

Standards of Practice for Hospice Programs (2019) (Veteran-related Standards)

National Hospice and Palliative Care Organizations' (NHPCO) Standards of Practice for Hospice Programs (2018) 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.

**Please note that these are not the only standards that apply – all NHPCO standards apply to any organization that provides hospice care to Veterans. Partners are advised to adapt the full NHPCO standards which can be [viewed online](#).*

Below are specific Veteran-related standards and practice examples that are included in NHPCO's Standards of Practice for Hospice Programs (2018).

PATIENT AND FAMILY-CENTERED CARE (PFC)

Standard:

PFC 2 Care is fully coordinated to assure ongoing continuity for the patient, family, and caregiver(s).

PFC 2.2 Procedures are established and utilized for initial and ongoing assessment of patients and families by all disciplines, including processes to evaluate special needs of Veterans, based on regulatory and hospice-defined time frames.

Standard:

PFC 4 A written individualized plan of care is developed by the hospice registered nurse in collaboration with the other members of the hospice interdisciplinary team. The care plan is based on information gathered from clinical information about the patient as well as the initial nursing assessment, and reflects the needs of the patient and family/caregiver, and addresses care and services to be provided.

PFC 4.1 Comprehensive assessments are completed to accurately reflect the patient's physical, psychosocial, emotional, and spiritual needs. The plan of care is based on comprehensive interdisciplinary assessments that include evaluation of physical, psychological, emotional, spiritual, medication, and equipment needs, including but not limited to:

1. Patient and family/caregiver goals for care;
2. Principal and secondary diagnoses and any co-morbid conditions;

3. Current medical findings, including clinical features and complications, that support the terminal prognosis;
4. Patient's health status, including changes related to their terminal prognosis, symptoms, functional status, coping ability, and spiritual/existential concerns;
5. Family caregiver's functional and cognitive capacity, coping ability, anticipatory grieving, preparation for the death, and spiritual needs;
6. Patient's and family's social support, cultural, and resource needs; and
7. Special population needs of patient and family/caregiver, such as Veteran, children, disability, etc.

Practice Example:

- The hospice uses a military history checklist to evaluate the impact of military experience on care needs and to determine if there are benefits to which the Veteran and surviving dependents may be entitled. Needs identified through use of the checklist are reflected in the plan of care.

Standard:

PFC 11 The family's ability to emotionally and/or spiritually adjust to changing conditions is assessed as a part of the ongoing comprehensive psychosocial and spiritual assessment.

Practice Example:

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

CLINICAL EXCELLENCE AND SAFETY (CES)

Standard:

CES 1 The comprehensive assessment performed by the hospice interdisciplinary team and the patient's goals for care serve as the basis for the development of the patient's plan of care.

CES 1.5 The comprehensive assessment includes:

1. The patient's immediate care needs on admission;

2. Physical, psychosocial, emotional, spiritual, bereavement, and educational needs related to the terminal prognosis and principle diagnosis, plus related conditions;
3. Patient and family/caregiver goals and preferences for care, learning styles, educational needs, and areas of concern;
4. Patient and family/caregiver preferences for life sustaining treatments and hospitalization;
5. Cognitive status evaluation;
6. Condition(s)/diagnoses causing and contributing to the terminal prognosis;
7. Current and previous palliation and management of the principle diagnosis and related condition(s);
8. Complications, non-related conditions, risk factors, allergies, and intolerances;
9. Functional status;
10. Kidney and liver function status (when/if available, to ensure safe medication dosing);
11. Imminence of death;
12. Chief complaint and prioritization of symptoms, including evaluation of symptom severity and burden;
13. Medication profile review and reconciliation (including indication, effectiveness/ineffectiveness, side effects, dosage, drug-drug and drug-disease interactions, therapeutic duplication, need for laboratory monitoring, overall appropriateness based upon patient status, patient prognosis, and patient/family goals of care, risk/benefit analysis, adverse effects). Documented medications include prescription and over the counter medications, herbal remedies, and other alternative treatments related and unrelated to the patient's principle diagnosis and condition(s) that contribute to the terminal prognosis;
14. Initial bereavement risk assessment of patient and family/caregiver, including social, spiritual, and cultural factors that may impact their ability to cope with the patient's death;
15. Referrals to community or ancillary services;
16. Military history checklist (for Veterans); and
17. Changes that have occurred since the initial assessment, progress towards goals, reassessment, and response to care.

