Optional Self Assessment for The Joint Commission Community Based Palliative Care (CBPC) Certification for Home Care

This tool is a useful document that may be helpful to your Home Care organization as you pursue CBPC Certification for your organization. The tool assesses Elements of Performance (EPs) which are the actions, processes and structures that must be implemented to achieve the standards. These EPs are in addition to those required for your Home Care Accreditation. The Survey Activity line below each section indicates which activity within the survey will likely address these requirements.

If you would like to use this tool, you may find it most beneficial to consider if your CBPC program/services are or will be provided through your home health program, your hospice program, or as a separate program/service line within the organization.

> Check "yes" when your organization believes it is in compliance with a questions.
> Check "no" when your organization is not in compliance.

Based on your answers, your organization should be able to highlight areas where continued work needs to be completed in order to be in compliance with the standards.

I. Human Resources (HR)

A. Focus Area: Staff qualifications, knowledge, and experience

- All clinical staff must have broad-based knowledge and/or experience in providing palliative care. The organization identifies what is consistent with their policies and philosophy of care regarding required knowledge and experience. Programs caring for pediatric patients are required to have staff with experience in pediatric care (including physical and emotional growth and development).
  (HR.01.02.01, EPs 27-29; HR.01.02.07, EP9)
- The organization has determined program staff qualifications, including the knowledge and experience required to provide CBPC to patients in the program. Leaders evaluate the qualifications, knowledge, and experience of the IDT members and staff hired to work in the CBPC program.
  (HR.01.06.01, EP26; also see HR.01.02.01, EPs 27-29 and HR.01.02.07, EP10)

  Yes   No

  Comments:_____

  _____

  Survey Activity: Patient Tracer, Opening Conference/Org orientation, Competency Assessment, Leadership Session

B. Focus Area: Interdisciplinary team: membership and responsibilities

- Based on the requirements, the organization identifies the composition of the interdisciplinary team, including a minimum of the four disciplines in the standard. The organization has identified a minimum of a physician, a registered nurse or advanced practice nurse, a social worker, and a chaplain/spiritual care provider to serve as the core interdisciplinary team.

Yes   No

Comments:_____
_____

Survey Activity: Patient Tracer, Opening Conference/Org orientation, Competency Assessment

Yes   No

Comments:_____

_____

- The program has the responsibility to obtain and provide palliative care references and information on community resources that are available to patients and families.

    (IM.03.01.01, EP7)

    Yes   No

Comments:_____

_____

Survey Activity: Patient Tracer, Opening Conference/Org orientation, Leadership Session

III. **Leadership (LD)**

A. Focus Area: **Leadership (governance) accountability**

- Program leaders define leadership accountabilities and the program's scope of care.

    (LD.01.03.01, EPs 23-24; also see LD.04.01.05, EP3)

- Program leaders evaluate their risk assessment and safety activities to determine4nr ri0 23 4nLeadership (governan

    d 7c1 0gr5ww0b4( )5.0)T3,5224nr rifwacc9.0)desses(ss ang ask be#oo,)82ti)5.07Tatf0

_____

Survey Activity: Patient Tracer, Oper

3

- PI chapter

  -The program collects patient satisfaction data specific to the services it provides.

  (PI.01.01.01, EP54)

    Yes   No

  Comments:_____
  _____

  Survey Activity: Opening Conference/Org orientation, Leadership Session, Data System Tracer

D. Focus Area: **Organization-wide planning and communication**

- Organization and program leaders communicate information related to the CBPC program, including the following:
    - o   Program information to share with others in the organization

      (LD.03.03.01, EP1)
    - o   Program resource needs are communicated to and provided by the organization

      (LD.03.03.01, EP2)
    - o   Leaders from both the organization and the program support and provide access to ongoing education in palliative care

      (LD.03.03.01, EP3)
    - o   The program has a process for sharing PI information with the public, when requested.
      (LD.03.04.01, EP8)

    Yes   No

  Comments:_____
  _____

  Survey Activity: Opening Conference/Org orientation, Leadership Session

E. Focus Area: **Leadership role in improving quality and safety**

- The organization provides dedicated program leaders and staff to provide safe, quality patient care and services.

