

STANDARDS OF PRACTICE FOR HOSPICE PROGRAMS

PROFESSIONAL DEVELOPMENT AND RESOURCE SERIES

6 / Inclusion and Access (IA)

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PRINCIPLE

Promoting inclusiveness in the community by ensuring that all people regardless of race, ethnicity, color, religion, gender, disability, sexual orientation, age, disease or other characteristics have access to the hospice's programs and services.

Standard:

IA 1: The hospice ensures that patient care and services provided are responsive to the needs of the population served.

IA 1.1 The organizational leaders periodically evaluate, review and revise the hospice's services to meet the community's needs.

IA 1.2 The hospice has established criteria that clearly identify the requirements for admission to and discharge from hospice care.

IA 1.3 Access to care, based on the needs of the patient and family/caregiver, is provided without regard to race, national origin, age, gender identity, religion, creed, diagnosis, disability, sexual orientation, place of residence within the hospice's service area, source of payment, or the ability to pay for services.

IA 1.4 The hospice's informational initiatives, including literature, website, and communication through social media, describe the organization's principles and approach to provision of care and includes detail on all services offered.

IA 1.5 The hospice uses community-specific communication methods to reach the intended population(s).

IA 1.6 The hospice considers utilizing multiple locations, if feasible, to ensure service provision is as timely and effective as possible.

IA 1.7 The hospice makes use of innovative technologies to address challenges related to care delivery such as provision of care in remote locations and unavailability of on-site caregivers.

Practice Examples:

- The hospice's strategic plan contains goals and strategies designed to meet community needs.
- The hospice implements performance improvement projects aimed at improving the hospice's performance in meeting the community's needs.

- Needs specific to the demographic characteristics of the family caregiver population (e.g., adult children, older spouses) served by the hospice are taken into consideration when developing informational materials.
- Brochures and other informational materials describing the services the hospice provides are available in the languages, in addition to English, that are prevalent in the community. The materials include culturally relevant visual and textural content, are written at appropriate literacy levels, and address specific cultural sensitivities related to death and dying and family caregiving.
- Photographs used in the hospice's brochures reflect the ethnic and racial diversity of the community it serves.
- Hospice informational brochures and educational materials are distributed throughout the service area to community and professional referral partners (e.g., churches, family caregiver support groups, adult day care centers).
- Information that specifies the procedures and criteria for admission to hospice care is distributed to referring and non-referring physicians.
- Contacts are made with specialty physicians (e.g., cardiovascular, pulmonary, neurology, nephrology, gerontology, family, pediatric) to facilitate the appropriate referral of patients with a non-cancer diagnosis.
- The hospice collaborates with disease-specific organizations to identify ways to facilitate timely access to care for eligible patients.
- The hospice explores Health Insurance Portability and Accountability Act (HIPAA) compliant telehealth options such as video conferencing, sensors to monitor falls and elopement, cardiopulmonary monitors, and robotic telepresence options.
- The hospice utilizes a system and appropriate technology to communicate with deaf and hard-of-hearing patients.
- The hospice uses a variety of marketing methods that reflect the preferences and habits of specific target audiences. Examples include: information directed toward parents of young children is disseminated through social media; radio is used to for information tailored to Hispanic communities; education for working family caregivers is offered at the workplace; an educational offering is recorded as a podcast to increase access.
- The hospice provides core services to all patients, regardless of ability to pay.

Standard:

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

IA 2.1 Hospice staff and volunteer orientation and in-service education programs include training that reflects the cultural diversity of the community served by the hospice.

IA 2.2 Information regarding the provision of services specific to the cultural diversity of the population served is included in the annual program evaluation.

IA 2.3 The hospice disseminates information to the community and referral sources about the services offered, who qualifies for services, how services may be obtained, and payment for services.

IA 2.4 The hospice arranges for interpreter services and culturally sensitive information in the preferred language of the patient/family/caregiver.

IA 2.5 Collection of cultural information is part of the comprehensive assessment, including but not limited to primary language, preferences for support services, and funeral/burial practices.

Practice Examples:

- The cultural, ethnic, and racial composition of the population in the hospice's service area is represented in the composition of the hospice staff and volunteer pool.
- The hospice annually assesses the cultural competency of clinical staff.
- The hospice intake staff receives training in cultural competence to enable them to respond appropriately when talking with individuals from various cultural backgrounds.

Standard:

IA 3: A periodic community needs assessment that examines both private and public resources, with special attention to securing access to care for underserved populations in the community, informs the development and implementation of hospice services.

IA 3.1 A periodic community-wide needs assessment is performed by or is available to the hospice.

IA 3.2 The hospice analyzes data from the needs assessment and develops a plan based on the results of the assessment. The hospice utilizes the results of the needs assessment to develop and implement outreach programs and services that are appropriate and responsive to the hospice and end-of-life care needs of the community it serves.

IA 3.3 Any limitations to provision of care are periodically evaluated with the goal of increasing access to hospice care in the community.

IA 3.4 The hospice provides education and training to all staff and volunteers related to community needs assessment, cultural sensitivity, and the population it serves.

Practice Examples:

- The community assessment includes key metrics, including but not limited to, average length of stay, median length of stay, market death/service ratio, analysis of referral source patterns, Centers for Disease Control (CDC) overall causes of death data and regional demographic statistics.

- When conducting the community needs assessment, the hospice considers the presence of diverse cultures, races, ethnicities, and vulnerable/special populations with particular attention to the potential limitations to access for these groups. Vulnerable and specific populations may include individuals with physical and cognitive disabilities, individuals with specific diseases/conditions, individuals residing in long term care facilities and correctional facilities, and Veterans.
- The hospice records and tracks the periodic evaluation and planned strategies to refashion the hospice's services to meet the community's needs.
- An annual community education seminar is conducted that addresses an important hospice topic identified by the needs assessment (e.g., pain management, advance care planning and advance directives, physician assisted suicide).
- The hospice convenes a task force/advisory group to develop ways to increase access to hospice care for diverse communities based on the ethnic and racial composition of the service area. The diverse composition of the community is reflected in the membership of the task force.
- Hospice staff and volunteers receive education related to the 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).
- Community education activities are marketed to all groups in the community.

Standard:

IA 4: Bereavement education and supportive services are offered to the community at large.

IA 4.1 The hospice provider is recognized as a resource for bereavement services and support.

IA 4.2 Bereavement services are accessible to anyone in need of support, regardless of whether they received hospice services.

IA 4.3 Bereavement expertise is available to any community member and organization impacted by loss.

IA 4.4 Education is provided on grief, loss, and other bereavement-related topics for target populations in the community.

Practice Examples:

- The hospice informs the community about its bereavement services, programs, and the availability of support groups through regular communication in its own publications and other means, and through community media resources that are appropriate to the target populations.
- Community bereavement needs are evaluated and programs are implemented to meet the community's identified needs.

- The hospice demonstrates its commitment to the community and the partners it serves by holding bereavement support groups for bereaved facility staff.
- The community at large is invited to participate in bereavement programs.
- The hospice actively promotes the community's understanding of grief and loss by sponsoring community educational programs in partnership with other community organizations (e.g., funeral homes, other healthcare providers, churches).
- The hospice collaborates with community crisis organizations and invites them to include hospice staff and services as part of their work.
- Programs (e.g., training, education, employee assistance programs and support) are developed to assist in meeting the bereavement needs of schools, businesses, law enforcement agencies, and emergency response teams.
- A systematic process is developed and implemented to respond to community inquiries and concerns related to general bereavement issues.