

Achieving Community-Based Palliative Care Program Accreditation

Constance Dahlin, MSN, ANP-BC, ACHPN, FPCN, FAAN

Palliative Nurse Practitioner and Consultant, Center to Advance Palliative Care

Lisa Meadows

Accreditation Commission for Health Care

Barbara McCann

Community Health Accreditation Partner

Tammy Croney, DNP, RN

The Joint Commission

April 8, 2020



Disclosures

→ There are no disclosures to make.

Objectives

1. Discuss community specialty palliative care program designation and its importance.
2. Describe three potential community specialty palliative care program designations.
3. Consider the value of community specialty palliative care program designation.

Agenda

- 15 min – Overview of Community Specialty Palliative Care Program designation
- 20 min – Description of Community Specialty Palliative Care Program Designations
 - ACHC
 - CHAP
 - TJC
- 10 min – Challenges and Opportunities of community specialty palliative care program designation
- 15 min - Question and Answer

Webinar Definition of Accreditation

→ For the purpose of the webinar, accreditation is inclusive address certification, accreditation, and designation as it applies to the organizations that will present at this webinar.

Polling Question

→ How many people have specialty palliative care program designation for their community based programs?

What is specialty palliative care designation?

- Palliative care program accreditation/certification/designation recognizes those programs that meet national quality standards for service provision, staff composition and staff training, program operations and accessibility, and performance improvement over time.
- Accreditation/certification/designation connotes high-quality specialty palliative care in both inpatient and community care settings.

Why is specialty palliative care designation important?

- Accreditation/certification/designation is an indicator of excellence to patients and families, referrers, and financial partners.
- Accreditation/certification/designation elevates the standing of the palliative care program in your home organization and is a justification for future support.

Why is specialty palliative care designation important?

→ Accreditation/certification/designation leads to better quality care delivery and patient outcomes.

Overview

National Consensus Project for Quality Palliative Care
Clinical Practice Guidelines, 4th edition 2019.

Domain 1- Structure and Processes

Guideline 1.1 IDT

→ Guideline 1.1 Depending on care setting and patient population, IDT members may be certified palliative care specialists in their discipline and/or have additional training in palliative care. Primary care and other clinicians work with interdisciplinary colleagues to integrate palliative care into routine practice.

Overview

National Consensus Project for Quality Palliative Care

Clinical Practice Guidelines, 4th edition 2019

Domain 1- Structure and Processes

Guideline 1.6 IDT Education

→ Criteria:

→ 1.6.2 The IDT encourages discipline-specific credentialing and certification, or other recognition of

→ competence including specialized training.

Specialty Palliative Care Program Designation

Evolution began in hospitals

→ First offered in 2011 by The Joint Commission

→ 2018 DNV-GL

Specialty Palliative Care Program Designation

Current Status in Community

- First offered in 2016 for community programs by The Joint Commission
- 2017 Accreditation Commission for Health Care
- 2019 Community Healthcare Accreditation Partner

Similarities

- All are based on the NCP guidelines which lead the field and must be updated
- All require both quality care delivery and quality improvement initiatives

Differences

- Duration of status
- Cost
- Eligible organizations

- Palliative care programs allows hospice and home health providers to fulfill their mission regarding the continuum of care.
- Palliative care programs allows patients and families suffering from a life-limiting illness to receive support from a team of professionals trained in end-of-life care during any stage of the illness; not limiting their options for care until they have a prognosis of 6 months or less.
- Palliative care can be provided while individuals continue to seek curative treatment options.

ACHC

- ACHC has a program of Palliative Care Distinction for Home Health, Hospice and Non-Medicare Skilled agencies that are currently accredited by ACHC.
- Additional one day survey and based on unduplicated admissions will determine the amount of medical records we will review and home visits that will be completed.
- Have provided care to at least 3 patients with 2 active at time of survey.
- Always a one day survey.