  (LD.03.06.01, EP10)
- Program leaders provide coaching, clinical support, and guidance for CBPC staff members, to assist in improving provision of care and promoting trust between patients and staff.

  (LD.03.06.01. EPs 11-12)
- Emotional support is made available for CBPC leaders, IDT members, staff and volunteers as needed.
  (LD.03.06.01, EP13)

    Yes   No

  Comments:_____
  _____

  Survey Activity: Opening Conference/Org orientation, Leadership Session

F. Focus Area: **Organizational management of the program**

  The home care organization is responsible for the effective management of the CBPC program and the services it provides. The organization holds the program leaders accountable for the following:

    - Education of staff throughout the organization about the CBPC program and how to refer patients for these services.

      (LD.04.01.05, EP14)
    - Integration of CBPC services with other services provided by the organizations.
      (LD.04.01.05, EP15)

- Developing policies and procedures that support CBPC clinical services.
  (LD.04.01.07, EP11)
- Developing a referral process for patients in the CBPC program to transition to hospice care when needed.
  (LD.04.03.03, EP34)
- Evaluation of care provided by contracted staff to ensure that the level and quality of care is consistent with that provided by staff.
  (LD.04.03.09, EP24)
- Involvement of program staff in the design of the care and services provided by the CBPC program.
  (LD.04.04.03, EP8)
- Developing a process to provide or make a referral for bereavement services for the patient's family, as needed.
  (PC.01.03.01, EP53)

Yes   No

Comments:_____

_____

Survey Activity: Patient Tracer, Opening Conference/Org orientation, Leadership Session

G. Focus Area: **Clinical practice guidelines**

- The program uses clinical practice guidelines and evidence-based practices in providing CBPC care, treatment and services. Program leaders can share these guidelines during the survey.
  (LD.04.04.09)
- The program's clinical practices are reviewed and revised whenever there are changes to the national evidence-based guidelines. This should also be done if the program's PI activities demonstrate the need for practice changes.
  (LD.04.04.09, EP7)

Yes   No

Comments:_____

_____

Survey Activity: Patient Tracer, Opening Conference/Org orientation, Competency Assessment, Leadership Session, IDT Session

IV. **Provision of Care (PC)**

A. Focus Area: **Identification of appropriate patients for CBPC**

The program has developed a process to identify patients that would benefit from CBPC and services that the program provides, and educates IDT members and staff on this process.
(PC.01.01.01, EP49)

Yes   No

Comments:_____

_____

Survey Activity: Patient Tracer, Opening Conference/Org orientation, Leadership Session, IDT Session

B. Focus Area: **Communication** (*includes requirement from RI chapter)

- Program staff ask the patient's preference about how they would like to receive information about their care (verbally, in writing, etc.) and this is shared with all other staff providing care for the patient.

  (PC.01.02.01, EP44)

- Program staff evaluate and revise the plan of care as needed by the patient and family; revisions are documented in the medical record.

  (PC.01.02.01, EP45)

- When a patient is transferred to a new care setting, the program has a process to communicate all necessary patient information (including patient's goals and clinical condition) to the next care provider.

  (PC.04.02.01, EP9)

- *From RI chapter:

  -Program staff instruct patients and families of their responsibility to communicate information that is important to their care.

  (RI.02.01.01, EP4)

  Yes   No

Comments:_____
_____

Survey Activity: Patient Tracer, Opening Conference/Org orientation, IDT Session

C. Focus Area: **Patient assessment and reassessment**

Requirements that address patient assessment and reassessment include the following:

- A member of the IDT conducts and documents an initial patient assessment. This assessment is a comprehensive assessment, defined by the program and based on the patient's needs, and is documented.

  (PC.01.02.01, EP46; also EPs 47-52)

- The initial assessment includes a clinical assessment, including:
  o Assessment of symptoms including pain, dyspnea, constipation, other physical symptoms

    (PC.01.02.01, EP47)
  o Assessment of functional status

    (PC.01.02.01, EP48)
  o Assessment of patient's and family's psychosocial status

    (PC.01.02.01, EP49)
  o Assessment of cultural, spiritual, and religious beliefs

    (PC.01.02.01, EP50)
  o Assessment of psychological symptoms including anxiety, stress, grief, and coping;
    nt32i Td,(iety, streTf-16-32(sessme)5.(nt)]Tgoales a 4 0clu(clu)5 nccluinclualu85tuapreh

- When IDT members assess that a patient has psychiatric symptoms including depression, anxiety, and suicidal ideation, the patient is referred for treatment.
  (PC.01.02.03, EP29)

  Yes   No

Comments:_____

_____

-

-Program sets PI priorities, and adjusts them as needed.

