Manager	Audit 10% of all active patients to ensure the plan of care is individualized, complete and addresses the care and services necessary to meet the needs of the patient for at least 5 weeks. Target threshold is 95%. Once threshold is met, will continue to audit 10% of all patient records quarterly.	ACHC INTERNAL USE ONLY (LEAVE THIS AREA BLANK)			
HH4-2C.01	Appropriate staff will be in-serviced on requirements of the initial TB screening and annual verification.	mo/dd/yr	Administrator	100% of newly hired, direct care personnel records will be audited within 30 days of hire for evidence that an initial baseline TB screen using TST or BAMT was completed. Threshold is 100% compliance. Once threshold is met, 50% of direct care personnel records will be audited annually.				

Evidence Chart Template

FOR PROVIDERS. BY PROVIDERS.

PALLIATIVE CARE

Company Name: _____

Date: _____ For the week/month of: _____

As you compile evidence to support your approved Plan of Correction (POC), please complete the following:

- In the Client/Patient Record/Personnel File Audit Summary chart, summarize the results of your client/patient record and/or personnel file audits.
- In the Observation Deficiencies chart, note observation deficiencies from your POC and provide documents to support evidence of continued compliance. Examples of documents that may need to be submitted are: revised contracts, annual program evaluations, Performance Improvement (PI) activities, or administrator qualifications.

All evidence supporting the implementation of the POC must be submitted at one time to your Account Advisor within 60 days following the survey decision letter.

Do not submit evidence until your POC has been approved.

Do not submit any Protected Health Information (PHI) or confidential employee information.

CLIENT/PATIENT RECORD/PERSONNEL FILE AUDIT SUMMARY

ACHC Standard	Brief Summary of Audit Findings Specific to the Deficiency	Number of Correct Charts (Audits)/Number of Total Charts (Audits) Completed	Percentage of Compliance
Example: CBPC5-3H	Audited charts to determine care was delivered in accordance with the plan of treatment.	9/10	90%

ACHC Standard	Brief Summary of Audit Findings Specific to the Deficiency	Number of Correct Charts (Audits)/Number of Total Charts (Audits) Completed	Percentage of Compliance

OBSERVATION DEFICIENCIES

This section is to be completed when additional evidence is required.

ACHC Standard	Deficiency	Evidence
Example: CBPC1-8A	Incomplete contracts	Revised contracts
Example: CBPC6-2A	Missing annual Performance Improvement (PI) report	Current annual report

Sample Agenda

FOR PROVIDERS. BY PROVIDERS.
ACHC

PALLIATIVE CARE

SAMPLE AGENDA

8:30 a.m. – 9 a.m. ..... Opening Conference

9:00 a.m. – 9:15 a.m. ..... Tour

9:15 a.m. – 10:15 a.m. ..... Chart Review Personnel and/or Patient

10:15 a.m. – 12:00 p.m. ..... Chart Review Personnel and/or Patient

12:30 a.m. – 1:30 p.m. ..... Observation Visit

1:30 a.m. – 2:30 p.m. ..... Staff Interviews

2:30 a.m. – 3:30 p.m. ..... Finalize

3:30 a.m. – 4:30 p.m. ..... Exit Conference

This page intentionally left blank.

UNDERSTANDING THE STANDARDS

SECTION 1: ORGANIZATION AND ADMINISTRATION

The standards in this section apply to the leadership and organizational structure of the company. All items referring to business licensure including federal, state, and local licenses that affect the day-to-day operations of the business should be addressed. This section includes the leadership structure including board of directors, advisory committees, management, and employees. Also included is information about leadership responsibilities, conflicts of interest, chain of command, program goals, and regulatory compliance.

SECTION 1 — QUICK REFERENCE

NOTE: HINTS WILL BE HIGHLIGHTED IN BLUE

Standard CBPC1-1A: (Services applicable: CBPC)

The palliative care program is in compliance with federal, state, and local laws and regulations.

HINT

A copy of all current applicable license(s)/permit(s) for each premise should be posted in a prominent location.

Articles of Incorporation/bylaws and all applicable amendments or other documentation of legal authority to operate should be available for review.

NCP Guideline(s) Reference: 8.2

Standard CBPC1-2A: (Services applicable: CBPC)

The provision of palliative care occurs in accordance with professional state and federal laws, regulations and current accepted standards of care and professional practice.

HINT

The palliative care program must have access to copies of federal, state, and local rules and regulations, and make them available to staff.

The Surveyor will expect to see the palliative care program is in compliance with all applicable federal, state, and local laws and regulations as well as the palliative care program's policies and procedures.

NCP Guideline(s) Reference: 8.2, 8.4

Standard CBPC1-3A: (Services applicable: CBPC)

Palliative care is provided in any care setting, including private residences, assisted living facilities, rehabilitation, skilled and intermediate care facilities, adult and pediatric respite day care centers, acute and long-term care hospitals, clinics, hospice residences, correctional facilities, homeless shelters and group homes (e.g., Veterans homes, half-way houses, house for people with disabilities).

HINT

The Surveyor will expect to observe palliative care being provided in the setting preferred by the patient and family, if feasible, or that the palliative care team (PCT) helps in selecting an alternative setting and that the PCT facilitates visits with family, friends, and pets in accordance with patient and family preferences and policies and procedures within the care setting.

NCP Guideline(s) Reference: 1.5

Standard CBPC1-4A: (Services applicable: CBPC)

Written policies and procedures are established and implemented by the palliative care program regarding conflicts of interest and the procedure for disclosure.

Orientation Essential Components

- Policies and Procedures (P&P) must define conflict of interest and the procedure for disclosure as well as conduct in relationships with personnel, customers, and patients

HINT

There must be documentation of a signed Conflict of Interest Disclosure Statement for each employee, as applicable.

If interviewed, staff should be able to explain the conflict of interest policy and the procedure for disclosure.

NCP Guideline(s) Reference: 8.1, 8.2

Standard CBPC1-5A: (Services applicable: CBPC)

There is an individual who is designated as responsible for the overall operation and services of the palliative care program. The manager/leader organizes and directs the palliative care program's ongoing functions; maintains ongoing liaison among the personnel; employs qualified personnel and ensures

adequate personnel education and evaluations; ensures the accuracy of public information materials and activities; and implements an effective budgeting and accounting system.

☑ Policies and Procedures Essential Components

- Policies must define the education and experience requirements of the manager/leader.

☑ Job Description Essential Components

- The job description must specify the responsibilities and authority of the individual responsible for the overall operation and services of the palliative care program

HINT

The manager/leader's personnel file must contain evidence that the individual possesses the appropriate education and experience requirements as defined by the palliative care program's policies and procedures and any applicable state and federal laws and regulations. This may be verified by a resumé, and/or application.

Standard CBPC1-5B: (Services applicable: CBPC)

An individual is appointed to assume the role of the manager/leader during temporary absences and/or vacancies.

☑ Policies and Procedures Essential Components

- Policies must authorize a qualified person to act in the absence of the manager/leader.

☑ Job Description Essential Components

- The alternate manager/leader's job description must specify the duties that the individual assumes during the absence of the manager/leader.

HINT

The alternate manager/leader's personnel file verifies the individual assigned to assume the role of the manager/leader has the appropriate education and experience and has a signed job description for this role. The personnel file must also demonstrate that this person has been oriented to this role.

Standard CBPC1-6A: (Services applicable: CBPC)

The palliative care program's primary goal is early intervention to prevent and relieve suffering and optimize quality of life for patients living with serious illnesses and their families across patient populations and care settings. The palliative care team (PCT) complies with current accepted standards of care and professional practice.

☑ Policies and Procedures Essential Components

- Policies and Procedures (P&P) direct the palliative care program to provide care/services utilizing a patient/family centered approach.

HINT

The Surveyor will expect to observe the palliative care program primarily engaged in providing the following services:

- Physician services, may include physician's assistant, nurse practitioners, and advanced practice registered nurses
- Skilled Nursing Services
- Medical Social Work services
- Spiritual care services
- Bereavement services
- Pharmacy services

NCP Guideline(s) Reference: 8.2, 1.1

Standard CBPC1-6B: (Services applicable: CBPC)

The palliative care program utilizes other professionals with credentials, experience and skills to meet the needs of the patient and family in accordance with accepted standards of practice.

Policies and Procedures Essential Components

- Policies and Procedures (P&P) are established and implemented that address the accepted standards of practice utilized by the palliative care program and palliative care team (PCT) to guide the provision of care/service.

HINT

If interviewed, the palliative care team should be able to identify additional professionals utilized to meet the needs of the patient and family to include but not be limited to:

- Mental health professionals
- Nursing assistants
- Respiratory therapists
- Physical therapists
- Speech language pathologists
- Community health workers
- Emergency medical technicians
- Case managers
- Child life specialists
- Nutritionists/Dieticians
- Occupational therapists
- Massage, art, and music therapists
- Paramedics
- Psychologists
- Traditional medicine practitioners
- Volunteers

NCP Guideline(s) Reference: 1.1

Standard CBPC1-7A: (Services applicable: CBPC)

The palliative care program informs the accrediting body and other state/federal regulatory agencies, as appropriate, of negative outcomes from sanctions, regulatory inspections, and/or audits.

HINT

Incidents that must be reported to ACHC within 30 days include, but are not limited to:

- License suspension(s)
- License probation; conditions/restrictions to license(s)
- Non-compliance with Medicaid/Medicare Regulations identified during survey by another regulatory body
- Revocation of Medicaid/third-party provider number
- Any open investigation by any regulatory or governmental authority.

This report includes all actions taken and plans of correction.

While on site, the Surveyor will expect to see evidence of leadership involvement if any of the above incidents occurred, and that the incidence was reported to ACHC within 30 days.

If interviewed, staff should be able to describe what negative outcomes are reportable and to whom they are to be reported.

Standard CBPC1-8A: (Services applicable: CBPC)

A palliative care program that uses outside personnel/organizations to provide care/services on behalf of the palliative care program has a written contract/agreement for care/services which is kept on file within the organization.

Contract Essential Components

- Arranged care/services are supported by written agreements that require that all care/services are:
  - Authorized by the palliative care program
  - Furnished in a safe and effective manner by qualified personnel/organizations
  - Delivered in accordance with the patient's plan of treatment
- Written contracts/agreements utilized for personnel who are compensated hourly or per visit must include, but are not limited to:
  - The care/services to be furnished
  - The necessity to conform to all applicable palliative care program policies and procedures, including personnel qualifications, orientation, competencies, and required background checks
  - The responsibility for participating in developing plans of care/service
  - The manner in which care/services will be controlled, coordinated, and evaluated by the palliative care program
  - The procedures for submitting progress notes, scheduling of visits, and periodic patient evaluation
  - The procedures for payment of care/services furnished under the contract
  - Duration of contract/agreement
  - Overall responsibility for supervision of personnel
  - Other applicable laws and regulations

HINT

Audit all written agreements to ensure they contain the required components.

Ensure all written contracts/agreements have evidence of review. This may be accomplished by making a notation of the review date on the contract along with the initials/signature of the individual completing the review or by a log/review form.

Ensure all contract personnel that provide direct care have copies of current professional liability insurance certificates on file at the palliative care program.

Standard CBPC1-8B: (Services applicable: CBPC)

The palliative care program monitors all care/service provided under contract/agreements to ensure that care/services are delivered in accordance with the terms of the contract/agreement.

HINT

The palliative care program must ensure all care/service provided under a contract/agreement is being monitored and reported to leadership and incorporated into QAPI activities (as appropriate). Monitoring processes include, but are not limited to:

- Satisfaction surveys of patients, family, care givers, and referring clinicians
- Record reviews
- On-site observations and visits
- Patient comments and other quality and performance improvement (QAPI) activities

The Surveyor will expect to see documentation from leadership that reflects the reporting of data and outcomes from monitoring contract/agreement personnel care/service activities to ensure the overall quality of the care provided to the patient.

The Surveyor will expect to see documentation in the QAPI meeting minutes that the palliative care program has implemented a process for monitoring all care/service provided under a contract/agreement to ensure the overall quality of the care provided by contracted staff.

Standard CBPC1-9A: (Services applicable: CBPC)

Written policies and procedures are established and implemented regarding the verification and maintenance of credentials of the referring physician or other licensed independent practitioner approved by law to prescribe medical services, treatments, and/or pharmaceuticals being conducted prior to providing care/service.

Policies and Procedures Essential Components

- Policies and Procedures (P&P) must describe the process for verification of referring practitioner credentials. Orders are only accepted from currently credentialed practitioners.

HINT

The Surveyor will expect to see evidence that orders are only accepted from currently credentialed practitioners. Verification of current physician and other licensed independent practitioners' credentials must be obtained from the state and federal licensing/certification boards. Verification via NPI is not acceptable.

NCP Guideline(s) Reference: 1.6

Tools Available to Assist with Section 1:

- Section 1 Compliance Checklist
- Hourly Contract Staff Audit Tool
- Conflict of Interest Disclosure Statement
- Acknowledgement of Confidentiality of Information
- Section 1 Self-Audit
- Sample Policies and Procedures

SECTION 1 COMPLIANCE CHECKLIST

Standard	Policy/ Procedure	Personnel File	Observation	Audit Tools Provided	Compliance Y/N	Comments
CBPC1-1A			Articles of Incorporation or other appropriate documentation	Observation Tool		
CBPC1-2A			Copies of applicable federal, state, and local laws and regulations	Observation Tool		
CBPC1-3A			Observation & interviews of staff	Observation Tool & Interview Tool		
CBPC1-4A	Yes	Yes	Conflict of Interest Disclosure Statement & staff interviews	Personnel File Tool & Interview Tool		
CBPC1-5A	Yes	Yes	Job description, Resumé/application & staff interviews	Personnel File Tool & Interview Tool		
CBPC1-5B	Yes	Yes	Job description, Orientation & staff interviews	Personnel File Tool & Interview Tool		
CBPC1-6A	Yes	Yes	Observation & staff interviews	Observation Tool & Interview Tool		
CBPC1-6B	Yes	Yes	Staff interviews	Interview Tool		
CBPC1-7A			Staff interviews	Interview Tool		
CBPC1-8A			Written contracts/ agreements & liability insurance certificate	Items Needed for Survey		
CBPC1-8B			QAPI activities	Observation Tool		
CBPC1-9A	Yes		Verification of physician's credentials	Observation Tool		

FOR PROVIDERS. BY PROVIDERS.

PALLIATIVE CARE

HOURLY CONTRACT STAFF AUDIT TOOL

Contract
Identifies care to be delivered
Supervision of personnel
Identifies conformance to palliative care program's P&P
Participation in plan of treatment development
Identifies how care will be controlled, coordinated, and evaluated by the palliative care program
Identifies process for submitting progress notes, scheduling of visits, and periodic review/evaluation of patient
Identifies payment procedures for care/service provided
Identifies duration of contract
Identifies contract personnel will follow any other applicable laws and regulations
Contract reviewed per terms of contract
Copy of liability insurance present and current

FOR PROVIDERS. BY PROVIDERS.

PALLIATIVE CARE

CONFLICT OF INTEREST DISCLOSURE STATEMENT

I acknowledge that I have read the policy and procedure regarding conflict of interest disclosure. I understand that if I have an outside relationship that is personal, professional, or otherwise, with a patient, vendor, or potential business associate, I must disclose the nature of that relationship to the manager/leader.

I acknowledge at this time, I have a potential personal, professional, and/or financial relationship with:

_____

_____

_____

_____

_____

_____

_____ _____

Name (Please Print) Signature

_____

Date

FOR PROVIDERS. BY PROVIDERS.

PALLIATIVE CARE

ACKNOWLEDGEMENT OF CONFIDENTIALITY OF INFORMATION

The Health Insurance Portability and Accountability Act (HIPAA) ensures the patient's right to privacy of Protected Health Information (PHI)/ Electronic Protected Health Information (EPHI) to be maintained at all times. Any information related to the care of patients through (Name of Palliative Care Program) will be held as confidential. All information, written or verbal, will be disclosed only to appropriate healthcare personnel and appropriate staff, those with a "need-to-know basis," or to those individuals the patient requests.

Name (Please Print) _____ Signature _____

Date _____

ACHC FOR PROVIDERS. BY PROVIDERS.

PALLIATIVE CARE

SELF AUDIT

REQUIRED POLICIES AND PROCEDURES

- [ ] Conflict of interest and the procedure for disclosure statement
- [ ] Education and experience requirements of the manager/leader
- [ ] Duties of the appointed individual authorized to act in the absence of the manager/leader
- [ ] Mechanisms utilized by the palliative care program to provide care/services with a patient/family centered approach, optimize quality of life, reduce or relieve suffering, and consistent with patient/family goals
- [ ] Identification of additional professionals with credentials, experience, and skills that are utilized to meet the needs of the patient and family in accordance with accepted standards of practice.
- [ ] Verification of licensure of referring physician or other licensed independent practitioner approved by law to prescribe medical services, treatments, and/or pharmaceuticals

REQUIRED DOCUMENTS

- [ ] Appropriate licenses, permits, registrations, etc., to conduct business
- [ ] Articles of Incorporation/organization or other documentation of legal authority
- [ ] Copies of applicable laws, rules, and regulations
- [ ] Professional practice acts or standards of practice
- [ ] Written contracts/agreements and copies of professional liability insurance certificates for contract staff
- [ ] Surveys used in Quality Assessment Performance Improvement (QAPI) for monitoring contract staff
- [ ] Previous reports/findings from regulatory investigations/surveys

PERSONNEL FILE CONTENTS

- [ ] Signed confidentiality agreements as required by policy
- [ ] Signed Conflict of Interest Disclosure Statements, as applicable
- [ ] Manager/leader's resumé/application
- [ ] Job description of manager/leader that specifies the responsibilities and authority of individual
- [ ] Job description of temporary manager/leader to verify the duties required when filling the role of the manager/leader are identified in the job description
- [ ] Documentation of orientation to the duties of temporary manager/leader

PATIENT RECORD REQUIREMENTS

- [ ] None

APPROPRIATE PERSONNEL KNOWLEDGE OF THE FOLLOWING:

- [ ] Care settings where palliative care is provided
- [ ] Potential conflict of interest situations and procedure for disclosing
- [ ] Services the palliative care program is primarily engaged in
- [ ] Additional professionals that can meet the needs of the patient and family
- [ ] Reporting of negative outcomes affecting accreditation or licensure
- [ ] Physician licensure verification

CAN THE FOLLOWING BE EASILY OBSERVED WHILE ON-SITE?

- [ ] Licenses, permits, etc. posted in public view

SELF TEST

1. What care settings does the palliative care team provide services?
2. What services are the palliative care program primarily engaged in?
3. What are three other professionals utilized to meet patient needs?
4. Who is designated as the manager/leader of the palliative care program?
5. Who/which position is assigned the duty of temporary manager/leader in their absence?
6. What are two examples of a conflict of interest?
7. Who do you report a conflict of interest to?
8. What negative company outcomes must be reported to ACHC within 30 days?
9. If contract staff is utilized, do the written contracts have all required elements as well as copies of professional liability insurance certificates?
10. Where are referring physician or other licensed independent practitioner credentials verified?

SAMPLE POLICIES AND PROCEDURES

FOR PROVIDERS. BY PROVIDERS.

PALLIATIVE CARE

SECTION 1: ORGANIZATION AND ADMINISTRATION

CBPC1-4A

Policy: Conflict of Interest and Disclosure

1. All employees, and contract staff will abide by the following Conflict of Interest Disclosure policy:
    - Demonstrate the utmost good faith in his/her dealings with and on behalf of the palliative care program.
    - No one is permitted to use his/her knowledge of the palliative care program operations or plans in such a way that a conflict might arise between them and the palliative care program.
    - No one will accept gifts or favors or entertainment that might influence their decision-making responsibilities to the palliative care program.
    - A full disclosure must be made of all facts pertaining to any transaction, including employment outside of the palliative care program that is subject to any doubt concerning the possible existence of a conflict of interest before consummating the transaction.
2. Any conflict of interest will be reported to the manager/leader and appropriate actions will be taken.
3. In the event input, voting, or decisions are required, the individual(s) with a conflict will be excluded from the activity.
4. All personnel will be trained on the Conflict of Interest Disclosure statement and sign the Conflict of Interest Disclosure Agreement during orientation, as applicable.

CBPC1-5A & CBPC1-5B

Policy: Administration Responsibilities

1. An individual will be designated the manager/leader, who will be responsible for the overall operation of the palliative care program. The manager/leader will meet, at a minimum, the following qualifications:

   [list specific qualifications and educational requirements here]
2. The manager/leader will be responsible for the overall operations and services of the palliative care program including, but not limited to:
    - Organizing and directing the palliative care program's ongoing functions
    - Maintaining ongoing liaison among the personnel
    - Employing qualified personnel
    - Ensuring personnel have adequate education and evaluations
    - Ensuring the accuracy of public information materials and activities, such as marketing materials

- Implementing an effective budgeting and accounting system

3. In the event of temporary absence of this individual responsible for leadership, the _____ Manager will assume the following duties of (Your Palliative Care Program Name). The alternate manager/leader will be oriented to the duties and responsibilities that will be assumed during the absence of the manager/leader. (Then list any responsibilities they may assume.) For example:
    - Decisions regarding daily operations
    - Purchasing needs
    - Patient admissions as needed
4. The alternate manager/leader will meet the following qualifications:

   [list specific qualifications and educational requirements here]

CBPC1-9A

Policy: Practitioner Credentials Verification

1. (Your Palliative Care Program Name) will only take referrals from physicians or other licensed independent practitioners who have a valid/current license.
2. The Intake Coordinator or designee is responsible for verifying practitioners' credentials when a referral to the palliative care program is received.
3. License verification will be done by phone or internet.
4. Information obtained will be documented in a log and/or computer database, and will include:
    - Physician or other licensed independent practitioner's name and address
    - License number
    - Expiration date or birth date
    - Any sanctions or restrictions on the license
5. Staff is not to receive orders from a practitioner until current credentials are verified.
6. The Intake/Referral Coordinator or designee will verify the practitioner's credentials prior to expiration.

This page intentionally left blank.

UNDERSTANDING THE STANDARDS

SECTION 2: PROGRAM/SERVICE OPERATIONS

The standards in this section apply to the specific programs and services an organization is supplying. This section addresses rights and responsibilities, complaints, Protected Health Information (PHI), cultural diversity, and compliance with fraud-and-abuse laws.

SECTION 2 — QUICK REFERENCE

NOTE: HINTS WILL BE HIGHLIGHTED IN BLUE

Standard CBPC2-1A: (Services applicable: CBPC)

Written policies and procedures are established and implemented regarding the palliative care program's descriptions of care/services and the distribution to personnel, patients, and the community.

Policies and Procedures Essential Components

- Policies and Procedures (P&P) include, but are not limited to:
  - Types of care/service available
  - Care/service limitations
  - Charges or patient responsibility for care/service
  - Eligibility criteria
  - Hours of operation, including on-call availability
  - Contact information and referral procedures

HINT

Patients will receive information about the scope of services that the palliative care program will provide and specific limitations on those services prior to receiving care/service.

Patients will receive this information prior to receiving care/service with evidence documented in the patient record or in the admission packet.

If interviewed, patients should be able to describe the services and limitations to services the palliative care program provides.

NCP Guideline(s) Reference: 1.4

Standard CBPC2-2A: (Services applicable: CBPC)

Written policies and procedures are established and implemented by the palliative care program regarding the creation and distribution of the Patient Rights and Responsibilities statement.

Policies and Procedures Essential Components

- Policies and Procedures (P&P) must outline the patient rights and responsibilities. The written Patient Rights and Responsibilities statement includes, but is not limited to:
  - Be included in the process of developing and modifying a plan of treatment in alignment with patient and family priorities, preferences, and goals.
  - Be informed, in advance, both orally and in writing, of care/service being provided; of the charges, including payment for care/service expected from third parties and any charges for which the patient will be responsible.
  - Receive information about the scope of services that the palliative care program will provide and specific limitations on those services.
  - Participate in the development and periodic revision of the goals of care/plan of treatment.
  - Decline or refuse care or treatment after the consequences of not receiving care or treatment are fully presented.
  - Be informed of patient rights under state law to formulate an advance directive, if applicable.
  - Have one's property and person treated with respect, consideration, and recognition of patient dignity and individuality.

- Be able to identify visiting or clinic personnel members through palliative care program generated photo identification.
- Be free from mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source, and misappropriation of patient property.
- Voice grievances/complaints regarding treatment or care/service, lack of respect of property or recommend changes in policy, personnel, or care/service without restraint, interference, coercion, discrimination, or reprisal.
- Have grievances/complaints regarding treatment or care/service that is (or fails to be) furnished, or lack of respect of property investigated.
- Confidentiality and privacy of all information contained in the patient record and of Protected Health Information (PHI).
- Be advised on the palliative care program's policies and procedures regarding the disclosure of patient records.
- Choose a health-care provider, including an attending physician or independent practitioner.
- Receive appropriate care/service without discrimination in accordance with physician's/independent practitioner's orders.
- Be informed of any financial benefits to the referring individual or organization when referred to Community-Based Palliative Care (CBPC).
- Be fully informed and able to demonstrate understanding of patient and family responsibilities within the plan of treatment.

HINT

When additional state or federal regulations exist regarding patient rights, the palliative care program's Patient Rights and Responsibilities statement must also include those components.

The Patient Rights and Responsibilities statement should be provided in a language and manner that the patient understands.

For the patient who does not speak or understand English, palliative care programs should make all reasonable efforts to secure a professional, objective translator for palliative care-patient communications, including those involving the notice of patient rights and responsibilities. The palliative care program may only use family and friends as translators for the patient when an objective translator cannot be secured by the palliative care program or if the patient specifically requests this approach. Palliative care programs should make all reasonable efforts to have written copies of the notice of rights and responsibilities available in the language(s) that are commonly spoken in the palliative care program's service area.

There should be written documentation that the patient received and understood the Patient Rights and Responsibilities statement prior to furnishing care/service or during the initial evaluation visit.

If the patient is adjudicated incompetent, the Patient Rights and Responsibilities statement should be explained to the legal representative.

If interviewed, staff should be able to state three to four patient rights.

There must be documentation that staff has been oriented and provided annual education on the palliative care program's policies and procedures about the Patient Rights and Responsibilities statement.

NCP Guideline(s) Reference: 1.4, 8.2

Standard CBPC2-2B: (Services applicable: CBPC)

The palliative care program protects and promotes the exercise of the patient rights.

HINT

This will be observed through home visits, chart review, and review of the complaint/grievance/variance logs.

NCP Guideline(s) Reference: 8.1, 8.2

Standard CBPC2-3A: (Services applicable: CBPC)

Written policies and procedures are established and implemented by the palliative care program regarding reporting and investigating all alleged violations involving mistreatment, neglect, or verbal, mental, sexual and physical abuse, including injuries of unknown source and misappropriation of patient property by anyone furnishing services on behalf of the palliative care program.

Policies and Procedures Essential Components

- Policies and Procedures (P&P) must describe the process for reporting and investigating all alleged violations involving mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source and misappropriation of patient property by anyone furnishing services on behalf of the palliative care program. The policy must also include the action taken to prevent further potential violations while alleged violation is being verified.
- Established time frames for reporting verified violations are defined in the policy.

HINT

Provide documentation detailing the investigation of incidents and their resolutions for each incident for Surveyor review.

The palliative care program must intervene immediately as indicated by the circumstances if an injury is the result of a palliative care program's employee's actions. Palliative care programs must immediately remove staff from patient care if there are allegations of misconduct related to abuse or misappropriation of property.

If interviewed, staff should know the proper incidents to report and palliative care program procedure for reporting.

NCP Guideline(s) Reference: 8.2

Standard CBPC2-4A: (Services applicable: CBPC)

Written policies and procedures are established and implemented by the palliative care program requiring that the patient be informed at the initiation of care/service how to report grievances/complaints.

Policies and Procedures Essential Components

- Policies and Procedures (P&P) must describe how patient grievances/complaints are investigated and resolved. P&P must include at a minimum:
  - Designation of the appropriate person to be notified of the grievance/complaint
  - Notification of who will manage the complaint
  - Time frames for investigation activities, to include response after hours
  - Reporting of information
  - Review and evaluation of the collected information within a corrective action plan

- Communication with patient and caregivers about actions taken
- Summary documentation of all activities involved with the grievance/complaint, investigation, analysis, and resolution

HINT

The Surveyor will expect to see evidence in the patient's record that the patient was provided information regarding their right to lodge a complaint to the palliative care program.

Patient education/admission materials must be provided to the patient or representative on how to report complaints to the program.

The palliative care program must be able to present a complaint log to the Surveyor that documents customer complaints and the program process to resolve the complaint.

A summary of grievances, complaints, and concerns needs to be reported to leadership at minimum, quarterly.

Grievances/complaints must be part of the Quality Assurance and Performance Improvement (QAPI) annual report.

Blank complaint logs are a red flag to a Surveyor.

If interviewed, staff should be able to explain the process of handling patient complaints.

Standard CBPC2-4B: (Services applicable: CBPC)

The palliative care program provides the patient with written information concerning how to contact the palliative care program, appropriate state agencies, and ACHC concerning grievances/complaints at time of admission.

HINT

The palliative care program must provide patients with their written process for receiving, investigating and resolving grievances/complaints about its care/service, including a contact person and phone number.

The palliative care program must also have phone numbers of regulatory agencies, including the hours of operation and the purpose of the hotline number on the documentation given to patients, and include ACHC's contact information (N/A if initial ACHC survey).

Standard CBPC2-5A: (Services applicable: CBPC)

Written policies and procedures are established and implemented by the palliative care program regarding securing and releasing confidential and Protected Health Information (PHI) and Electronic Protected Health Information (EPHI).

