Clinical Encounter Planning Checklist

✓ You have done your community-based palliative care program needs assessment and business plan.

✓ You are nearly ready to launch the program and see patients.

Have you thought of everything you will need to provide clinical care?

The purpose of this checklist is to assure readiness for clinical aspects of palliative care delivery. This checklist is organized to correspond with the flow of the patient encounter.

For additional resources and tools on designing a community-based program, refer to the CAPC online training curriculum, **Building your Community Program**.

Clinical Work Space and Examination Space

Space	Comments
Clinical	
Where will patients be seen for the palliative care clinical encounters?	
For clinics or skilled nursing facilities, are there designated examination rooms?	
For clinics, do examination rooms change with each session based on availability?	
Provider Work Space	
Is there office space or work space assigned for the palliative care clinical providers?	
Is this designated office space or work space, or does it change depending on availability?	

Patient Encounter Functions

The following functions are part of the palliative patient-clinician encounter. Complete the grid by reviewing the clinical function, indicating who will fulfill the function, and list any pertinent comments in terms of planning, process, or ownership of the function.

Function	Designated Person	Comments
Who will process palliative patient referrals?		
Who will schedule palliative patient visits (includes informing the patient of the visit and explaining what palliative care is)?		
Who will manage insurance prior authorization for palliative visits, prescriptions, tests, and procedures?		
Who will register the palliative patient?		
Who will stock exam rooms for palliative encounters (i.e., for office-based program, skilled facility programs, adult day care center) or visit kits for home-based programs?		

Patient Encounter Functions, Continued

Function	Designated Person	Comments
Who will manage palliative prescriptions, refills, and/or process orders after a patient visit?		
Who will arrange palliative-related diagnostic tests, services, equipment, and/or referrals after the clinical encounter?		
Who will coordinate palliative care and services across settings?		
Who will triage palliative care patient issues during business hours?		
Who will provide triage for palliative patient issues during off-hours?		
Other		

Clinical Staff Composition

Consider the clinical composition of your palliative team, and identify the team members in the grid.

Check if Applies	Disciplines	Names	% of Time/ Amount of FTE
☐	Registered Nurse (RN)		
☐	Social Worker (SW)		
☐	Physician: Medical Doctor (MD), Doctor of Osteopathy (DO)		
☐	Advanced Practice Provider: Nurse Practitioner (NP), Clinical Nurse Specialist (CNS), Physician Assistant (PA)		
☐	Chaplain		
☐	Psychologist (PhD or PsyD)		
☐	Pharmacist (PharmD)		

Clinical Staff Composition, Continued

Check if Applies	Disciplines	Names	% of Time/ Amount of FTE
☐	Rehabilitation Therapist: Physical Therapist (PT), Occupational Therapist (OT), Speech and Language Pathologist (SLP)		
☐	Nutritionist/Dietitian		
☐	Nursing Assistant (NA)		
☐	Case Manager (RN or SW)		
☐	Nurse Navigator/Care Coordinator		
☐	Other		

Clinical Staff Reporting Structure

Plan the reporting structure for each palliative clinician. This should include who they report to and who is responsible for their evaluation. Palliative clinicians should be evaluated by someone within their specialty who can speak to their discipline-specific clinical practice, as well as by someone within palliative care who oversees their palliative care work (this could be the same person or two separate people).

Position	Reports To	Evaluated By	Discipline-Specific Practice Oversight By
Registered Nurse (RN)			
Social Worker (SW)			
Physician (MD or DO)			
Advanced Practice Registered Nurse (APRN, NP, or CNS)			
Chaplain			
Psychologist (PhD or PsyD)			

Clinical Staff Reporting Structure, Continued

Position	Reports To	Evaluated By	Discipline-Specific Practice Oversight By
Pharmacist (PharmD)			
Rehabilitation Therapist: Physical Therapist (PT), Occupational Therapist (OT), Speech and Language Pathologist (SLP)			
Nutritionist/Dietitian			
Nursing Assistant (NA)			
Case Manager (RN or SW)			
Nurse Navigator/Care Coordinator			
Other			

Clinical Personnel for Clinical Sessions

Which clinical disciplines should be available for palliative patient visits? **Onsite** means the following depending on the site: clinical discipline available at the clinic, clinical discipline available to do visits to the home, and available to do visits in the skilled facility. **Offsite** means the clinical discipline is available for phone consultation or post-visit consultation. These positions may be personnel specific to the palliative care program, contracted, or shared positions.

