



Standards of Practice for Hospice Programs (2010) **(Veteran-related Standards)**

National Hospice and Palliative Care Organizations' (NHPCO) *Standards of Practice for Hospice Programs (2010)* is a valuable resource to set benchmarks for your hospice and assess the services you provide. The Standards are organized around the ten components of quality in hospice care, which provide a framework for developing and implementing QAPI.

The Standards are available for NHPCO provider members to [view online](#) and may be purchased at NHPCO's [Marketplace](#).

Below are specific **Veteran-related standards and practice examples** that are included in NHPCO's *Standards of Practice for Hospice Programs (2010)*.

PATIENT AND FAMILY-CENTERED CARE (PFC)

Care Planning

Standard:

PFC 4 A written plan of care is developed for each patient, family and caregiver prior to providing care and services.

PFC 4.3 The plan of care is based on the following data:

1. Patient/family goals for care;
2. Primary and secondary diagnosis and any co-morbidities;
3. Current medical findings, including clinical indicators and data to support the terminal prognosis; and
4. Interdisciplinary team assessments of the patient's symptoms, patient, family and caregiver functional status, patient, family and caregiver coping status, cultural issues, **special needs of Veterans and their families**, and family resource status.

Practice Example:

- The hospice uses the **military history checklist** to evaluate a patient's military status and includes the needs identified in the plan of care.

Standard:

PFC 12 The family's unique ability to emotionally or spiritually adjust to changing environmental conditions are assessed as a part of the ongoing, total psychosocial and spiritual patient and family assessment.

Practice Example:

- The hospice interdisciplinary team counsels a patient and family in dealing with **issues of post traumatic stress disorder or other disorders due to the patient’s military history and combat duty experience.**

Bereavement

Standard:

PFC 18 Hospice patients and all significant family members and caregivers are assessed for grief and bereavement needs.

Practice Example:

- Assessment includes:
 1. Patient, family and caregiver needs;
 2. Physical and emotional well being;
 3. Past history and life adaptation/adjustments;
 4. Current and anticipated support systems;
 5. Age and developmental level;
 6. Social, spiritual and cultural variables;
 7. Manifestations of grief;
 8. Suicidal ideation/intention and related concerns, (e.g. homicide);
 9. Potential for complicated grief (i.e., evidence of risk factors);
 10. **Military experience, service-connected trauma and effects of war;**
 11. Desire for bereavement care;
 12. A plan for ongoing evaluation of status and needs;
 13. Survivor risk factors;
 14. Caregiver strain index; and
 15. Grief Measurement Scale.

CLINICAL EXCELLENCE AND SAFETY (CES)

Standard:

CES 1 The basis for a patient's plan of care is the comprehensive assessment by the interdisciplinary team.

CES 1.4 The comprehensive assessment includes:

1. Physical, psychosocial, emotional and spiritual needs related to the terminal illness and related conditions
2. Nature and condition causing admission
3. Complications and risk factors
4. Functional status
5. Imminence of death
6. Symptom severity
7. Medication profile (including effectiveness, side effects, interactions, duplication, requiring lab monitoring, and identify ineffective medication therapies)
8. Bereavement
9. Referrals
10. **Military Checklist (when indicated)**

Practice Example:

- The hospice uses the **military history checklist** to identify their Veteran patients, evaluate the impact of the experience and determine if there are benefits to which the Veteran and surviving dependents may be entitled.

Standard:

CES 3 Routine, comprehensive assessments of other symptoms are completed on every patient based on the patient's needs and response to treatments.

Practice Example:

- Veterans may experience other **symptoms related to their military service, such as post traumatic stress disorder**. The hospice has **resources available to staff about Veteran-specific issues**.

Standard:

CES 7 Interventions to assist the patient in meeting his/her preferences with a changing environment or life circumstances are based on a thorough psychosocial assessment initiated at the time of admission and continued throughout the course of care.

CES 7.1 The psychosocial assessment evaluates social, practical and legal needs of the patient and family in home, work and school settings. **And, when applicable, the patient's military history.**

Practice Example:

- The psychosocial evaluation **includes issues related to military service** for which the hospice provides support.

Standard:

CES 8 Services continue without interruption whenever there are changes in the patient care setting.

Practice Example:

- The hospice **contracts with the Veterans Administration for care** provided to enrolled Veterans in their own homes and coordinates care with the appropriate VA facility when the patient is an inpatient.

INCLUSION AND ACCESS (IA)

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.

Practice Example:

- Staff members and volunteers receive education related to patient populations that they may be confronted with during the course of care (e.g., infants, children, young parents, culturally diverse patients and family members, **Veterans and their families**).

WORKFORCE EXCELLENCE (WE)

Standard:

WE 5 All staff receives orientation, training, development opportunities and continuing education appropriate to their responsibilities.

Practice Example:

- The hospice provides in-service educational offerings on topics of importance to patient care, **including post traumatic stress disorder and other issues faced by Veterans** at the end of life.

Interdisciplinary Team: Social Work

Standard:

WE 15 Hospice social work services are based on initial and ongoing assessments of patient and family needs by a social worker from an accredited school of social work, and are provided in accordance with the interdisciplinary team's plan of care.

Practice Example:

- The social worker **identifies patients who are Veterans**, using the Military History Checklist, and evaluates their individual needs related to military service.

Interdisciplinary Team: Spiritual Care

Standard:

WE 17 Hospice spiritual care and services are based on an initial and ongoing documented assessment of the patient's and family's spiritual needs by qualified members of the interdisciplinary team (clergy person or someone with equivalent education, training and experience) and provided according to the interdisciplinary team's plan of care.

Practice Example:

- The hospice chaplain/spiritual counselor counsels the patient **who is a Veteran on spiritual and forgiveness** issues related to military service.

COMPLIANCE WITH LAWS AND REGULATIONS (CLR)

Standard:

CLR 3 The hospice maintains a comprehensive, timely, and accurate record of services provided in all care settings for each patient and family.

CLR 3.3 Documentation in the hospice clinical record is descriptive, timely, and accurate and includes:

1. A medical history including clinical evidence of the terminal prognosis on admission;
2. An age-appropriate physical assessment of the patient by the hospice nurse;
3. A psychosocial assessment of the patient, family, and caregiver;
4. A spiritual assessment of the patient, family, and caregiver;

5. A bereavement assessment of the patient, family, and caregiver;
6. An interdisciplinary team plan of care;
7. The care provided by all disciplines from admission through bereavement;
8. The patient's and family's response to the services provided;
9. Signed physician's orders for care;
10. Persons to contact in an emergency;
11. A signed informed consent and evidence that the patient has received a statement of their rights and responsibilities and a copy of the Notice of Privacy Practices;
12. The patient's decisions regarding end-of-life care;
13. Advance directives information;
14. **A military history checklist (when indicated);**
15. Identification of other agencies involved in care;
16. Communication regarding care or services to be provided and care coordination; and
17. Additional information as required by law and regulation.

Practice Example:

- The **military history checklist is used to help identify Veteran patients**, evaluate the impact of the experience and determine if there are benefits to which the Veteran and surviving dependents may be entitled.

PERFORMANCE MEASUREMENT (PM)

Standard:

PM 3 The hospice collects performance and outcome data, including patient level data, from the comprehensive assessment, financial records and other sources.

Practice Example:

- The hospice **collects data on Veterans** that have served and evaluates the components of their care.