Policies and Procedures Essential Components

- Policies and Procedures (P&P) include, but are not limited to:
  - A definition of protected health and confidential information, and the types of information that are covered by the policy including electronic information, telephone and cell phone communications, and verbal and faxed information
  - Persons/positions authorized to release PHI/EPHI and confidential information
  - Conditions that warrant its release
  - Persons to whom it may be released
  - Signature of the patient or someone legally authorized to act on the patient's behalf

- A description of what information the patient is authorizing the palliative care program to disclose
- Securing patient records and identifying who has authority to review or access patient records
- When records may be released to legal authorities
- The storage and access of records to prevent loss, destruction, or tampering of information
- The use of confidentiality/privacy statements and who is required to sign a confidentiality/privacy statement

HINT

If interviewed, staff should be able to explain how patient records are kept confidential.

If interviewed, staff should be able to explain their role and what they would and would not be able to access and review.

If interviewed, staff should be able to explain how patients are instructed about their Health Insurance Portability and Accountability Act (HIPAA) rights.

The Surveyor will expect to see signed confidentiality statements for all employees, and contract staff.

The Surveyor will expect to see evidence in the patient records that patients were informed of confidentiality practices as well as their rights and responsibilities.

NCP Guideline(s) Reference: 8.2

Standard CBPC2-5B (Services applicable: CBPC)

The palliative care program has Business Associate Agreements (BAAs) for all Business Associates that may have access to Protected Health Information (PHI) as required by the Health Insurance Portability and Accountability Act (HIPAA) and other applicable laws and regulations.

HINT

The Surveyor will expect to see Business Associate Agreements (BAAs) for all business associates that have access to Protected Health Information (PHI) and Electric Protected Health Information (EPHI).

Examples of a non-covered entity who would require a non-BAA include:

- A Certified Public Accountant (CPA) firm whose accounting services to a healthcare provider involves access to Protected Health Information (PHI)/Electronic Protected Health Information (EPHI).
- An attorney whose legal services to a health plan involve access to PHI/EPHI.
- A consultant that has access to PHI/EPHI.
- An independent medical transcriptionist that provides transcription services to a physician.

Standard CBPC2-6A: (Services applicable: CBPC)

Written policies and procedures are established by the palliative care program regarding the patient's rights to accept or decline medical care, patient preference for cardiopulmonary resuscitation, surgical treatment and the right to formulate an Advance Directive.

Policies and Procedures Essential Components

- Policies and Procedures (P&P) include, but are not limited to:
  - A definition of protected health and confidential information, and the types of information

that are covered by the policy including electronic information, telephone and cell phone communications, and verbal and faxed information

- Persons/positions authorized to release Protected Health Information (PHI)/Electronic Protected Health Information (EPHI) and confidential information
- Conditions that warrant its release
- Persons to whom it may be released
- Signature of the patient or someone legally authorized to act on the patient's behalf
- A description of what information the patient is authorizing the palliative care program to disclose
- Securing patient records and identifying who has authority to review or access patient records
- When records may be released to legal authorities
- The storage and access of records to prevent loss, destruction, or tampering of information
- The use of confidentiality/privacy statements and who is required to sign a confidentiality/privacy statement

HINT

Advance Directive information is provided to the patient PRIOR to the initiation of care/services.

The patient's decision regarding an Advance Directive is documented in the patient record.

The Surveyor will expect to see the palliative care program's personnel respect the patient's wishes and assist the patient in obtaining resources to complete an Advance Directive, if requested.

If interviewed, staff should be able to discuss the palliative care program's process for informing patients about Advance Directives.

NCP Guideline(s) Reference: 7.2, 8.3

Standard CBPC2-6B: (Services applicable: CBPC)

Written policies and procedures are established and implemented by the palliative care program regarding resuscitative guidelines and the responsibilities of personnel.

Policies and Procedures Essential Components

- Policies and Procedures (P&P) must include personnel responsibilities regarding patient resuscitation and the response in the event of a medical emergency.
- P&P must identify which personnel, if any, may perform resuscitative measures, respond to medical emergencies and utilize "911" services (EMS) for emergencies.
- P&P must define successful completion of appropriate training, such as cardiopulmonary resuscitation (CPR).

HINT

Personnel files reviewed must contain documentation of a successful completion of appropriate training.

Online CPR certification is not accepted.

Patients must be provided information about the palliative care program's P&P for resuscitation, medical emergencies, and accessing "911" services (EMS).

NCP Guideline(s) Reference: 8.2

Standard CBPC2-7A: (Services applicable: CBPC)

Written policies and procedures are established and implemented by the palliative care program regarding the provision of care/service to patients with communication or language barriers.

Policies and Procedures Essential Components

- Policies and Procedures (P&P) address the mechanisms utilized to communicate with the patient and/or family in the appropriate language or form understandable to the patient.

HINT

There must be documentation that staff has been oriented and provided annual education on the palliative care program's P&P on communication barriers.

NCP Guideline(s) Reference: 6.2

Standard CBPC2-7B: (Services applicable: CBPC)

Written policies and procedures are established and implemented in regard to the palliative care program providing care/service to patients and families of various spiritual, religious, and existential belief systems.

Policies and Procedures Essential Components

- Policies and Procedures (P&P) must describe the mechanism used to provide care/service for patient of different cultural backgrounds, beliefs, and religions.
- P&P must describe any actions expected for personnel providing care/service to patients who have different cultural backgrounds, beliefs, and religions.

HINT

If interviewed, staff must know how patients of different cultural beliefs are identified and treated. This may also be observed through home visits.

The Surveyor will expect to see that staff has been oriented and provided annual education and resources to regarding the delivery of care respectful of spiritual, religious, and existential beliefs and practices of the patients they serve.

NCP Guideline(s) Reference: 5.1

Standard CBPC2-7C: (Services applicable: CBPC)

Written policies and procedures are established and implemented in regard to the palliative care program striving to enhance its delivery of culturally and linguistically sensitive care.

Policies and Procedures Essential Components

- Policies and Procedures (P&P) must describe the methods used to deliver culturally and linguistically sensitive services.

HINT

If interviewed, staff must know how to identify differences in their own beliefs and the patient's beliefs and find ways to support the patient. This may also be observed through home visits.

The Surveyor will expect to see that staff has been oriented and provided annual education and resources to increase their cultural awareness and cultural sensitivity of the patients they serve.

NCP Guideline(s) Reference: 6.1, 6.2

Standard CBPC2-8A: (Services applicable: CBPC)

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 serious or life-threatening illnesses.

Policies and Procedures Essential Components

- Policies and Procedures (P&P) address the mechanisms for identifying and addressing ethical issues in providing palliative care.

HINT

There should be documentation of any ethical issues and actions taken. If no ethical issues have occurred, staff should be able to explain the palliative care program's P&P for handling ethical issues. The palliative care program should use forums for considering and discussing ethical issues (such as the QAPI Committee or Ethics Committee).

Training must be provided to staff during orientation and annually thereafter. Training must include, but is not limited to:

- The right of a patient to request or to decline any treatment
- Discontinuing medically provided nutrition and/or hydration
- Non-beneficial medical treatments
- Stopping or not starting treatments such as mechanical ventilation or dialysis or artificial nutrition and/or hydration
- Discontinuation of cardiac devices (LVADs, AICDs)
- Sedation in for refractory symptoms
- The use of high-dose medications as needed for symptom relief
- Physician-assisted death, consistent with state laws and regulations

NCP Guideline(s) Reference: 8.1, 8.2, 8.3, 8.4

Standard CBPC2-9A: (Services applicable: CBPC)

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.

Policies and Procedures Essential Components

- Policies and Procedures (P&P) include, but are not limited to:
  - Coordination of care with community resources to ensure comprehensiveness and continuity of care
  - Communication, coordination, and collaboration with home care agencies, hospices and other community service providers involved in the patient's care across all settings, especially before, during, and after transitions of care
  - Referrals are made only with the patient or appropriate representative's consent
  - Timely and effective sharing of information among healthcare teams while safeguarding privacy

HINT

The Surveyor will expect to see evidence in patient records that the palliative care program supports and promotes continuity of care throughout the patient's illness.

NCP Guideline(s) Reference: 1.1, 1.4, 1.5, 1.7

Standard CBPC2-10A: (Services applicable: CBPC)

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.

Policies and Procedures Essential Components

- Policies and Procedures (P&P) describe the different environments of care available to the patient and family.

HINT

The Surveyor will expect to see that the palliative care team provides care in the least restrictive environment preferred by the patient or family and attends to the unique needs of patients such as with differing physical and intellectual abilities, and those of pediatric/adolescent patients.

NCP Guideline(s) Reference: 1.5, 4.2

Standard CBPC2-11A: (Services applicable: CBPC)

The palliative care program provides physician services, including advanced practice provider services which include physician assistants, nurse practitioners, and clinical nurse specialists.

HINT

The Surveyor will expect the palliative care program to provide physician services by a qualified physician or an advanced practice provider directly or under arrangement as well as provides supervision to the rest of the palliative care team members.

NCP Guideline(s) Reference: 1.1

Standard CBPC2-12A: (Services applicable: CBPC)

The palliative care program provides nursing services.

HINT

The Surveyor will expect the palliative care program is comprised of skilled nursing services by or under the supervision of a Registered Nurse (RN) directly or under arrangement.

If a nurse is an advanced practice registered nurse (either a nurse practitioner or a clinical nurse specialist) and is permitted by state law and regulation to see, treat, and write orders, then the advance practice registered nurse (APRN) may perform this function while providing nursing services to palliative care patients.

NCP Guideline(s) Reference: 1.1

Standard CBPC2-13A: (Services applicable: CBPC)

The palliative care program provides medical social services.

HINT

The Surveyor will expect the palliative care program to provide medical social services by a qualified Social Worker directly or under arrangement.

NCP Guideline(s) Reference: 1.1

Standard CBPC2-14A: (Services applicable: CBPC)

The palliative care program provides spiritual counseling services.

HINT

The Surveyor will expect the palliative care program has spiritual counseling services available to the patient and family directly or under arrangement to assist in minimizing the stress and problems that arise from the serious illness, related conditions, and the dying process.

NCP Guideline(s) Reference: 1.1

Standard CBPC2-15A: (Services applicable: CBPC)

The palliative care program provides grief and bereavement counseling services when appropriate to the patient's stage of illness.

Policies and Procedures Essential Components

- Policies and Procedures (P&P) describe the provision of grief and bereavement counseling services to include, but are not limited to:
  - An organized palliative care program for the provision of grief and bereavement services furnished under the supervision of a qualified professional with experience or education in grief or loss counseling.
  - Grief and bereavement support are available to the family and other individuals identified in the bereavement plan of treatment both before and up to thirteen months after the death of the patient.
  - Ensuring that duration of bereavement services reflect the needs of the bereaved.

Patient Record Essential Components

- The bereavement plan of treatment includes documented needs and goals based on the initial and ongoing assessment of the survivors' needs and desire for ongoing support.

HINT

The Surveyor will expect to see bereavement plans of care/records to ensure bereavement services are made available to patient and family directly or under arrangement and reflect the needs of the bereaved.

The bereavement plan of treatment should identify the type of bereavement services to be offered and the frequency of service delivery.

NCP Guideline(s) Reference: 7.5

Standard CBPC2-16A: (Services applicable: CBPC)

The palliative care program provides clinical pharmacy consultation.

HINT

The Surveyor will expect the palliative care program to have clinical pharmacy consultation available to the palliative care team directly or under arrangement in order to optimize medication management through a thorough review of the patient's medications to identify therapies to further palliate symptoms, resolve or prevent potential drug-drug interactions, drug-related toxicities, and recommend dose adjustment and de-prescribing where appropriate.

NCP Guideline(s) Reference: 1.1

Standard CBPC2-17A: (Services applicable: CBPC)

Written policies and procedures are established and implemented by the palliative care program regarding pain and symptom management.

Policies and Procedures Essential Components

- Policies and Procedures (P&P) are developed for pain and symptom management that include the use of pharmacological and non-pharmacological interventions and are based on a complete pain assessment using validated age and population-appropriate tools.

HINT

The Surveyor will expect to see evidence in the patient record the patient has and is receiving effective pain and symptom management.

Training must be provided to staff during orientation and annually thereafter. Training to increase awareness of applicable policies and procedures for opioid management must include, but is not limited to:

- Safe and appropriate use of opioids
- Risk assessment and screening for opioid and/or other substance use disorder
- Monitoring for signs of opioid misuse and/or diversion
- Managing pain for patients at risk for or with concurrent substance use disorder
- Safe and appropriate use of naloxone when used in drug overdose situations

NCP Guideline(s) Reference: 2.1

Standard CBPC2-18A: (Services applicable: CBPC)

The palliative care program provides access available 24 hours a day, 7 days per week.

HINT

There should be evidence that the palliative care team is accessible 24 hours a day, 7 days a week, by phone or telehealth applications. This will be observed through review of patient records and by an on-call schedule/calendar or other type of schedule.

NCP Guideline(s) Reference: 1.1

Tools Available to Assist with Section 2:

- Section 2 Compliance Checklist
- Patient Rights and Responsibilities Audit Tool
- Sample Complaint/Concern Form
- Ethical Issues/Concerns Reporting Form
- Section 2 Self Audit
- Sample Policies and Procedures

SECTION 2 COMPLIANCE CHECKLIST

Standard	Policy/ Procedure	Personnel File	Client Record	Observation	Audit Tool Provided	Compliance Y/N	Comments
CBPC2-1A	Yes		Yes	Marketing materials, patient education & staff interviews	Observation Tool, Patient Record Audit Tool & Interview Tool		
CBPC2-2A	Yes		Yes	Patient Rights & Responsibilities statement, & staff interviews	Patient Record Audit Tool, Interview Tool		
CBPC2-2B				Observation of staff	Observation Tool		
CBPC2-3A	Yes			Staff interviews & incident reports	Observation Tool & Interview Tool		
CBPC2-4A	Yes			Complaint/ Grievance/Variance log & staff interviews	Interview Tool, Observation Tool & Items Needed for Survey		
CBPC2-4B			Yes	Patient records, patient education materials, & staff interviews	Patient Record Audit Tool, Observation Tool, & Interview Tool		
CBPC2-5A	Yes	Yes	Yes	Signed Confidentiality statements & staff interviews	Patient Record Audit Tool, Personnel File Tool & Interview Tool		
CBPC2-5B				Business Associate Agreements (BAA)	Observation Tool & Items Needed for Survey		
CBPC2-6A	Yes		Yes	Patient education materials & staff interviews	Observation Tool, Patient Record Audit Tool & Interview Tool		
CBPC2-6B	Yes	Yes	Yes	Current & appropriate CPR certification, & patient education materials	Personnel File Tool, Observation Tool, & Patient Record Audit Tool		
CBPC2-7A	Yes			Education records	Observation Tool		
CBPC2-7B	Yes			Staff interviews & education records	Interview Tool & Observation Tool		
CBPC2-7C	Yes			Staff interviews & education records	Interview Tool & Observation Tool		

Standard	Policy/ Procedure	Personnel File	Client Record	Observation	Audit Tool Provided	Compliance Y/N	Comments
CBPC2-8A	Yes	Yes	Yes	Ethics committee meeting minutes, other documentation of ethical concerns & education records	Items Needed for Survey, Observation Tool, Personnel File Tool, & Patient Record Audit Tool		
CBPC2-9A	Yes		Yes	Patient records & observation of staff	Patient Record Audit Tool & Observation Tool		
CBPC2-10A	Yes			Observation of staff	Observation Tool		
CBPC2-11A		Yes		Personnel files or contracts	Personnel File Tool		
CBPC2-12A		Yes		Personnel files or contracts	Personnel File Tool		
CBPC2-13A		Yes		Personnel files or contracts	Personnel File Tool		
CBPC2-14A		Yes		Personnel files or contracts	Personnel File Tool		
CBPC2-15A	Yes	Yes	Yes	Personnel files or contracts & documentation in patient records	Personnel File Tool & Patient Record Audit Tool		
CBPC2-16A		Yes		Personnel files or contracts	Personnel File Tool		
CBPC2-17A	Yes	Yes	Yes	Patient records, observation of staff & education records	Patient Record Audit Tool & Personnel File Tool		
CBPC2-18A				On-call schedule	Observation Tool		

FOR PROVIDERS. BY PROVIDERS.

PALLIATIVE CARE

PATIENT RIGHTS & RESPONSIBILITIES AUDIT TOOL

- [ ] Be included in the process of developing and modifying a plan of treatment in alignment with patient and family priorities, preferences, and goals.
- [ ] Be informed, in advance, both orally and in writing, of care/service being provided; of the charges, including payment for care/service expected from third parties and any charges for which the patient will be responsible.
- [ ] Receive information about the scope of services that the palliative care program will provide and specific limitations on those services.
- [ ] Participate in the development and periodic revision of the goals of care/plan of treatment.
- [ ] Decline or refuse care or treatment after the consequences of not receiving care or treatment are fully presented.
- [ ] Be informed of patient rights under state law to formulate an advance directive, if applicable.
- [ ] Have one's property and person treated with respect, consideration, and recognition of patient dignity and individuality.
- [ ] Be able to identify visiting or clinic personnel members through palliative care program generated photo identification.
- [ ] Be free from mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source, and misappropriation of patient property.
- [ ] Voice grievances/complaints regarding treatment or care/service, lack of respect of property or recommend changes in policy, personnel, or care/service without restraint, interference, coercion, discrimination, or reprisal.
- [ ] Have grievances/complaints regarding treatment or care/service that is (or fails to be) furnished, or lack of respect of property investigated.
- [ ] Confidentiality and privacy of all information contained in the patient record and of Protected Health Information (PHI).
- [ ] Be advised on the palliative care program's policies and procedures regarding the disclosure of patient records.
- [ ] Choose a health-care provider, including an attending physician or independent practitioner.
- [ ] Receive appropriate care/service without discrimination in accordance with physician's/independent practitioner’s orders.
- [ ] Be informed of any financial benefits to the referring individual or organization when referred to Community-Based Palliative Care (CBPC).
- [ ] Be fully informed and able to demonstrate understanding of patient and family responsibilities within the plan of treatment.
- [ ] Additional state-specific rights and responsibilities.

PATIENT COMPLAINT/ CONCERN SAMPLE FORM

ACHC FOR PROVIDERS. BY PROVIDERS.

PALLIATIVE CARE

PATIENT COMPLAINT/ CONCERN FORM

Patient Name: _____ Date: _____

Medical Record Number: _____ Time: _____

Patient Diagnosis: _____ M.D. Name: _____

Who reported the complaint/grievance? ☐ Patient ☐ Caregiver ☐ Physician ☐ Employee
☐ Other: _____

Who was notified about grievance/complaint?

☐ RN ☐ Social Worker ☐ Physician ☐ Other: _____
☐ Spiritual Care ☐ Bereavement

Name of person completing form, please print: _____

Signature: _____

Briefly state what happened: [FINDINGS, CONCLUSION]
(Attach additional documentation, as appropriate.)

_____

_____

_____

_____

Briefly state what recommendation was given and action taken: [RECOMMENDATION, ACTION]
(Attach additional documentation, as appropriate.)

_____

_____

_____

_____

Briefly state what follow-up was/will be done: [FOLLOW-UP]
(Attach additional documentation, as appropriate.)

_____

_____

_____

_____

Creation Date Form # X

FOR PROVIDERS. BY PROVIDERS.

PALLIATIVE CARE

ETHICAL ISSUES/CONCERNS REPORTING FORM

Name of Patient: _____ Date of Report:_____

Name of Employee Reporting Concern:_____

Description of ethical concern:

_____

_____

_____

_____

Discussion and Resolution/Follow-up determined by Ethics Committee Members:

_____

_____

_____

_____

_____ _____

Signature/Date of Committee Member Signature/Date of Committee Member

_____ _____

Signature/Date of Committee Member Signature/Date of Committee Member

Creation Date Form # X

ACHC FOR PROVIDERS. BY PROVIDERS.

PALLIATIVE CARE

SECTION 2 SELF AUDIT

REQUIRED POLICIES AND PROCEDURES

- [ ] Description of services
- [ ] Patient rights and responsibilities
- [ ] Reporting of abuse, neglect and mistreatment
- [ ] Reporting of grievances, complaints or concerns
- [ ] HIPAA — securing and releasing PHI
- [ ] Advance Directives
- [ ] Patient resuscitation
- [ ] Communication or language barriers
- [ ] Spiritual, religious, and existential belief diversity
- [ ] Cultural diversity
- [ ] Ethical issues
- [ ] Coordination and continuity of care
- [ ] Available environments of care
- [ ] Bereavement services
- [ ] Pain and symptom management

REQUIRED DOCUMENTS

- [ ] Marketing material/brochures
- [ ] Admission packet/Information given to patients
- [ ] Rights and responsibilities handout
- [ ] Incidents reports for abuse, neglect, etc.
- [ ] Compliant/grievance forms, logs
- [ ] Ethics committee meeting minutes or other documentation showing receipt of complaints summary and ethical issues
- [ ] Business Associates Agreements (BAA), if applicable
- [ ] On-call schedule and personnel schedules
- [ ] Contracts for services provided under contract

PERSONNEL FILE CONTENTS

- [ ] Staff signed confidentiality statements
- [ ] CPR certification – for required staff

PATIENT RECORD REQUIREMENTS

- [ ] Receipt of Care/Service Description
- [ ] Receipt of Rights and Responsibilities
- [ ] Receipt of grievance/complaint process with appropriate phone numbers
- [ ] Receipt of confidentiality policies and procedures
- [ ] Receipt of Advance Directives and resuscitative guidelines

APPROPRIATE PERSONNEL KNOWLEDGE OF THE FOLLOWING:

- [ ] Services/care provided by the palliative care program
- [ ] Patient Rights
- [ ] How to report suspected abuse or neglect
- [ ] How to handle patient grievances/complaints
- [ ] Confidentiality practices
- [ ] Patient rights to formulate an Advance Directive
- [ ] How to handle spiritual, religious, and existential belief diversity
- [ ] How to handle cultural diversity issues with patients and families

CAN THE FOLLOWING BE EASILY OBSERVED WHILE ON SITE?

- [ ] Posted hours of operation
- [ ] Staff respecting patient rights while providing care/service
- [ ] Protected Health Information (PHI) and Electric Protected Health Information (EPHI) is protected

SELF TEST

1. What are three to four patient rights?
2. Is the palliative care program capable of providing all care/services that are described in the marketing materials?
3. What palliative care program phone numbers must be provided to patients for them to file a complaint?
4. Who may you release PHI to?
5. Who is required to sign a confidentiality statement?
6. Is staff aware of potential ethical issues and how to address them?
7. Is staff aware of the procedure for addressing a complaint or grievance from a patient?
8. When do you need a Business Associate Agreement (BAA)?
9. How would you communicate with patients with language barriers?
10. What community providers are collaborated with to promote continuity of care?

SAMPLE POLICIES AND PROCEDURES

FOR PROVIDERS. BY PROVIDERS.

SECTION 2: PROGRAM/SERVICE OPERATIONS

CBPC2-1A

Policy: Description of Services

1. (Your Palliative Care Program Name) will provide a comprehensive set of services, provided by an interdisciplinary group to care for the physical, psychosocial, spiritual and emotional needs of patients living with a serious illness and their family members.
2. The emphasis of palliative care is on effective symptom management, with the goal of making the patient as physically and emotionally comfortable as possible and enabling the patient to remain as long as possible with minimal disruption to normal activities.
3. (Your Palliative Care Program Name) uses an interdisciplinary approach to care for seriously ill individuals that stresses palliative care possibly in conjunction with curative care. Palliative care means patient and family-centered care that optimizes quality of life by anticipating, preventing, and treating suffering associated with a serious diagnosis.
4. Palliative care program considers both the patient and family as the unit of care.
5. (Your Palliative Care Program Name) does not have the availability to provide continuous palliative care services for other than short term crisis intervention. Patients needing continuous care for long-term care needs, will be referred to other resources within the community to meet the patient's needs.
6. (Your Palliative Care Program Name) will provide access to the palliative care team 7 days a week, 24 hours per day. Telephone answering services will be available 7 days a week, 24 hours per day. Clinical staff will rotate on-call coverage as scheduled by the _____ manager.
7. (Your Palliative Care Program Name) will accept Medicare, Medicaid, private insurance, private pay as well as patients who do not have the ability to pay for services. Upon admission patients will be notified of the charges and their individual financial responsibility for care.
8. (Your Palliative Care Program Name) will accept patients who consent to have care provided by (Your Palliative Care Program Name).
9. Office hours are 8 a.m. to 5 p.m. with nursing, medicine, social work, and spiritual care available 24/7. All other services will be available 24/7 as reasonable and necessary to meet the needs of patients and families.
10. Referrals can be made by contacting the Referral Department during the hours of 8 a.m. to 5 p.m. On-call referrals can be made by contacting the palliative care program's on-call number and given to the clinician on-call.
11. Any patient that does not meet the eligibility criteria will be referred to other community resources and the referring practitioner will be notified.
12. All marketing materials will clearly define, in lay language, the above information and will be distributed to patients at the time of admission as well as be available to the community at large.

CBPC2-2A

Policy: Patient Rights and Responsibilities

1. (Your Palliative Care Program Name) will provide the patient or appropriate representative a written description of the Patient Rights and Responsibilities Statement. Admission staff will also review the Patient Rights and Responsibilities statement orally, at or prior to the initiation of services.
2. (Your Palliative Care Program Name) will make all reasonable efforts to have the Patient Rights and Responsibilities statement in a language the patient understands.
3. Minor patients and patients that have been adjudged incompetent will have the Patient Rights and Responsibilities statement read to them as well as to the appropriate representative.
4. Patients will also receive information regarding their right to formulate an Advance Directive. Patients will receive the palliative care program's policy regarding Advance Directives upon admission.
5. The Patient Rights and Responsibilities statement will include, but not be limited to the following. Patients or their appropriate representative have the right to/shall:
    - Be included in the process of developing and modifying a plan of treatment in alignment with patient and family priorities, preferences, and goals
    - Be informed, in advance, both orally and in writing, of care/service being provided; of the charges, including payment for care/service expected from third parties and any charges for which the patient will be responsible
    - Receive information about the scope of services that the palliative care program will provide and specific limitations on those services
    - Participate in the development and periodic revision of the goals of care/plan of treatment
    - Decline or refuse care or treatment after the consequences of not receiving care or treatment are fully presented
    - Be informed of patient rights under state law to formulate an advance directive, if applicable
    - Have one's property and person treated with respect, consideration, and recognition of patient dignity and individuality
    - Be able to identify visiting or clinic personnel members through palliative care program generated photo identification
    - Be free from mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source, and misappropriation of patient property
    - Voice grievances/complaints regarding treatment or care/service, lack of respect of property or recommend changes in policy, personnel, or care/service without restraint, interference, coercion, discrimination, or reprisal
    - Have grievances/complaints regarding treatment or care/service that is (or fails to be) furnished, or lack of respect of property investigated
    - Confidentiality and privacy of all information contained in the patient record and of Protected Health Information (PHI)
    - Be advised on the palliative care program's policies and procedures regarding the disclosure of patient records
    - Choose a health-care provider, including an attending physician or independent practitioner
    - Receive appropriate care/service without discrimination in accordance with

physician's/independent practitioner's orders

- » Be informed of any financial benefits to the referring individual or organization when referred to Community-Based Palliative Care (CBPC)
- » Be fully informed and able to demonstrate understanding of patient and family responsibilities within the plan of treatment

6. Personnel are provided training during orientation and at least annually thereafter concerning the palliative care program's policies and procedures on Patient Rights and Responsibilities.

CBPC2-3A

Policy: Identifying and Reporting Abuse/Neglect/Exploitation of Patients

1. All palliative care program personnel have a responsibility to report any suspected mistreatment, neglect, or verbal, mental, sexual and physical abuse, including injuries of unknown source and misappropriation of property of patients being served by the palliative care program.
2. Any and all suspected abuse/neglect/exploitation and/or misappropriation of property of patients of the palliative care program will be reported to _____ immediately. If suspected abuse/neglect/exploitation and/or misappropriation of property are identified after-hours, a report will be made immediately to _____.
3. The _____Director will immediately investigate any and all alleged violations involving anyone furnishing services on behalf of the palliative care program and immediately takes action to prevent further potential violations while the alleged violation is being verified.
4. All investigations will be documented on the appropriate form and filed in the Patient Complaint folder.
5. All confirmed violations will also be reported to leadership.
6. Any confirmed abuse/neglect/exploitation or misappropriation of property of patients by the palliative care program's personnel will result in immediate termination. Criminal charges may be filed by the palliative care program and appropriate reporting to federal, state and accrediting organizations will be made within five working days.

CBPC2-4A

Policy: Patient Complaints

1. All patients will be informed of their right to voice a complaint/grievance against anyone furnishing services on behalf of (Your Palliative Care Program Name).
2. All patients will receive verbally and in writing the palliative care program's process for receiving, investigating and resolving complaints.
3. All patients will receive the state regulatory hotline number, ACHC's telephone number as well as the appropriate person/department within palliative care program to contact regarding a complaint/grievance services furnished by the palliative care program and/or concerns regarding the implementation of Advance Directive requirements.

4. Any employee receiving a complaint/grievance will complete and submit the correct form to the appropriate manager. If a complaint is received after business hours, the manager on-call will be notified, and the complaint form will be submitted on the next business day.
5. The manager will immediately investigate the complaint/grievance by contacting the patient, investigating the problem and taking appropriate action(s) to resolve the issue. Documentation of resolution of the complaint/grievance will be maintained.
6. All complaints/grievances will be reviewed by the QAPI committee quarterly for potential QAPI activities.
7. A summary of complaints/grievances will be reported to leadership at least quarterly.
8. All personnel will receive instruction on the complaint/grievance policy and procedure during orientation and annually.