Palliative Care Certification Eligibility

- The organization providing palliative care defines the population and any prognosis restrictions.
- The applicant must have served 5 patients in the past 12 months, and have at least 3 active patients at the time of review.
- The site visits are announced, unless the palliative care program is being reviewed with a hospice or home health that is seeking CMS deemed status – then is not announced.
- The duration of the certification is 3 years.
- Palliative care programs can be a service line of a CHAP accredited hospice, home health agency or private duty organization, or an independent program such as a physician and/or NP practice, SNF or aggregate living based team, or a community-based team working in a variety of settings-inpatient, clinic, home.

Quality Assessment Palliative Care Certification:

**Patient/Family
Rights**

**Assessment of Need,
Initial and Ongoing**

**Effective Care
Planning,
Respect for
Individual Values
and Goals**

**Timely Delivery,
Coordination and
Communication**

**Competent Staff
Oversight and
Performance
Improvement**

**Infection Control
Emergency
Preparedness
Viable Organization**

Eligibility Requirements

All General Eligibility Requirements currently in the Home Care manual (ACC chapter)

NEW: For Community-Based Palliative Care Certification, the organization must have provided palliative care services to ***at least five patients in the prior twelve months, three of which are active at the time of the survey.***

1. The organization meets all of the general eligibility requirements for an organization seeking Joint Commission accreditation (see ACC chapter).
2. The *organization is **Joint Commission Accredited for*** Home Care services including Home Health or Hospice. Deemed accreditation is not required.
3. The organization is able to ***provide Community Based Palliative Care services 24 hours a day, 7 days a week.*** After hours services may be provided on an on-call basis, including the ability of having team members available to answer and make phone calls nights and weekends and the availability to provide home visits to patients as needed.
4. The organization has provided care to at least five (5) Home Care Community Based Palliative Care patients in the prior twelve months, three (3) of which are active at the time of survey.

Eligibility Requirements (cont'd.)

5. Community Based Palliative Care **services are primarily delivered in the patient's place of residence.** A patient's residence may include an assisted living facility. If a patient is temporarily receiving care at a Nursing Care Center or similar skilled nursing facility, he or she may receive Community Based Palliative Care services by the Home Care organization.
If the Home Care organization staffs and provides Community Based Palliative Care in an outpatient clinic or office setting, this setting(s) may be included in the survey and certified as a component of the total Home Care services provided.
6. The organization **must utilize palliative care clinical practice guidelines** and/or evidence-based practice in the delivery of Home Care Community Based Palliative Care Services.

8

Voices from the Field

Comments from Participants

Key Messages

- Specialty Palliative Care Accreditation/Certification/Designation is important to the public as a commitment to quality specialty palliative care and good patient outcomes.
- Collaborative efforts to promote specialty palliative care in the community is essential.
- CAPC is grateful and supports all of the accrediting/certifying/designating organizations in their programs.

Thank you!

Questions and Discussion

Source Documents

- National Consensus Project for Quality Palliative Care. Clinical Practice Guidelines for Quality Palliative Care. 4th ed. Richmond, VA: National Coalition for Palliative Care. 2018.
- Accreditation Commission for Health Care (ACHC) - <https://www.achc.org/achc-distinctions.html>
- Community Health Accreditation Program (CHAP) – <https://chapinc.org/palliative-certification/>
- The Joint Commission (TJC) – <https://www.jointcommission.org/en/accreditation-and-certification/certification/certifications-by-setting/hospital-certifications/palliative-care-certification/>

References

- Kamal AH, Hanson LC, Casarett DJ, et al. The quality imperative for palliative care. *J Pain Symptom Manage*. 2015;49(2):243–253.
doi:10.1016/j.jpainsymman.2014.06.008
- Buck, H. G. (2013). The Joint Commission “speaks up” for palliative care. *Nursing2020*, 43(5), 14. doi:10.1097/01.Nurse.0000428707.96625.67