Position	Available Onsite	Available Offsite	Comments
Registered Nurse (RN)	☐	☐	
Social Worker (SW)	☐	☐	
Physician: Medical Doctor (MD), Doctor of Osteopathy (DO)	☐	☐	
Advanced Practice Provider: Nurse Practitioner (NP), Clinical Nurse Specialist (CNS), Physician Assistant (PA)	☐	☐	
Chaplain	☐	☐	
Psychologist (PhD or PsyD)	☐	☐	

Clinical Personnel for Clinical Sessions, Continued

Position	Onsite	Available Offsite	Comments
Pharmacist (PharmD)	☐	☐	
Rehabilitation Therapist: Physical Therapist (PT), Occupational Therapist (OT), Speech and Language Pathologist (SLP)	☐	☐	
Nutritionist/Dietitan	☐	☐	
Nursing Assistant (NA)	☐	☐	
Case Manager (RN or SW)	☐	☐	
Nurse Navigator/Care Coordinator	☐	☐	

Policies and Procedures

The following policies and procedures are helpful for care delivery. They can be palliative care specific or organization wide if the palliative care program sits within another entity.

Patient Care Activities	Yes	No	Comments
Palliative patient referral process (e.g., fax, call, order with EHR)	◯	◯	
Palliative patient intake – pre-appointment communication with patient and referrer, appointment reminder	◯	◯	
Creation of job descriptions for clinical palliative care team members to assure provider's knowledge of scope of practice	◯	◯	
Palliative care program daily flow – start hours, lunch hours, end hours	◯	◯	
Urgent call process for palliative care patients and issues – who takes initial call, who triages	◯	◯	
Off-hours call process for palliative care patients	◯	◯	
Palliative prescription management – communication for medications, initial and refill, prior authorizations	◯	◯	

Policies and Procedures, Continued

Patient Care Activities	Yes	No	Comments
Universal precautions for Class II medications – screening, urine and blood toxicity screening, medication agreements, requirements for visits for obtaining medications	○	○	
Guidelines for clinical practice:			
Palliative referrals	○	○	
Palliative patient populations	○	○	
Initial palliative care evaluations and subsequent visits	○	○	
Pain and symptom management and algorithms (may have separate policy for opioid prescribing)	○	○	
Severe depression and suicidal ideation	○	○	
Urgent care issues for palliative care (how to access, hours, clinical algorithms)	○	○	
Palliative patient diagnostic procedure referral and testing	○	○	
Follow-up communication concerning palliative patients with referrer	○	○	

Patient Encounter Frequency

What will be the availability of palliative care providers for clinical visits? This may be the initial schedule of your palliative program, and it may change as your program grows. The schedule of patient visits may depend on where the program originates. Examples of models include a palliative clinic staffed with providers from a hospital-based palliative care team, a home palliative program staffed with providers from an office-based palliative care team, a skilled facility palliative program with palliative providers from an office team, or an adult day care center palliative program staffed with palliative providers from a home-based or office-based palliative program. Some palliative programs may initially see palliative patients in the clinic, office, or skilled facility only a small segment of the week and grow from there.

- ☐ ½ – 1 day/week of clinical encounters
- ☐ 1½ – 3 days/week of clinical encounters
- ☐ 3½ – 5 days/week of clinical encounters
- ☐ More than 5 days/week of clinical encounters
- ☐ Number of weeks per year of clinical encounters ____

Schedule of Clinical Encounters

What will be the hours for palliative care clinical visits? When starting clinical care, it is helpful to have at least 2 sessions a week to provide some continuity.

A palliative program could start 2 mornings a week in the office or clinic setting or 2 afternoons a week in the home or skilled facility. The schedule of palliative patient visits may depend on where the program originates. Some programs may have palliative clinicians start off seeing patients in one setting in the morning and move to another in the afternoon or evening. Examples include palliative providers who see patients in the clinic in the morning and the home or skilled facility in the afternoon.

Check the appropriate time period and hours of clinical encounters:

- ☐ Morning
- ☐ Afternoon
- ☐ Evening

Session Appointment Description and Length

How many of each palliative patient appointment type will be designated within in a day?
What is the length of time for each type of palliative patient appointment?

Patient Type	Length of Visit	Number Per Day
New patients		
Follow-up visits		
Urgent visits		
	Total	

Patient Encounter Follow-up

Has time been built into the schedule to allow palliative clinicians to do billing and follow-up with referrers immediately following palliative clinical visits?

☐ Yes

☐ No

Amount of time: ☐ 2 hours ☐ 3 hours