CBPC2-5A

Policy: Confidentiality

1. (Your Palliative Care Program Name) will ensure the patient's right to confidentiality of all patient identifiable information, by following appropriate safeguards to protect all Protected Health Information (PHI) and Electric Protected Health Information (EPHI). PHI/EPHI is defined as any of the following identifiers that could identify an individual:
    - Name
    - All geographical identifiers smaller than a state
    - Dates (other than year) directly related to an individual
    - Phone numbers
    - Fax numbers
    - Email addresses
    - Social Security numbers
    - Medical record numbers
    - Health insurance beneficiary numbers
    - Account numbers
    - Certificate/license numbers
    - Full face photographic images and any comparable images
    - Any other unique identifying number, characteristic, or code except the unique code assigned by the investigator to code the data
2. All personnel will treat the following information concerning patient care/service with the utmost confidentiality:
    - Paper, electronic, and computerized information
    - Telephone and cell phone communications
    - Verbal communications
    - Faxed information
3. Admission staff will obtain the signed authorization form from the patient or appropriate representative that will allow the palliative care program to release confidential information for treatment, payment, and operations, including release to licensing, regulatory, and accrediting bodies.

4. Patients will receive the palliative care program's privacy notice during the admission visit and will sign the acknowledgement form confirming receipt and understanding of the palliative care program's policies and procedures regarding confidentiality.
5. If information is requested for any purpose other than treatment, payment, or operations, a separate authorization form, listing the specific information to be released, will be obtained and signed by the patient or appropriate representative prior to releasing the information requested.
6. All requests for release of information will be given to the _____ Manager. Only the _____ Manager may release PHI/EPHI and confidential information.
7. Records may be released without patient authorization only by court order, subpoena, or other legally recognized information access procedure.
8. Accessibility to patient records is limited to medical records staff, billing staff, appropriate leadership, and staff caring for the patient. Staff members will discuss patient-related information with palliative care program personnel only on a need-to-know basis.
9. Patient records are kept in a secure location to prevent loss, tampering, and unauthorized use. Records will be stored in a manner that minimizes the possibility of damage from fire and/or water.
10. All employees and contract staff will receive training in confidentially of patient information during orientation, as well as annually, and will sign a Confidentially Agreement.
11. All business associates that may have access to PHI/EPHI will have a Business Association Agreement signed before the initiation of care/service.
12. The palliative care program and any agent acting on behalf of the palliative care program, in accordance with a written contract, must ensure the confidentiality of all patients' identifiable information contained in the clinical record and may not release patient identifiable information to the public.
13. Staff will follow all HIPAA regulations.

CBPC2-6A

Policy: Acceptance/Refusal of Medical Care

1. Patients have the right to accept or refuse medical care, resuscitation, surgical treatment, and the right to formulate an Advance Directive.
2. Patient care is not prohibited based on whether or not the individual has an Advance Directive.
3. Patients or the appropriate representative will be provided written information regarding their rights to:
    - Make medical decisions
    - Accept or refuse medical or surgical treatment, and
    - Formulate an Advance Directive
4. The palliative care program's policies on Advance Directives, on resuscitative practices, medical emergencies, and when staff will utilize "911" services will be provided to all patients prior to the initiation of care. The existence of an Advance Directive will be determined during the initial visit and documented in the patient record. The patient or legal representative will be asked to provide the palliative care program with a copy of any current Advance Directives that have been formulated, if applicable, to be filed in the medical record.
5. All personnel and contract staff will receive instruction on the Advance Directive/Resuscitation policy during orientation.

6. All personnel that are required to maintain CPR certification will have a copy of the current certificate placed in their personnel file. On-line CPR is not an acceptable form of CPR certification.
7. Only personnel that have a current CPR certification and have completed BLS will perform resuscitative measures, all other staff are instructed to contact "911" for medical emergencies.
8. Patients will have the right to refuse care/service after the consequences of refusal of services is explained to them.
9. Palliative care program personnel will assist patients with resources to obtain an Advance Directive upon request of the patient/legal representative.
10. The palliative care program will provide education and assistance to the community on Advance Directives.

CBPC2-7A

Policy: Communication/Language Barriers

1. Discrimination will not be tolerated. It is our firm belief that everyone is to be treated equal with respect and integrity by all staff in every situation. When communication/language barriers are noted, they will be addressed by staff immediately. Personnel will communicate with the patient in the appropriate language or form understandable to the patient.
2. During the referral contact, employees will determine if the patient needs an interpreter due to a communication/ language barrier or if they require any special accommodations.
3. Mechanisms are in place to assist with language and communication barriers. This may include, but is not limited to:
    - Bilingual staff
    - Interpreters
    - Assistive technologies
4. All employees will be trained during orientation and annually regarding the resources available to assist patients that need an interpreter or other assistive technology to assist with communication due to a language barrier.

CBPC2-7B, CBPC2-7C

Policy: Cultural Diversity

1. (Your Palliative Care Program Name) will provide care to patients and families regardless of their cultural background and cultural beliefs.
2. Staff will respect and honor different cultural backgrounds, beliefs, and religions. Different cultural backgrounds, beliefs, and religions impact the patient's lifestyles, habits, and view of health and healing. Employees must be able to identify differences in their own beliefs and the patient's beliefs and find ways to support the patient.
3. Upon admission staff will identify the patient's individual beliefs based on their cultural background and develop the plan of treatment accordingly.
4. (Your Palliative Care Program Name) will not assign personnel unwilling to comply with the palliative care program policy, due to cultural values or religious beliefs, to situations where their actions may be in conflict with the prescribed treatment or the needs of the patient.
5. Cultural diversity training will be completed for all new employees during orientation and on an annual basis.

CBPC2-8A

Policy: Ethical Issues

1. (Your Palliative Care Program Name) will provide care within an ethical framework.
2. (Your Palliative Care Program Name) will address ethical concerns through a variety of forums to include but not be limited to:
    - Ethics Committees
    - Ethics forums
    - Access to professional experts
    - Quality Assurance and Performance Improvement (QAPI) Committee
3. A request for an Ethics Committee meeting will be directed to the chairperson(s) of the Committee by the completion of the Ethics Committee Request form.
4. All information exchanged during the consultation is confidential.
5. When a formal consultation is held, a general notation will be placed in the medical record.
6. A summary of all ethical issues will be presented at each leadership meeting.
7. Personnel will be provided education regarding the process for addressing ethical concerns and examples of potential ethical issues during orientation and annually thereafter.

CBPC2-15A

Policy: Bereavement Services

1. (Your Palliative Care Program Name) will offer and provide bereavement services to family members and others identified in the plan of treatment for up to one year (12 months) following the death of the patient.
2. The bereavement program will be under the supervision of an individual with experience or education in grief and/ or loss counseling.
3. Bereavement services will start at the initiation of care with the completion of the bereavement assessment as part of the comprehensive assessment. The bereavement assessment will be updated at appropriate time and intervals during the patient's time in palliative care and at the time of death and during the provision of bereavement care.
4. A Bereavement Plan of treatment will be established within _____ weeks of the death of the palliative care program patients and will specify the type of bereavement services to be offered and the frequency of service delivery.
5. The Bereavement Plan of treatment will be individualized to reflect the needs to the bereaved.
6. Any family members or other individuals identified as at risk for complicated grief or any other needs that cannot be met by (Your Palliative care program Name) will be provided resources of community agencies that can assist with the identified issues.

CBPC2-17A

Policy: Pain and Symptom Management

1. All (Your Palliative Care Program Name) patients will receive effective pain and symptom management for conditions related to the serious illness.

2. All interventions will be based on a complete pain assessment that is performed at admission, each nursing visit thereafter, and whenever the patient's condition warrants a need for a complete pain assessment.
3. The use of pharmacological and non-pharmacological interventions will be utilized to best manage the patient's pain and symptoms associated with the serious illness condition.
4. [List pharmacological and non-pharmacological interventions here]

UNDERSTANDING THE STANDARDS

SECTION 3: FISCAL MANAGEMENT

The standards in this section apply to the financial operations of the organization. These standards address the annual budgeting process, business practices, accounting procedures, and the company's financial processes.

SECTION 3 — QUICK REFERENCE

NOTE: HINTS WILL BE HIGHLIGHTED IN BLUE

Standard CBPC3-1A: (Services applicable: CBPC)

The palliative care program's annual budget is developed in collaboration with management/leadership and personnel in consultation with the medical director.

Budgeting Essential Components

- Must address the budgeting process to include all anticipated income and expenses
- The budget is reflective of the palliative care program's care/service and programs
- The leaders and the individuals in charge of the day-to-day program operations are involved in developing the budget and in the planning and review of periodic comparisons of actual and projected expenses and revenues for the care/service

HINT

While on site, the Surveyor will review the annual operating budget and will expect to see that the budget is reviewed and updated at least annually by the management/leadership personnel.

If interviewed, the manager/leader, and other appropriate staff should be able to discuss the frequency with which the budget is reviewed.

Standard CBPC3-2A: (Services applicable: CBPC)

The palliative care program implements financial management practices that ensure accurate accounting and billing.

Accounting Essential Components

- The palliative care program's accounting and billing practices must reflect sound business and include at a minimum the following:
  - » Receipt and tracking of revenue

- Billing of patients and third-party payors
- Notification to the patient of changes in reimbursement from third-party payors
- Collection of accounts
- Reconciliation of accounts
- Extension of credit, if applicable
- Financial hardship, if applicable
- Consequences of non-payment, if applicable
- Assignment of revenue to the appropriate program
- Retention of financial records per applicable laws and regulations

HINT

While on site, the Surveyor will review the palliative care program's accounting system used for tracking all revenue and expenses.

Standard CBPC3-3A: (Services applicable: CBPC)

The palliative care program develops care/service rates and has methods for conveying charges to the patient, public, and referral sources.

- The palliative care program must describe the process for establishing and conveying charts for the services provided to patients

HINT

The Surveyor will expect to see a listing of current charges for care/services.

The Surveyor will expect to see that the personnel responsible for conveying these charges are oriented and provided with education concerning the conveying of charges.

Standard CBPC3-3B: (Services applicable: CBPC)

The patient is advised orally and in writing of the charges for care/service at, or prior to, the receipt of services. The patient also has the right to be informed of changes in payment information, as soon as possible but no later than 30 days after the palliative care program becomes aware of the change.

HINT

If interviewed, staff should be able to explain how patients are educated on their charges and expected reimbursements.

Patient records will have documentation that they have received information regarding charges either at or before the initiation of care.

If interviewed, patients should be able to state they have been notified of their financial responsibility at, or prior to, the delivery of care/service.

NCP Guideline(s) Reference: 8.4

Standard CBPC3-4A: (Services applicable: CBPC)

There is verification that the care/service(s) billed for reconciles with the care/service(s) provided by the palliative care program.

HINT

The Surveyor will review billing records against patient charts to ensure patients are properly billed for care/services provided.

Tools Available to Assist with Section 3:

- Section 3 Compliance Checklist
- Palliative Care Financial Disclosure Statement
- Section 3 Self Audit

SECTION 3 COMPLIANCE CHECKLIST

Standard	Policy/ Procedure	Patient Record	Observation	Audit Tool Provided	Compliance Y/N	Comments
CBPC3-1A			Annual operating budget & staff interviews	Items Needed for Survey & Interview Tool		
CBPC3-2A			Accounting system	Observation Tool		
CBPC3-3A			Written charges for care/service	Chart Audit Tool		
CBPC3-3B		Yes	Documentation in patient records	Chart Audit Tool		
CBPC3-4A			Billing records			

FINANCIAL DISCLOSURE STATEMENT SAMPLE FORM

FOR PROVIDERS. BY PROVIDERS.

PALLIATIVE CARE

PALLIATIVE CARE
FINANCIAL DISCLOSURE STATEMENT

Patient Name: _____ Medical Record #: _____

I understand my financial responsibility for all services provided will be as listed below. If the bill causes financial hardship, now or at any time in the future, I may call a billing representative of the program to arrange a payment schedule.

Physician Services:	$_____ Per visit
Nursing	$_____ Per visit
Social Work	$_____ Per visit

I acknowledge that I have read and understand the above Financial Disclosure Statement.

Signature of patient: _____ Date:_____

Creation Date Form # X

ACHC FOR PROVIDERS. BY PROVIDERS.

PALLIATIVE CARE

SECTION 3 SELF AUDIT

REQUIRED POLICIES AND PROCEDURES

- [ ] None

REQUIRED DOCUMENTS

- [ ] Current annual budget
- [ ] Leadership documenting annual review and update of the budget
- [ ] Accounting system that tracks revenue and expenses
- [ ] List of care/services with corresponding charges
- [ ] Patient bills/claims

PERSONNEL FILE CONTENTS

- [ ] None

PATIENT RECORD REQUIREMENTS

- [ ] Receipt of financial responsibilities of the patient
- [ ] Patient bills correspond to the care/services provided

APPROPRIATE PERSONNEL KNOWLEDGE OF THE FOLLOWING:

- [ ] When budget is created and approved
- [ ] How patients are informed of their financial responsibilities

CAN THE FOLLOWING BE EASILY OBSERVED WHILE ON SITE?

- [ ] Accounting system to track revenue and expenses, reconcile invoices/receipts/deposits
- [ ] Proper storage of financial records

SELF TEST

1. How often must the budget be reviewed? By whom?
2. Whose regulations must be followed regarding financial record retention?
3. What financial responsibility information must be shared with patients?
4. How many days do you have to notify patients of changes in payment information?

UNDERSTANDING THE STANDARDS

SECTION 4: HUMAN RESOURCE MANAGEMENT

The standards in this section apply to all categories of personnel in the organization unless otherwise specified. Personnel may include, but are not limited to, support personnel, licensed clinical personnel, unlicensed clinical personnel, administrative and/or supervisory employees, contract personnel, independent contractors, volunteers, and students completing clinical internships. This section includes requirements for personnel records including skill assessments and competencies.

SECTION 4 — QUICK REFERENCE

NOTE: HINTS WILL BE HIGHLIGHTED IN BLUE

Standard CBPC4-1A: (Services applicable: CBPC)

Written policies and procedures are established and implemented that describe the procedures to be used in the management of personnel files and confidential personnel records.

Policies and Procedures Essential Components

- Policies and Procedures (P&P) must include, but are not limited to:
  - Positions having access to personnel files
  - Proper storage
  - The required contents
  - Procedures to follow for employees who wish to review their personnel file
  - Time frames for retention of personnel files

HINT

The Surveyor will review personnel files as well as other documents to ensure compliance with ACHC standards.

NCP Guideline(s) Reference: 8.2

Standard CBPC4-1B: (Services applicable: CBPC)

Prior to or at the time of hire all personnel complete appropriate documentation.

Minimal Required Components for Personnel Files

- Prior to hire, each personnel file must contain at least the following documentation:
  - Position application
  - Dated and signed withholding statements
  - Form I-9 (employee eligibility verification that confirms citizenship or legal authorization to work in the United States)

HINT

The Surveyor will review personnel files to ensure the application, the appropriate dated and signed withholding statements and an I-9 are completed and filed.

This standard is not applicable to contract staff.

Standard CBPC4-1C: (Services applicable: CBPC)

All personnel files at a minimum contain or verify the following items. (Informational Standard Only)

Minimal Required Components for Personnel Files

- Informational only
  - Position application
  - Dated and signed withholding statements
  - Form I-9 (employee eligibility verification that confirms citizenship or legal authorization to work in the United States)
  - Personnel credentialing through Primary Source Verification
  - TB screening

- Hepatitis B vaccination
- Job description
- Motor vehicle license, if applicable
- Criminal background check
- National sex offender registry
- Office of the Inspector General (OIG) exclusion list
- Personnel policies review or employee handbook
- Annual performance evaluations
- Orientation
- Confidentiality agreement
- Competency assessments
- Annual evaluation of job duties

HINT

Personnel files should contain all the required documentation for review by the Surveyor. Files should be organized for easy review and access to the needed information.

The Surveyor will select a sampling of personnel files for each service provided.

It is suggested that a palliative care or human resources staff member be available to assist in the review.

Standard CBPC4-2A: (Services applicable: CBPC)

Personnel are qualified for the positions they hold by meeting the education, training, and experience requirements defined by the palliative care program. Personnel credentialing activities are conducted at the time of hire and upon renewal to verify qualifications of all personnel.

Minimal Required Components for Personnel Files

- All professionals who furnish services directly, under an individual contract, or under arrangements with a palliative care program, must be legally authorized (licensed, certified, or registered) in accordance with applicable federal, state, and local laws, and must act only within the scope of his or her state license, state certification, or registration.
- All personnel qualifications must be kept current at all times.

HINT

Review personnel files for up-to-date credentialing activities. It is recommended that the palliative care program develop a tracking system for monitoring expiration dates.

The Surveyor will expect to see evidence of Primary Source Verification credentialing information for all individuals that provide direct care.

NCP Guideline(s) Reference: 1.6

Standard CBPC4-2B: (Services applicable: CBPC)

Written policies and procedures are established and implemented in regard to all direct care personnel having a baseline Tuberculosis (TB) test at any point in the past or in accordance with state requirements. Prior to patient contact, an individual TB risk assessment and a symptom evaluation are completed.

Policies and Procedures Essential Components

- Upon hire all direct care staff, including contract staff, will provide evidence of a baseline TB skin or blood test.
- Prior to patient contact all direct care staff, including contract staff, will complete an individual TB risk assessment and symptom evaluation to determine if high risk exposures have occurred since administration of the baseline TB test.
- Results of TB risk assessment and symptom evaluation will determine if further testing is needed prior to patient contact.
- If an individual cannot provide evidence of a baseline TB skin or blood test, TB testing is conducted by the palliative care program.
- The palliative care program will conduct an annual TB risk assessment to determine the need, type, and frequency of testing/assessment for direct care personnel.

HINT

The Surveyor will review personnel files for verification of initial and annual TB testing/screening completed on direct care personnel.

The type of testing or screening required will be based upon the prevalence rate of TB in the community as well as the rate of TB in patients serviced by the palliative care program.

Standard CBPC4-2C: (Services applicable: CBPC)

Written policies and procedures are established and implemented for all direct care personnel to have access to the Hepatitis B vaccine as each job classification indicates and as described in federal CDC and OSHA standards.

Policies and Procedures Essential Components

- This process describes how all direct care personnel will have access to the Hepatitis B vaccine as each job classification indicates per CDC and OSHA standards.
- Declination statements must be signed within 10 working days of employment.

HINT

The Surveyor will expect to see evidence that the palliative care program offered the vaccination series to all employees and contract staff who have occupational exposure at no cost to the worker.

The palliative care program must obtain a written opinion from the licensed healthcare professional within 15 days of the completion of the evaluation for vaccination. This written opinion is limited to whether Hepatitis B vaccination is indicated for the employee and if the employee has received the vaccination.

There should be a declination statement for those employees refusing the Hepatitis B vaccine within 10 days of employment.

Standard CBPC4-2D: (Services applicable: CBPC)

There is a job description for each palliative care team member employed by the palliative care program which is consistent with the organizational chart with respect to function and reporting responsibilities.

Minimal Required Components for Job Descriptions

- Job duties
- Reporting responsibilities
- Minimum job qualifications, experience requirements, education, and training
- Requirements for the job
- Physical and environmental requirements with or without reasonable accommodations

HINT

The Surveyor will expect to see evidence of a signed job description for each employee. The job description should be signed at orientation and whenever the job descriptions changes.

The organizational chart must be current and show the relationship for each job function down to the patient care/service level.

Standard CBPC4-2E: (Services applicable: CBPC)

All personnel who transport patients in the course of their job duties, have a valid state driver's license appropriate to the type of vehicle being operated and are in compliance with state laws.

Personnel File Essential Components

- A current copy of the personnel's valid driver's license will be kept in each personnel file for all staff that transport patients in the course of their duties, along with all inquiries made on individual Motor Vehicle Records (MVRs) through the state department of motor vehicles.

HINT

The palliative care program should verify all individuals, employees, contracted staff and volunteers have a valid driver's license if required to transport patients or family members. An MVR check should be conducted at hire and annually thereafter.

Standard CBPC4-2F: (Services applicable: CBPC)

Written policies and procedures are established and implemented in regard to background checks being completed on personnel that have direct patient care and/or access to patient records. Background checks include: Office of Inspector General (OIG) exclusion list, criminal background record and national sex offender registry.

Policies and Procedures Essential Components

- Criminal background checks should be completed for all employees and contract staff who have access to patients and/or access to patient records in accordance with state requirements. In the absence of state requirements, criminal background checks must be obtained within three months of employment for all states where the employee has lived or worked for the past three years.
- The OIG exclusion list is checked for all employees and contract staff who have access to patients and/or access to patient records.
- The national sex offender registry is checked for all employees and contract staff who have access to patients

- Special circumstances must be identified in the policy for the hiring of a person convicted of a crime. The policy must include at least:
  - Documentation of special circumstances
  - Restrictions
  - Additional supervision

HINT

The Surveyor will expect to see evidence of all background checks completed in a timely manner.

Palliative care programs must complete any additional registry or background checks based on state requirements.

ACHC requires a national sex offender registry check, not a state sex offender registry check.

Standard CBPC4-2G: (Services applicable: CBPC)

Written personnel policies and procedures and/or an Employee Handbook are established and implemented describing the activities related to personnel management.

Policies and Procedures Essential Components

- Wages
- Benefits
- Complaints and grievances
- Recruitment, hiring, and retention of personnel
- Disciplinary action/termination of employment
- Professional boundaries and conflict of interest
- Performance expectations and evaluations

HINT

The Surveyor will expect to see evidence that all employees have received and reviewed the employee handbook and/or personnel policies specific to their role in the palliative care program. This is not applicable to contracted individuals.

Information is available on overtime, on-call, holiday pay, and exempt versus non-exempt status.

An explanation of benefits is shared with all benefit-eligible personnel; palliative care programs that provide no benefits to some categories of personnel communicate this fact in writing to affected personnel. For example, the contract/agreement with personnel who are utilized on an “as needed” basis may address that benefits are not available to persons employed in that classification.

Written grievance information addresses options available to personnel who have work-related complaints, including steps involved in the grievance process.

The process for recruitment, hiring, and retention of personnel should demonstrate non-discriminatory practices.

Professional boundary expectations have been established and staff have been trained on the expectations.

Disciplinary action and termination of employment policies and procedures define time frames for probationary actions, conditions warranting termination, steps in the termination process, and the appeal process.

NCP Guideline(s) Reference: 8.1, 8.2

Standard CBPC4-2H: (Services applicable: CBPC)

Written policies and procedures are established and implemented in regard to written annual performance evaluations being completed for all personnel based on specific job descriptions. The results of annual performance evaluations are shared with personnel.

Policies and Procedures Essential Components

- The palliative care program must specify how performance evaluations are conducted, who conducts them, and the frequency they are conducted. The palliative care program must have evidence that evaluations were shared, reviewed and signed by the supervisor and employee.

HINT

The Surveyor will expect to see that all employees and contract staff have had a performance evaluation completed at least annually. The palliative care program should maintain documentation that the evaluation was reviewed.

Standard CBPC4-3A: (Services applicable: CBPC)

Written policies and procedures are established and implemented that describe the orientation process. Documentation reflects that all personnel have received an orientation.

Policies, Procedures, and Personnel File Essential Components

- Policies and Procedures (P&P) address that the palliative care program has an orientation that includes at least the following:
  - Review of the individual's job description, duties performed, and his or her role in the palliative care program
  - Organizational chart
  - Record keeping and reporting
  - Confidentiality and privacy of Protected Health Information (PHI)
  - Patient's rights
  - Advance care planning and completion of Advance Directives
  - Conflict of interest
  - Palliative care program’s policies and procedures
  - Training specific to job requirements
  - Additional training for special populations, if applicable (e.g., pediatrics, disease processes with specialized care, and developmentally disabled individuals).
  - Cultural diversity
  - Effective communication with the palliative care team, health care colleagues, patents, and families
  - Ethical issues in palliative care
  - Interprofessional collaboration and boundaries
  - Quality Assessment and Performance Improvement (QAPI) Plan
  - Conveying of charges for care/service
  - Occupational Safety and Health Administration (OSHA) requirements, safety, and infection control
  - Orientation to equipment, if applicable

- Incident/variance reporting
- Handling of patient complaints/grievances
- Appropriate use and management of opioids
- Medical decision-making
- The roles and responsibilities of surrogate decision-makers
- Concepts of end-of-life, death and dying, and bereavement
- Support for psychosocial and spiritual issues
- Pain and symptom management
- Wellness and resiliency

HINT

The Surveyor will expect to see documentation, such as an orientation checklist, in each personnel file documenting they have received an orientation on all required items. This includes contract staff.

If interviewed, staff should be able to explain their individual orientation process.

NCP Guideline(s) Reference: 2.1, 3.1, 5.1, 6.1, 7.1

Standard CBPC4-3B: (Services applicable: CBPC)

The palliative care program designates an individual who is responsible for conducting orientation activities.

HINT

There should be documented evidence of a designated, qualified individual who is responsible for orientation activities. This should be included in the individual's job description.

NCP Guideline(s) Reference: 1.6

Standard CBPC4-4A: (Services applicable: CBPC)

Written policies and procedures are established and implemented requiring the palliative care program to design a competency assessment program on the care/service provided for all direct care personnel.

Policies and Procedures Essential Components

- Policies and Procedures (P&P) must state that
  - Personnel will be determined competent to perform the required patient care/service activities prior to working independently.
  - P&P must define the minimum education and training, licensure, certification, experience, and the minimum competencies required for each care/service offered.
  - P&P must define the method for documenting that personnel have received the required training (certificates, diplomas, etc.).
  - Competency assessments must be done initially during orientation and annually thereafter and must be specific to the employee's role and job description

HINT

Competency assessments must be present in the personnel file for each staff member that provides direct care/service and must be specific to the job description.

If interviewed, staff should be able to describe how they are determined competent to perform their job duties.

Competency assessments must be done initially during orientation and annually thereafter.

Competency assessments can be accomplished through observation, skills lab, supervisory visits, knowledge-based tests, case studies, self-assessment or a combination of any of the above.

A self-assessment tool alone is not acceptable.

Peer review by like disciplines is acceptable if defined in the policy.

Standard CBPC4-5A: (Services applicable: CBPC)

A written education plan is developed and implemented which defines the content, frequency of evaluations and amount of on-going in-service training for each classification of personnel.

Education Plan Essential Components

- The education plan is a written document and must include:
  - Training provided during orientation
  - Ongoing in-service education
  - Frequency of evaluations and amount of in-service training for each classification
- Annual education is part of the education plan, which includes but is not limited to:
  - How to handle grievances/complaints
  - Infection control
  - Cultural diversity and delivery of culturally sensitive care
  - Effective communication with the palliative care team, health care colleagues, and patients and families
  - Application of ethical principles in palliative care
  - Workplace (Occupational Safety and Health Administration [OSHA]), patient safety
  - Patient rights and responsibilities
  - Appropriate and safe use and management of opioids in the context of the opioid epidemic
  - Pain and symptom assessment and management
  - Wellness and resilience
  - Advance care planning and completion of Advance Directives
  - Interprofessional collaboration and professional boundaries
- The education plan must also define that direct care personnel must have a minimum of 12 hours of ongoing education per year.

HINT

The Surveyor will expect to see evidence that direct care staff have received the correct number of ongoing education hours per year.

If interviewed, staff should be able to describe how many hours of ongoing education are required per year and describe the type of ongoing education received.

Standard CBPC4-6A: (Services applicable: CBPC)

Written policies and procedures are established and implemented in regard to the observation and evaluation of direct care/service personnel performing their job duties by qualified personnel prior to providing care independently and at least annually and/or in accordance with state or federal regulations.

Policies and Procedures Essential Components

- Policies and Procedures (P&P) must define the evaluation criteria:
  - Observation and evaluation must be conducted by qualified personnel while the employee is performing the job duties at frequencies required by state or federal regulations.
  - If no regulation exists, the evaluation is performed prior to providing care independently and at least once annually to assess that quality care/service is being provided

HINT

The Surveyor will expect to see evidence that an observation visit was completed on all direct care personnel and contract staff prior to providing care independently and annually thereafter in the environment in which they provide care.

Standard CBPC4-7A: (Services applicable: CBPC)

Supervision is available during all hours that care/service is provided.

HINT

There must be an on-call schedule for supervisors/clinical staff 24 hours per day, 7 days a week.

If interviewed, the staff must be able to explain the process for contacting the supervisor on-call.

Standard CBPC4-8A: (Services applicable: CBPC)

Written policies and procedures are established and implemented relating to special education, experience or certification requirements for nursing personnel to administer pharmaceuticals and/or perform special treatments.

Policies and Procedures Essential Components

- Policies and Procedures (P&P) must define any special education, experience, or licensure/certification requirements necessary for nursing personnel to administer pharmaceuticals and/or perform special treatments.

HINT

The Surveyor will expect to see evidence in personnel files of all special education, experience, or licensure/certification requirements to administer pharmaceuticals and/or perform special treatments.

Standard CBPC4-9A: (Services applicable: CBPC)

Written policies and procedures are established and implemented in regard to physician services, including advanced practice practitioners, are provided by qualified individuals who are legally authorized to practice by the state in which they provide care/service.

Policies and Procedures Essential Components

- Policies and Procedures (P&P) address physician, physician assistants, nurse practitioners, and clinical nurse specialists' functions in accordance with:
  - Professional standards
  - State's licensing Board of Medicine and state's Nursing Practice Act
  - Palliative care program's policies and procedures and/or job descriptions

HINT

The Surveyor will expect to see the palliative care program furnishing physician services by qualified individuals. Physician staff should have access to current copies of applicable rules and regulations and the state's Practice Acts.

Standard CBPC4-10A: (Services applicable: CBPC)

Written policies and procedures are established and implemented in regard to physician services, including advanced practice practitioners, are provided by qualified individuals who are legally authorized to practice by the state in which they provide care/service.