Practice Example:

- The hospice uses the military history checklist as part of the comprehensive assessment for Veterans to evaluate the impact of their military experience, identify related conditions (e.g., PTSD), and determine if there are benefits to which the Veteran and surviving dependents may be entitled.

Standard:

CES 3 Symptoms other than pain are managed based on the patient's needs and response to treatments.

Practice Example:

- The hospice has resources available to educate and train staff and/or caregivers about Veteran-specific issues and symptoms related to their military service, such as post-traumatic stress disorder, and spiritual or moral distress.

Standard:

CES 7 Interventions to assist the patient and family/caregiver in meeting preferences within a changing environment or life circumstances are based on the comprehensive assessment performed at the time of admission and repeated throughout the course of care.

CES 7.1 The comprehensive assessment includes an evaluation of social, practical, and legal needs of the patient and family/caregiver in home, work, and school settings, and, if applicable, the patient's military history.

Practice Example:

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

Standard:

CES 8 Services continue without interruption whenever there is a change in the patient's care setting.

Practice Example:

- The hospice has a formal relationship with the Department of Veterans Affairs (VA) for care provided to Veterans in the community if a VA facility is present within the hospice's service area. The formal relationship includes coordinating care with the appropriate VA facility across care settings, communicating with VA staff regarding the care plan, and notifying VA staff at the time of the Veteran's death or discharge.

INCLUSION AND ACCESS (IA)

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.

Practice Examples:

- 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.
- 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).

WORKFORCE EXCELLENCE (WE)

Standard:

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

Practice Example:

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

Standard:

WE 9 The hospice utilizes and values specially trained caring volunteers capable of assisting the population served by the hospice.

Practice Example:

- Supplemental training is provided for hospice volunteers working in facility settings and/or with patients with special needs (e.g., nursing homes, facilities specializing in care for persons with AIDS, pediatric programs, Veterans, death vigils).

Standard:

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

Practice Example:

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

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 issues related to military service.

COMPLIANCE WITH LAWS AND REGULATIONS (CLR)

Standard:

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

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

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 comprehensive medication reconciliation;
4. A psychosocial assessment of the patient, family, and caregiver;
5. A spiritual assessment of the patient, family, and caregiver;
6. A bereavement assessment of the patient, family, and caregiver;
7. Physician certification and recertification of terminal illness form(s);
8. Physician certification and recertification of terminal illness and narrative statement(s);
9. Attestation and documentation of face-to-face encounters;
10. CMS quality measure data elements;
11. The hospice interdisciplinary team plan of care;
12. A record of the care provided by all disciplines from admission through bereavement;
13. Patient responses to medications, symptom management, treatments, and services;
14. Signed physician's orders for care;
15. Persons to contact in an emergency;
16. Hospice election statement form signed by patient or representative;
17. Informed consent and acknowledgment signed by patient or representative that a copy of the notice of rights and responsibilities, privacy practices, and information about advance directive were provided;
18. The patient's decisions regarding end-of-life care;
19. Advance care directive choices;
20. A record of military service for all patients;
21. Identification of other agencies involved in care;
22. Communication regarding care or services to be provided and care coordination;
23. Additional information as required by law and regulation;
24. Evidence that the patient or representative received written patient rights and information about how to voice a complaint; and
25. A record that drug disposal was carried out in accordance with federal, state, and local regulations.

Practice Example:

- The military history checklist is used to identify a patient who is a Veteran, evaluate the impact of the military experience, develop a care plan specific to the unique issues faced by the Veteran, and determine benefits to which the Veteran and surviving dependents may be entitled.

PERFORMANCE MEASUREMENT (PM)

Standard:

PM 3 The hospice collects, analyzes, and utilizes multiple types of performance and outcome data, including patient, financial, volunteer, human resources, key operations, and care delivery services data.

Practice Example:

- The hospice collects data on Veteran's services and evaluates the components and outcomes of the care provided specific to Veteran needs.

For the full list on NHPCO Standards please visit: <https://www.nhpc.org/regulatory-and-quality/quality/nhpc-hospice-standards-of-practice/>