Principle:

Promoting inclusiveness in our community by ensuring that all people regardless of race, ethnicity, color, religion, gender, disability, sexual orientation, age, disease or other characteristics have access to our programs and services.
INCLUSION AND ACCESS (IA)

Standard:

IA 1  A periodic community needs assessment (including private and public resources), with special attention to securing access to care for underserved populations in the community, contributes to the development and implementation of hospice services.

IA 1.1  The hospice engages in outreach programs that are appropriate to the hospice needs of the community it serves as based on a periodic, documented needs assessment.

IA 1.2  The hospice has established admission and discharge criteria that clearly identify the requirements and any eligibility limitations.

IA 1.3  Any eligibility limitations are periodically evaluated with the goal to increase access to hospice care in the community.

IA 1.4  The hospice provides information to the community and referral sources about the services offered, who qualifies for services and how services may be obtained.

IA 1.5  The hospice provides planned community education activities.

IA 1.6  The hospice’s literature and Web site describes the organization’s philosophies, services and specific programs.

Practice Examples:

◆ Key metrics, including but not limited to, length of stay, median length of stay, market penetration and analysis of referral source patterns, CDC overall causes of death data and regional demographic statistics, are included in the community assessment.

◆ In addition to multi-cultural and ethnic groups, underserved communities, include but are not limited to children, correctional facilities, disabilities, disease-specific and veterans are considered when conducting the community needs assessment.

◆ A physician referral handbook is developed that specifies the procedures and criteria related to admission and is distributed to area physicians.

◆ An annual community education seminar is conducted that addresses an important hospice topic (e.g., pain management, advance directives, physician-assisted suicide, etc.).

◆ Contacts are made with specialty physicians (e.g., cardiovascular, pulmonary, neurology) to facilitate the appropriate referral of patients with a non-cancer diagnosis.

◆ A task force and/or advisory group is formed to develop ways to increase minority access to hospice care. The minority group is well represented on the task force.

◆ The hospice has brochures and patient information booklets describing their services provided. These informational brochures and booklets are available in languages other than English when a significant patient population speaks a language other than English.

◆ Hospice brochures and educational materials are distributed to churches, Alzheimer’s support groups, adult day care centers, etc.

◆ The hospice’s patient demographic profile mirrors its service area demographic profile (e.g., race, religion, age, cultural community).

◆ Planned community education activities are marketed equally to all groups in the community.

◆ An ASL interpreter is offered at community educational activities as applicable.
Standard:

IA 2 The hospice facilitates access to care by providing services, staff and management that are sensitive to the culturally diverse needs of the community it serves.

IA 2.1 Hospice staff and volunteer orientation and/or inservice education programs include training in the cultural diversity of the geographic areas served.

IA 2.2 Information regarding the provision of services to a culturally diverse population is included in the annual program evaluation.

IA 2.3 The hospice arranges for interpreter services and culturally sensitive materials in the preferred language of the patient/family.

IA 2.4 A cultural assessment is incorporated into the comprehensive assessment, including language, desire for support measures, including complementary and alternative medicine and funeral/burial rituals.

Practice Examples:

◆ There are staff members and volunteers that represent the minorities living in the hospice’s service area.

◆ Deaf volunteers are available for deaf patients.

◆ The hospice utilizes a system and/or appropriate technology to communicate with deaf/hard of hearing patients.

◆ Minority community members participate in the provision of in-services offered by the hospice on cultural differences.

◆ Staff members and volunteers receive education related to patient populations they may interact with during the course of care (e.g., infants, children, young parents, lesbian, gay, bisexual and transgender patients and family members, veterans and their families).
Standard:

IA 3  Bereavement education and supportive services are offered to the community at large.

IA 3.1  The hospice is recognized as a community education and service resource for bereavement.

IA 3.2  Bereavement services are accessible to anyone in need of support, regardless of whether they received hospice services.

IA 3.3  Bereavement expertise is offered to community members and organizations impacted by loss.

IA 3.4  Targeted community education is provided.

Practice Examples:

◆ The community is informed of bereavement services, programs and the availability of support groups through regular communication with media resources.

◆ The hospice demonstrates efforts to promote the community’s understanding of grief and loss.

◆ Community needs are evaluated and programs are implemented to meet the community’s identified needs.

◆ The community-at-large is invited to participate in bereavement programs.

◆ Community educational programs are sponsored in partnership with other community organizations, funeral homes, educational programs, healthcare agencies, etc.

◆ The hospice networks with community crisis organizations and invites them to incorporate hospice staff expertise and services as part of their response team.

◆ Programs (e.g., training, education, employee assistance programs and support) are developed to assist in meeting the needs of schools, businesses, law enforcement agencies and emergency response teams.

◆ A system of service is developed and implemented to respond to community inquiries and concerns related to general bereavement issues.
**INCLUSION AND ACCESS (IA)**

**Standard:**

**IA 4** The organizational leaders ensure that patient care and services provided are appropriate to the needs of the population served.

**IA 4.1** A periodic community-wide needs assessment is performed by or available to the hospice.

**IA 4.2** The organizational leaders periodically evaluate, review and revise the hospice’s services to meet the community’s needs.

**IA 4.3** The organization provides education and training to appropriate staff and volunteers related to community needs assessment, cultural sensitivity and the population served.

**IA 4.4** The hospice may consider multiple locations when appropriate to ensure services are available in a timely and effective manner.

**Practice Examples:**

- A written community needs assessment is available to the hospice.
- A survey process exists to identify the community’s needs.
- Minutes of appropriate planning groups describe an evaluation and if necessary a revision to the hospice’s services to meet the community’s needs.
- Performance improvement activities document attempts made to evaluate and meet the communities’ needs.
- The hospice strategic plan contains goals and strategies designed to meet community needs.
- The hospice collaborates with disease-specific organizations to ensure timely access to care for eligible patients.