Policies and Procedures Essential Components

- Policies and Procedures (P&P) address physician, physician assistants, nurse practitioners, and clinical nurse specialists' functions in accordance with:
  - Professional standards
  - State's licensing Board of Medicine and state's Nursing Practice Act
  - Palliative care program's policies and procedures and/or job description

HINT

The Surveyor will expect to see the palliative care program furnishing nursing services by qualified individuals. Nursing staff should have access to current copies of applicable rules and regulations, and the state's Practice Acts.

Standard CBPC4-11A: (Services applicable: CBPC)

Written policies and procedures are established and implemented in regard to Social Work services are provided by a qualified medical social worker or social worker assistant in accordance with the state's Social Work Practice Act and the palliative care program's policies and procedures and/or job descriptions.

Policies and Procedures Essential Components

- Policies and Procedures (P&P) address that social workers function in accordance with:
  - State's Social Work Practice Act
  - Palliative care program's policies and procedures and/or job descriptions

HINT

The Surveyor will expect to see the palliative care program furnishing social work services by qualified individuals. Social Work staff should have access to current copies of applicable rules and regulations, code of ethics, and the state Social Work Practice Act, as applicable.

Standard CBPC4-11B: (Services applicable: CBPC)

Written policies and procedures are established and implemented in regard to social work assistants are supervised by a master's degree prepared medical social worker (MSW).

Policies and Procedures Essential Components

- Policies and Procedures (P&P) must include a procedure for assessing the Social Worker Assistant's practices and methods for ensuring patient needs are met.
- P&P must also define supervisory activities to include, but not be limited to:
  - Periodically review and approve the plan of treatment
  - Provide clinical supervision at least every 60 days but more frequently based on the acuity of the patient, unless state laws require more often
  - Participates in case conferences, joint visits or both depending on the needs of the patient and skills of the assistant

HINT

The Surveyor will expect to see evidence of supervisory visits documented in the patient record at least every 60 days by the master's-prepared social worker (MSW).

Standard CBPC4-12A: (Services applicable: CBPC)

Written policies and procedures are established and implemented in regard to spiritual care services are provided by qualified individuals.

Policies and Procedures Essential Components

- Policies and Procedures (P&P) address that spiritual care is provided by qualified staff in accordance with:
  - Professional standards
  - Palliative care program's job description

HINT

Spiritual care may be provided by chaplains, local clergy, volunteers, and other specifically trained personnel. Spiritual care staff should have access to current copies of applicable rules and regulations and recognized professional practice standards.

Standard CBPC4-13A: (Services applicable: CBPC)

Written policies and procedures are established and implemented in regard to clinical pharmacy services are provided by qualified individuals who are legally authorized to practice by the state in which they provide care/service.

Policies and Procedures Essential Components

- Policies and Procedures (P&P) address that clinical pharmacist's function in accordance with:
  - Professional standards
  - State's Board of Pharmacy Practice Act
  - Palliative care program's policies and procedures and/or job description

HINT

The Surveyor will expect to see the palliative care program furnishing pharmacy services by qualified individuals. Personnel should have access to current copies of applicable rules and regulations and the state's Pharmacy Practice Act.

Standard CBPC4-14A: (Services applicable: CBPC)

The palliative care program provides support services to its palliative care team (PCT) members.

HINT

If interviewed, the staff must be able to explain the mechanisms of support services available to the palliative care team that encourages resilience, self-care, and mutual support to include:

- 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 organization has a regular and standardized process for assessing staff distress and grief and creating a plan to support them.
- The palliative care program and PCT implements interventions to promote staff wellness and team sustainability.
- Opportunities for additional counseling services are available.

NCP Guideline(s) Reference: 1.6

Tools Available to Assist with Section 4:

- Section 4 Compliance Checklist
- Personnel File Audit Tool
- Tuberculosis Screening Tool
- Sample Hepatitis B Declination Statement
- Physical Demands Documentation Checkoff List
- Job Description Template
- Annual Observation/Evaluation Visit
- Orientation Requirements
- In-Service Attendance Record
- Employee Educational Record
- Hints for Developing an Educational Plan
- Section 4 Self Audit
- Sample Policies and Procedures

SECTION 4 COMPLIANCE CHECKLIST

Standard	Policy/ Procedure	Personnel File	Patient Record	Observation	Audit Tool Provided	Compliance Y/N	Comments
CBPC4-1A	Yes	Yes		Personnel records	Observation Tool		
CBPC4-1B		Yes		Application, withholding statements & I-9	Personnel File Audit Tool		
CBPC4-1C		Yes		Required contents are present	Personnel File Audit Tool		
CBPC4-2A		Yes		Verification of credentials	Personnel File Audit Tool		
CBPC4-2B	Yes	Yes		TB test results/annual screening tool	Personnel File Audit Tool		
CBPC4-2C	Yes	Yes		Hepatitis B Vaccine or Declination Statement	Personnel File Audit Tool		
CBPC4-2D		Yes		Signed job description & organizational chart	Personnel File Audit Tool & Observation Tool		
CBPC4-2E		Yes		Copy of valid driver's license	Personnel File Audit Tool		
CBPC4-2F	Yes	Yes		Evidence of background checks	Personnel File Audit Tool		
CBPC4-2G	Yes	Yes		Employee handbook	Personnel File Audit Tool		
CBPC4-2H	Yes	Yes		Annual job evaluations & staff interviews	Personnel File Audit Tool & Interview Tool		
CBPC4-3A	Yes	Yes		Orientation checklist & staff interviews	Personnel File Audit Tool & Interview Tool		
CBPC4-3B				Orientation records	Observation Tool		
CBPC4-4A	Yes	Yes		Completed competency assessments & staff interviews	Personnel File Audit Tool & Interview Tool		
CBPC4-5A	Yes	Yes		Training logs/ employee education & staff interviews	Personnel File Audit Tool & Interview Tool		
CBPC4-6A	Yes	Yes		Evidence of annual observation visit	Personnel File Audit Tool		
CBPC4-7A				On-call schedules & staff interviews	Items Needed for Survey & Interview Tool		

Standard	Policy/ Procedure	Personnel File	Patient Record	Observation	Audit Tool Provided	Compliance Y/N	Comments
CBPC4-8A	Yes	Yes		Appropriate documentation of qualifications	Personnel File Audit Tool		
CBPC4-9A	Yes	Yes		Appropriate documentation of qualifications	Personnel File Audit Tool		
CBPC4-10A	Yes	Yes		Appropriate documentation of qualifications	Personnel File Audit Tool		
CBPC4-11A	Yes	Yes		Appropriate documentation of qualifications	Personnel File Audit Tool		
CBPC4-11B	Yes	Yes		Appropriate documentation of qualifications	Personnel File Audit Tool		
CBPC4-12A	Yes	Yes		Appropriate documentation of qualifications	Personnel File Audit Tool		
CBPC4-13A	Yes	Yes		Appropriate documentation of qualifications	Personnel File Audit Tool		
CBPC4-14A				Staff interviews	Interview Tool		

PERSONNEL FILE AUDIT TOOL

Date: _____ Auditor: _____

ALL PERSONNEL	STANDARD	PERSONNEL INITIALS					
	Date of Hire:						
Application	CBPC4-1B						
Dated and signed withholding statements	CBPC4-1B						
Completed I-9	CBPC4-1B						
Personnel credentials	CBPC4-2A						
TB skin testing (direct care staff only)	CBPC4-2B						
Hepatitis B series or signed declination statement (direct care staff only)	CBPC4-2C						
Signed job description	CBPC4-2D						
Valid driver's license & MVR check (if required to transport patient)	CBPC4-2E						
Background checks:	CBPC4-2F						
■ OIG exclusion list	CBPC4-2F						
■ National Sex offender registry	CBPC4-2F						
■ Criminal background check	CBPC4-2F						
Evidence of receipt of Employee Handbook or access to personnel policies including:	CBPC4-2G						
■ Wages	CBPC4-2G						
■ Benefits	CBPC4-2G						
■ Complaints and grievances	CBPC4-2G						
■ Recruitment, hiring, and retention of personnel	CBPC4-2G						
■ Disciplinary action/termination of employment	CBPC4-2G						
■ Professional boundaries/conflict of interest	CBPC4-2G						
■ Performance expectations and evaluations	CBPC4-2G						
Annual performance evaluations	CBPC4-2H						

Orientation including:	CBPC4-3A						
■ Review of job description and duties	CBPC4-2D						
■ Organizational chart	CBPC4-2D						
■ Record keeping/reporting	CBPC4-3A						
■ Confidentiality and privacy of PHI & EPHI	CBPC2-5A						
■ Patient rights	CBPC2-2A						
■ Advance Directives	CBPC2-6A						
■ Conflict of interest	CBPC1-4A						
■ Written policies and procedures	CBPC4-3A						
■ Training specific to job requirements	CBPC4-3A						
■ Additional training for specific populations	CBPC4-3A						
■ Cultural diversity	CBPC2-7B						
■ Communication and language barriers	CBPC2-7A						
■ Ethical issues	CBPC2-8A						
■ Professional boundaries	CBPC4-3A						
■ Quality Assessment and Performance Improvement (QAPI)	CBPC4-3A						
■ Conveying charges for service	CBPC3-3A						
■ OSHA requirements and infection control	CBPC7-1B & CBPC7-6B						
■ Orientation to equipment as applicable	CBPC7-9A						
■ Incident/variance reporting	CBPC7-7A						
■ Handling of patient complaints/grievances	CBPC2-4A						
■ Appropriate use and management of opioids	CBPC4-5A						
■ Medical decision-making	CBPC4-3A						
■ Roles and responsibilities of surrogate decision-makers	CBPC4-3A						
■ Concepts of death, dying and bereavement	CBPC4-3A						
■ Support for psychosocial and spiritual issues	CBPC4-3A						
■ Pain and symptom management	CBPC4-3A						

■ Wellness and resiliency	CBPC4-3A						
Competency assessments completed prior to performing duties independently and annually	CBPC4-4A						
12 hours of annual training for direct care staff	CBPC4-5A						
Signed Conflict of Interest & Disclosure Statement, if applicable	CBPC1-4A						
Initial and annual observation of job duties for direct care staff	CBPC4-6A						
Qualifications of personnel are appropriate	CBPC4-8A CBPC4-19A CBPC4-10A CBPC4-11A CBPC4-12A CBPC4-13A						
Additional state-specific requirements							
Additional palliative care program-specific requirements							

SAMPLE TUBERCULOSIS SCREENING TOOL

FOR PROVIDERS. BY PROVIDERS.

PALLIATIVE CARE

TUBERCULOSIS SCREENING TOOL

Name: _____Date of Birth: _____

HAVE YOU HAD ANY OF THE FOLLOWING SYMPTOMS?	DESCRIPTIONS	YES	NO
1. Unexplained productive cough	Cough greater than three weeks in duration		
2. Unexplained fever	Persistent temp elevations greater than 1 month		
3. Night sweats	Persistent sweating that leaves sheets and bedclothes wet		
4. Shortness of breath/chest pain	Presently having shortness of breath or chest pain		
5. Unexplained weight loss/appetite	Loss of appetite with unexplained weight loss		
6. Unexplained fatigue	Very tired for no reason		
7. Have you been exposed to anyone with TB?	Personally or professionally within the past 12 months		
8. Have you traveled outside the US?	In the		

The above health statement is accurate to the best of my knowledge. I will report any change in my health status to my Supervisor.

Signature of Employee:_____

Date: _____

Creation Date

Form # X

SAMPLE HEPATITIS B DECLINATION STATEMENT

FOR PROVIDERS. BY PROVIDERS.

PALLIATIVE CARE

HEPATITIS B DECLINATION STATEMENT

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself. However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Signature of Employee:_____

Date: _____

Creation Date

Form # X

SAMPLE PHYSICAL DEMANDS DOCUMENTATION CHECK LIST

FOR PROVIDERS. BY PROVIDERS.

PALLIATIVE CARE

PHYSICAL DEMANDS CHECK LIST

Job Title: _____Date: _____

Required:
Documentation in a job description to accurately reflect the essential duties of the job and physical demands.

Specify Significant PHYSICAL DEMANDS for the Job Requirements:
Clarify how much on-the-job time is spent on the physical activities required to perform the job effectively. Use the chart below to develop your description of physical demands by checking the appropriate boxes.

1. How much daily/weekly on-the-job time is spent on the following physical activities?

	Amount of Time			
	None	Under 1/3	Up To 2/3	Over 2/3
Stand	☐	☐	☐	☐
Walk	☐	☐	☐	☐
Sit	☐	☐	☐	☐
Use hands to finger, handle, or feel	☐	☐	☐	☐
Reach with hands and arms	☐	☐	☐	☐
Climb or balance	☐	☐	☐	☐
Stoop, kneel, crouch, or crawl	☐	☐	☐	☐
Talk or hear	☐	☐	☐	☐
Taste or smell	☐	☐	☐	☐

2. Does this job require that weight to be lifted or force exerted? If so, how much and how often?

	Amount of Time			
	None	Under 1/3	Up To 2/3	Over 2/3
Up to 10 pounds	☐	☐	☐	☐
Up to 25 pounds	☐	☐	☐	☐
Up to 50 pounds	☐	☐	☐	☐
Up to 100 pounds	☐	☐	☐	☐
More than 100 pounds	☐	☐	☐	☐

3. Does this job have any special vision requirements?
   - Close vision (clear vision at 20 inches or less)
   - Distance vision (clear vision at 20 feet or more)
   - Color vision (ability to identify and distinguish colors)
   - Peripheral vision (ability to observe an area that can be seen up and down or to the left and right while eyes are fixed on a given point)
   - Depth perception (three-dimensional vision, ability to judge distances and spatial relationships)
   - Ability to adjust focus (ability to adjust the eye to bring an object into sharp focus)
   - No special vision requirements

Specify the essential job duties that require the physical demands indicated above.

- i.e., Position requires standing 1/3 of the time
- i.e., Position requires lifting 1/3 of the time up to 10 pounds

Any special physical demands should be clearly communicated to any applicant applying for this position and all employees occupying this position.

ADA Physical Demands Documentation Checkoff List

FOR PROVIDERS. BY PROVIDERS.

PALLIATIVE CARE

JOB DESCRIPTION

JOB TITLE: (insert title)
FLSA Status: (exempt or non-exempt)

SUPERVISED BY: (insert position)

JOB PURPOSE: _____

_____

_____

QUALIFICATIONS

1. _____
2. _____
3. _____

REQUIRED EDUCATION, TRAINING, AND LICENSURE/CERTIFICATION: _____

_____

_____

RESPONSIBILITIES:

- Main Point
  - » Sub Point
- Main Point
  - » Sub Point
- Main Point
  - » Sub Point

LANGUAGE SKILLS: _____

MATHEMATICAL SKILLS: _____

REASONING ABILITY: _____

PHYSICAL DEMANDS: _____

I have read and understand my job description.

_____ _____

Signature Date

ANNUAL OBSERVATION/EVALUATION VISIT TOOL

FOR PROVIDERS. BY PROVIDERS.

PALLIATIVE CARE

ANNUAL OBSERVATION/EVALUATION VISIT

Employee Name and Title: _____ Date:_____

Supervisor: _____

E= Exceeds expectations M=Meets expectations N=Need improvement/Plan of Correction Required

PERFORMANCE EXPECTATIONS	E	M	N	COMMENTS/PLAN OF CORRECTION ACTION STEPS
Pre-Observation Visit Format				
1. Reviews plan of treatment				
2. Calls to inform patient of expected arrival time, as applicable				
3. Assess for any changes that may alter the plan of treatment				
4. Organizes supplies				
Visit				
1. Arrives on time, as applicable				
2. Follows proper infection control				
3. Involves patient in any changes needed to the plan of treatment				
4. Implements interventions identified in plan of treatment				
5. Updates plan of treatment as needed				
6. Completes visit in timely manner				
7. Maintains professional and personal boundaries				
Documentation				
1. Completes documentation during visit as appropriate				
2. Documentation is accurate and consistent with visit				
3. Notifies MD/PA/NP/APRN (if appropriate)				
4. Communicates with other team members as needed				

PERFORMANCE EXPECTATIONS	E	M	N	COMMENTS/PLAN OF CORRECTION ACTION STEPS
Procedures: (note as demonstrated during visit)				

Employee Signature:_____

Supervisor Signature: _____

Creation Date

Form # X

FOR PROVIDERS. BY PROVIDERS.

PALLIATIVE CARE

ORIENTATION REQUIREMENTS

- [ ] Review of job description and duties
- [ ] Organizational chart
- [ ] Record keeping/reporting
- [ ] Confidentiality and privacy of PHI & EPHI
- [ ] Patient rights
- [ ] Advance Directives
- [ ] Conflict of interest
- [ ] Written policies and procedures
- [ ] Training specific to job requirements
- [ ] Additional training for specific populations
- [ ] Cultural diversity
- [ ] Communication and language barriers
- [ ] Ethical issues
- [ ] Professional boundaries
- [ ] Quality Assessment and Performance Improvement (QAPI)
- [ ] Conveying charges for service
- [ ] OSHA requirements and infection control
- [ ] Orientation to equipment as applicable
- [ ] Incident/variance reporting
- [ ] Handling of patient complaints/grievances
- [ ] Appropriate use and management of opioids
- [ ] Medical decision-making
- [ ] Roles and responsibilities of surrogate decision-makers
- [ ] Concepts of death, dying and bereavement
- [ ] Support for psychosocial and spiritual issues
- [ ] Pain and symptom management
- [ ] Wellness and resiliency

SAMPLE IN-SERVICE ATTENDANCE RECORD

FOR PROVIDERS. BY PROVIDERS.

PALLIATIVE CARE

IN-SERVICE ATTENDANCE RECORD

In-Service:

Presenter & Credentials:

Locations:

Date:

Length:

PRINT NAME	SIGNATURE	DEPARTMENT	MANAGER

Creation Date

Form # X

SAMPLE ANNUAL EMPLOYEE EDUCATIONAL RECORD

FOR PROVIDERS. BY PROVIDERS.

PALLIATIVE CARE

ANNUAL EMPLOYEE EDUCATIONAL RECORD

EMPLOYEE EDUCATIONAL RECORD		
Print Employee Name:	Performance Review Date:	Supervisor:
Department:		Position:

Mandatory In-services	Date	Method: Staff Meeting or Make-up Class/Activity	Length
How to handle grievances/complaints			
Infection control			
Cultural diversity and delivery of culturally sensitive care			
Effective communication with the palliative care team, health care colleagues, and patients and families			
Application of ethical principles in palliative care			
Workplace (Occupational Safety and Health Administration [OSHA]), patient safety			
Patient rights and responsibilities			
Appropriate and safe use and management of opioids in the context of the opioid epidemic			
Pain and symptom assessment and management			
Wellness and resilience			
Advance care planning and completion of Advance Directives			
Interprofessional collaboration and professional boundaries			

Date	In-services/Continuing Education	Attendance Hours	Date	In-services/Continuing Education	Attendance Hours

Please document all educational activities on this form providing date, title of in-service, and the amount of time involved in attending this in-service.

SAMPLE ANNUAL EMPLOYEE EDUCATIONAL RECORD

Instructions: This record is maintained by the employee from review date to review date. The form needs to be completed 14 days prior to review date and tuned into the employees reviewing Supervisor. The employee is responsible for attending all mandatory in-services and meetings, and for meeting job specific educational requirements.

Number of mandatory In-services attended: _____

Number of discipline/role-specific hours of education: _____

Employee Signature:_____ Date turned in to Supervisor: _____

Supervisor Review: _____ Date: _____

Creation Date

Form # X

FOR PROVIDERS. BY PROVIDERS.

PALLIATIVE CARE

HINTS FOR DEVELOPING AN EDUCATIONAL PLAN

The Education Plan is a written document that outlines the education that will be provided for staff on an annual basis.

The plan needs to specify the number of hours required for staff, such as direct care. Direct care staff needs a minimum of 12 hours annually.

The education plan needs to include the ACHC required annual in-services, listed below:

- How to handle grievances/complaints
- Infection control
- Cultural diversity and delivery of culturally sensitive care
- Effective communication with the palliative care team, health care colleagues, and patients and families
- Application of ethical principles in palliative care
- Workplace (Occupational Safety and Health Administration [OSHA]), patient safety
- Patient rights and responsibilities
- Appropriate and safe use and management of opioids in the context of the opioid epidemic
- Pain and symptom assessment and management
- Wellness and resilience
- Advance care planning and completion of Advance Directives
- Interprofessional collaboration and professional boundaries

Staff can be trained in a variety of methods, such as online, in-person by palliative care program staff, at external conferences or by a manufacturer representative, etc. The important thing to remember is to assign a length of time to each in-service in order to verify staff has received the required number of education hours annually. Attendance at in-services also needs to be recorded. It is recommended a tracking log be kept for each individual who attends an in-service along with the length of the in-service.

The education plan also needs to consider how the palliative care program will determine additional ongoing education and include the methodology in the plan. For example, the plan should state that additional education will also be developed based on industry changes, outcomes from variances, grievance/complaints, etc. This allows a palliative care program to individualize their plan to the needs and issues of their palliative care program and industry.

FOR PROVIDERS. BY PROVIDERS.

PALLIATIVE CARE

SECTION 4 SELF AUDIT

REQUIRED POLICIES AND PROCEDURES

- [ ] Management of personnel files and confidential personnel records
- [ ] TB screening and annual verification
- [ ] Hepatitis B vaccine and declination statement
- [ ] Background checks and special circumstances for hiring a person convicted of a crime
- [ ] Personnel policies and/or employee handbook
- [ ] Annual performance evaluation requirements
- [ ] Orientation requirements
- [ ] Competency testing requirements
- [ ] Ongoing education requirements
- [ ] Annual observation and evaluation of direct care personnel
- [ ] Nursing personnel allowed to administer pharmaceuticals and/or perform special treatments
- [ ] Physician services provided in accordance with the state's Practice Acts
- [ ] Nursing staff providing care in accordance with the state's Nurse Practice Act
- [ ] Social Work services provided in accordance with the state's Social Work Practice Act
- [ ] Supervision of social work assistants
- [ ] Spiritual care services provided in accordance with professional standards
- [ ] Clinical pharmacy services provided in accordance with the state's Pharmacy Practice Act

REQUIRED DOCUMENTS

- [ ] Employee handbook
- [ ] Orientation materials
- [ ] Annual training materials
- [ ] Tracking of ongoing education
- [ ] On-call schedule

PERSONNEL FILE CONTENTS

- [ ] Position application
- [ ] Withholding statements
- [ ] I-9 Form
- [ ] Personnel credentialing/verification of qualifications
- [ ] TB screening and annual screening
- [ ] Hepatitis B vaccination or declination statement
- [ ] Job description
- [ ] Copy of current driver's license, if applicable
- [ ] Background checks (MVR, OIG, criminal and national sex offender)
- [ ] Evidence of receipt/access of employee handbook/personnel policies
- [ ] Annual performance evaluations
- [ ] Signed Conflict of Interest Disclosure Statement, if applicable
- [ ] Orientation checklist
- [ ] Evidence of being informed of wages and benefits
- [ ] Signed confidentiality agreement
- [ ] Competency assessments

PATIENT RECORD REQUIREMENTS

- [ ] None

APPROPRIATE PERSONNEL KNOWLEDGE OF THE FOLLOWING:

- [ ] Individual job duties and responsibilities
- [ ] How often staff is evaluated
- [ ] Policies and procedures in the employee handbook/personnel policies
- [ ] Orientation process and topics addressed in orientation
- [ ] How staff is determined competent to perform their job duties
- [ ] How many hours of in-service education are required annually
- [ ] How staff receives ongoing education
- [ ] How supervision is provided after-hours

CAN THE FOLLOWING BE EASILY OBSERVED WHILE ON SITE?

- [ ] The appropriate documentation is kept for all employees and this information is kept confidential
- [ ] Employee handbook/personnel policies are accessible to employees

SELF TEST

1. Does each employee have all of the required documentation?
2. Is staff qualified for the positions they hold?
3. Do all contract staff have documented evidence of the required items?
4. Has staff been oriented in the required topics?
5. Has staff been provided annual training in the required topics?
6. Has staff had an annual evaluation?
7. Are competencies completed on all direct care staff and any staff with the potential to perform direct care?
8. Has direct care staff had an annual observation visit performed?
9. Is there evidence of supervision of staff?

SECTION 4: HUMAN RESOUCE MANAGEMENT

CBPC4-1A, B & C

Policy: Personnel File Management

1. Personnel files will be established and maintained for all personnel. Personnel files will be kept confidential in locked files/office accessed only by the _____ Director and appropriate staff. Employees may request to review personnel files in the presence of the _____ Director.
2. Personnel files will contain, at a minimum, the following items:
3. Employment application
    - Dated and signed withholding statements
    - Complete I-9 form
    - Personnel credentialing/verification of qualifications
    - TB screening
    - Hepatitis B vaccination/declination statement
    - Signed job description
    - Copy of motor vehicle license, if applicable
    - Criminal background check
    - National sex offender
    - OIG's exclusion list
    - Personnel policies review or employee handbook
    - Conflict of Interest Disclosure statement, if applicable
    - Evidence of orientation
    - Wage and benefit information
    - Confidentiality agreement
    - Competency Assessments
    - Annual evaluation of job duties
4. The palliative care program will maintain a complete personnel file for all employees and is available for inspection by federal, state regulatory, and accreditation agencies. Personnel records will be retained for a minimum of _____ years after employee resignation or termination.
5. Prior to or at the time of hire, the following information will be completed:
    - Position application
    - Dated and signed withholding statements
    - Complete I-9 Form
6. All clinical staff will have their credentials, and license verified at time of hire and prior to expiration thereafter by the HR Director.

CBPC4-2B

Policy: Tuberculin Screening and Annual Assessment

1. Upon hire all direct care staff, including contract staff, will provide evidence of a baseline TB skin or blood test.
2. Prior to patient contact all direct care staff, including contract staff, will complete an individual TB risk assessment and symptom evaluation to determine if high risk exposures have occurred since administration of the baseline TB test.
3. The results of the TB risk assessment and symptom evaluation will determine if further testing is needed prior to patient contact.
4. If an individual cannot provide evidence of a baseline TB skin or blood test, TB testing is conducted by the palliative care program.
5. After baseline testing, all direct care staff, including volunteers and contract staff, will receive an annual TB screen based on the TB prevalence rate for the geographical area served by the palliative care program as well as the TB cases for which the palliative care program has provided care.
6. If the prevalence rate is classified as low-risk, additional annual TB screening of individuals is not necessary unless an exposure to TB has occurred.
7. If the prevalence rate is classified as medium-risk, all direct care staff, including volunteers and contract, will complete a TB screen.
8. If the prevalence rate is classified as potential ongoing transmission, testing for infection will be performed every eight to ten weeks until lapses in infection control have been corrected, and no additional evidence of ongoing transmission is apparent.
9. The classification of potential ongoing transmission will be used as temporary classification only. After a determination that ongoing transmission has ceased, the prevalence rate will be reclassified as medium-risk. Maintaining the classification of medium-risk for at least one year is recommended.
10. Any direct care staff, including volunteers and contract, with a baseline positive or newly positive test result for TB infection or documentation of previous treatment for LTBI or TB disease should receive one chest radiograph result to exclude TB disease.

CBPC4-2C

Policy: Hepatitis B Vaccination

1. The Hepatitis B vaccine will be offered to all direct care employees as each job classification indicates at no cost to the employee.
2. Employees may sign a declination statement for the hepatitis B vaccination within 10 working days of employment if they choose not to become vaccinated.
3. The vaccine record or declination statement will be kept in the employee's file. The only exceptions for offering the series are the following:
    - The complete hepatitis B vaccination series was previously received.
    - Antibody testing shows the personnel to be immune.
    - The vaccine cannot be given to the individual for medical reasons or the individual cannot receive antibody testing.

CBPC4-2D

Policy: Job Descriptions

1. All employees will have a job description completed at time of hire.
2. The employee's personnel file will contain a signed copy of the employee's job description.
3. Receipt and/or review of the job description with personnel is part of the orientation process and is repeated during the annual performance evaluation, and whenever the job description changes. All job descriptions will contain the following:
    - Job duties
    - Reporting responsibilities
    - Minimum job qualifications, experience requirements, education, and training requirements for the job
    - Physical and environmental requirements with or without reasonable accommodations

CBPC4-2E

Policy: Driver's License Requirements

1. A copy of the employee's valid driver's license for all employees that will be transporting patients in the course of their duties will be kept in the employee's personnel file.
2. A copy of all motor vehicle reports will be kept in the employee's file. Motor vehicle records will be checked on all employees that will be required to transport patients in the course of their duties at the time of hire.

CBPCP4-2F

Policy: Background Checks

1. Employees, volunteers and contract staff will have the appropriate background checks completed based on their job description.
2. All employees, volunteers, and contract staff who have access to patients and/or access to patient records will have a criminal background check in accordance with state requirements. In the absence of state requirements, a criminal background check will be obtained within three months of date of employment for all states that the individual has lived or worked in the past three years.
3. All employees, volunteers, and contract staff who have access to patients and/or access to patient records will have an OIG Medicare exclusion list check.
4. All employees, volunteers, and contract staff who have direct access to patients will have a national sex offender public registry (NSOPR) check.
5. A criminal background check and a NSOPR check will be conducted every three years on all employees, volunteers and contract staff with access to patients.
6. Any employee that has findings on any background checks may still be hired but will require additional supervision depending on the duties and possible restrictions. Their personnel file will contain the documentation of the special circumstances as to why the individual was hired. [Need to specify examples of when an individual with a positive criminal background check will be hired.]

CBPC4-2G

Policy: Employee Handbook

1. All employees will receive a copy of the employee handbook during orientation.
2. The employee handbook will contain information that will enable the employee to better understand their role in the organization as well as their responsibilities.
3. The employee handbook includes, but is not limited to the following:
    - Wages
    - Benefits
    - Complaints and grievances
    - Recruitment, hiring and retention of personnel
    - Disciplinary action/termination of employment
    - Professional boundaries and conflict of interest
    - Performance expectations and evaluations
4. The employee handbook is reviewed annually, and updated as needed, and is in accordance with applicable laws and regulations.

