

## Disease-Specific Organizational Assessment<sup>1</sup>

*This checklist is to be used by providers to assess the ability of the organization in caring for patients with a variety of diagnoses. It is not all-inclusive and is intended as a general guideline to use in assessing the organization's ability to care for a wide variety of patients regardless of end-stage disease.*

### Patient & Family Centered Care

- ☑ Disease-specific care protocols reflect the principles of patient-family centered care by:
  - Recognizing the patient and family as the unit of care
  - Providing care that is responsive to the needs and exceeds the expectation of patients and families
  - Conveying respect and preserving the dignity of each patient and family
  - Acknowledging the individuality, culture, capacity, and abilities of each patient and family
  - Broadly defining family
  - Accepting the importance of families in the care and comfort of patients
  - Collaborating with and advocating for patients and families at all levels of care
  - Maintaining a safe and coordinated plan of care that includes the needs of the family
  - Developing a plan of care the includes bereavement needs, interventions, goals and outcomes for designated families and caregivers

### Ethical Behavior & Consumer Rights

- ☑ In the context of the primary diagnosis, staff ascertain and honor the wishes, preferences, concerns, priorities and values of patients and their families consistent with local laws, regulations, and the organization's values and policies
- ☑ Staff provide education to the patient/family about the disease process to ensure informed consent regarding treatment decisions and care planning
- ☑ The hospice advocates for the rights of patients and families and assumes responsibility for ethical decision making relative to disease-specific needs and the provision of hospice care overall

### Clinical Excellence & Safety

- ☑ Disease-specific care practices and protocols are based on clinical evidence
- ☑ Disease-specific care practices are systematically reviewed and updated
- ☑ The patient is assessed and disease-specific interventions provided as necessary to treat and prevent pain and symptoms using a holistic approach
- ☑ Disease-specific diagnostic services and therapies are provided when indicated for the management of symptoms according to the patient's plan of care

### Inclusion & Access

- ☑ The organization collaborates with disease-specific organizations and medical specialists to ensure timely access to care for eligible patients
- ☑ Disease-specific admission criteria are continuously reviewed to ensure they reflect best practices
- ☑ Inclusiveness is assured so that all individuals have access to hospice programs and services regardless of disease or other characteristics

<sup>1</sup> For a complete listing of standards relative to hospice care, please refer to *Standards of Practice for Hospice Programs* (2006). National Hospice and Palliative Care Organization [www.nhpco.org](http://www.nhpco.org)

### **Organizational Excellence**

- Organizational leaders ensure that services provided are appropriate to the needs of those they serve
- Marketing and related materials accurately and clearly describe the services available for all patients regardless of diagnosis/disease
- Organizational leaders build and sustain a culture of quality and accountability that values collaboration and ensures ethical business and clinical practices

### **Workforce Excellence**

- Interdisciplinary team members have disease-specific training that addresses the following needs:
  - Physical
  - Emotional
  - Spiritual
  - Grief and bereavement issues
- Interdisciplinary team members demonstrate disease-specific competence in:
  - Assessment of prognosis/terminality
  - Documentation of prognosis/terminality
  - Care planning for disease-specific issues
  - Care interventions for people with specific diseases
  - Evaluation of disease-specific care outcomes
- Organizational leaders assure continued education and ready access to information for related to disease-specific changes/updates

### **Standards**

- The organization adopts the NHPCO Standards of Practice for Hospice Programs (2006) and/or the National Consensus Project's Clinical Practice Guidelines for Quality Palliative Care as the foundation for their organization

### **Compliance with Laws & Regulations**

- Organizational leaders maintain full compliance with all clinical standards of practice
- The organization uses accepted medical guidelines to determine whether a referred patient qualifies for hospice services

### **Stewardship & Accountability**

- Organizational leaders ensure availability of resources required by staff to provide services.
- Organizational leaders ensure effective resource management in the care of all patients regardless of diagnosis
- Protected health information is released only as directed by federal and state laws and regulations

### **Performance Measurement**

Using tools appropriate for special populations:

- The organization collects, analyzes, and actively uses performance measurement data to foster quality assessment and performance improvement in all areas of care and services
- The organization collects performance and outcome data related to patient care
- The organization participates in the collection of hospice comparison data as a means to determine areas for improvement