(LD.04.04.01, EP28)

-Program PI activities include multiple disciplines and settings.

(LD.04.04.01, EP29)

-PI plan and data analysis are shared at least annually with the leaders of the organization.

(LD.04.04.01, EP31)

Yes   No

Comments:_____

_____

Survey Activity: Opening Conference/Org orientation, Data System Tracer, Leadership

B. Focus Area: **Data collection and analysis**

- *PI requirements:

-Data collection is timely; is done at the individual patient level; uses consistent data sets, definitions, codes, classifications, and terminology; and data collected is used to improve processes and outcomes.

(PI. 01 01 01, EPs 49, 50, 51, 53)

-Program selects valid, reliable performance measures based on evidence-based guidelines and literature.

(PI.01.01.01, EP52)

-Data collection in monitored for quality by the program.

(PI.01.01.01, EP 55)

-Data is analyzed using statistical tools when useful.

(PI.02.01.01, EP15)

-The program uses data analysis to identify variables that effect outcomes, and to improve and sustain performance.

(PI.02.01.01, EPs 16 and 17)

-The program has a process to involve patients in the evaluation of care, treatment, and services.

(PI.03.01.01, EP13)

Yes   No

Comments:_____

_____

Survey Activity: Opening Conference/Org orientation, Data System Tracer, Leadership, IDT Session

VI. **Record of Care (RC)**

A. Focus Area: **Information in the medical record**

- A copy of the patient's advance directive is included in the medical record.
  (RC.02.01.01, EP31)

- Members of the IDT and staff are responsible for documenting patient preferences for care and treatment in the medical record.   *(RC.02.01.01, EP32)*

Yes   No

Comments:_____

_____

Survey Activity: Patient Tracer, Opening Conference/Org orientation, IDT Session

VII. **Rights and Responsibilities (RI)**

A. Focus Area: **Respect for patients' rights**

- The program provides care that meets the communication needs of the patient.
  (RI.01.01.01, EP33)
- Program staff provide care that respects the patient's and family's cultural preferences whenever possible to do so.
  (RI.01.01.01, EP34)

Yes   **No**

Comments:_____

_____

Survey Activity: Patient Tracer, Opening Conference/Org orientation, IDT Session

B. Focus Area: **Right to receive information**

- Program staff ask patients how they want to receive information: what information, in what manner, and who besides the patient should receive the information.
  (RC.01.01.03, EP6)
- Program staff use this information in providing information that is tailored to the needs of the patient; the age, language and ability of the patient to understand are also taken into consideration when providing information.
  (RC.01.01.03, EP7)

Yes   **No**

Comments:_____

_____

Survey Activity: Patient Tracer, Opening Conference/Org orientation, IDT Session

Crmat Tf___ Tf__orientati)64(on, ce)5.sToceould re in what

D. Focus Area: **Decisions about end of life care**

- The program defines how staff will provide education and information to the patient and family about end of life care, including an advance care planning discussion. The education and information provided by the staff is appropriate for the patient's condition, and takes into consideration the patient's values, beliefs, cultural background, and preferences for care. The information provided and the patient's responses are to be documented in the medical record. ***(RI.01.05.01, EP23)***

Yes   No

Comments:_____
_____

Survey Activity: Patient Tracer, Opening Conference/Org orientation, IDT Session

E. Focus Area: **Right to have complaints reviewed**

- Program staff notify patients to express any concerns or complaints about their care to the staff.

  (RI.01.07.01, EP30)

- Program staff know the process for handling patient concerns/complaints.

  (RI.01.07.01, EP31)

- The organization has a process to address and resolve concerns and ethical issues of patients, families and staff; patients, families, and staff are educated about this process.

  (RI.01.07.01, EP32)

Yes   No

Comments:_____
_____

Survey Activity: Patient Tracer, Opening Conference/Org orientation, IDT Session, Leadership Session