CBPC4-2H

Policy: Performance Evaluations

1. Employee evaluations are based on specific job descriptions and will be conducted no less than every 12 months.
2. The evaluation is completed by the employee's Supervisor and shared with the employee.
3. Personnel evaluations are reviewed and signed by the Supervisor and employee.
4. The information contained in the evaluation is used in the following ways:
    - Correction of a negative outcome through training
    - Help the employee improve job performance
    - Set future goals for the employee in the next year
5. All evaluations are confidential and kept in the employee's personnel file.

CBPC4-3A & B

Policy: Orientation

1. New employees will undergo orientation in the first 30 days of employment.
2. Orientation activities will be coordinated by the _____ Manager.
3. The completed Orientation Checklist will be maintained in the employee's personnel file.
4. Orientation will include, but not be limited to the following areas:
    - Review of the individual's job description and duties performed and their role in the organization
    - Review of the individual's job description, duties performed, and his or her role in the palliative care program
    - Organizational chart
    - Record keeping and reporting

- Confidentiality and privacy of Protected Health Information (PHI)
- Patient's rights
- Advance care planning and completion of Advance Directives
- Conflict of interest
- Palliative care program's policies and procedures
- Training specific to job requirements
- Additional training for special populations, if applicable (e.g., pediatrics, disease processes with specialized care, and developmentally disabled individuals).
- Cultural diversity
- Effective communication with the palliative care team, health care colleagues, patents, and families
- Ethical issues in palliative care
- Interprofessional collaboration and boundaries
- Quality Assessment and Performance Improvement (QAPI) Plan
- Conveying of charges for care/service
- Occupational Safety and Health Administration (OSHA) requirements, safety, and infection control
- Orientation to equipment, if applicable
- Incident/variance reporting
- Handling of patient complaints/grievances
- Appropriate use and management of opioids
- Medical decision-making
- The roles and responsibilities of surrogate decision-makers
- Concepts of end-of-life, death and dying, and bereavement
- Support for psychosocial and spiritual issues
- Pain and symptom management
- Wellness and resiliency

CBPC4-4A

Policy: Competency Assessments

1. Employees will receive training and demonstrate competency appropriate to their job description prior to working independently.
2. Competency assessments will be maintained in the employee's personnel file. Competency assessments will be conducted initially during orientation and annually thereafter. Validation of skills is specific to the employee's role and job responsibilities.
3. The manager or their designee is responsible for the training of new employees. Job descriptions will outline the required education and training, licensure, certification, experience, and the minimum competencies for each position. Documentation of that education will be maintained in each employee file.
4. Anyone not considered competent to perform a task will not be assigned to perform that task until competency has been demonstrated after re-training has been provided.
5. Employees will undergo an annual competency assessment.

6. Employees will be trained and demonstrate competency to perform any new tasks/procedures prior to performing those tasks independently. Direct care personnel are not allowed to perform any task for which they were evaluated as unsatisfactory.

CBPC4-5A

Policy: In-Service Education

1. In-service education and staff training will be provided and documented on an ongoing basis for all employees throughout the organization.
2. Education topics will be determined based on needs identified through employee competencies, industry changes, variance reports, complaints, etc.
3. Mandatory annual in-services include the following:
    - How to handle grievances/complaints
    - Infection control
    - Cultural diversity and delivery of culturally sensitive care
    - Effective communication with the palliative care team, health care colleagues, and patients and families
    - Application of ethical principles in palliative care
    - Workplace (Occupational Safety and Health Administration [OSHA]), patient safety
    - Patient rights and responsibilities
    - Appropriate and safe use and management of opioids in the context of the opioid epidemic
    - Pain and symptom assessment and management
    - Wellness and resilience
    - Advance care planning and completion of Advance Directives
    - Interprofessional collaboration and professional boundaries
4. Professional personnel must complete the required Continuing Education Units (CEUs) mandated by their professional organization.
5. Education activities also include a variety of methods for providing personnel with current relevant information to assist with their learning needs. These methods include the following:
    - Reference materials
    - Books
    - Internet learning
    - In-house lectures and demonstrations
    - Access to external learning
6. All Supervisors will attend in-services/educational opportunities to improve their supervisory skills.
7. Documentation of attendance at in-services, etc., will be maintained in the employee's personnel file.
8. Direct care personnel must have a minimum of 12 hours of in-service/continuing education per year.

CBPC4-6A

Policy: Annual Observation Visit

1. All direct care staff, volunteers, and contract staff having direct patient contact will have an annual observation visit completed by their immediate Supervisor or designee.
2. The visit will be performed while the individual is providing care/service to the patient or family in order to verify the individual ’s knowledge and skill appropriate to assigned responsibilities, hospice’s policies and procedures and mission and philosophy.
3. Professional level staff, that have patient care responsibilities or potential for patient care responsibilities, will be observed by peers or outside consultation will be obtained.
4. Documentation of the annual observation visit will be recorded in the individual’s personnel file.

CBPC4-8A

Policy: Pharmaceutical Administration Qualifications

1. Nurses that are qualified by education and experience may administer prescribed medications and/or perform special treatments.
2. Nurses must complete a competency assessment on medication administration and any special treatments during orientation and at least annually thereafter.
3. All special education, experience, licensure/certification, and competencies will be maintained in the personnel files.

CBPC4-9A, 10A &11A

Policy: Adherence to Professional State Practice Acts

1. All physician, nursing, and social work services must be provided under the direction of a professional accordingly with sufficient education and experience in the scope of services offered.
2. Physician services will be provided by qualified physicians, physician assistants, nurse practitioners, and clinical nurse specialists in accordance with professional standards, the state's licensing Board of Medicine and state’s Nursing Practice Act, and according to the palliative care program's policies and procedures and/or job descriptions.
3. Nursing services will be provided by qualified RN, LPNs and LVNs in accordance with professional standards, the state’s Nurse Practice Act, and according to palliative care program’s policies and procedures and/or job descriptions.
4. Social work services will be provided by qualified medical social worker or social worker assistant in accordance with the state's Social Work Practice Act and according to the palliative care program's policies and procedures and/or job descriptions
5. Current copies of applicable rules/regulations and the state Practice Acts are available to professional personnel.

CBPC4-11B

Policy: Social Work Assistant Supervision

1. Social Worker Assistants must be supervised by a master’s-prepared Social Worker (MSW) with medical social work experience.
2. The SW will provide clinical supervision at least every 60 days unless state laws require more frequently.

3. Supervisory visit will be documented in the patient's record. The MSW will assess the Social Worker Assistant's practice and ensure that the patient care needs are met. Supervision will also include patient record reviews, case conferences, and ongoing communication.

CBPC4-12A

Policy: Spiritual Care Services

1. All spiritual care services must be provided under the direction of qualified individuals with an understanding and knowledge of the philosophy of palliative care, spiritual needs related to end-of-life care, loss, and bereavement.
2. Spiritual care services may be provided by chaplains, local clergy, volunteers and other specifically trained personnel in accordance with professional standards and according to the palliative care program's job description.

CBPC4-13A

Policy: Clinical Pharmacy Services

1. All clinical pharmacy services must be provided under the direction of a professional accordingly with sufficient education and experience in the scope of services offered.
2. Clinical pharmacy services will be provided by qualified clinical pharmacists in accordance with professional standards, the state's Board of Pharmacy Practice Act, and according to the palliative care program's policies and procedures and/or job descriptions.
3. Current copies of applicable rules/regulations and the state's Board of Pharmacy Practice Acts are available to personnel.

UNDERSTANDING THE STANDARDS

SECTION 5: PROVISION OF CARE AND RECORD MANAGEMENT

The standards in this section apply to documentation and requirements for the service recipient/client/patient/resident record. These standards also address the specifics surrounding the operational aspects of care/services provided.

SECTION 5 — QUICK REFERENCE

NOTE: HINTS WILL BE HIGHLIGHTED IN BLUE

Standard CBPC5-1A: (Services applicable: CBPC)

Written policies and procedures are established and implemented relating to the required content of the patient record. An accurate record is maintained for each patient.

Policies, Procedures and Patient Record Essential Components

- Policies and Procedures (P&P) must define the required content of the patient record. The content includes, but is not limited to:
  - Identification data
  - Names of family/legal guardian/emergency contact
  - Name of primary caregiver(s)
  - Source of referral
  - Name of physician or independent practitioner (nurse practitioner [NP], clinical nurse specialist [CNS], physician assistant [PA]) responsible for care
  - Diagnosis
  - Physician or independent practitioner orders that include medications, dietary, treatment, and activity orders, (as appropriate to the level of care/service the patient is receiving)
  - Signed release of information and other documents for Protected Health Information (PHI)
  - Admission and informed consent documents
  - Initial assessments
  - Signed and dated clinical and progress notes
  - Signed notice of receipt of Patient Rights and Responsibilities statement
  - Initial plan of treatment
  - Updated plan of treatment
  - Evidence of coordination of care/service provided by the PCT members with others who may be providing care/service, if applicable
  - Ongoing assessments, if applicable
  - Assessment of the care setting
  - Copies of summary reports sent to physicians or independent practitioners, if applicable
  - Patient response to care/service provided
  - A discharge summary, if applicable
  - Advance Directives, if applicable
  - Admission and discharge dates from a hospital or other institution, if applicable

HINT

The palliative care program must maintain a record for each patient.

Audit patient records to ensure all records contain the required content.

NCP Guideline(s) Reference: 8.2

Standard CBPC5-1B: (Services applicable: CBPC)

Patient records contain documentation of all care/services provided. All entries are legible, clear, complete, appropriately authenticated and dated in accordance with policies and procedures and currently accepted standards of practice.

HINT

Audit patient records to ensure all records have signatures that are legible, clear, and are complete and appropriately authenticated and dated.

Each home visit, treatment, or care/service is documented in the patient record and signed by the individual who provided the care/service.

Electronic signatures are acceptable.

Stamped signatures are not acceptable.

Standard CBPC5-2A: (Services applicable: CBPC)

Written policies and procedures are established and implemented that address access, storage, removal, and retention of patient records and information.

Policies and Procedures Essential Components

- Policies and Procedures (P&P) must be consistent with HIPAA standards which include, but are not limited to:
  - Who can access to patient records
  - Personnel authorized to enter information and review the records
  - Any circumstances and the procedure to be followed to remove patient records from the premises or designated electronic storage areas
  - A description of the protection and access of computerized records and information
  - Backup procedures that are include, but are not limited to:
    - Electronic transmission procedures
    - Storage of backup disks and tapes
    - Methods to replace information if necessary
  - Conditions for release of information
  - Retention time frames
  - Retention even if the organization discontinues operations
  - How copies of portions of the medical record will be transported and stored to preserve confidentiality

HINT

Original copies of all active patient records are kept in a secure location.

All patient records are retained for a minimum of seven years from the date of the most recent discharge or the death of the patient or per state law (whichever is greater).

Records of minor patients are retained until at least seven years following the patient's eighteenth birthday or according to state laws and regulations.

Standard CBPC5-3A: (Services applicable: CBPC)

Written policies and procedures are established that describe the process for assessment and the plan of treatment.

Policies and Procedures and Patient Record Essential Components

- Policies and Procedures (P&P) describe, at minimum:
  - The process for a patient assessment
  - The development of the plan of treatment, and the frequency and process for the plan of treatment review
  - A registered nurse (RN) or qualified professional, per state licensure rules or regulations, conducts an initial assessment to determine care, and support needs of the patient

HINT

The palliative care program must maintain a record for each patient.

NCP Guideline(s) Reference: 1.2, 1.3

Standard CBPC5-3B: (Services applicable: CBPC)

All patients have an initial assessment. The initial assessment is conducted within 72 hours of referral, unless the physician, allowed practitioner, or patient specifies a specific time to conduct the initial assessment.

Patient Record Essential Components

- A registered nurse (RN), physician, nurse practitioner (NP), clinical nurse specialist (CNS), or physician assistant (PA) must conduct an initial assessment to determine the immediate care/service and support needs of the patient.
- The initial assessment must take place within 72 hours of referral, unless otherwise indicated by physician, allowed practitioner, or patient.
- Patients are accepted for treatment based on a reasonable expectation that the patient's palliative care needs can be met adequately by the palliative care team in the patient's place of residence or in the clinic.

HINT

Audit charts to ensure an RN, physician, NP, CNS, or PA is conducting the initial assessment for patients in a timely manner.

NCP Guideline(s) Reference: 1.2, 4.2

Standard CBPC5-3C: (Services applicable: CBPC)

The comprehensive assessment must be completed in a timely manner, consistent with patient's immediate needs and the organization’s policies and procedures.

Patient Record Essential Components

The comprehensive assessment must include, but is not limited to:

- Patient information:
  - Patient demographics

- Physical health component:
  - Diagnosis and prognosis
  - Current health status and basis of need for palliative care
  - Presenting signs and symptoms
  - Vital signs
  - Identification of additional health problems or pertinent health history, including recent hospital stays
  - Review of medications
  - Allergies
  - Special nutritional needs or dietary requirements and weight loss
  - Complete pain and symptom assessment
  - Head-to-toe assessment
  - Functional status and functional goals as determined by the patient and family
  - Equipment and supply needs
  - Patient preferences for treatment and concerns — to include advance care planning and Advance Directive documents
  - Other needed information that could impact the level of services required to meet the patient needs
- Psychological/psychiatric component:
  - Decision-making capacity
  - Coping mechanisms
  - Presence of delirium, anxiety or depression, and suicide risk
  - Substance use disorder
- Social component:
  - Ability to read/understand material
  - Language preference
  - Family dynamics and relationships
  - Availability, willingness, and ability of family or other caregivers to support the patient's needs
  - Identification of the responsible party
  - Identification of an emergency contact
  - Availability and capability of caregivers
  - Role changes and family system
  - Communication strengths and barriers, literacy, and language skills
  - The patient's involvement with social and community resources
  - Financial, economic, and community resources
  - Advance Directive decisions and documentation
  - Cultural practices, customs, beliefs, and values relevant during serious illness, the dying process, at the time of death, and post-death

- Environmental component:
  - Identification of safety and health hazards
  - Presence of adequate living arrangements (e.g., heat, electricity, and water)
  - Home environmental assessments, which include the potential for safety and security hazards (e.g., water, heat, cooling, refrigeration, throw rugs, furniture layout, bathroom safety, cluttered stairways and blocked exits, unsecured doors, lack of smoke detectors, and fire risks)
- Bereavement component:
  - A bereavement assessment includes the needs of the patient's family and other individuals focusing on the social, spiritual, and cultural factors that may impact their ability to cope with the patient's serious illness, dying process, death, and bereavement period. Information gathered from the initial bereavement assessment is incorporated into the plan of treatment and is considered in the bereavement plan of treatment.
- Spiritual component:
  - A history of any religious affiliation and support, spiritual beliefs, traditions, practices and rituals.
  - The nature and scope of spiritual concerns or needs includes, but is not limited to:
    - Sources of spiritual strength and support
    - Meaning and questions of suffering
    - Concerns about relationship to God or deity such as feelings of anger or abandonment
    - Existential concerns – such as expressions of loss of faith and meaning
    - Cultural norms and preferences
    - Hopes, values and fears, meaning and purpose
    - Life completion and legacy-making tasks
- Functional limitations:
  - The patient's ability to ambulate
  - Documentation of all functional limitations
  - Documentation of ability to complete Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs) that include:
    - Bathing
    - Dressing
    - Feeding
    - Toileting
    - Transferring
    - Ambulation
    - Use of telephone
    - Shopping
    - Meal preparation
    - Housework
    - Money management
    - Ability to take medication, as appropriate

- Need for assistance with patient care, ADLs and IADLs
- Documentation of patient and family's achievable functional goals and plan for achieving them

- A complete pain assessment is conducted at the time of admission based on policies and procedures and/or protocols for pain assessment and management of pain. The pain assessment includes, but is not limited to:
  - History of pain and its treatment (including non-pharmacological and pharmacological treatment)
  - Characteristics of pain, such as:
    - Intensity of pain (e.g., as measured on a standardized pain scale)
    - Descriptors of pain (e.g., burning, stabbing, tingling, or aching)
    - Pattern of pain (e.g., constant or intermittent)
    - Location and radiation of pain
    - Frequency, timing, and duration of pain
  - Impact of pain on quality of life and ability to function (e.g., sleeping, daily functioning, appetite, and mood)
  - Factors such as activities, care, or treatment that precipitate or exacerbate pain
  - Strategies and factors that relieve or reduce pain
  - Medications the patient is taking and if they are working.
  - What treatment has worked in the past
  - Patient's/family's goals for pain management and their satisfaction with the current level of pain control
- Common physical symptoms other than pain are assessed at the time of admission and on an ongoing basis based on policies and procedures/protocols for symptom identification and management. Common symptoms include, but are not limited to:
  - Constipation
  - Nausea and vomiting
  - Anorexia
  - Fatigue
  - Anxiety
  - Depression
  - Restlessness
  - Shortness of Breath
  - Dehydration
  - Skin breakdown
  - Sleep disturbances
  - Incontinence
  - Urinary retention
  - Pruritus

HINT

Audit comprehensive assessment forms to ensure all components are captured on the form.

If the software program does not include all components of the comprehensive assessment, complete an attachment to ensure all components are assessed.

If a component of the comprehensive assessment is blank, it will be determined to not have been assessed.

Educate staff to answer all components of the comprehensive assessment and to mark “N/A= Not applicable” instead of leaving an area blank.

The comprehensive assessment is appropriate to the patient age and diagnosis.

Specialized populations, such as infants and children, are assessed by personnel with appropriate training and experience.

NCP Guideline(s) Reference: 1.2, 2.2, 3.2, 4.2, 5.2, 6.3, 7.2, 7.5

Standard CBPC5-3D: (Services applicable: CBPC)

A medication profile is part of the patient-specific comprehensive assessment. A registered nurse (RN), physician, nurse practitioner (NP), clinical nurse specialist (CNS) or physician assistant (PA), creates and maintains a current medication profile and reviews all patient medications, both prescription and non-prescription, on an ongoing basis in collaboration with other palliative care team members (PCT).

Patient Record Essential Components

The patient record must demonstrate the drug regimen was reviewed during the initial comprehensive assessment, and the medication review occurs as an ongoing part of the care to the patient

- The following must be evaluated and documented by a qualified individual:
  - Effectiveness of drug therapy
  - Immediate desired effects
  - Adverse drug side effects or toxicities
  - Actual or potential drug interactions
  - Duplicate drug therapy
  - Drug therapy currently associated with laboratory monitoring
  - Allergic reactions
  - Changes in the patient's condition that contraindicates continued administration of the medication
  - The need for pharmacological or non-pharmacological interventions for pain and other symptom management as applicable to the patient
  - Opportunities for de-prescribing of medications that are no longer necessary, no longer beneficial, or are causing adverse effects
- A medication profile includes, but is not limited to:
  - All current patient medications, date prescribed or taken, and name of medication
  - Dose
  - Route
  - Reason for the medication
  - Timing and Frequency
  - Date discontinued

HINT

Revise/develop a medication profile form to ensure all required components are captured on the form.

Educate staff to complete the medication profile form in its entirety; blank areas will be scored as incomplete.

The Surveyor will expect to see documented evidence of an ongoing medication review. Documentation should exist in the patient's record of any notations to the physician regarding any medication discrepancies, side effects, problems, or reactions. Qualified personnel should be able to anticipate potential effects that may rapidly endanger a patient's life or well-being. The palliative care program should also instruct the patient, family members, and/or caregiver, as necessary, in following the prescribed regimen.

Audit patient records for completeness of the medication profile form.

NCP Guideline(s) Reference: 1.1, 2.3

Standard CBPC5-3E: (Services applicable: CBPC)

As part of the patient-specific comprehensive assessment the palliative care program may determine the need for a referral and/or further evaluation by other appropriate health professionals. Additional services may be provided to meet patient/family needs.

HINT

The Surveyor will expect to see that referrals are made to meet the needs of the patient and family.

NCP Guideline(s) Reference: 2.3

Standard CBPC5-3F: (Services applicable: CBPC)

There is a written plan of treatment collaboratively developed by the palliative care team (PCT) and the patient and family for each patient accepted to services.

Patient Record Essential Components

- The initial plan of treatment must include, but is not limited to:
  - Start of care date
  - Patient demographics
  - Principle diagnoses and other pertinent diagnoses
  - Medications: dose/frequency/route
  - Allergies and/or sensitivities
    - Drugs
    - Relevant non-drug substances which include but are not limited to:
      - Peanuts
      - Soy
      - Latex
      - Shellfish
      - Adhesives/tapes
      - Disinfectants (e.g., iodine, hexachlorophene/phisohex)
  - Orders for specific clinical services, treatments, and procedures (specify amount/frequency/duration)

- Equipment and supply needs
- Caregiver needs
- Functional limitations
- Diet and nutritional needs
- Safety measures
- Goals of Care

HINT

The Surveyor will expect to see physician or independent practitioner's orders are obtained prior to initiation of the care/services and the palliative care program responsibility to notify the physician or independent practitioner of any changes in the patient's condition.

PRN is acceptable to use but it must include a quantifier for each PRN utilized. Each PRN visit should be documented as a PRN visit and if frequent PRN visits are utilized, the plan of treatment should be updated.

Standing orders are acceptable as long as they are individualized to meet the specific needs of the patient and family.

Orders for drugs and treatments are required. All frequency, medication, and treatment orders prescribed as PRN must include an indicator for when the medication or treatment is to be administered.

Verbal orders are documented and signed with the name and credentials of the personnel receiving the order and signed by the physician or independent practitioner within the time frame established in the palliative care program's policies and procedures and/or state requirement.

If several documents comprise the plan of treatment, identify those documents in the policy and notify the Surveyor that the plan of treatment comprises multiple documents.

NCP Guideline(s) Reference: 1.3

Standard CBPC5-3G: (Services applicable: CBPC)

The palliative care program shows evidence of the patient participation in the plan of treatment and goals of care.

Patient Record Essential Components

- Patient records must demonstrate patient participation in the plan of treatment.
- The methods by which the palliative care team (PCT) documents participation include, but are not limited to:
  - The plan of treatment is signed by the patient.
  - A notation is made in the patient record that the patient participated in the development of the plan of treatment.
  - There is documentation in the patient record that the plan of treatment was reviewed and accepted by the patient.

HINT

Audit patient records for documentation of patient participation in the plan of treatment. At a minimum, the patient agrees to the plan of treatment prior to the beginning of services and as subsequent changes occur.

If interviewed, staff must be able to discuss how the patient participates in the development of the plan of care.

NCP Guideline(s) Reference: 1.3

Standard CBPC5-3H: (Services applicable: CBPC)

Care/services are delivered in accordance with the written plan of treatment.

Patient Record Essential Components

- Patient records must demonstrate that services are delivered in accordance with the plan of treatment.

HINT

Audit patient records for documentation of service delivered in accordance with the plan of treatment.

Audit patient records for documentation of effective communication and coordination between all personnel involved in the patient's plan of treatment.

NCP Guideline(s) Reference: 1.3

Standard CBPC5-3I: (Services applicable: CBPC)

There is evidence that the palliative plan of treatment is reviewed and revised based on reassessment data by a registered nurse (RN), physician, nurse practitioner (NP), clinical nurse specialist (CNS) or physician assistant (PA).

Patient Record Essential Components

- There is documentation in the patient record that reflects the plan of treatment is reviewed at least every 60 days for:
  - Appropriateness (care/service being provided is still needed)
  - Effectiveness (patient outcomes/response to care/service)
  - To determine if all needed care/services are being provided
  - Change in patient's condition
- The plan of treatment should be reviewed to ensure:
  - The patient and family have access to medications and treatments
  - New medications, medical equipment, tests, and therapies are authorized by payers
  - The patient and family can safely and effectively manage and administer medications
- Included in this review is a discussion with the patient to determine the level of satisfaction with the care/services being provided. Notation of a review may be made in the patient record and in meeting minutes (team meetings or case conferences).
- The palliative care program follows program policies and procedures and any applicable laws and rules for the frequency of the plan of treatment review. Review of the plan of treatment can occur more frequently if indicated by the patient's needs.

- The plan of treatment should be reviewed:
  - At a minimum of every 60 days
  - When there are changes in patient's response to treatment
  - When physician's or independent practitioner's orders change
  - At the request of patient
  - As defined by the palliative care program's policies and procedures

HINT

Audit patient records for documentation of plan of treatment reviews.

If interviewed, staff must be able to discuss how often the review of the plan of treatment occurs.

NCP Guideline(s) Reference: 1.3

Standard CBPC5-4A: (Services applicable: CBPC)

A registered nurse (RN), physician, nurse practitioner (NP), clinical nurse specialist (CNS) or physician assistant (PA) reviews all patient medications, both prescription and non-prescription, on an ongoing basis as part of the care/services to a patient.

Patient Record Essential Components

- An RN, physician, NP, CNS, or PA reviews and documents all prescription and non-prescription medications that a patient is taking.
- The medication profile includes, but is not limited to:
  - All current patient medications
  - Date prescribed or taken
  - Name of medication
  - Dose
  - Route
  - Frequency
  - Date discontinued
  - Drug and/or food allergies
- The RN, physician, NP, CNS, or PA is specifically accountable for recognizing the following:
  - Side effects
  - Toxic effects
  - Allergic reactions
  - Immediate desired effects
  - Unusual and unexpected effects
  - Changes in the patient's condition that contraindicates continued administration of the medication

HINT

The Surveyor will expect to see documented evidence of an ongoing medication review. Documentation should exist in the patient's record of notation to the physician regarding any medication discrepancies, side effects, problems, or reactions. Qualified personnel should be able to anticipate potential effects that may rapidly endanger a patient's life or well-being. The hospice should also instruct the patient, family members, and/or caregiver, as necessary, in following the prescribed regimen.

NCP Guideline(s) Reference: 1.2, 2.3

Standard CBPC5-5A: (Services applicable: CBPC)

Written policies and procedures are established and implemented for addressing patient needs which cannot be met by the palliative care program at time of referral. The palliative care program coordinates planning and care/service delivery efforts with other community agencies. Patients are referred to other agencies when appropriate.

Policies and Procedures Essential Components

- Policies and Procedures (P&P) must include a process for addressing patient needs which cannot be met by the organization at the time of referral.
- P&P must also include how the palliative care program will coordinate planning and care/service delivery efforts with other community agencies, and that patients will be referred to other organizations when appropriate.

HINT

The Surveyor will expect to see a referral log or other tool that records referrals.

The Surveyor will review documentation of referral source notification when patient needs cannot be met and they are not being admitted to the palliative care program.

If interviewed, staff should be knowledgeable about other care/services available in the community.

NCP Guideline(s) Reference: 1.3, 2.3, 7.5

Standard CBPC5-6A: (Services applicable: CBPC)

Written policies and procedures are established and implemented that describe the process for patient education.

Policies and Procedures Essential Components

- Policies and Procedures (P&P) must include at least the following regarding patient education:
  - Disease management and trajectory as appropriate to the care/service provided
  - What to expect in the future and how to respond to any changes in condition or new symptoms
  - Medication management, safety, and disposal
  - Symptom management
  - Proper use, safety hazards, and infection control issues related to the use and maintenance of any equipment that is provided
  - Plan of treatment
  - How to notify the palliative care program of new problems, concerns, and complaints
  - Emergency preparedness information and crisis management

HINT

Audit patient records to ensure documented evidence of patient education.

NCP Guideline(s) Reference: 3.3, 7.3, 8.3

Standard CBPC5-6B: (Services applicable: CBPC)

Patient education focuses on goal and outcome achievement as established in the plan of treatment/goals
of care.

Patient Record Essential Components

- Patient education is an integral part of care/services provided and must include at least the following:
  - An assessment of the patient's knowledge deficits and learning abilities are evaluated during the initiation of care/services.
  - Patient education/instruction proceeds in accordance with the patient's willingness and condition to learn.
  - Education is coordinated with the patient and the healthcare team and focuses on goal and outcome achievement as established in the plan of treatment.
  - The patient record indicates educating the patient about appropriate actions to take if a medication or treatment reaction occurs when a healthcare professional is not present.
  - The patient record includes documentation of all teaching, patient's response to teaching, and the patient's level of progress/achievement of goals/outcomes. Written instructions are provided to the patient.
- If medical supplies are provided, written instructions must be provided to patients regarding the safe and appropriate use and care of any supplies provided.
  - Elements of patient education include, but are not limited to:
    - Ongoing assessment of patient's learning needs
    - Communication of needs to other healthcare team members
    - Incorporating patient needs into the plan of treatment

HINT

Audit patient records for documentation of patient education and teaching (including appropriate actions to take if a medication or treatment reaction occurs), the patient's response to teaching, and patient's level of progress/achievement of goals/outcomes.

NCP Guideline(s) Reference: 2.1

Standard CBPC5-7A: (Services applicable: CBPC)

Written policies and procedures are established and implemented that describe the process for transfer/discharge of a patient.

Policies and Procedures Essential Components

- Policies and Procedures (P&P) must describe:
  - The circumstances when a patient would be transferred or discharged to another organization.

- A transfer/discharge summary is completed and maintained in the patient record and a copy is forwarded to the receiving organization and primary health care practitioner. A transfer/discharge summary includes, but is not limited to:
  - Date of transfer/discharge, patient identifying information, and emergency contact
  - Destination of patient transferred/discharged
  - Date and name of person receiving report, if applicable
  - Patient's physician or independent practitioner name and phone number
  - Diagnosis related to the transfer/discharge
  - Significant health history
  - Transfer orders and instructions
  - History of care including treatment and management to date (e.g., history of pain or symptom management)
  - A brief description of services provided and ongoing needs that cannot be met
  - Status of patient at the time of transfer
  - Advance directive

HINT

Revise/develop a Transfer/Discharge Summary form to include all required components.

Educate staff to complete the Transfer/Discharge Summary form in its entirety; blank areas will be scored as incomplete.

Audit patient records for completeness of Transfer/Discharge Summary form.

NCP Guideline(s) Reference: 1.7, 2.4

Standard CBPC5-8A: (Services applicable: CBPC)

Written policies and procedures are established and implemented that identify the drugs or drug classifications and routes that are not approved for administration by palliative care program's personnel.

Policies and Procedures Essential Components

- Policies and Procedures (P&P) must define at a minimum:
  - The drugs or drug classifications and/or routes not approved by the manager/leader for administration by nursing personnel.
  - Any blood or blood products that may or may not be administered.

NCP Guideline(s) Reference: 2.3, 8.1, 8.2

Standard CBPC5-8B: (Services applicable: CBPC)

Written policies and procedures are established and implemented regarding the requirements for palliative care staff administering the first dose of a medication in the home setting.

Policies and Procedures Essential Components

- Policies and Procedures (P&P) must define at a minimum:
  - That when the palliative care program elects not to administer the first dose of medication in the home or if they choose to administer the first dose, the palliative care program must have specific written requirements that allow first dose of a medication in the home.

- That the palliative care program defines when the first dose policies and procedures are appropriate based on the medication route and potential reaction.
- When the palliative care program elects to administer the first dose of a medication in the home, the following are reviewed prior to administering the first dose in the home:
  - The history of being allergic to this class of medication is provided.
  - Orders have been received outlining the steps to take and the medication(s) to be given should an anaphylactic reaction occur.
  - Giving the first dose in the hospital, physician's office or other medical facility has been considered and has been rejected.
  - The location and phone numbers for emergency support have been identified and a procedure to utilize these facilities has been developed.
  - The nurse administering the medication stays with the patient at least one hour after the administration of the medication to ensure the patient has tolerated the medication well.
  - The appropriate monitoring of the patient is provided after the first dose is administered.

NCP Guideline(s) Reference: 2.3, 8.1, 8.2

Standard CBPC5-9A: (Services applicable: CBPC)

Written policies and procedures are established and implemented in regard to the palliative care program making referrals to a hospice to provide a continuum of care for the patient and family through the transition of dying to the time of death and follow-up bereavement care.

Policies and Procedures Essential Components

- Policies and Procedures (P&P) address the responsibility of the palliative care team (PCT) to provide support to the patient and family throughout the P&P include, but are not limited to:
  - Teaching family members about the physical and psychological aspects of the dying process and actions to take when death occurs.
  - Providing frequent contact through onsite and/or home visits to support patient and family prior to death.
  - Discussing hospice eligibility and services.
  - Availability of personnel to attend patient death (24 hours a day, seven days a week).
  - Respect by personnel for cultural and religious traditions of the patient/family relating to death and dying.
  - Planning for post-death, including funeral planning.
  - Transition to bereavement care.

HINT

The Surveyor will expect to see evidence that the palliative care team provides support to the patient and family throughout the continuum of care.

If interviewed, staff should be able to discuss how the palliative care program coordinates and provides a continuum of care for patients and families through the transition of dying to the time of death, and follow-up bereavement care.

NCP Guideline(s) Reference: 7.1

Standard CBPC5-9B: (Services applicable: CBPC)

Written policies and procedures are established and implemented in regard to the provision of post-mortem care.

Policies and Procedures Essential Components

- Policies and Procedures (P&P) include, but are not limited to:
  - Family privacy
  - Sufficient time for family with the patient after death
  - Preparation and disposition of the body in accordance with applicable laws and regulations, taking into account patient's wishes
  - Documentation and communication of patient's death to appropriate personnel, attending physician, and legal entities, as appropriate
  - Pronouncement of death according to state/federal law
  - Disposition of body
  - Spiritual, psychosocial, and bereavement care

HINT

The Surveyor will expect to see evidence in the patient record of after-death care being provided with regard to the patient's and family's desires, and cultural and religious practices.

If interviewed staff should be able to discuss the provisions that are available for the family after the death of a patient.

NCP Guideline(s) Reference: 7.4

Tools Available to Assist with Section 5:

- Section 5 Compliance Checklist
- Patient Record Audit
- Medication Profile
- Referral Log
- Section 5 Self Audit
- Sample Policies and Procedures

SECTION 5 COMPLIANCE CHECKLIST

Standard	Policy/ Procedure	Patient Record	Observation	Audit Tool Provided	Compliance Y/N	Comments
CBPC5-1A	Yes	Yes	Patient records	Observation Tool & Patient Chart Audit Tool		
CBPC5-1B		Yes	Patient record documentation	Patient Chart Audit Tool		
CBPC5-2A	Yes		Observation of patient records	Observation Tool		
CBPC5-3A	Yes					
CBPC5-3B		Yes	Initial Assessment	Patient Chart Audit Tool		
CBPC5-3C		Yes	Comprehensive Assessment	Patient Chart Audit Tool		
CBPC5-3D		Yes	Medication profile & staff interviews	Patient Chart Audit Tool & Interview Tool		
CBPC5-3E		Yes	Observation and patient records	Observation Audit Tool & Patient Chart Audit Tool		
CBPC5-3F		Yes	Plan of treatment	Patient Chart Audit Tool		
CBPC5-3G		Yes	Patient record documentation & staff interviews	Patient Chart Audit Tool & Interview Tool		
CBPC5-3H		Yes	Patient record documentation	Patient Chart Audit Tool		
CBPC5-3I		Yes	Patient record documentation & staff interviews	Patient Chart Audit Tool & Interview Tool		
CBPC5-4A		Yes	Medication profile	Patient Chart Audit Tool		
CBPC5-5A	Yes	Yes	Patient record documentation, referral log, & staff interviews	Patient Chart Audit Tool, Observation Tool, & Interview Tool		
CBPC5-6A	Yes	Yes	Patient record documentation & patient education resources	Patient Chart Audit Tool & Observation Tool		
CBPC5-6B		Yes	Patient record documentation & staff interviews	Patient Chart Audit Tool & Interview Tool		
CBPC5-7A	Yes	Yes	Transferred & discharged patient records	Patient Chart Audit Tool		
CBPC5-8A	Yes	Yes	Patient record documentation	Patient Chart Audit Tool		
CBPC5-8B	Yes	Yes	Patient record documentation	Patient Chart Audit Tool		
CBPC5-9A	Yes	Yes	Patient record documentation & staff interviews	Patient Chart Audit Tool & Interview Tool		
CBPC5-9B	Yes	Yes	Patient record documentation	Patient Chart Audit Tool		

ACHC FOR PROVIDERS. BY PROVIDERS.

PALLIATIVE CARE

PATIENT RECORD AUDIT

Audit each patient record for the items listed under all patients. Audit for the additional requirements as it pertains to the services provided to the patient.

Date: _____ Auditor: _____

CBPC	REQUIREMENTS	PATIENT INITIALS							SCORE	
	Start of Care Date:									
2-1A	Receipt of description of services								of	%
2-2A	Receipt of rights and responsibilities								of	%
2-4B	Receipt of compliant process								of	%
2-5A	Receipt of privacy notice (HIPAA)								of	%
2-6A	Advance Directive Information								of	%
2-6B	Information regarding palliative care program resuscitative guidelines								of	%
2-8A	Ethical concerns documented, if applicable								of	%
2-9A	Coordination and continuum of care								of	%
2-17A	Patient will receive effective pain and symptom management								of	%
3-3B	Information on financial responsibility								of	%
4-8A	Designated care coordinator/CM								of	%
4-11B	BSW supervision, if applicable								of	%
5-1A	Identification data								of	%
5-1A	Names of family/legal guardian/emergency contact								of	%
5-1A	Name of primary caregiver(s)								of	%
5-1A	Source of referral								of	%

CBPC	REQUIREMENTS	PATIENT INITIALS							SCORE	
5-1A	Name of physician or independent practitioner (nurse practitioner [NP], clinical nurse specialist [CNS], physician assistant [PA]) responsible for care								of	%
5-1A	Diagnosis								of	%
5-1A	Physician or independent practitioner orders that include medications, dietary, treatment, and activity orders, (as appropriate to the level of care/service the patient is receiving)								of	%
5-1A	Signed release of information and other documents for Protected Health Information (PHI)								of	%
5-1A	Admission and informed consent documents								of	%
5-1A	Initial assessments								of	%
5-1A	Signed and dated clinical and progress notes								of	%
5-1A	Signed notice of receipt of Patient Rights and Responsibilities statement								of	%
5-1A	Initial plan of treatment								of	%
5-1A	Updated plan of treatment								of	%
5-1A	Evidence of coordination of care/service provided by the PCT members with others who may be providing care/service, if applicable								of	%
5-1A	Ongoing assessments, if applicable								of	%
5-1A	Assessment of the care setting								of	%
5-1B	Entries dated & signed, credentials								of	%
5-3B	Initial assessment within 72 hours by an RN, physician, NP, CNS, or PA								of	%
5-3C	Comprehensive assessment within 7 calendar days after initial visit								of	%
5-3D, 4A	Medication review/medication profile is current								of	%

CBPC	REQUIREMENTS	PATIENT INITIALS							SCORE	
5-3E	Referrals to outside health professionals								of	%
5-3F	Written plan of treatment								of	%
5-3H	Care delivered in accordance with the written plan of treatment								of	%
5-3I	Palliative plan of treatment reviewed at least every 60 days								of	%
5-6A, B	Proof of patient education								of	%
5-7A	Transfer summary, if applicable								of	%
5-7A	Discharge summary, if applicable								of	%
5-8B	First dose of medication in home								of	%
5-9A	Continuum of care with hospice								of	%
5-9B	Post-mortem care								of	%
7-1A, B	Infection control education								of	%
7-3C	Evidence of emergency preparedness education								of	%
7-3D	Power failure backup systems								of	%
7-10A	Experimental therapies/ investigational drugs								of	%
								Total	of	%

MEDICATION PROFILE

Patient Name: _____ Medical Record Number: _____ DOB: _____

Drug and Food Allergies: _____ DX:_____

Prescription and Over the Counter						
START DATE	MEDICATION	DOSE	ROUTE	FREQUENCY	DISCONTINUATION DATE	COMMENTS

RN Signature: _____ Date: _____

Creation Date

Form #

SAMPLE REFERRAL LOG

FOR PROVIDERS.
BY PROVIDERS.

PALLIATIVE CARE

REFERRAL LOG

Patient	Referral Date	Id Number	Referral Source	Admission Date	Did Not Admit	Comments

Form #

Creation Date

FOR PROVIDERS. BY PROVIDERS.

PALLIATIVE CARE

SECTION 5 SELF AUDIT

REQUIRED POLICIES AND PROCEDURES

- [ ] Patient record contents
- [ ] Access, storage, removal, and retention of records
- [ ] Patient assessment/plan of treatment
- [ ] Unmet patient needs
- [ ] Patient education
- [ ] Patient transfer & discharge
- [ ] Drugs/drug routes not approved
- [ ] First dose requirements
- [ ] Continuum of care
- [ ] Post-mortem care

REQUIRED DOCUMENTS

- [ ] Referral log

PERSONNEL FILE CONTENTS

- [ ] None

PATIENT RECORD REQUIREMENTS

- [ ] Identification data
- [ ] Names of family/legal guardian/emergency contact
- [ ] Name of primary caregiver(s)
- [ ] Source of referral
- [ ] Name of physician or independent practitioner (nurse practitioner [NP], clinical nurse specialist [CNS], physician assistant [PA]) responsible for care
- [ ] Diagnosis
- [ ] Physician or independent practitioner orders that include medications, dietary, treatment, and activity orders, (as appropriate to the level of care/service the patient is receiving)
- [ ] Signed release of information and other documents for Protected Health Information (PHI)
- [ ] Admission and informed consent documents
- [ ] Initial assessments
- [ ] Signed and dated clinical and progress notes

- [ ] Signed notice of receipt of Patient Rights and Responsibilities statement
- [ ] Initial plan of treatment
- [ ] Updated plan of treatment
- [ ] Evidence of coordination of care/service provided by the PCT members with others who may be providing care/service, if applicable
- [ ] Ongoing assessments, if applicable
- [ ] Assessment of the care setting
- [ ] Copies of summary reports sent to physicians or independent practitioners, if applicable
- [ ] Patient response to care/service provided
- [ ] A discharge summary, if applicable
- [ ] Advance Directives, if applicable
- [ ] Admission and discharge dates from a hospital or other institution, if applicable

APPROPRIATE PERSONNEL KNOWLEDGE OF THE FOLLOWING:

- [ ] Time frames for the completion of assessments/evaluations
- [ ] How to document verbal orders
- [ ] How the patient participates in the development and revision of the plan of treatment
- [ ] Time frames for the review of the plan of treatment
- [ ] Community resources to assist with unmet needs
- [ ] Transfer/discharge process

CAN THE FOLLOWING BE EASILY OBSERVED WHILE ON SITE?

- [ ] There is a patient record for each patient served
- [ ] Entries in the patient record are legible, clear, complete, appropriately authenticated and dated
- [ ] Patient records properly safeguarded against loss or unauthorized use
- [ ] Patient records are maintained for the proper amount of time

SELF TEST

1. Is staff aware of time frames for the completion of assessments/evaluations?
2. How often does the plan of treatment need to be reviewed?
3. How is the patient involved in the development of the plan of treatment?
4. What community resources are available to refer patients to care/service the palliative care program cannot meet?
5. When would a patient be discharged?
6. How and what education is provided to patients?
7. What resources are available for the patient and family to assist with the transition of dying to the time of death?
8. What post-mortem care is available to the family after the death of the patient?

SECTION 5: PROVISION OF CARE AND RECORD MANAGEMENT

CBPC5-1A

Policy: Required Patient Record Contents

1. There will be a patient record for each individual who receives care/service that contains all required documentation.
2. All patient records will contain the following at a minimum:
    - Identification data
    - Names of family/legal guardian/emergency contact
    - Name of primary caregiver(s)
    - Source of referral
    - Name of physician or independent practitioner (nurse practitioner [NP], clinical nurse specialist [CNS], physician assistant [PA]) responsible for care
    - Diagnosis
    - Physician or independent practitioner orders that include medications, dietary, treatment, and activity orders, (as appropriate to the level of care/service the patient is receiving)
    - Signed release of information and other documents for Protected Health Information (PHI)
    - Admission and informed consent documents
    - Initial assessments
    - Signed and dated clinical and progress notes
    - Signed notice of receipt of Patient Rights and Responsibilities statement
    - Initial plan of treatment
    - Updated plan of treatment
    - Evidence of coordination of care/service provided by the PCT members with others who may be providing care/service, if applicable
    - Ongoing assessments, if applicable
    - Assessment of the care setting
    - Copies of summary reports sent to physicians or independent practitioners, if applicable
    - Patient response to care/service provided
    - A discharge summary, if applicable
    - Advance Directives, if applicable
    - Admission and discharge dates from a hospital or other institution, if applicable
3. Each home visit, treatment, or care/service is documented in the patient record and signed by the

individual who provided care/service.

4. (If using an Electronic Medical Record [EMR], it is preferred that the palliative care program has written policies and procedures and a mechanism to maintain all patient records in an electronic format.)

CBPC5-2A

Policy: Patient Record Retention

1. Patient records are retained for a period of seven years (unless state law dictates a longer period of time) from the date of the most recent discharge or the death of the patient. If the patient is a minor, the records are retained for seven years following the patient's 18th birthday. Patient records will be retained if the palliative care program discontinues operations.
2. Original copies of all active patient records are kept in a secure location on the premises. Current electronic patient records are stored in an appropriate secure manner as to maintain the integrity of the patient data through routine backups on and off site.
3. Documents can be archived and stored after one year. All archived documents must be easily retrievable and made available to the appropriate entity upon request.
4. All patient documentation is confidential and is required to be kept in a secure location. patient record information is safeguarded against loss or unauthorized use.
5. An off-site computer program is designed to back up records throughout the day. At the close of business, a backup is done on site. The computer program can be re-established off site if the building is destroyed. (If you are not using a computer system state how records are stored and secured.)
6. The following employees are authorized to make entries in the patient record:
   - Clinical Management staff
   - Medical Records staff
   - Clinical staff providing care/service to the patient
7. Records may be reviewed by authorized employees with respect to company policies regarding confidentiality of patient information. Accessibility to patient charts is limited to medical records staff, billing staff, appropriate leadership staff caring for the patient, licensing, regulatory, and accrediting bodies. Staff members will discuss patient-related information with palliative care program personnel only on a need-to-know basis.
8. Portions of patient records may be copied and removed from the premises to ensure that appropriate personnel have information readily accessible to them to enable them to provide the appropriate level of care when needed. Copies will be transported in a secured folder and protected for confidentiality.
9. Admission staff will obtain the signed authorization form from the patient that will allow the palliative care program to release confidential information for treatment, payment and operations, including licensing, regulatory and accrediting bodies.
10. If information is requested for any other purpose than treatment, payment, or operations, a separate authorization form, listing the specific information to be released, will be obtained and signed by the patient or someone legally authorized to act on the patient's behalf prior to releasing the information requested.
11. All requests for release of information will be given to the _____ manager. Only the _____ manager may release PHI/EPHI and confidential information.
12. Release of patient information can be done only if the patient or responsible party has signed

a release of information form.

CBPC5-3A

Policy: Plan of treatment

All patients receiving services will have an assessment and plan of treatment developed based on the type of care/service that is needed.

1. An Initial Assessment to establish a plan of treatment appropriate to the patient needs will be performed by an RN or qualified professional per state licensure rules or regulations. The initial assessment will be conducted within 72 hours of referral, unless the physician specifies a specific time to conduct the initial assessment.
2. The initial assessment will determine the care and support needs of the patient. A plan of treatment is developed for each patient based upon assessment data.
3. The patient will be involved in the development of the plan of treatment and any changes made in the plan of treatment. This will be documented by one of the following:
    - The signature of the patient/caregiver
    - A notation in the patient's record that the patient/caregiver participated in the development and revision of the plan of treatment
4. The plan of treatment will be reviewed at least every _____ days by the team providing care/service to the patient and revised as necessary.
5. Physician will be notified if the plan of treatment is revised and new orders are required.
6. Other staff members caring for patients will be notified of any changes to the plan of treatment.

CBPC5-5A

Policy: Unmet Patient Needs

1. Any and all care/service needs that cannot be met by the palliative care program will be addressed by referring the patient to other organizations that have the ability to meet the patient's needs.
2. The referring physician will be notified of the palliative care program's inability to meet the needs of the patient.
3. All personnel will be educated on community resources and process for referral of patients when the palliative care program cannot meet the needs of the patient.

CBPC5-6A

Policy: Patient Education

1. Staff will provide patients education at admission and at each subsequent visit as appropriate. Education will include but is not limited to:
    - Disease management as appropriate to the care/service provided
    - Proper use, safety hazards, and infection control issues related to the use and maintenance if any equipment is provided
    - Plan of treatment
    - How to notify the palliative care program of problems, concerns, and complaints
    - Emergency preparedness information

2. All education will be documented in the patient's record.
3. Verbal and written instructions will be provided as appropriate.

CBPC5-7A

Policy: Transfer and Discharge Process

1. All patients transferred or discharged will have required documentation to ensure appropriate communication is provided to the receiving organization and/or to the physician, as requested.
2. A patient may be transferred because the patient moves out of the palliative care program's geographic service area, the patient requires care/service not provided by the palliative care program or the program is not a preferred provider by the patient's insurance company.
3. A Transfer Summary will be completed, filed in the patient's record, and a copy will be forwarded to the receiving organization. A Transfer Summary will contain at least the following information:
    - Date of transfer, patient identifying information, and emergency contact
    - Destination of patient transferred
    - Date and name of person receiving report, if applicable
    - Patient's physician or independent practitioner and phone number
    - Diagnosis related to the transfer
    - Significant health history
    - Transfer orders and instructions
    - History of care including treatment and management to date (e.g., history of pain or symptom management)
    - A brief description of services provided and ongoing needs that cannot be met
    - Status of patient at the time of transfer
    - Advance directive
4. A patient may be discharged for one of the following reasons: the patient moves out of the palliative care program's geographic service area, the patient's condition improves, and the care/service is no longer needed, the physician discontinues the order for care/service, the patient declines the care/service or the patient expires. The patient will be involved in discharge planning activities and services will be coordinated with other care/service providers, if applicable.
5. If there is imminent danger to palliative care program personnel, then the discharge will be completed as soon as possible.
6. A Discharge Summary will be completed, filed in the medical record, and a copy will be made available to the primary physician upon request. The Discharge Summary will contain at least the following information:
    - Date of discharge
    - Patient identifying information
    - Patient's physician or independent practitioner and phone number
    - Diagnosis
    - Reason for discharge
    - History of care including treatment and management to date (e.g., history of pain or symptom management)
    - A brief description of care/services provided

- Status of patient at the time of discharge
- Any instructions given to the patient
- Advance directive

CBPC5-8A

Policy: Approved Medications

1. Only approved drug classifications and routes by the management/leadership will be administered by the palliative care program. [Include approved list.]
2. Policies and procedures should also address any blood or blood products that may or may not be administered.

CBPC5-8B

Policy: First Dose Requirements

If the palliative care program decides to administer the first dose of a medication in the home setting, then the following must be considered and included in the policy and procedure:

1. The history of being allergic to this class of medication
2. Orders have been received outlining the steps to take and the medication(s) to be given should an anaphylactic reaction occur
3. Giving the first dose in the hospital, physician's office or other medical facility has been considered and has been rejected
4. The location and phone numbers for emergency support have been identified and a procedure to utilize these facilities has been developed
5. The nurse administering the medication stays with the patient at least one hour after the administration of the medication to ensure the patient has tolerated the medication well
6. The appropriate monitoring of the patient is provided after the first dose is administered

CBPC5-9A

Policy: The Continuum of Care

1. The palliative care program will ensure that terminally ill patients receive effective pain and symptom management. The palliative care team will be responsible for meeting the psychological, spiritual and social needs of the patient and family as they relate to death and dying.
2. Patients and families will be provided a variety of educational resources to meet their needs.
3. Grief and bereavement resources will also be available to patients and families before, during and after the dying process.
4. Palliative care program staff will be available to attend patient's death 24/7.
5. All patients and families will be respected by palliative care program personnel as it relates to their culture, religion and beliefs regarding death and dying.
6. All family members and others identified in the plan of treatment will be provided bereavement care for a period of at least 12 months.

This page intentionally left blank.

UNDERSTANDING THE STANDARDS

SECTION 6: QUALITY OUTCOMES/PERFORMANCE IMPROVEMENT

The standards in this section apply to the organization's plan and implementation of a Performance Improvement (PI) Program. Items addressed in these standards include who is responsible for the program, activities being monitored, how data is compiled, and corrective measures being developed from the data and outcomes.

SECTION 6 — QUICK REFERENCE

NOTE: HINTS WILL BE HIGHLIGHTED IN BLUE

Standard CBPC6-1A: (Services applicable: CBPC)

The palliative care program develops, implements, and maintains an effective Quality Assessment and Performance Improvement (QAPI) program. The program measures, analyzes, and tracks quality indicators, including adverse patient events, and other aspects of performance that enable the program to assess processes of care, services, and operations.

Policies and Procedures Essential Components

- Policies and Procedures (P&P) must describe the palliative care program's QAPI plan.

HINT

The Surveyor will expect to see a QAPI Program that is specific to the needs of the palliative care program, and that there is a continuous and ongoing collection of data to be utilized within the QAPI Program that reflects best practice patterns, personnel performance, and patient outcomes.

NCP Guideline(s) Reference: 1.4, 1.9

Standard CBPC6-1B: (Services applicable: CBPC)

The palliative care program ensures the implementation of a program wide Quality Assessment/Performance Improvement (QAPI) program by the designation of a person responsible for coordinating QAPI activities.

Personnel Record Essential Components

- Duties and responsibilities relative to QAPI coordination include:
  - Assisting with the overall development and implementation of the QAPI plan.
  - Assisting in the identification of goals and related patient outcomes.
  - Coordinating, participating in and reporting of activities and outcomes.

HINT

The Surveyor will expect to see, through evidence in the personnel record, an individual responsible for coordinating QAPI activities who may be the owner, manager, supervisor or other personnel.

The QAPI duties and responsibilities are included in the designated person's job description.

NCP Guideline(s) Reference: 1.9

Standard CBPC6-1C: (Services applicable: CBPC)

There is evidence of palliative care personnel involvement in the Quality Assessment and Performance Improvement (QAPI) process.

Personnel Record Essential Components

- Training related to QAPI includes but is not limited to:
  - The purpose of QAPI activities
  - Person responsible for coordinating QAPI activities
  - Individual's role in QAPI
  - Performance Improvement (PI) outcomes resulting from previous activities

HINT

The Surveyor will expect to see evidence that QAPI activities are shared with all staff through in-service records and/or meetings.

It is recommended that this be included as an agenda item for staff meetings.

If interviewed, staff should be able to discuss how they are involved in QAPI activities/initiatives and what type of training they have received regarding QAPI activities/initiatives.

NCP Guideline(s) Reference: 1.9

Standard CBPC6-2A: (Services applicable: CBPC)

The palliative care program develops, implements, and evaluates Quality Assessment and Performance Improvement (QAPI) projects on an annual basis.

QAPI Program Essential Components

- The number and scope of distinct QAPI projects conducted annually, based on the needs of the palliative care program population and internal organization needs, must reflect the scope, complexity, and past performance of the palliative care program's services and operations.

- The palliative care program must document what QAPI projects are being conducted, the reasons for conducting these projects, and the measurable progress achieved on these projects.

HINT

The Surveyor will expect to see that a written summary of the palliative care program's projects is included in the QAPI annual report.

NCP Guideline(s) Reference: 1.9

Standard CBPC6-3A: (Services applicable: CBPC)

Quality Assessment and Performance Improvement (QAPI) activities include ongoing monitoring of processes which involve risks, including infections and communicable disease.

QAPI Program Essential Components

- At least one QAPI activity must include an assessment of risks, including infections and communicable diseases.

HINT

The Surveyor will expect to review the quarterly assessment of all variances that includes, but is not limited to incidents, accidents, complaints/grievances, and workers compensation claims.

NCP Guideline(s) Reference: 1.9

Standard CBPC6-3B: (Services applicable: CBPC)

Quality Assessment and Performance Improvement (QAPI) activities include ongoing monitoring of at least one important aspect related to the care/service provided.

QAPI Program Essential Components

- At least one QAPI activity must include at least one important aspect of the care/service provided by the palliative care program.

HINT

The Surveyor will expect to review a QAPI activity that includes ongoing monitoring of at least one important aspect of care/service provided.

NCP Guideline(s) Reference: 1.9

Standard CBPC6-3C: (Services applicable: CBPC)

The Quality Assessment and Performance Improvement (QAPI) activities include satisfaction surveys.

QAPI Program Essential Components

- The QAPI program identifies the process for conducting patient and personnel satisfaction surveys.

HINT

The Surveyor will expect to see the results of satisfaction surveys in QAPI reports.

NCP Guideline(s) Reference: 1.9

Standard CBPC6-3D: (Services applicable: CBPC)

Quality Assessment and Performance Improvement (QAPI) activities include the ongoing monitoring of patient grievances/ complaints.

QAPI Program Essential Components

- The QAPI program includes an ongoing monitoring of patient complaints and the action(s) needed to resolve complaints.

HINT

The Surveyor will expect to see complaints and the actions taken in QAPI reports

NCP Guideline(s) Reference: 1.9

Standard CBPC6-3E: (Services applicable: CBPC)

Quality Assessment and Performance Improvement (QAPI) activities include a review of the patient record to determine completeness of documentation.

QAPI Program Essential Components

- The QAPI program includes a review of the patient record.

HINT

The Surveyor will expect to see the results of the patient record reviews in QAPI reports.

The Surveyor will expect to see that the palliative care program included an adequate sampling of open and closed patient records and that all disciplines were involved in the record reviews.

NCP Guideline(s) Reference: 1.9

Standard CBPC6-4A: (Services applicable: CBPC)

Written policies and procedures are established and implemented by the palliative care program to identify, monitor report, investigate and document all adverse events, incidents, accidents, variances, or unusual occurrences that involve patient care/service.

Policies and Procedures Essential Components

- Policies and Procedures (P&P) describe the process for identifying, reporting, monitoring, investigating and documenting all adverse events, incidents, accidents, variances or unusual occurrences, and must include at least the following:
  - Action to notify the supervisor or after-hours personnel
  - Time frame for verbal and written notification
  - Appropriate documentation and routing of information
  - Guidelines for notifying the physician or independent practitioner, if applicable
  - Follow-up reporting to the administration/leader/manager
- P&P defines adverse events to include, but not be limited to:
  - Unexpected death, including suicide of patient
  - Any act of violence
  - A serious injury
  - Psychological injury

- Significant adverse drug reaction
- Significant medication error
- Other undesirable outcomes as defined by the palliative care program
- Adverse patient care/service outcomes
- Patient injury (witnessed and un-witnessed) including falls

- P&P includes compliance with the FDA's Medical Device Tracking program and facilitation of any recall notices submitted by the manufacturer, if applicable.

HINT

The Surveyor will expect to see a standardized form developed by the palliative care program that is used to report incidents.

The Surveyor will expect to see that this data is included in the QAPI Plan.

It is recommended that incidents be included in QAPI reports.

NCP Guideline(s) Reference: 1.9

Tools Available to Assist with Section 6:

- Section 6 Compliance Checklist
- Sample QAPI Activity/Description Template
- Sample QAPI Plan
- Section 6 Self Audit
- Sample Policies and Procedures

SECTION 6 COMPLIANCE CHECKLIST

Standard	Policy/ Procedure	Personnel File	Observation	Audit Tool Provided	Compliance Y/N	Comments
CBPC6-1A	Yes		Quality Assessment and Performance Improvement (QAPI) Program/reports & staff interviews	Sample QAPI Plan & Interview Tool		
CBPC6-1B		Yes	Job description	Personnel Record Tool		
CBPC6-1C			Written education plan/in-service records & staff interviews	Education Plan Tool & Interview Tool		
CBPC6-2A			QAPI reports	Sample QAPI Activities/Description Template		
CBPC6-3A			QAPI activity reports/summaries, quarterly review of variance/incidents, workers comp claims	Sample QAPI Plan		
CBPC6-3B			QAPI activity specific to care/service provided	Sample QAPI Plan		
CBPC6-3C			Satisfaction surveys	Sample QAPI Plan		
CBPC6-3D			QAPI activity specific to patient complaints	Sample QAPI Plan		
CBPC6-3E			QAPI activity specific to patient record review	Sample QAPI Plan		
CBPC6-4A	Yes		Adverse event log, adverse event reporting & QAPI Plan	Sample QAPI Plan, Items Needed for Survey		

SAMPLE QAPI ACTIVITY/DESCRIPTION TEMPLATE

FOR PROVIDERS. BY PROVIDERS.

PALLIATIVE CARE

QAPI ACTIVITY/DESCRIPTION TEMPLATE

Date:

Description of Audit/Indicators:

Conducted By:

Frequency of Activities:

Data Collected Methods:

Threshold/Goal:

Plan for re-evaluation if threshold/goal is not met:

All QAPI reports will be presented to the QAPI committee and leadership.

In the event an audit fails to meet a threshold/goal, a written plan of correction will be created that indicates plans to re-evaluate.

Creation Date

Form # X

SAMPLE QAPI PLAN

Performance Improvement Activities		
Description of Monitoring Activities	Method & Frequency of Activities	Individual Responsible for Collecting Data and Data Analysis
Any monitoring activity that fails to meet the acceptable thresholds will become a Performance Improvement Activity. If all monitoring activities meet the acceptable thresholds, additional data collection methods will be utilized for the Performance Improvement Activities.		
CBPC6-3A Risks, infections, and communicable disease	Infection/communicable disease reports will be monitored on an ongoing basis to identify any trends that warrant immediate attention. ■ Indicator will be any: » Palliative care program-acquired infection three times within one quarter » Employee injury three times within one quarter Threshold will be to reduce infections and injuries to less than one incident per quarter. Any QAPI activities that do not yield acceptable thresholds will result in a Plan of Correction (POC).	All data will be collected and analysis will be the responsibility of the QAPI Coordinator. QAPI Coordinator will also be responsible for creating and distributing surveys, etc., as well as all reporting requirements to the leadership and staff.
CBPC6-3B Patient care	Results from ongoing chart monitoring will result in a QAPI activity. If all results are within acceptable limits, the following data collection methods will be utilized for QAPI projects: ■ Patient satisfaction surveys ■ Patient complaints/grievances ■ Accrediting body survey results Any QAPI activities that do not yield acceptable thresholds will result in a Plan of Correction (POC).	All data will be collected and analysis will be the responsibility of the QAPI Coordinator. QAPI Coordinator will also be responsible for creating and distributing surveys, etc., as well as all reporting requirements to the leadership and staff.
CBPC6-3C Satisfaction surveys from patients/families, personnel, and referral sources	Patient/family satisfaction surveys will be conducted quarterly on all patients that have been on service. ■ Threshold is 92% of patients will score palliative care program as “Good” or “Excellent” Employee satisfaction surveys will be conducted annually. ■ Threshold is 92% of employees will score palliative care program as a “Great place to work” Physician and referral source satisfaction surveys will be conducted every 6 months. ■ Threshold is 92% of physicians and other referral sources will score palliative care program as “Satisfied with care delivered by palliative care program”	It will be the responsibility of the QAPI Coordinator to collect and analyze all data. QAPI Coordinator will also be responsible for creating and distributing surveys, etc., as well as all reporting requirements to leadership and staff.

Performance Improvement Activities		
Description of Monitoring Activities	Method & Frequency of Activities	Individual Responsible for Collecting Data and Data Analysis
CBPC6-3D Patient compliant and/or grievance	All patient complaints and grievance will be monitored on an ongoing basis to identify any trends that warrant immediate action. ■ Threshold is that any complaint/grievance that involves the same individual or service failure three times in one quarter will be considered unacceptable	It will be the responsibility of the QAPI Coordinator to collect and analyze all data. QAPI Coordinator will also be responsible for monitoring complaints and distribution of information, etc., as well as all reporting requirements to the leadership and staff.
CBPC6-3E Patient chart reviews	Patient chart reviews will be conducted daily on all admissions and discharges. ■ Threshold is 97% of all admissions will have the required documentation when staff turn in the admission paperwork ■ Threshold is 99% of all discharges will be complete before billing occurs Patient chart reviews will be conducted quarterly on a 25% sampling of active and discharged charts. ■ Threshold is 92% of all charts will be in compliance with practitioner orders for services and all clinical notes will be signed and dated appropriately	It will be the responsibility of the QAPI Coordinator to collect and analyze all data. QAPI Coordinator will also be responsible for monitoring audits and distributing surveys, etc., as well as all reporting requirements to leadership and staff.

Creation Date

Form # X

SECTION 6 SELF AUDIT TOOL

FOR PROVIDERS. BY PROVIDERS.

PALLIATIVE CARE

SECTION 6 SELF AUDIT

REQUIRED POLICIES AND PROCEDURES

- [ ] QAPI Program/Plan
- [ ] Adverse events

REQUIRED DOCUMENTS

- [ ] Personnel meeting minutes document staff involvement in the QAPI program
- [ ] Annual report of the QAPI program
- [ ] Individual QAPI activities report for:
    - [ ] Process that involves risk, including infections and communicable diseases
    - [ ] At least one important aspect related to the care/service provided
- [ ] Written plan of correction (POC) is developed for any QAPI activity that does not meet an acceptable threshold
- [ ] Incident/Variance logs

PERSONNEL FILE CONTENTS

- [ ] Job description of the person designated as responsible for the QAPI program

PATIENT RECORD REQUIREMENTS

- [ ] None

APPROPRIATE PERSONNEL KNOWLEDGE OF THE FOLLOWING:

- [ ] QAPI initiatives of the program

CAN THE FOLLOWING BE EASILY OBSERVED WHILE ON SITE?

- [ ] QAPI program is specific to the needs of the palliative care program
- [ ] Involvement of the leaders in the QAPI Program
- [ ] Involvement of personnel in the QAPI Program

SELF TEST

1. Can you identify a QAPI project or the initiatives the palliative care program is currently working on?
2. How are you involved in the QAPI Program?
3. What type of training has been provided for the individual designated as responsible for QAPI?

FOR PROVIDERS. BY PROVIDERS.

PALLIATIVE CARE

SECTION 6: QUALITY OUTCOMES/ PERFORMANCE IMPROVEMENT

CBPC6-1A

Policy: Quality Assessment Performance Improvement Requirements

1. The palliative care program develops, implements, and maintains an effective, ongoing, program-wide Quality Assessment Performance Improvement (QAPI) program.
2. The palliative care program measures, analyzes, and tracks quality indicators, including adverse patient events, and other aspects of performance that enable the palliative care program to assess processes of care, services, and operations.
3. Program-wide QAPI efforts address priorities for improved quality of care/service and patient safety, and that all improvement actions are evaluated for effectiveness.
4. The QAPI Plan will be specific to the needs of the palliative care program. The methods used for reviewing data include, but are not limited to:
    - Current documentation (e.g., review of patient records, incident reports, complaints, patient satisfaction surveys, etc.)
    - Patient care/services
    - Direct observation in care/service setting
    - Operating systems
    - Interviews with patients and/or personnel
5. The following elements are considered within the plan:
    - Program objectives
    - All disciplines
    - Description of how the program will be administered and coordinated
    - Methodology for monitoring and evaluating the quality of care/service
    - Priorities for resolution of problems
    - Monitoring to determine effectiveness of the action
    - Oversight and responsibility for reports to leadership
6. All appropriate services and staff are involved corroboratively in QAPI activities. The information gathered by the palliative care program is based on criteria and/or measures generated by personnel. This data reflects best practice patterns, personnel performance, and patient outcomes.
7. Leadership will provide adequate resources necessary to ensure quality patient care, maintain good business practices, and confirm that resources are utilized appropriately.

8. The plan will ensure that opportunities to improve patient care and resolve problems that are identified with follow-up action taken as appropriate when thresholds are not met.
9. All audits and data collection will be the responsibility of the QAPI Coordinator or designee.
10. All data collected will be submitted to the QAPI Coordinator quarterly for review, with decisions on action plans for follow-up.
11. All personnel will be trained on the palliative care program's QAPI Plan during orientation and will be updated on initiatives during staff meetings, newsletters, etc.

CBPC6-4A

Policy: Incident/Adverse Event Reporting

1. All adverse events, incidents, accidents, variances, or unusual occurrences involving staff and or patients will be reported immediately to the _____ manager.
2. Monitoring of incident reports will serve as a tool to identify areas for improvement and will be part of the QAPI process.
3. An Incident form will be completed to document any unusual, harmful, or potentially harmful occurrences involving patients, employees, visitors, or property as soon as possible but at least within 24 hours of the incident. If after-hours, an on-call Supervisor will be notified of the incident immediately.
4. An incident is defined as an unusual circumstance that may result or did result in personal injury of an employee, patient or visitor from care or service being provided by the palliative care program. Incidents to be reported include but are not limited to:
    - Unexpected death, including suicide of patient
    - Any act of violence
    - A serious injury
    - Psychological injury
    - Significant adverse drug reaction
    - Adverse patient service/care outcomes
    - Medication and treatment errors, complications, or reactions, if applicable
    - Personnel injury or endangerment
    - Patient/family injury (witnessed and unwitnessed) including slips, trips and falls
    - Motor vehicle accidents when conducting palliative care program business
    - Environmental safety hazards, malfunctions or failures, including equipment
    - Unusual occurrences
    - Damage to patient or palliative care program property
5. The practitioner will be notified immediately regarding any incident that involves injury or potential injury, any incident that may involve a revision to the plan of treatment, and any incident that involves hospitalization of the patient.
6. The Incident Report will be used to report any patient, employee, property or product incident and occupational exposure to blood or airborne pathogens.
7. Product incidents will be reported on the Incident Report when a device has malfunctioned and/or caused injury. The palliative care program will comply with the Food and Drug Administration's (FDA's) Medical Device Tracking palliative care program and will facilitate any recall notices submitted by the manufacturer.

8. The manager/leader will immediately investigate the incident and will take corrective measures if indicated. All follow-up actions will be documented on the incident form.
    - Patient injury – notify practitioner
    - Product incident – notify manufacturer and/or FDA
    - Any injury – notify palliative care program insurance carrier and/or Workers Compensation Carrier and physician if medical care is required
    - Death of an employee or hospitalization of three or more employees – notify OSHA
9. Occupational Safety and Health Administration (OSHA) will be contacted in the event there are questions regarding the reporting responsibilities of the palliative care program. Visit http://www.osha.gov/recordkeeping/index.html or contact OSHA at 1-800-321-6742.
10. All employee injuries will be logged on an OSHA 300 form. The OSHA 300 form will be posted and visible to all personnel between February 1 and April 30 annually. OSHA 300 forms are located at https://www.osha.gov/recordkeeping/RKforms.html.
11. A summary of incident reports and/or safety concerns will be reported to the QAPI committee and the leadership quarterly.
12. All employees will be educated on when and how to complete an incident report and the reporting process during orientation and annually.
13. Incident forms should not be filed in patient files.

UNDERSTANDING THE STANDARDS

SECTION 7: RISK MANAGEMENT: INFECTION AND SAFETY CONTROL

The standards in this section apply to the surveillance, identification, prevention, control, and investigation of infections and safety risks. The standards also address environmental issues such as fire safety, hazardous materials, and disaster and crisis preparation.

SECTION 7 — QUICK REFERENCE

NOTE: HINTS WILL BE HIGHLIGHTED IN BLUE

Standard CBPC7-1A: (Services applicable: CBPC)

Written policies and procedures are established and implemented that address the surveillance, identification, prevention, control and investigation of infectious and communicable diseases and the compliance with regulatory standards.

Policies and Procedures Essential Components

- Policies and procedures (P&P) relative to infection control must include but not be limited to:
  - General infection control measures appropriate for care/service provided
  - Handwashing
  - Use of standard precautions and personal protective equipment (PPE)
  - Care during infectious disease pandemic
  - Needle-stick prevention and sharps safety, if applicable
  - Appropriate cleaning/disinfecting procedures
  - Infection surveillance, monitoring, and reporting of employees and patients
  - Disposal and transportation of regulated waste, if applicable

- Precautions to protect immune-compromised patients
- Employee health conditions limiting their activities
- Assessment and utilization of data obtained about infections and the infection control program
- Protocols for addressing patient care/service issues and prevention of infection related to infusion therapy, urinary tract care, respiratory tract care, and wound care
- Guidelines on caring for patients with multi-drug-resistant organisms
- Policies on protecting patients and personnel from blood-borne or airborne pathogens
- Monitoring staff for compliance with palliative care program policies and procedures related to infection control
- Protocols for educating patient and personnel in standard precautions and the prevention and control of infection
- Identifying the personnel who are responsible for implementing the infection control activities and personnel education
- OSHA Bloodborne Pathogen and TB Exposure Control Plan training for all direct care personnel

HINT

The Surveyor will expect to see evidence of the OSHA Bloodborne Pathogen and TB Exposure Control Plan being reviewed annually and updated to reflect significant modifications in tasks or procedures that may result in occupational exposure.

The TB Exposure Control Plan includes engineering and work practice controls that eliminate occupational exposure or reduce it to the lowest feasible extent.

The palliative care program conducts an annual TB risk assessment to determine the need, type, and frequency of testing/assessment for direct care personnel.

The palliative care program provides infection control education to employees, contracted providers, patients and family members regarding basic and high-risk infection control procedures as appropriate to the care/services provided.

All personnel demonstrate infection control procedures in the process of providing care/service to patients as described in OSHA and CDC standards and as adopted into palliative care program care/service P&P.

Standard CBPC7-1B: (Services applicable: CBPC)

All personnel, patients, families and other caregivers are knowledgeable of the policies and procedures for infection control.

HINT

The Surveyor will expect to see evidence that the palliative care program provides infection control education to employees, contracted providers, patients, families, and other caregivers regarding basic and high-risk infection control procedures as appropriate to the care/services provided.

The Surveyor will expect to see staff provide care to patients in accordance with the palliative care program's infection control policies and procedures.

If interviewed, staff should be able to identify the types of infection control education provided to patients

NCP Guideline(s) Reference: 1.6, 1.9

Standard CBPC7-1C: (Services applicable: CBPC)

The palliative care program reviews and evaluates the effectiveness of the infection control program.

Infection Control Program Essential Components

- The palliative care program monitors the infection statistics of both patients and personnel, and implements other activities (such as infection tracking records or logs) to ensure that personnel follow infection control procedures and report infections.
- Surveillance data is analyzed for trends and related factors that may contribute to the correlations between personnel, patients and infection control practices.
- Data is utilized to assess the effectiveness of the infection control program.
- Corrective action plans and steps for improvement are to be implemented as needed.
- Data and action plans must be included in the Quality Assessment and Performance Improvement (QAPI) reports and communicated to leadership and personnel.
- The palliative care program reports all communicable diseases, as required by the local county health department, to the local county or state department of health.

HINT

The Surveyor will review infection tracking records or logs and QAPI reports to determine the proper tracking of infections and utilization of data in the QAPI Plan.

It is recommended the palliative care program develop infection control reports/logs to track and trend infections.

NCP Guideline(s) Reference: 1.9

Standard CBPC7-2A: (Services applicable: CBPC)

Written policies and procedures are established and implemented that address the education of personnel concerning safety.

Policies and Procedures Essential Components

- Policies and procedures (P&P) include the types of safety training as well as the frequency of training. Safety training activities must include, but are not limited to:
  - Body mechanics
  - Safety management that includes:
    - Fire
    - Evacuation
    - Security
    - Office equipment
    - Environmental hazards
    - In-home safety
  - Personal safety techniques

HINT

The Surveyor will expect to see evidence that safety training is conducted during orientation and at least annually for all personnel.

If interviewed, staff should be familiar with safety training activities.

NCP Guideline(s) Reference: 1.6

Standard CBPC7-2B: (Services applicable: CBPC)

Written policies and procedures are established and implemented that address patient safety in the home setting.

Policies and Procedures Essential Components

- Policies and procedures (P&P) pertaining to patient safety training must include, but are not limited to:
  - Compliance monitoring measures relating to the patient's medication, if applicable
  - Patient medical equipment safety, if applicable
  - Basic home safety measures (e.g., household chemicals, throw rugs, furniture layout, cluttered stairways, blocked exits, bathroom safety, and electrical safety)

HINT

The Surveyor will expect to see evidence that patient safety training/education is provided to patients as appropriate.

If interviewed, staff must be able to discuss what safety training/education is provided to patients.

If interviewed, patients must be able to discuss the safety/education they received.

NCP Guideline(s) Reference: 2.3, 3.1, 4.2

Standard CBPC7-3A: (Services applicable: CBPC)

Written policies and procedures are established and implemented that outline the process for meeting patient needs in a disaster or crisis situation.

Policies and Procedures Essential Components

- Policies and procedures (P&P) describe a process to organize and mobilize personnel to secure resources needed to meet patient needs in the event of a disaster or crisis. The process includes, but is not limited to:
  - A system to identify alternative methods for contacting personnel
  - Mobilizing resources to meet critical needs
  - Alternative methods (telehealth), resources, and travel options for the provision of care/service
  - Safety of personnel
  - Identified time frames for initiation of the plan
  - Specific measures for infectious diseases
  - Specific measures for anticipated emergencies typical or appropriate for the geographical area served (e.g., hurricanes, tornadoes, floods, fires, earthquakes, chemical spills, and inclement weather)
  - Patients identified and prioritized based upon their need so that care/service is ensured for patients whose health and safety might be at risk
  - Access to 911 services in the event of needed emergency care/services for patients and personnel

HINT

The Surveyor will expect to see evidence of an annual practice drill to evaluate the adequacy of the plan.

The Surveyor will expect to see evidence the palliative care program educates all personnel about the process to meet patient needs in a disaster or crisis situation.

Standard CBPC7-3C: (Services applicable: CBPC)

The palliative care program provides education to the patient regarding crisis management and emergency preparedness.

HINT

The Surveyor will expect to see patient education regarding emergency preparedness/disaster planning including, but not limited to:

- Evacuation plans
- Medications
- Food/water
- Important documents
- Care for pets, if applicable

Standard CBPC7-3D: (Services applicable: CBPC)

Written policies and procedures are established and implemented relating to back-up equipment for use during power failures in the patient home.

Policies and Procedures Essential Components

- Policies and procedures (P&P) address backup equipment for use during power failures in the home.

HINT

The Surveyor will expect to see evidence in the patient record that the patient's home medical equipment backup systems comply with the palliative care program's policies, procedures, and state law, as applicable.

Standard CBPC7-5A: (Services applicable: CBPC)

Written policies and procedures are established and implemented that address the palliative care program's fire safety and emergency power systems.

Policies and Procedures Essential Components

- Policies and procedures (P&P) address fire safety and management for all office and work site environments. The P&P must address providing emergency power to critical areas that include, but are not limited to:
  - Alarm systems, if applicable
  - Illumination of exit routes
  - Emergency communication systems
  - Testing of emergency power systems (at least annually)
  - A no smoking policy and how it will be communicated

- Maintenance of:
  - Smoke detectors
  - Fire alarms
  - Fire extinguishers
- Fire drills:
  - Conducted at least annually
  - Evaluated and results communicated to all personnel

HINT

The Surveyor will expect to see evidence that personnel are trained on the fire safety plan and emergency power systems.

The Surveyor will expect to see “No Smoking” signage throughout the building.

Fire exits and escape routes should be clearly identified throughout the building.

There should be documentation that fire extinguishers are being inspected and maintained according to manufacturer’s recommendations.

There should be documentation that fire drills are being conducted at least annually and documentation of the organization’s evaluation.

It is recommended that the palliative care program develop a fire drill log.

Standard CBPC7-6A: (Services applicable: CBPC)

Written policies and procedures are established and implemented for the acceptance, transportation, pick-up, and/or disposal of hazardous chemicals and/or contaminated materials used in the provision of patient care/service.

Policies and Procedures Essential Components

- Policies and procedures (P&P) to address hazardous wastes include at least the following:
  - The safe method of acceptance, transportation, pickup and/or disposal of hazardous wastes, chemicals, and/or contaminated materials used in the home/clinic
  - That the palliative care program follows local, state, and federal guidelines

HINT

The Surveyor will expect to see that hazardous waste is being accepted, transported, and disposed of properly.

Standard CBPC7-6B: (Services applicable: CBPC)

Written policies and procedures are established and implemented regarding OSHA's Hazard Communication Standard that describe appropriate labeling of hazardous chemicals and/or materials, instructions for use, and storage and disposal requirements.

Policies and Procedures Essential Components

- Policies and procedures (P&P) that address OSHA's Hazard Communication Standard contain at least the following:
  - The labeling of containers of hazardous chemicals, and/or materials with the identity of the material and the appropriate hazard warnings
  - Current Safety Data Sheets (SDSs) accessible to personnel
  - The proper use, storage, and disposal of hazardous chemicals and/or materials
  - The use of appropriate Personal Protective Equipment (PPE)
  - How personnel handle an exposure to a hazardous product while in the home environment

HINT

The Surveyor will expect to see how staff has access to SDS information either through a log of SDS information sheets from the manufacturer, SDS hotline, and/or internet access.

Standard CBPC7-7A: (Services applicable: CBPC)

Written policies and procedures are established and implemented for identifying, monitoring, reporting, investigating, and documenting all incidents, accidents, variances, or unusual occurrences involving personnel.

Policies and Procedures Essential Components

- Policies and procedures (P&P) describe the process for reporting, monitoring, investigating, and documenting a variance.
- P&P include but are not limited to:
  - Action to notify the supervisor or after-hours personnel
  - Time frame for verbal and written notification
  - Appropriate documentation and routing of information
  - Guidelines for medical care
  - Follow-up reporting to the administration/leader/manager
  - Compliance with OSHA guidelines regarding recording of work-related injuries and illnesses that are diagnosed by a physician or licensed healthcare professional, and any work-related injuries and illnesses that meet any of the specific recording criteria listed in 29 CFR 1904.8 through 1904.11 as applicable to the palliative care program
  - Identification of the person responsible for collecting incident data and monitoring for patterns or trends, investigating all incidents, taking necessary follow-up actions, and completing appropriate documentation
  - Compliance with the FDA's Medical Device Tracking program and facilitating any recall notices submitted by the manufacturer, if applicable
- Incidents to be reported include, but are not limited to:
  - Personnel injury or endangerment
  - Motor vehicle accidents when conducting palliative care program business
  - Environmental safety hazards
  - Equipment safety hazards, malfunctions, or failures
  - Unusual occurrences

HINT

The Surveyor will expect to see:

- A standardized form developed by the palliative care program to report incidents
- That incident reports are distributed to administration/leader/manager and are reported as required by applicable law and regulation
- That incidents are included in the QAPI reports and utilized to reduce further safety risks
- Evidence that the palliative care program educated all personnel on its policies and procedures for documenting and reporting incidents/variances
- OSHA 300, 300A, and 301 Forms as applicable

If interviewed, staff should be able to discuss the incident/accident reporting process.

NCP Guideline(s) Reference: 1.9

Standard CBPC7-8A: (Services applicable: CBPC)

Written policies and procedures are established and implemented for the use of equipment in the performance of conducting waived tests.

Policies and Procedures Essential Components

- Policies and procedures (P&P) address how waived tests will be utilized in patient care for screening, treatment, or diagnostic purposes
  - P&P for the use of equipment in the performance of conducting waived tests include:
    - Instructions for using the equipment
    - The frequency of conducting equipment calibration, cleaning, testing, and maintenance
    - Quality control procedures

HINT

The Surveyor will expect to see:

- Quality control logs for the equipment used to perform waived tests
- Personnel have been trained on performing waived tests

NCP Guideline(s) Reference: 1.6

Standard CBPC7-9A: (Services applicable: CBPC)

Written policies and procedures are established and implemented for the use of equipment/supplies in the provision of care/service to the patient.

Policies and Procedures Essential Components

- Policies and procedures (P&P) that address the use of equipment and supplies include, but are not limited to:
  - Storage and transportation of equipment used to provide care/services
  - Electrical safety of the equipment
  - Use of cleaning and disinfecting agents
  - Cleaning of equipment after each use

- Maintenance and repair of equipment used by the program personnel
- Calibration per manufacturer's guidelines, if applicable
- Requirements for dispensing of any disposable supply used in the provision of care/service
- Manufacturer's recalls

HINT

The Surveyor will expect to see maintenance logs for equipment used in the provision of care.

If interviewed, staff should be able to describe how equipment is properly cleaned and maintained.

NCP Guideline(s) Reference: 2.3

Standard CBPC7-10A: (Services applicable: CBPC)

Written policies and procedures are established and implemented for participating in clinical research/ experimental therapies and/or administering investigational drugs. This criterion is applicable to palliative care programs that are participating in clinical research/experimental therapies or administering investigational drugs.

Policies and Procedures Essential Components

- Policies and procedures (P&P) that address participation in clinical research/experimental therapies and/or investigational drugs include, but are not limited to:
  - Informing patients of their responsibilities
  - Informing patient of their right to refuse investigational drugs or experimental therapies
  - Informing patient of their right to refuse to participate in research and clinical studies
  - Notifying patients that they will not be discriminated against for refusal to participate in research and clinical studies
  - Stating which personnel can administer investigational medications/treatments
  - Describing personnel's role in monitoring a patient's response to investigational medications/treatments
  - Identifying the responsibility for obtaining informed consent
  - Defining the use of experimental and investigational drugs and other atypical treatments and interventions

HINT

The Surveyor will expect to see evidence in patient records that patients have knowledge and understanding of participating in clinical research, as applicable.

NCP Guideline(s) Reference: 8.1

Tools Available to Assist with Section 7:

- Section 7 Compliance Checklist
- Hints for Developing a Disaster Plan
- Safety Audit
- Quality Maintenance Log
- Infection Control Tracking Form
- Hints for an Infection Control Plan
- Sample Employee Accident Investigation
- Section 7 Self Audit
- Sample Policies and Procedures

SECTION 7 COMPLIANCE CHECKLIST

Standard	Policy/ Procedure	Personnel Record	Patient Record	Observation	Audit Tool Provided	Compliance Y/N	Comments
CBPC7-1A	Yes			Palliative care program annual TB risk assessment, infection control education materials	Observation Tool		
CBPC7-1B				Patient education materials & staff interviews	Observation Tool & Interview Tool		
CBPC7-1C				Infection control reports & QAPI activities	Sample QAPI Plan		
CBPC7-2A	Yes			Orientation/ education records & staff interviews	Orientation Tool, Annual Employee Education Record		
CBPC7-2B	Yes			Safety education materials provided to patients & staff interviews	Interview Tool		
CBPC7-3A	Yes			Annual practice disaster/crisis drill evaluation & staff interviews	Observation Tool & Interview Tool		
CBPC7-3C			Yes	Emergency preparedness education materials provided to patient	Observation Tool		
CBPC7-3D	Yes		Yes	Documentation in patient records			
CBPC7-5A	Yes			Observation of office space	Observation Tool		
CBPC7-6A	Yes			Observation on visits & office space	Observation Tool		
CBPC7-6B	Yes			Observation on visits & office space	Observation Tool		
CBPC7-7A	Yes			Variance logs for patients and personnel, OSHA forms 300, 300A &201 if applicable, QAPI activities and staff interviews	Observation Tool, QAPI Tool & Interview Tool		
CBPC7-8A	Yes	Yes		Quality control logs, orientation/ education checklist	Observation Tool & Orientation/ Education Tool		
CBPC7-9A	Yes			Maintenance logs & staff interviews	Observation Tool & Interview Tool		
CBPC7-10A	Yes		Yes	Patient record documentation	Patient Record Tool		

FOR PROVIDERS. BY PROVIDERS.

PALLIATIVE CARE

HINTS FOR DEVELOPING A DISASTER PLAN

There are multiple steps in developing an effective disaster plan.

The first step is to outline the process to organize and mobilize personnel and to secure resources to meet the needs of patients in the event of a disaster or crisis.

The process needs to identify at a minimum:

- Alternative methods for contacting personnel; email, home phone, a phone tree, local news stations are a few alternate methods that may be implemented to contact personnel during the event of a disaster.
- Designating an alternative meeting space to mobilize resources to meet critical needs.
- Identify alternative travel options, methods such as a list of drivers with four-wheel drive vehicles that are able to travel in snow.
    - Safety of personnel
    - Time frames for initiation of the plan
    - Specific measures for anticipated emergencies typical or appropriate for the geographical area served (e.g., hurricanes, tornadoes, floods, earthquakes, chemical spills, and inclement weather)
    - Prioritization of patients based upon their need so that care/service is ensured for patients whose health and safety might be at risk

The palliative care program has, at a minimum, an annual practice drill to evaluate the adequacy of their plan.

The emergency plan also describes access to 911 services in the event of needed emergency care/services for patients and personnel.

Year:

CBPC	ITEM	DATE & INITIALS OF INDIVIDUAL COMPLETING AUDIT												
		JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC	TOTAL %
4-3A, 7-2A	Staff safety training upon orientation													%
4-5A, 7-2A	Staff safety training annually													%
7-1A	Annual TB risk assessment													%
7-1B	Staff follow infection control procedures													%
7-5A	Posted escape routes													%
7-5A	No smoking signs – smoking prohibited													%
7-5A	Smoke detectors in place, battery checked													%
7-5A	Fire extinguishers in appropriate areas													%
7-5A	Visual inspection of fire extinguisher													%
7-5A	Fire extinguisher serviced annually													%
7-5A	Annual fire drill and evaluation													%
7-5A	Emergency communication systems													%
7-3A	Disaster plan in place													%
7-3A	Annual disaster drill evaluation													%
7-3A	Staff are educated on the disaster plan													%
7-8A	Maintenance logs for equipment used for waived tests													%
7-6A	Safe handling, storage disposal of hazardous chemicals or materials													%
7-6B	SDS available													%
7-6B	Appropriate PPE available													%
Other Organization Requirements														
														%
														%
														%
														%

Creation Date

Form #

	VISUAL INSPECTION OF ELECTRICAL SYSTEM/CORDS	TESTED PER MANUFACTURER'S RECOMMENDATIONS	CLEANED AND DISINFECTED PER MANUFACTURER'S RECOMMENDATION	CALIBRATION PER MANUFACTURER'S RECOMMENDATIONS	HAS EQUIPMENT BEEN RECALLED BY MANUFACTURER
Year:	Date/Initials	Date/Initials	Date/Initials	Date/Initials	Date/Initials
January					
February					
March					
April					
May					
June					
July					
August					
September					
October					
November					
December					

Creation Date Form #

SAMPLE QAPI ACTIVITY/DESCRIPTION TEMPLATE

FOR PROVIDERS. BY PROVIDERS.

PALLIATIVE CARE

INFECTION CONTROL TRACKING FORM

QUARTER/YEAR:_____

Total of patients: _____

Total of employees with reportable infections: _____

INFECTIONS/COMMUNICABLE DISEASES	# OF EMPLOYEES CASES	# OF PATIENT CASES
TB		
MRSA		
VRE		
C-DIFF		
STREP		
UTI		
HEP C		
WOUNDS (NO CULTURES)		
SHINGLES		
OTHER:		
OTHER:		
OTHER:		
OTHER:		

Information to be reported to QAPI committee at next meeting held: _____

Information to be reported to administration/leader/manager at next meeting held: _____

Information to be shared with personnel at next monthly staff meeting held: _____

Signature: _____ Date: _____

Creation Date Form # X

FOR PROVIDERS. BY PROVIDERS.

PALLIATIVE CARE

HINTS FOR AN INFECTION CONTROL PLAN

An effective infection control plan addresses the surveillance, identification, prevention, control and investigations of infections and communicable diseases.

The first step is establishing written policies and procedures that protect patients and personnel by preventing and controlling infections and communicable disease.

At a minimum, policies and procedures should be established that address the following:

- General infection control measures appropriate for care/service provided
- Handwashing
- Use of standard precautions and personal protective equipment
- Needle-stick prevention and sharps safety, if applicable
- Appropriate cleaning/disinfecting procedures
- Infection surveillance, monitoring and reporting of employees and patients
- Disposal and transportation of regulated waste, if applicable
- Precautions to protect immune-compromised patients
- Employee health conditions limiting their activities
- Assessment and utilization of data obtained about infections and the infection control program
- Protocols for addressing patient care/service issues and prevention of infection related to infusion therapy, urinary tract care, respiratory tract care, and wound care
- Guidelines on caring for patients with multi-drug-resistant organisms
- Policies on protecting patients and personnel from blood borne or airborne pathogens
- Monitoring staff for compliance with policies and procedures related to infection control
- Protocols for educating patient and personnel in standard precautions and the prevention and control of infection
- Detailed OSHA Bloodborne Pathogens training for all direct care personnel
- TB Exposure Control Plan training for all direct care personnel

An effective infection control plan also includes an assessment of TB prevalence of the community the palliative care program serves and of the palliative care program itself in order to establish how the annual TB screening will be accomplished. The exposure control plan needs to be reviewed annually in order to ensure the most effective TB screening tool is being utilized.

Another factor in an effective infection control plan is how the palliative care program protects patients and personnel from infections and communicable diseases. This is typically done by educating patients and personnel on ways to prevent the transmission of infections and communicable diseases.

The tracking of infections and communicable diseases is an important component in the prevention of infections and communicable diseases. An effective tracking method helps to identify areas of risk the

palliative care program can focus their efforts on in order to eliminate occupational exposure or reduce it to the lowest feasible extent.

The plan needs to be communicated to personnel and needs to be reviewed annually for the overall effectiveness of the plan.

Things to consider when evaluating the infection control plan:

- Are policies and procedures consistent with CDC and OSHA standards?
- Is staff following palliative care program policies and procedures regarding infection control?
- Does the data support that infection control practices are effective?
- Does the data support the need to develop a Quality Assessment and Performance Improvement (QAPI) activity?

SAMPLE EMPLOYEE ACCIDENT INVESTIGATION FORM

FOR PROVIDERS. BY PROVIDERS.

PALLIATIVE CARE

EMPLOYEE ACCIDENT INVESTIGATION FORM

Employee name: _____ Date of report: _____

Date and time of accident: _____ Exact location: _____

Description of accident: _____

_____

_____

Extent of employee injury: _____

_____

_____

When did employee report the accident? Date: _____ Time: _____

Did employee require hospitalization? Y / N

Did employee go to personal physician? Y / N

Did employee refuse medical treatment? Y / N

After investigating this accident, was this caused by an unsafe act or unsafe condition?

_____

_____

What should be done, and by whom, to prevent this accident from recurring in the future?

_____

_____

_____

Employee Signature: _____ Date: _____

Human Resource Manager Signature: _____ Date: _____

Notify leader/manager? Y / N Notify QAPI Coordinator? Y / N Notify Supervisor? Y / N

Creation Date Form # X

SAMPLE QAPI ACTIVITY/DESCRIPTION TEMPLATE

FOR PROVIDERS. BY PROVIDERS.

PALLIATIVE CARE

SECTION 7 SELF AUDIT

REQUIRED POLICIES AND PROCEDURES

- [ ] General infection control measures appropriate for care/service provided
- [ ] Hand washing
- [ ] Use of standard precautions and personal protective equipment
- [ ] Needle-stick prevention and sharps safety, if applicable
- [ ] Appropriate cleaning/disinfecting procedures
- [ ] Infection surveillance, monitoring, and reporting of employees and patients
- [ ] Disposal and transportation of regulated waste, if applicable
- [ ] Precautions to protect immune-compromised patients
- [ ] Employee health conditions limiting their activities
- [ ] Assessment and utilization of data obtained about infections and the infection control program
- [ ] Protocols for addressing patient care/service issues and prevention of infection related to infusion therapy, urinary tract care, respiratory tract care, and wound care, if applicable
- [ ] Guidelines on caring for patients with multi-drug- resistant organisms
- [ ] Policies on protecting patients and personnel from blood borne or airborne pathogens
- [ ] Protocols for educating patient and personnel in standard precautions and the prevention and control of infection
- [ ] OSHA Bloodborne Pathogen and TB Exposure Control Plan
- [ ] Monitoring staff for compliance with palliative care program policies and procedures related to infection control
- [ ] Safety policies
- [ ] Patient safety
- [ ] Disaster planning/emergency preparedness
- [ ] Power/utility systems
- [ ] Fire safety and emergency power systems
- [ ] Hazardous chemicals
- [ ] Incident reporting
- [ ] Waived testing
- [ ] Use of equipment and supplies
- [ ] Clinical research

REQUIRED DOCUMENTS

- [ ] Palliative care program annual TB risk assessment
- [ ] QAPI reports/projects that demonstrate infection control data is incorporated into QAPI projects as appropriate and incidents are incorporated into QAPI projects as appropriate
- [ ] Disaster plan/drill
- [ ] Utility assessment logs/reports
- [ ] Annual fire drill and evaluation of fire drill
- [ ] Monthly inspection documentation/log of fire extinguishers
- [ ] SDS binder or access to online SDS services
- [ ] Incident reports/log for patients and employees
- [ ] OSHA 300, 300A, and 301 forms when applicable
- [ ] Quality logs/maintenance records for any equipment utilized to perform waived testing and/or used in the provision of care/service

PERSONNEL FILE CONTENTS

- [ ] In-service records for personnel who utilized equipment to perform waived testing

PATIENT RECORD REQUIREMENTS

- [ ] Emergency preparedness information
- [ ] Clinical research permission, if applicable

APPROPRIATE PERSONNEL KNOWLEDGE OF THE FOLLOWING:

- [ ] Infection control practices
- [ ] Safety practices
- [ ] Patient safety
- [ ] Disaster planning/emergency preparedness
- [ ] Maintenance of hazardous materials
- [ ] Incident reporting
- [ ] Use of equipment to perform waived testing
- [ ] Use of equipment/supplies in the provision of care/service

CAN THE FOLLOWING BE EASILY OBSERVED WHILE ON SITE?

- [ ] The palliative care program has an effective infection control program
- [ ] Staff follows accepted standards of practice to prevent the spread of infections
- [ ] No Smoking signs are posted
- [ ] Fire exits and escape routes are clearly identified
- [ ] Smoke detectors, fire alarms, and extinguisher are present
- [ ] Hazardous materials are properly maintained

SELF TEST

1. What infection control training has staff received?
2. What training has staff received regarding safety issues?
3. What training/education do you provide patients regarding safety in the home?
4. What training has staff received regarding disaster planning/emergency preparedness?
5. Is staff knowledgeable about procedures for incident reporting?
6. What training has staff received regarding the use of equipment for waived testing?
7. What training has staff received regarding the use of equipment in the provision of care/service?

SECTION 7: INFECTION AND SAFETY CONTROL

CBPC7-1A

Policy: Infection Control

1. Employees will follow infection control guidelines to protect patients and fellow employees from infections and communicable disease. Employees will follow accepted standards of practice to prevent the transmission of infections and communicable diseases, including the use of standard precautions.
2. Standard precautions are to be followed regardless of patient diagnosis to avoid transmitting or contracting infectious diseases. The use of appropriate personal protective equipment (PPE) such as gloves, masks, and/or gowns are required to avoid transmission of infections.
3. Hands will be washed before and after caring for each patient and/or between tasks. Appropriate antiseptic cleanser may be used when appropriate and when proper facilities are not available.
    - (List indications for hand washing and/or hand antisepsis here.)
4. All staff members are required to follow standard precautions and use of PPE.
    - (Include standard precautions and list personnel protective equipment here.)
    - (Include appropriate cleaning/disinfecting procedures here.)
    - (Include needle-stick prevention plan here.)
    - (Include disposal and transportation of regulation waste policies here.)
5. Maintain cleanliness and separation of sterile supplies during transportation.
6. Staff will be trained in standard precautions and occupational exposure to bloodborne pathogens and airborne pathogens during orientation.
7. Patients and caregivers will be provided education on standard precautions and appropriate infection control practices (include policies on protecting patients and personnel from bloodborne or airborne pathogens here).
8. Annual training will include the following:
    - PPE
    - Reporting of exposures
    - Tuberculosis, its mode of transmission, symptoms, risks, precautions, and prevention
    - Bloodborne pathogens and infection control procedures appropriate to their job responsibilities
    - Infection control training
9. Employees' health conditions limiting their activities, include:
    - (List health conditions here.)

10. When caring for immune-compromised patients the employee will:
    - (List precautions to be used here.)
11. Include protocols for addressing patient care/service issues and prevention of infection related to infusion therapy, urinary tract care, respiratory tract care, and wound care. Include guidelines on caring for patients with multi-drug-resistant organisms.
12. When an employee has an exposure incident, the manager will ensure that proper reporting, investigation and follow-up is performed.
13. In the event the employee is exposed to a bloodborne pathogen or body fluid he/she will wash/flush the exposed area as soon as possible with testing as required.
14. An incident report will be filled out by the employee and given to their manager within 24 hours.
15. If necessary, the employees will be sent to a healthcare professional for their safety, as well as that of the patients.
16. All medical records relevant to the appropriate treatment of the employee, including vaccination status, will be considered confidential.
17. Positive test results, infections, and/or determination of the presence of the disease with any employee are recorded on the OSHA 300 (Log of Work-Related Injuries and Illnesses) and 300A (Summary of Work-Related Injuries and Illnesses).
18. The following TB Exposure Control Plan is provided to eliminate or minimize occupational exposure to bloodborne pathogens in accordance with OSHA standard 29 CFR 19 10.1030, Occupational Exposure to Bloodborne Pathogens.
19. The local health department will be notified of any exposure as applicable. Job risk classifications are as follows:
    - (List job classifications here.)
20. Infection surveillance includes monitoring and reporting of employees and patient infections. Staff will be monitored to assess compliance with the palliative care program's policies and procedures related to infection control.
21. The administration will monitor all known infectious patients, patients acquiring an infection post admission and employees who contract a communicable disease. This will be documented utilizing the infection control log.
22. The infection control log will be utilized to identify trends and monitor adherence to the infection control program.
23. The palliative care program will utilize results to determine the following:
    - Need for employee or patient re-education
    - Need for revised or improved processes
    - Education regarding specific infections or communicable diseases
24. Communicable diseases will be reported according to state guidelines to local and/or state health departments. This list can be obtained from the state's Department of Health website.
25. The _____ manager will complete an annual TB risk assessment to determine the need, type, and frequency of testing/assessment for direct care personnel.
26. When applicable, the QAPI team will develop strategies to prevent or control infections.

CBPC7-2A

Policy: Safety Education

All new employees will receive safety training as part of their orientation, as well as ongoing training annually.

1. Safety training activities include, but are not limited to:
    - Body mechanics
    - Workplace fire safety management and evacuation plan
    - Workplace or office security
    - Common environmental hazards (icy parking areas and walkways, blocked exits, cluttered stairways)
    - Office equipment safety
    - Emergency preparedness
    - Personal safety techniques including in-home care/service safety
2. Annual fire drills will be completed by all locations to ensure that staff have knowledge of what to do in the case of a real fire.
3. In the event of an emergency, all employees will move to the nearest safe exit. A common meeting place (across the street from the main entrance) is identified for employees to gather for a head count to ensure that all staff have safely evacuated from the building.
4. Data such as employee knowledge of where fire extinguishers are located, the fire department phone number, and/or the time it took for the staff to exit and assemble at the common meeting point will be collected and assessed.
5. Employees will be educated regarding portable fire extinguisher use and the hazards involved with firefighting.
6. Any room that has more than one doorway will be marked by readily visible exit signs located above the door that leads to an outside access.
7. The exits and path of egress exits shall be maintained so that they are unobstructed and accessible at all times.

CBPC7-2B

Policy: Patient Safety Education

1. Staff will instruct patients regarding home safety in the following topics:
    - Basic home safety measures
    - Compliance monitoring measures relating to the patient's medication, if applicable
    - Patient medical equipment safety, if applicable

CBPC7-3A

Policy: Emergency Preparedness

Emergency preparedness plan will be maintained to meet critical patient needs in a disaster or crisis situation.

1. Coverage will be available 24 hours a day through cell phones, answering services and/or call forwarding.

2. Patients will be given the palliative care program's 24-hour telephone number and instructed on procedures to take in the event of a disaster. Staff will be contacted through the existing phone tree.
3. In the event of a disaster the leader/manager will determine if the physical site at the palliative care program is safe (i.e., in the event of earthquake, tornado, or hurricane) and habitable. When the power is out at the palliative care program, the leader/manager will contact the electric company for the time frame for resolution. An emergency alternate site may be used.
4. As part of improving the emergency plan process, the palliative care program will hold an unannounced emergency preparedness drill at least once a year.
5. The leader/manager will determine which employees, if any, need to respond. Those employees will be requested to report to the palliative care program.
6. Staff will maintain a priority list of patients needing assistance first.
7. In the event that the palliative care program cannot reach the affected area, the patient is instructed to take their equipment and go to the nearest emergency shelter that has electricity or an emergency generator.
8. Staff will respond to individual patients on an as-needed basis depending upon the accessibility of the affected area.
9. It is the policy of the palliative care program to establish and maintain open communication with the local office of FEMA. Our staff should be informed as to the local provisions from the local Federal Emergency Management Agency (FEMA) office for the emergency planning.
10. In the event the palliative care program is unable to provide services to current patients, another organization will be contacted to provide services on their behalf.
11. The disaster plan will be reviewed with all employees during orientation and annually.
12. Emergency phone numbers are as follows:
    - (List phone numbers here.)

CBPC7-3D

Policy: Emergency Backup Home Procedures

1. All patients on O2 will maintain enough portable tanks in the home in case of a power failure.
2. Any patients that require the constant use of electricity will have an emergency backup plan established with the assistance of the palliative care team. Any patient that is unable to identify an alternate living arrangement during an emergency situation will be transferred to a facility.

CBPC7-5A

Policy: Fire Safety and Emergency Power Systems

Yearly fire and emergency powers systems will be tested and reviewed.

1. This fire prevention check includes, but is not limited to:
    - Exits easily accessible (no clutter near exits)
    - All exits clearly marked
    - No smoking signs are posted
    - Fire extinguisher– complete visual inspection per manufacturer's recommendations and log date of inspection
    - To be completed in December – change batteries in smoke detectors (if applicable) and change batteries in exit signs (if applicable)

- Emergency power provided to the alarm systems, illumination of exit routes, and emergency communication systems

2. All locations conduct at least one fire drill a year and fire extinguishers are serviced through a company to ensure that they are in working order. Fire extinguishers will be checked monthly with documentation on attached tags.
3. Backup systems are in place in the event of power or utility failure. The palliative care program provides monthly checks and maintenance of utilities, if needed. Utilities management may include, but is not limited to:
    - Heating and cooling in the office
    - Refrigeration
    - Water supply
    - Telephone, electronic, other communication devices, electrical systems, and computer systems

CBPC7-6A & B

Policy: Hazardous Materials

1. The acceptance, transportation, pick up, and/or disposal of hazardous chemicals will be conducted in a safe manner.
2. Container labeling: The _____ manager will be responsible for all containers of hazardous chemicals that are brought into the palliative care program, and will examine all chemical containers to make sure they are labeled with: the chemical name, the biohazard sign, and the name and address of the manufacturer or importer. No container should be used until it has been checked. If the chemical is to be poured into a separate container the manager must ensure that the second container is properly labeled. All secondary containers must be labeled with a copy of the manufacturer's label that has space for identification and the biohazard warning. Address questions regarding labeling to the _____ manager. The Safety Data Sheets (SDSs) and labeling system will be reviewed and updated annually by the QAPI Team.
3. SDS: The _____ manager will be responsible for the SDS system. All incoming data sheets for new products will be reviewed and employees will be trained on the new information as necessary. All SDS sheets will be filed in the SDS binder. These can also be kept on the intranet system.
4. The SDS binder will consist of:
    - A current inventory of all SDS indexed alphabetically
    - The chemical name of identification used on the SDS that will be the same as used on the container label
    - The chemical name and common name of all ingredients that have been determined to be a hazard shall appear on the SDS
5. Each SDS must include the following information:
    - The physical and chemical makeup of the compound, including vapor pressure and flash point
    - The fire, explosion, and reactivity hazards of the chemical mixture, including the boiling and flash point, health hazards of the chemical mixture, including signs and symptoms of exposure
    - Acceptable exposure limit recommended by the manufacture

- Control measures, including fire, engineering and personal protective equipment that may be necessary
- General precautions for safe handling and use, especially during repair and maintenance, including procedures for cleaning spills and leaks
- Emergency and first aid procedures
- Date opened as well as expiration
- Name, address and telephone numbers of manufacturer or importer

6. The original SDS will be kept on file by the _____ manager and each employee will know the location of the file if information is needed on a chemical and the _____ manager is not available. New products or chemicals will not be opened or used until an SDS is on file and the employees are trained regarding potential hazards
7. During orientation, the supervisor of a new employee will review the process for hazardous materials and each SDS applicable to their job.
8. The orientation and training for a new employee will include, but not be limited to:
   - An overview of hazardous materials policy and procedures
   - Chemicals used in the palliative care program that they will be working with
   - Location of the SDS binder and how to use to identify chemicals they work with
   - Health hazards of the chemicals listed on the inventory
   - How to minimize or eliminate exposure to these hazardous chemicals through work practices and PPE kits
   - Emergency procedures when exposure occurs
9. Occupational Safety and Health Administration (OSHA) Hazardous Communication Standards will be followed when disposing of a hazardous material. If necessary, contracts will be obtained with a company for the disposal of hazardous materials.
   - Employees will be instructed in how to deal with hazardous materials.
   - Hazardous materials will be transported and stored in a secure manner.
   - Hazardous materials will be labeled appropriately.
   - Disinfectants will be used on equipment according to manufacturer's recommendations.

CBPC7-7A

Policy: Incident Adverse Events Reporting for Personnel

1. All adverse events, incidents, accidents, variances, or unusual occurrences involving staff will be reported immediately to the _____ manager.
2. Monitoring of incident reports will serve as a tool to identify areas for improvement and will be part of the QAPI process.
3. An incident form will be completed to document any unusual, harmful or potentially harmful occurrences involving employees as soon as possible but at least within 24 hours of the incident. If after-hours, an on-call Supervisor will be notified of the incident immediately
4. An incident is defined as an unusual circumstance that may result or did result in personal injury of an employee, patient or visitor from care or service being provided by the palliative care program. Incidents to be reported include, but are not limited to:
   - Motor vehicle accident
   - Needle stick injury
   - Dog/animal bite

- Fall
- Other occupational injury

5. The incident report will be used to report any employee incident and/or occupational exposure to bloodborne or airborne pathogens.
6. The leader/manager will immediately investigate the incident and will take corrective measures if indicated. All follow-up actions will be documented on the incident form as follows:
    - Any injury – notify palliative care program insurance carrier and/or Workers Compensation Carrier and physician if medical care is required
    - Death of an employee or hospitalization of three or more employees – notify OSHA
7. OSHA should be contacted in the event there are questions regarding the reporting responsibilities of the palliative care program at http://www.osha.gov/recordkeeping/index.html or contact OSHA at 1-800-321-6742.
8. All employee injuries will be logged on an OSHA 300 form. The OSHA 300 form will be posted and visible to all personnel between February 1 and April 30 annually. OSHA 300 forms are located at https://www.osha.gov/recordkeeping/RKforms.html.
9. A summary of incident reports and/or safety concerns will be reported to the QAPI committee and administration/leader/manager quarterly.
10. All employees will be educated on when and how to complete an incident report and the reporting process during orientation and annually.
11. Incident forms should not be filed in patient files.

CBPC7-8A

Policy: Conducting Waived Tests

1. Any new laboratory test or testing device used by the palliative care program will first be validated as “waived” by checking the Clinical Laboratory Improvement Amendment (CLIA) list of approved tests.
2. Waived tests will be utilized in patient care for screening, treatment, or diagnostic purposes.
3. All staff performing waived testing will complete a competency evaluation for each type of waived test prior to performing the test for the first time.
4. All tests will be performed according to manufacturer’s written instructions.
5. Temperatures of rooms and/or refrigerators where testing supplies are stored will be within manufacturer’s guidelines.
6. Expiration dates will be checked prior to performing each test and outdated reagents will be discarded.
7. Quality controls and/or calibration will be performed as specified by the manufacturer’s instructions.
8. Test kits will be stored and handled in accordance with manufacturer’s instructions.
9. Maintenance and cleaning of testing equipment will be performed according to manufacturer’s instructions. A maintenance and cleaning log will be kept.

CBPC7-9A

Policy: Equipment Supplies

All equipment/supplies provided will be disinfected, maintained, and calibrated according to manufacturer's guidelines. The palliative care program will follow manufacturer's recommendations for safe usage and will adhere to any manufacturer's recalls.

1. Equipment will be disinfected with an approved disinfectant in accordance with manufacturer's recommendations.
2. A history of all maintenance will be documented. Maintenance documentation will contain the following:
    - Tracking location of equipment for the life of the equipment
    - Manufacturer's serial number
    - Documentation of preventive maintenance
3. Documentation of cleaning of equipment between patients will be made in the log or electronically.
4. Electrical equipment will be inspected prior to use.
5. Any defective equipment will be reported to the palliative care program immediately.
6. All supplies will be checked for expiration prior to usage. Sterile supplies will be transported to maintain sterility. Supplies used in the provision of care/service will be documented.
7. All equipment or supplies used during the provision of care will be cleaned after use.
8. Items affected by temperature will be stored in a clean, dry, temperature-controlled environment.

CBPC7-10A

Policy: Investigational Drugs/Therapies

1. All clinical research/experimental therapies and/or administering investigational drugs will adhere to the following policies.
2. The patient's physician must approve all therapies/investigational drugs and monitoring protocols, including experimental and atypical treatments and interventions.
3. Only qualified staff, per state regulations, will be allowed to administer and monitor the patient's response to investigational drugs or therapies.
4. Patients will be monitored to detect any adverse effects from investigational drug or therapies by the palliative care program's staff. Any adverse effects will be communicated to the physician immediately for further orders for care of the patient.
5. Patients will be informed of their responsibilities.
6. Informed Consent
    - Consent will only be obtained after the subject or the legal representative has had sufficient opportunity to consider whether or not to participate to avoid coercion. The information or consent will be in language that is understandable to the subject or the legal representative. The subject has the right to refuse investigational drugs or experimental therapies and the right to refuse to participate in research and clinical studies without discrimination.

This page intentionally left blank.

ONGOING SUPPORT

ACHC RESOURCES

- ACHC's website achc.org and Customer Central offer a variety of educational resources to assist with the survey process as well as information pertaining to the palliative care industry.
- Check the website frequently for up-to-date information.
- Account Advisor is your personal liaison to guide you through the ACHC Accreditation process.

  Contact via phone or email with any questions regarding the application process, standard interpretation, Plan of Correction, etc.
- ACHCU (achcu.com) provides educational resources to help you prepare for and maintain accreditation.

ACHC GLOSSARY OF TERMS FOR PALLIATIVE CARE PROGRAMS

BEREAVEMENT COUNSELING

- Emotional, psychosocial, and spiritual support and services provided before and after the death of the patient to assist with issues related to grief, loss, and adjustment.

BYLAWS

- A set of rules adopted by a palliative care program for the program's operation.

COMPREHENSIVE ASSESSMENT

- A thorough evaluation of the patient's physical, psychosocial, emotional and spiritual status related to the serious illness and related conditions. This includes a thorough evaluation of the caregiver's and family's willingness and capability to care for the patient.

PALLIATIVE CARE

- 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 physical, intellectual, emotional, social, and spiritual needs and facilitates patient autonomy, access to information, and choice.

PROGRESS NOTE

- A written notation dated and signed by a member of the health team that summarizes facts about care furnished and the patient's response during a given period of time.

SUMMARY REPORT

- The compilation of the pertinent factors of a patient's clinical notes and progress notes that is submitted to the patient's practitioner.

ACHC GLOSSARY OF PERSONNEL QUALIFICATIONS FOR PALLIATIVE CARE PROGRAMS

Experienced Professional

- A professional with at least one year of work experience

Health Professional

- A licensed healthcare provider authorized to supervise other personnel as defined in applicable occupational licensure laws and regulations

Licensed Practical/Vocational Nurse (LPN/LVN)

- A person who is licensed as an LPN/LVN by the state in which practicing

Licensed Professional

- A person licensed to provide patient care services by the state in which services are delivered

Pharmacist

- A person licensed to prepare and dispense drugs and medicines who is licensed as a Registered Pharmacist by the state in which practicing

Pharmacy Technician

- An individual that compounds and maintains medication and supply inventory under the direction of a Registered Pharmacist. Certification is preferred

Registered Nurse (RN)

- A graduate of an approved school of professional nursing who is licensed as an RN by the state in which practicing

Qualified Staff

- An individual that has had appropriate training and experience for the position held with evidence of education and training in accordance with applicable laws or regulations

Qualified Supervisor Employed Directly or Through Contract:

- Has evidence of verification, education, and training requirements in accordance with applicable laws or regulations, and the organization's policy
- Has evidence that clinical and supervisory knowledge and experience are appropriate to his/her assigned supervision responsibilities

ADDITIONAL RESOURCES

- National Hospice and Palliative Care Organization, www.NHPCO.org
- Department of Labor: Occupational Safety and Health Administration, www.osha.gov
- Centers for Disease Control, www.cdc.gov
- National Fire Protection Association, www.nfpa.org
- Health and Human Services, www.hhs.gov
- Limited English Proficiency, www.LEP.gov
- Medicare Exclusion List/Office of Inspector General, www.oig.hhs.gov
- National Sex Offender Registry/US Department of Justice, www.nsopw.gov

ACHC ACCREDITATION GUIDE TO SUCCESS DISCLAIMER

All sample policies and procedures provided in the ACHC Accreditation Guide to Success workbooks are for example and illustration purposes only. Each organization is unique in its organizational structure and product offerings and must develop and implement specific policies and procedures that ensure compliance with all ACHC standards. Their policies and procedures must also meet or exceed state and/or federal regulatory requirements.

All materials included herein were current at the time they were published. This information was created as an educational resource and does not provide any rights, privileges, or benefits for any individual or organization. Although every reasonable effort has been made to ensure the accuracy of the information contained in this guide, it is the responsibility of every service provider or organization seeking accreditation to ensure compliance with federal, state and local laws and regulations. ACHC standards are updated every year by February 1. Service providers and organizations can refer to Customer Central at www.achc.org to ensure they have the current version of the standards. ACHC employees, agents, representatives, and staff make no representation, warranty, or guarantee that the information provided is error free and will bear no responsibility or liability for the results or consequences of its use.

COPYRIGHT © 2020 BY ACCREDITATION COMMISSION FOR HEALTH CARE INC.

Marketing Department-Workbooks
Accreditation Commission for Health Care
139 Weston Oaks Ct.
Cary, NC 27513

(855) 937-2242
achc.org

ORDERING INFORMATION:

Quantity sales. Special discounts are available on quantity purchases by corporations, associations, and others. For details, contact ACHC at the address above. Printed in the United States of America.

ADDRESS
139 Weston Oaks Ct.
Cary, NC 27513
USA

PHONE
(919) 228-6559 – for information on accreditation resources, workshops and training
(919) 785-1214 – for accreditation information and pricing

EMAIL
customerservice@achcu.com